

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613-7040

MEDDAC Memorandum  
No. 40-146

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Medical Services  
PLAN FOR PROVISION OF PATIENT CARE SERVICES

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**1. HISTORY.** This issue publishes a revision of this publication.

**2. PURPOSE.** The memorandum provides a synopsis of how Raymond W. Bliss Army Health Center (RWBAHC) provides patient care to its population. It serves as a general reference for guidance for the provision of healthcare services.

**3. APPLICABILITY.** This publication is applicable to all personnel assigned, attached or employed by Raymond W. Bliss Army Health Center.

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\*This memorandum supersedes MEDDAC Memo 40-146 dtd 17 February 2005

#### **4. REFERENCES.**

- 4.1 AR 40-3, Medical, Dental, and Veterinary Care.
- 4.2 AR 40-68, Clinical Quality Assurance.
- 4.3 AR 40-5, Preventive Medicine
- 4.4 Rules and Regulations of the Medical Staff
- 4.5 Joint Commission on Accreditation of Health Care Organizations Accreditation Manual for Ambulatory Care, current edition.
- 4.6 MEDDAC MEMO 40-22, Medical Treatment of Minors
- 4.6 MEDDAC MEMO 40-24, Emergency Response Protocol, Resuscitative Equipment and Supplies
- 4.7 MEDDAC MEMO 40-26, Case Management Program
- 4.9 MEDDAC MEMO 40-138, Follow-Up of Abnormal Test Results
- 4.10 MEDDAC MEMO 40-163, Pain Management
- 4.11 Sexual Assault Response Program Document

#### **5. RESPONSIBILITIES.**

- 5.1 The Commander (CDR) will ensure that the needs of the population are assessed and that the provision of care meets these needs.
- 5.2 The Deputy Commander for Clinical Services (DCCS) will:
  - 5.2.1 Ensure the organization adheres to the standards for the provision of patient care services.
  - 5.2.2 Oversee the delivery of multidisciplinary patient care and performance improvement initiatives.
- 5.3 The Deputy Commander for Health Services (DCHS) will:
  - 5.3.1 Ensure the delivery of quality nursing care services.
  - 5.3.2 Determine public health needs and services based upon community and beneficiary population.

5.4 Department, Service, and Clinic Chiefs will implement the provision of patient care standards according to their defined scope and integrate their services with the rest of the organization.

## 6. GENERAL.

6.1 **Mission:** Ensure a medically ready force and provide beneficiaries with quality, compassionate, safe and accessible ambulatory health care.

6.2 **Location:** RWBAHC is located at 2240 East Winrow Ave, Fort Huachuca, AZ.

6.3 **Population Served:** RWBAHC serves a population of approximately 20,000 Department of Defense beneficiaries. This population consists of active duty military, family members, and retired military. The patient population ranges in age category from newborn to the elderly.

6.4 **Access to Care:** RWBAHC provides for the health care needs of all individuals defined as beneficiaries of the federal healthcare system. This provision of care includes the referral of patients and consultation to civilian network providers and other Military Treatment Facilities within the Military Healthcare System.

## 7. SCOPE OF SERVICES:

7.1 RWBAHC is an ambulatory primary care and limited specialty care facility that provides the following direct care services (See Department and Clinic-specific Appendix for more detailed information):

7.1.1 **Primary/Urgent Care:** Family Practice, Pediatrics, Military Medicine (to include Soldier Readiness and Aviation Medicine)

7.1.2 **Ambulatory Surgical Care:** General Surgery, Orthopedic Surgery, and Anesthesia and Perioperative Services

7.1.3 **Specialty Care:** Internal Medicine, Physical Therapy, Optometry, Dermatology (via telemedicine link)

7.1.4 **Preventive Medicine:** Public Health Nursing and Occupational Health

7.1.5 **Behavioral Health:** Psychiatry, Clinical Psychology, Marriage and Family Counseling, Family Advocacy, and Social Work Services

7.1.6 **Army Substance Abuse Program:** Outpatient Alcohol and Drug Rehabilitation.

7.1.7 **Ancillary Services:** Pharmacy, Radiology, and Laboratory

7.2 **Referral Services:** Additional referral specialty care is available within the regional military healthcare system and through a local civilian network of specialists via referral

through TriWest, the organization's managed care support contractor. Network specialists are available in Sierra Vista, Tucson, and Phoenix. Emergency referrals are transported by installation-contracted ambulance service to nearest emergency department (Sierra Vista Regional Health Center-SVRHC).

**7.3 Limits of Care:** RWBAHC has no emergency or inpatient services, and no blood banking or transfusion capabilities. RWBAHC does not provide obstetric/perinatal or prenatal services. RWBAHC provides pregnancy counseling upon identification of a positive pregnancy result. Pregnant patients are then referred to network obstetricians who provide care for the duration of the pregnancy and postpartum period.

## **8. SCREENING AND ASSESSMENT.**

**8.1 Patient Identifiers:** RWBAHC staff uses the patient's full name and date of birth as the two patient identifiers for providing safe patient care.

**8.2 Healthcare Needs Assessment:** Clinical staff members perform an initial assessment of the patient to include the physical, psychological, social, nutritional, spiritual, and functional status of the patient. The scope and intensity of additional patient assessment is based on the diagnosis, further care needs, and available services. Initial screening determines if further healthcare needs are required (dietary, social work, chaplain services). The age of the patient is considered in all patient assessments to determine if further age-specific assessments are also warranted.

**8.3 Initial Screening:** A Master Problem List (MPL) is maintained in the medical record. Healthcare providers review the MPL and obtain a chief complaint to determine appropriate diagnostic and treatment interventions for individual patients. Clinical assessments include, but are not limited to: past medical/surgical history (when indicated), current medication list, pain assessment (See MEDDAC Memo 40-163, Pain Management), review of systems (when indicated), allergy history, and a physical examination tailored to the chief complaint. Providers complete medication reconciliation during each visit

**8.4 Medication Reconciliation:** RWBAHC clinical staff will ensure the use of a process for comparing a patient's current medications (to include, but not limited to, prescription, over-the-counter, herbs, and vitamins) with those ordered for the patient during a clinic visit/scheduled appointment with a provider. RWBAHC clinical staff will use a standardized Medication Record Card during reconciliation to ensure that patients are directly involved in maintaining an accurate medication list. Although clinic staff (e.g. clerks, medics, nurses) may participate in the medication reconciliation process, ultimate responsibility for ensuring a reconciled list of medications during a patient appointment rests with the Licensed Independent Practitioner (LIP). See MM 40-53, Medication Management, for a more detailed description of medication reconciliation.

8.4 Assessment timeframe: In all clinics, except prior to operative procedures, assessments are conducted the day of the episode of care. For surgical and operative cases, an initial assessment occurs as part of a history and physical up to 30 days prior to the day of the procedure. A reassessment must occur on the day of the procedure, to include an assessment for anesthesia patients, if indicated.

8.5 Reassessments: Patients scheduled for follow-up are reassessed as needed, on an individual basis, to evaluate their response to care and future treatment needs.

## **9. ASSESSMENT OF POTENTIAL VICTIMS OF ABUSE AND NEGLECT.**

Clinical staff screen and assess patients to identify potential victims of abuse and neglect. Clinical staff will refer patients for further evaluation based on their findings (For example, providers who identify sexual assault victims contact the Sexual Assault Response Coordinator, SARC, for further evaluation and assistance, in accordance with MM 40-172, Management of Sexual Assault). Patients will be screened and assessed for evidence of abuse and neglect at initial entry to RWBAHC, and Primary Care providers/staff will routinely screen patients for evidence of abuse and neglect during follow-up visits. Criteria for additional screening will be dependent on initial screening questionnaire responses, presenting clinical complaints and Review of Systems, physical examination and/or diagnostic study (radiology/laboratory) findings. Specific clinical findings (for example, at an orthopedic visit: multiple long-bone fractures in a child, or clinically suspicious trauma injuries at different stages of healing) will also prompt clinic providers to conduct additional inquiry for abuse as a causal factor, and initiate referral to Family Advocacy/Social Work Services or other agencies if indicated. Additional indicators of abuse/violence to be used by healthcare staff are listed in Appendix I, Indicators of Abuse). Consultative care for victims of neglect and domestic violence is available through the Family Advocacy Program (FAP) in Behavioral Health by calling 533-5161 and requesting to speak directly with a FAP counselor. FAP will also provide immediate notification to appropriate agencies, based on their findings in the case (e.g. Fort Huachuca Military Police Desk, Arizona Child or Adult Protective Services).

NOTE: There are Domestic Abuse Guidelines published by a Family Violence Safety group that the Joint Commission refers to in its literature. These guidelines have specific requirements for screening (types of questions, etc.) that Joint Commission indicates will meet screening requirements. Appendices in the Guidelines are very thorough as well, but much of what we would do here is probably rely on immediate referral to FAP after clinical suspicion. Have attached an appendix with some indicators of abuse to this document—appreciate your review/input We do have an old document that had specific physical exam documentation forms to follow—hasn't been in effect, per se, but could be used in event of clinical suspicion.

## **10. PROVIDING CARE, TREATMENT, AND SERVICES**

10.1 RWBAHC provides individualized medical care using an interdisciplinary approach. An individual patient's plan of care is developed and documented in the medical record by qualified individuals. Care planning uses an interdisciplinary approach and involves the patient to the fullest extent possible. A treatment plan may be modified or terminated based on information gathered at reassessment or achievement of goals.

10.2 Documentation of Care: The primary means of documentation of outpatient encounters is in the electronic medical record (AHLTA). The current medical record consists of two parts: AHLTA and the hardcopy outpatient medical record. Documentation at each encounter includes, but is not limited to the following information: full name, date of birth, social security number, phone number, address, gender, time and date of encounter, and provider.

10.3 Additional clinical information will be available to the provider at every encounter, to include the following: significant medical problems (MPL); major operative procedures and hospitalizations; allergy history, and complete current medication list (to include prescription and non-prescription medications)

10.4 In accordance with acceptable medical standards and practices, and applicable clinical practice guidelines, the Licensed Independent Practitioner (LIP) will develop and document a treatment plan, a follow-up plan, and an education plan based on the patient's condition and a comprehensive clinical assessment.

10.5 RWBAHC staff provides episodic medical care to individuals and preventive care and behavioral interventions to individuals and groups. Throughout the provision of care, treatment, and services, patients are provided with appropriate internal and external resources to meet their ongoing needs in a timely manner. Care, treatment, and services are coordinated between providers.

10.6 RWBAHC meets specialized needs for supportive care or complex case management by using DoD-mandated programs such as the Exceptional Family Member Program (EFMP). The health center also employs qualified clinical case managers who provide specialized case management IAW MEDDAC Memo 40-26, Case Management Program.

## **11. CONTINUUM OF CARE:**

11.1 All care beyond RWBAHC's scope of practice is referred outside the facility. For outpatient and inpatient referral service needs, a variety of military and civilian healthcare facilities may be used (See Appendix H: Referral Healthcare Facilities for a list of facilities and their locations).

11.2 Specialty and emergency services are also provided through Raymond W. Bliss' major contracted referral service-TRIWEST- located within the health center. TRIWEST maintains an extensive area network of outpatient providers in Sierra Vista, Tucson, and Phoenix. A directory of these providers is available on the TRIWEST Web page at [www.triwest.com](http://www.triwest.com). Clinic providers refer patients to these services by placing an electronic consult and providing clinical information specific to the consultative care needs. RWBAHC's Referral Management office processes the referral and submits it to TRIWEST for authorization. Patients are notified in writing when their referral has been authorized. TRIWEST can authorize referrals in a more expedited manner, as indicated by the patient's care needs and request made by an individual healthcare provider. Network providers provide documentation of their assessments, through TRIWEST, to the patient's referring provider in accordance with TRIWEST contract requirements.

Final written documentation is placed in the patient's outpatient hardcopy medical record after review by the referring provider.

11.3 Emergency medical care (the acute stabilization and transport of patients with immediate life-threatening conditions).

11.3.1 All clinical support staff maintain a minimum of basic life support (BLS) and Automated External Defibrillator (AED) certification. Staff are trained to recognize common signs and symptoms of potential medical emergencies requiring the need for immediate intervention.

11.3.2 Patients who are assessed as having a medically emergent condition will be stabilized and transported by contracted installation Emergency Medical Services (EMS) ambulance to the Sierra Vista Regional Health Center (SVRHC) in Sierra Vista, AZ. Staff call 911 to activate EMS and request ambulance transport. For details of RWBAHC's internal response to patients with emergency medical conditions, refer to MEDDAC Memo 40-24, Emergency Response Protocol Resuscitative Equipment and Supplies.

11.3.3 Given that emergency care services fall outside RWBAHC's scope of services, beneficiaries receive briefings during in-processing that emphasize that emergency care must be obtained from the nearest emergency facility. Prior authorization from TRICARE or from RWBAHC is not required to receive emergency care.

11.3.4 Emergency Psychiatric Care. Patients with emergency psychiatric care needs are referred to appropriate facilities based on their specific condition and treatment needs. Patients presenting to SVRHC Emergency Department see an on-call behavioral health provider from the Southeastern Arizona Behavioral Health Service (SEABHS), who assesses the patient and determines if additional outpatient or inpatient care is required. See Appendix E: Behavioral Health Scope of Services for additional information on emergency psychiatric services.

11.4 Urgent or acute care (provided within 24 hours) and routine care (provided within 7 days) are provided either through appointment to RWBAHC or by referral to network care providers and clinics. Patients who require urgent care outside of RWBAHC require an authorization for this care. During clinic hours, patients may be referred directly by a triage nurse or provider to civilian urgent care by placing an electronic consult which will authorize their care need. After clinic hours, patients may call a Primary Care Manager (PCM) On-Call line (533-2433) and discuss their condition telephonically with an on-call provider. The PCM may indicate a need for urgent care referral at that time, send the patient directly to urgent care, and place an electronic consult for this referral no later than the next duty day. For a list of local urgent care clinics, see Appendix H: Referral Healthcare Facilities.

11.5 RWBAHC is a restraint-free facility. In the event of violence in the facility, RWBAHC staff will activate a code “Victor Victor” (Violence in the Workplace) or “Victor Victor Whiskey” (Violence in the workplace with weapon) on the public address system (533-9288) and call the Military Police (911) for immediate assistance.

## 12. TRANSITIONS IN CARE/PATIENT HANDOFFS:

12.1 Definition: An occasion when the burden of responsibility for patient care transfers from one health care provider to another, regardless of discipline.

12.2 Types of handoffs include, but are not limited to: shift changes, LIPs transferring complete responsibility for a patient (internal or external to the organization), physicians transferring on-call responsibility, anesthetist reporting to post-anesthesia recovery room nurse, healthcare provider consulting another discipline for specialized care (e.g. physical therapy, general surgery, orthopedic surgery), and nursing and physician handoff from RWBAHC to civilian emergency department or other healthcare facility.

12.3 All disciplines involved in patient care at RWBAHC use elements of the **SBAR** mnemonic as a structured framework for patient handoffs. SBAR handoff method includes allowing for opportunity for questions by receiving care providers.

<b>S</b>	<b>Situation</b>	Current clinical situation of the patient
<b>B</b>	<b>Background</b>	Clinical background information required to be given to receiving provider (e.g. pertinent medical/ surgery history, allergies, current medication list, etc.)
<b>A</b>	<b>Assessment</b>	Current clinical assessment of patient to include comment on stability status (based on current vital signs/response to treatment/laboratory findings, etc.) and anticipated changes in status.
<b>R</b>	<b>Request/ Recommendation</b>	Specific recommendations on further treatment and requests for evaluation and interventions.

**13. PATIENT AND FAMILY EDUCATION:**

13.1 General Philosophy: Patients and involved family members should be provided with sufficient information to make informed decisions and take responsibility for self-management activities related to their health care needs. Patients and their families are educated on their treatment plan and lifestyle changes to improve outcomes by promoting healthy behavior and keeping them involved directly in their care and treatment decisions.

13.2 RWBAHC staff understands that learning styles vary, and the ability to learn can be affected by many factors including individual learning preferences and readiness to learn. The assessment of learning needs addresses cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication. Staff will tailor educational activities to meet the patient's needs and abilities. Written documentation or printed materials are provided to patients from the health center to include, but not limited to: Clinical Reference System (CRS), Vaccine Information Statements (VIS), Clinical Practice Guideline (CPG)

Handouts and web-based information. Education is adapted to accommodate age, culture and language, and is individualized for a specific patient and/or family. Education is a multidisciplinary process that may involve LIPs, nursing staff, pharmacy staff, and other health disciplines as needed based on the patients' plan of care.

13.3 All staff are responsible for: providing education to patients and families as warranted based on a learning needs assessment (conducted at each clinic visit using an electronic screening assessment tool) and presenting complaints; documenting all education provided to patients and families on the clinic note (SF 600) in the medical record; reassessing education provided in a previous encounter; reinforcing or further educating patients and families as necessary.

**14. TRANSLATION SERVICES FOR PATIENT and FAMILY.**

RWBAHC provides translation/interpreter services for patients and family members through a contracted Language Line (Phone number: 1-866-874-3972; Facility Code: 544127). RWBAHC clinical staff members who are fluent in a patient's language may also translate information for the patient in a manner that he/she understands. RWBAHC staff assesses the effectiveness of each translation service interaction through use of an interpretive service comment card.

05 March 2008

MEDDAC Memorandum

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**APPENDIX A  
DEPARTMENT OF MILITARY MEDICINE**

The Department of Military Medicine (DMM) consists of two ambulatory outpatient medical care clinics (one for permanent party Active Duty Soldiers and one for Initial Entry Training Soldiers), one Soldier readiness medical processing center, and one physical examination clinic.

**MILITARY MEDICINE CLINIC (MMC)**

**MISSION:** To provide comprehensive routine outpatient medical care to all Soldiers permanently assigned to Fort Huachuca to include all Soldiers on flight status, and provide the necessary resources for Soldiers to maintain, update, and correct any medical readiness requirements. The MMC does not provide emergency medical care services.

**LOCATION:** The MMC is located in Raymond W. Bliss Army Health Center (RWBAHC), building #45001, on the first floor.

**HOURS OF OPERATION:** Monday through Friday 0700-1600 by appointment only. The MMC is closed on all holidays and closed for training until 1300 on the first, second, and fifth Thursdays of every month. The MMC is closed on Saturday and Sunday.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** The MMC schedules patients by telephone appointment from 0600-1500. To access the clinic, Soldiers call the appointment line at (520) 533-9200.

**COMPLEXITY OF PATIENT CARE NEEDS:** The MMC serves a healthy active duty military population numbering approximately 4,000.

**AGE-SPECIFIC CONSIDERATIONS:** The MMC serves an active duty adult population male/female age 17 and over. Less than 2% of the served population is over age 50.

**SCOPE OF PRACTICE:** The MMC provides routine and acute, ambulatory outpatient health care for active duty Soldiers. The MMC also provides primary care management and facilitates intensive case management for Warriors in Transition (WTs) who are assigned to the Warrior Transition Unit. In addition to ambulatory outpatient medical care, the MMC has a Flight Surgeon to serve the Aviation Community.

**LIMITS OF CARE:** The MMC does not provide emergency services. Emergencies go directly to the Sierra Vista Regional Health Center Emergency Department.

**PATIENT AND FAMILY EDUCATION:** Patient and family education is interactive and provided through verbal and written communication. Patient education handouts on pertinent topics are available in the waiting area.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Staff consists of Family Physicians, General Physicians, Flight Surgeons, Physician Assistants, Family Nurse Practitioners, and clinical administrative support staff. The support staff consists of registered nurses, licensed practical nurses, and emergency medical technicians.

### **THE MI STUDENT MEDICAL CLINIC (MISC)**

MISSION: To provide comprehensive routine outpatient medical care to all active duty Soldiers in an Initial Entry Training (IET) student status or re-class student status.

LOCATION: The MISC is located in building #84551-A, on the corner of Hunt and Stein.

HOURS OF OPERATION: Monday through Friday 0500-1400. Student sick call triage is conducted Monday through Friday 0445-0500 in building #84551-A. MISC is closed on all holidays and closed for training from 1300-1600 every Thursday. The MISC is closed Saturday and Sunday.

ENTRY TO CARE, TREATMENT, SERVICES: The MISC schedules patients by appointment from 0800-1400. Student sick call triage is Monday through Friday 0445-0515. To access the clinic, Soldiers call (520) 533-6709.

COMPLEXITY OF PATIENT CARE NEEDS: The MISC serves a healthy, young active duty military adult population.

AGE-SPECIFIC CONSIDERATIONS: The MISC serves an active duty student and student re-class adult population male/female age 17 and over.

SCOPE OF PRACTICE: The MISC provides routine and acute outpatient health care.

LIMITS OF THE CARE: The MISC does not provide emergency services. Emergencies go directly to the Sierra Vista Regional Health Center Emergency Room.

PATIENT EDUCATION: Patient education is interactive and provided through verbal and written communication. Patient education handouts on pertinent topics are available in the waiting area. (MI Students/Trainees are assigned to Ft. Huachuca for temporary duty, typically without family members present).

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE SCOPE AND MISSION: Staff can consist of Family Physicians, General Physicians, Physician Assistants, Family Nurse Practitioners, and clinical administrative support staff. The support staff consists of registered nurses, licensed practical nurses, and emergency technicians.

**SOLDIER READINESS CENTER (SRC)**

**MISSION:** To provide medical readiness healthcare (readiness assessment and validation, selected physical exams, and referral for identified healthcare needs) to all active duty Soldiers assigned to Fort Huachuca and provide the necessary resources for Soldiers to maintain, update, and correct any medical readiness requirements. The SRC does not provide emergency medical care services or urgent care.

**LOCATION:** The SRC is located on Bissel Street, in building #81501, across from Eifler gym.

**HOURS OF OPERATION:** Monday through Friday 0730-1100 and 1300-1500. The SRC is closed on weekends, all holidays, and closed for training until 1300 on the first, second, and fifth Thursdays of every month.

**ENTRY TO CARE, TREATMENT AND SERVICES:** The SRC serves the Soldier readiness population on a walk-in basis from 0800-1100 and 1300-1500. Special group and unit readiness requirements can be scheduled by calling (520) 533-4763 or (520) 533-8837 to arrange for unit-level or mass screening.

**COMPLEXITY OF PATIENT CARE NEEDS:** The SRC serves a healthy active duty deploying military population and DOD deploying personnel.

**AGE-SPECIFIC CONSIDERATIONS:** The SRC serves an active duty and DOD adult population male/female age 17 and over.

**SCOPE OF PRACTICE:** The SRC provides routine medical readiness outpatient health care to include: installation medical In/Out processing, individual medical readiness activities, MEDPROS updates, deployment SRP medical support activities, post-deployment health reassessment evaluations, and selected physical exams.

**LIMITS TO CARE:** The SRC does not provide emergency or urgent care services. Emergencies go directly to the Sierra Vista Regional Health Center Emergency Room. No sick call services are provided.

**PATIENT AND FAMILY EDUCATION:** Patient and family education is interactive and provided through verbal and written communication. Patient education handouts on pertinent topics are available in the waiting area.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** Staff typically consists of mid-level permanent practitioners (PA or Nurse Practitioner) with indirect physician supervision. Rotating providers includes: Family Physicians, General Physicians, Flight Surgeons, Physician Assistants, Family Nurse Practitioners, and

clinical administrative support staff. The support staff consists of registered nurses, licensed practical nurses (68W M6), and medics (68Ws). Staff members are proficient in the use of the Military Occupational Data System (MODS) for maintaining individual and unit medical readiness requirements.

### **PHYSICAL EXAMINATION (PE) CLINIC**

**MISSION:** To provide comprehensive non-invasive physical examinations to all active duty (AD) Soldiers.

**LOCATION:** The PE clinic is located in the ambulatory care annex building #45006, at RWBAHC.

**HOURS OF OPERATION:** Monday through Friday 0700-1100 and 1300-1530. The PE clinic is closed on all holidays and closed for training until 1300 on the first, second, and fifth Thursdays of every month. The PE clinic is closed on Saturday and Sunday.

**ENTRY TO CARE, TREATMENT SERVICES:** The PE clinic schedules Patients by appointment during hours of operation. To access the clinic, Patients call (520) 533-8837.

**COMPLEXITY OF PATIENT CARE NEEDS:** The PE clinic serves an active duty population with diverse health care needs ranging from healthy to complex.

**AGE-SPECIFIC CONSIDERATIONS:** The PE clinic serves an active duty adult population male/female age 17 and over.

**SCOPE OF PRACTICE:** The PE clinic provides non-invasive physical examinations to include: Chapter, Retirement, School (non-Aviation), and Medical Evaluation Board (MEB).

**LIMITS OF CARE:** The PE clinic does not provide emergency or urgent care services, or disease management.

**PATIENT AND FAMILY EDUCATION:** Patient and family education is interactive and provided through verbal and written communication. Patients undergoing MEBs require extensive counseling which is conducted by the Patient Evaluation Board Liaison Officer (PEBLO).

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** The staff can consist of a Family Physician, General Medical Officer, Flight Surgeon, Physician Assistant, or Family Nurse Practitioner who completes Physical Exam provider requirements. The clinical administrative support staff consists of a medic (68W).

**APPENDIX B  
DEPARTMENT OF PRIMARY CARE**

**THE FAMILY CARE CLINIC (FCC)**

**MISSION:** The FCC provides comprehensive, ambulatory health care to Tricare Prime enrolled patients on an empanelment basis and other eligible beneficiaries on a space available basis. Physicians, nurse practitioners (NP), and physician assistants (PA) will serve as Primary Care Managers (PCM) for empanelled patients.

**LOCATION:** The FCC is located at Raymond W. Bliss Health Center (RWBAHC), 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** From 0730 to 1630 Monday, Tuesday, Wednesday and Friday, excluding holidays and weekends. Hours on the 1<sup>st</sup>, 2<sup>nd</sup> and 5<sup>th</sup> Thursdays of the month are from 1300 to 1630.

**ENTRY TO CARE, TREATMENT AND SERVICES:** Patients are seen by appointment by calling 533-9200. A PCM is available for consultation and/or referrals on non-duty hours by calling 533-2433. When there are no appointments available, qualified nursing staff will triage and determine whether acute or walk-in appointments are needed or whether the patient can best be served through Network referral, Urgent Care or advised of home treatment plans. A dedicated Fast Track service is available from 0730-1000 Monday through Friday. This service consists of triage nurses and an LIP answering telephone calls from patients and addressing patient needs promptly for such matters as: medication refills, laboratory results, radiology results, placement of referrals/consults, and providing clinical advice via telephone.

**AGE-SPECIFIC CONSIDERATIONS:** Patients range from newborn to geriatric patients. The care required for these patients varies based upon individual patient presentations, need, and the privileging of assigned providers.

**SCOPE OF PRACTICE:** The scope of care provided includes routine primary health care as well as preventive care and minor surgical procedures. Same day and acute appointments are available for urgent minor problems. Approved Non-surgical /Surgical Procedures are located in the Procedure Book in FCC.

**LIMITS OF CARE:** While limited equipment is maintained to deal with emergency medical problems (suction apparatus, nebulizers, etc.), patients with potential for rapid deterioration are referred to the Sierra Vista Regional Health Center Emergency Room. Patients who develop the need for hospitalization will be evaluated by the appropriate provider and transferred to an appropriate higher level of care. Patients requiring specialized care are referred to the appropriate clinic within the Health Center or network provider.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE SCOPE AND MISSION:** The FCC staff clinical guidelines are available in the "O" drive in the Clinic Share DPC folder. This provides specific guidance for the standards and guidelines for practice, which are to be utilized by staff members of this clinic. Health care providers include family practice physicians, general medical officers, NPs and PAs. Support staff consists of registered nurses, licensed practical nurses, nursing assistants, and military 68Ws. Provider level minimal staffing: one Physician and three PAs or NPs.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:** Providers will alert the nurse assigned whenever a high-risk patient misses an appointment, so that appropriate contact can be made to facilitate additional care. High risk is defined as any patient with known conditions or any other physical complaint that may be life-threatening, or a pediatric patient with deteriorating symptoms.

### **WEEKEND AND HOLIDAY ACCESS CLINIC (WHAC)**

**MISSION:** The WHAC mission is to provide urgent care after hours to eligible beneficiaries.

**LOCATION:** The WHAC is located at RWBAHC, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Hours vary depending on provider coverage.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** Patients are seen by appointment by calling 533-9200 on duty days and 533-9165 on weekends and holidays. A PCM is available for consultation and/or referral 24 hours per day by calling 533-2433.

**AGE-SPECIFIC CONSIDERATIONS:** The patients evaluated by our providers range from newborn to geriatric patients.

**SCOPE OF PRACTICE:** The scope of care provided within the clinic involves limited urgent health care. Minor surgical procedures and minor trauma are managed within the clinic. The WHAC is an after hours clinic. Patients requiring follow-up or specialized care are advised and encouraged to make appointments with their Primary Care Provider. Consults to other services, however, are submitted for urgent problems.

**LIMITS OF CARE:** Even though equipment is maintained to manage emergency situations, (i.e. Emergency Response Boxes, suction devices, nebulizers, etc.), patients with the potential for rapid deterioration are referred to the Sierra Regional Health Center Emergency Department, or other treatment facility as required by the patient's condition.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:**

The WHAC clinic is staffed with one patient care team consisting of a LIP, one nurse, one nurse assistant, and one clerk-receptionist. Personnel from the pharmacy, radiology, and lab are on-call to provide ancillary support when indicated.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS:** Providers will alert the nurse whenever they assess that a high-risk patient misses an appointment. High risk is defined as any patient with a complaint of shortness of breath, chest pain, or any other complaint in a patient in need of immediate contact and follow-up. Patients requiring follow-up on less urgent conditions will be referred to their PCM.

**Allergy and Immunization Service**

**MISSION:** The Allergy and Immunization service provides quality outpatient allergy and immunology assessment and management to eligible individuals. Patients are seen by appointment when being seen by the allergist or by walk-in basis when receiving immunotherapy. The resources of the Allergy/Immunology Service are devoted to the identification and treatment of allergic conditions, administration of immunotherapy (allergy shots) and vaccine immunizations.

**LOCATION:** The Allergy and Immunization Service is located in room J-7 at Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** From 0730 to 1630 Monday, Tuesday, Wednesday and Friday, 1300 to 1630 on Thursdays, excluding holidays and weekends. Hours of operations for allergy injections are Monday to Friday 0730-1130 and 1300-1600.

**ENTRY TO CARE, TREATMENT AND SERVICES:** Allergy Service is a referral clinic. The allergist sees patients on Wednesday 0730- 1130 weekly. Immunotherapy is determined by evaluation with a skin test or blood work-up. Immunizations are offered to all eligible individuals as required for health maintenance and overseas travel at the aforementioned hours above.

**AGE-SPECIFIC CONSIDERATIONS:** The Immunization Service provides routine immunizations to patients 5 years and older. Patients 4 years and younger will require a well-child appointment. Immunizations required for travel are provided to all ages as appropriate. The allergist accepts referrals throughout the age spectrum.

**SCOPE OF PRACTICE:** The allergist provides consultation for patients with seasonal allergies, asthma, and other allergic conditions, and recommends appropriate treatment. Procedures are consistent with individual credentialed privileges and are delineated. Immunizations are provided for those patients seen by Occupational Health and other health providers. Allergy injections are given to those patients seen and followed by the allergist. Immunization documentation is maintained in the EMR (AHLTA).

LIMITS OF CARE: Provision of care is limited to healthy individuals who require routine immunizations, allergy evaluations and immunotherapy. Services are limited by non-availability of RWBAHC's services. Patients who have problems with their antigens are evaluated by the allergist either during clinic hours at this facility or at the allergist's private offices. Patients identified as high risk and requiring specialized care/follow-up are referred to authorized specialists in the Tricare network. Equipment and medications for emergency problems are available. Patients who develop a need for hospitalization will be evaluated by a provider and transferred to a higher level of care.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:

Assigned personnel Allergy/Immunization Clinic: 1- Allergist resource sharing; 1-RN resource sharing; 1-NCOIC, 68W or 68W-M6 LPN, 1-68W-Y8. Nursing personnel provide care to any patient being seen in the allergy clinic. Procedures that may be performed in the Allergy/Immunizations Clinic are consistent with licensure and individual competencies.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:

Referred and no-show patients are contacted to inform them that they must obtain a new referral since the original one will expire before a new appointment can be made. Patients identified as having a "C" reaction (swelling more than 12 hours or greater than 25mm induration), or have had a systemic reaction and are no-shows, are contacted ASAP and rescheduled for a follow-up with the allergist. Patients identified as having missed several injections during an allergy patient record review are given a courtesy call as a reminder.

**APPENDIX C**  
**DEPARTMENT OF PERIOPERATIVE & ANESTHESIA SERVICES**

**MISSION.** To provide high quality and safe anesthesia and perioperative services.

**LOCATION:** RWBAHC, 2240 East Winrow Ave., Fort Huachuca, AZ.

**HOURS OF OPERATION:** Hours of operation are Monday through Friday from 0730-1630. Exceptions are authorized federal and training holidays and the first, second, and fifth Thursday mornings for military training. Hours are subject to change pending the urgency of the case and the availability of staff.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** The surgeon or designated staff member schedules the patient's data into the automated Surgery Scheduling System (S3). The patient then contacts the Pre-Admission nurse to make pre-operative appointment. The Preadmission Nurse will complete a complete assessment and interview to include education prior to the day of surgery. An anesthesia assessment and interview will be conducted the day of surgery unless concerns the surgeon or the preadmission nurse has concerns after assessment of the patient. Concerns include but are not limited to airway, anesthesia history, medical conditions (i.e. latex allergy, obesity, heart conditions, hypertension.) If available, the anesthesiologist will see the patient prior to day of surgery at the patient's or surgeon's request.

**COMPLEXITY OF PATIENT CARE NEEDS:** The health center will provide anesthesia services to beneficiaries categorized as American Association of Anesthesiologists physical status (ASA PS) I, II, and selected III patients requiring elective or semi-emergent surgery. All patients requiring treatment or care after discharge from PACU will be seen in the clinic or a local hospital.

**AGE-SPECIFIC CONSIDERATIONS:** ASA 1, ASA II patients and selected ASA III patients ranging from age 6 to geriatric can be seen.

**SCOPE OF PRACTICE:** The Department of Anesthesia and Peri-operative Services (DAPS) provides preoperative, operative, and immediate postoperative care to patients undergoing elective surgery and moderate sedation procedures. The Perioperative Nursing Section utilizes the current Standards & Recommended Practices of the Association of Operating Room Nursing (AORN), Association for the Advancement of Medical Instrumentation (AAMI) and the guidelines of the Joint Commission (JC) to develop specific clinical guidelines for patient care. Anesthesia/Operating Room services include: Pre-anesthesia consultation and or evaluation, intra-operative patient management, management of postoperative complications, fluid and electrolyte therapy and cardiopulmonary resuscitation procedures. Anesthesia Services provides general,

spinal, regional, moderate sedation, and pain management. Surgical services falling within the DAPS scope are dependent on the credentials of the surgeons at any given time. Planned elective cases must meet criteria for discharge to home, as there are no inpatient services. Emergent procedures are done by exception only, and with the expectation that postoperative care will occur on an outpatient basis.

Recovery/Discharge: Post anesthesia recovery unit (PACU) is a 4-bed unit equipped with monitors that have the capability to trend oxygen saturation, automatic blood pressure, temperature, respirations, EKG at each bedside, and wall oxygen/suction. A crash cart and a malignant hyperthermia cart are located in the PACU to be utilized throughout the department. The crash cart may be used throughout the health clinic if the operating room is not in use. Recovery of post surgical and post moderate sedation patients is conducted in accordance with guidelines established by the American Society of Perianesthesia Nurses (ASPAN) and the Joint Commission (JC). A qualified LIP completes discharge in accordance with PACU SOP.

Central Material Supply: CMS is an organizational element of Perioperative Services and is responsible for processing medical supplies and special technical equipment for the Operating Room, clinics within the health center, and to outlying clinics. CMS provides a wide range of services to include receiving, decontaminating, cleaning, preparing, packaging, sterilizing, dating, storing, inventory, and issuing of items.

LIMITS OF CARE: Raymond W. Bliss Army Health Center provides same day, outpatient-based, ambulatory surgery services. Patients who require overnight admission, Critical Care, Telemetry, Special Care Unit level nursing services, and/or postoperative mechanical ventilation after surgery exceed the capabilities of this facility. Patients requiring these services are referred to military medical centers or network civilian medical treatment facilities. ASA III surgical patients will be considered on a case-by-case basis and surgery will be performed after an agreement by the surgeon and anesthesia provider. Pediatric patients younger than six years of age will be referred to an outside facility due to a sole anesthesia provider in house.

PATIENT AND FAMILY EDUCATION: Patient and family teaching begins at the preadmission appointment. The Pre-Admission nurse reviews all pre- and post-operative instructions during the visit. Patient and family teaching continues perioperatively and during the post anesthesia recovery period and includes but is not limited to pain management and discharge instructions.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION: Anesthesia services throughout the MTF are provided by a solo Certified Registered Nurse Anesthetist (CRNA). The credentialed anesthesia provider is present for all general anesthetics, regional anesthetics, and monitored anesthesia care in the operating room. The CRNA is available in-house while moderate sedation procedures are being performed in the endoscopy room in the Specialty Clinic. The two areas do

not perform procedures simultaneously. Minimum staffing for the Department of Anesthesia is one CRNA, one Registered Nurse for the preadmission clinic, one qualified operating room registered nurse assigned to circulate, one scrub technician, one registered nurse for the PACU and one additional support staff for recovery (LPN). The scrub role may be executed by an Army trained 68D Operating Room Specialist or an RN. Support services for the OR will be provided by trained Central Material Supply technicians and biomedical/environmental services.

**CALLBACK CRITERIA:** A staff member calls post-operative patients within 72 hours of surgery. If possible concerns related to anesthesia are recognized, the anesthesia provider is notified and appropriate measures taken. The surgeon is notified if possible post-operative surgical concerns are noted.

**APPENDIX D  
DEPARTMENT OF SPECIALTY CARE**

**MISSION:** The Specialty Department provides specialty care to all eligible beneficiaries.

**LOCATION:** Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Hours of operation are from 0730 to 1630 Monday, Tuesday, Wednesday and Friday, excluding holidays and weekends.

**ENTRY TO CARE, TREATMENT AND SERVICES:** How patients access each service, whether directly or through referral, are covered in the service's Scope of Practice statement.

**COMPLEXITY OF PATIENT CARE NEEDS:** Each service within the Surgical Specialties Clinic will evaluate patients to determine if resources can meet the patients care needs.

**AGE-SPECIFIC CONSIDERATIONS:** Beneficiaries ranging from pediatrics to geriatric age groups. Patients at the extreme of the age range (i.e., <10 years old, >70 years old) can be treated after a detailed assessment of their condition.

**SCOPE OF PRACTICE:** Ambulatory general surgery, orthopedics, optometry, physical therapy, and internal medicine.

**LIMITS OF CARE:** All services are limited to the non-ambulatory services and procedures. Patients who have a high probability of requiring inpatient services postoperatively will undergo surgical procedures using network facilities. Medical and surgical conditions requiring resources not available within RWBAHC are referred to the civilian healthcare network for continued care.

**PATIENT AND FAMILY EDUCATION:** Patient and family education is an ongoing process. The patient will be counseled on the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

**GENERAL SURGERY CLINIC**

**MISSION:** The General Surgery Clinic (GSC) will provide surgical services to all eligible beneficiaries in the outpatient setting.

**LOCATION:** Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Hours of operation are from 0700 to 1600 Monday through Friday, excluding holidays and weekends. On the first, second and fifth Thursdays of the month clinic hours are 1300 to 1600.

**ENTRY TO CARE, TREATMENT AND SERVICES:** The General Surgery Clinic is a referral service. Patients access the clinic through provider referrals.

**COMPLEXITY OF PATIENT CARE NEEDS:** All surgical cases can be evaluated. If the complexity is beyond the scope of the resources, a referral for subspecialty care will be provided.

**AGE-SPECIFIC CONSIDERATIONS:** Beneficiaries ranging from 15 to 65 years old can be treated after a detailed assessment of their condition determines that we have the resources and capabilities to meet their needs.

**SCOPE OF PRACTICE:** The GSC performs diagnostic evaluations of patients suspected of having: skin, soft tissue, bone, and cartilage masses and lesions; salivary gland tumors; head and neck tumors; breast disease/tumors; gastrointestinal tract abnormalities, esophagus to anus, to include hepatic, pancreatic, biliary, splenic, and functional (dyskinetic) disorders; vascular disease, arterial and venous; genitourinary disease, to include stones and tumors, endocrine abnormalities and tumors; and selected ENT and thoracic disease.

**LIMITS OF CARE:** Limitations are those imposed by resources in operative and postoperative care. The non-availability of inpatient services precludes elective surgery that requires postoperative inpatient services or a high probability of requiring such services: major thoracic surgery, liver arterial surgery, etc. Any patient who requires surgical intervention that has a high probability of requiring inpatient services will be referred to another medical facility. In those situations where a patient unexpectedly develops a need for inpatient services, the attending physician will transfer the patient to another medical treatment facility with the necessary services as determined by the attending physician. These conditions include, but are not limited to, mechanical ventilation, invasive monitoring (Swan Ganz catheter, arterial lines), sepsis, cardiac failure secondary to arrhythmia/infarction, respiratory failure, pain control, self-limiting nausea/vomiting, or as otherwise determined by the attending physician.

**PATIENT AND FAMILY EDUCATION:** Patient and family education is an ongoing process. The patient will be counseled on the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** The GSC has one full-time, board certified/eligible general surgeon. Available resources include part-time civilian providers in the community. The GSC will follow the guidelines provided by the American College of Surgeons, the American Board of Surgeons, The Joint Commission (JC), the Arizona Board of Medical Examiners, and AMEDD Regulations.

**NURSING SUPPORT:** The Head Nurse/NCOIC will make nursing assignments which will reflect the degree of supervision needed by the individual and its availability, the patient's needs, and the technology used, and the geography of the unit. Assignments are made on a daily basis. Staff is rotated to the various tasks on a weekly basis. Assigned Nursing Staff: 1-RN, 1-LPN, and 2 91W. Staffing patterns are based on patient volume, number of care providers, procedures performed, and historical data. The HN/NCOIC of the clinic will ensure personnel work within their scope and training. Nursing personnel perform/assist with, but are not limited to the following procedures: Minor surgery, biopsies under local anesthesia, IV therapy, wound care, suture removal, pre and post operative examinations, colonoscopies, PO, IM, IV medications, patient screening; and patient education.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:** At the end of each clinic day, the charts for missed appointments will be reviewed by the physician. Patients whose care will be compromised by a delay in treatment will be contacted.

### **INTERNAL MEDICINE CLINIC (IMC)**

**MISSION:** The mission of the IMC is to provide high quality, cost effective care to outpatient beneficiaries with complex diseases referred by a primary care provider, and a select number of patients managed as a PCM.

**LOCATION:** The IMC is located at Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Ft Huachuca, AZ.

**HOURS OF OPERATION:** Monday, Tuesday, Wednesday, and Friday, hours are 0700-1600,, excluding weekends, holidays and training holidays. On the first, second and fifth Thursdays of the month clinic hours are 1300 to 1600.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** Patients are empanelled to specific Primary Care Managers (PCM) and are referred from their PCM only.

**COMPLEXITY OF PATIENT CARE NEEDS:** Outpatient care is furnished to patients with multiple and complex medical disorders. Those patients requiring services beyond the capability of IMC, e.g. in-patient care, dialysis, ventilator care, are referred to appropriate network providers.

**AGE-SPECIFIC CONSIDERATIONS:** The internist provides care to individuals 17 to 65 years of age who require their specialty care. As an exception, children under the age of 17 may be seen and evaluated for a specific need upon referral by a pediatrician or primary health care provider. EKGs are performed for individuals throughout the life span, from 7 years of age to geriatric.

**SCOPE OF PRACTICE:** The internist provides care to beneficiaries with acute, chronic and/or complex medical disorders. Most frequent diagnoses of patients receiving care includes hypertension, diabetes, asthma, COPD, pneumonia, dyslipidemia, renal failure, thyroid disease, congestive heart failure, myocardial infarction, cancer, and deep vein thrombosis. Procedures performed by the internist in the IMC are consistent with individual credentialed privileges. The internist is available for consultation and to respond to emergencies during duty hours. When the internist is absent or on leave, requests for internal medicine services are referred to the civilian healthcare network.

**LIMITS OF CARE:** Patients for whom definitive care cannot be provided at RWBAHC will be referred to network providers. Such patients include those who require intensive care, long-term ventilator care, long term dialysis care, and radiation therapy. These patients are transferred to a higher-level treatment facility as appropriate based upon availability of resources and urgency of need. Other specialty services are consulted as needed for diagnostic and therapeutic services, such as echocardiograms and Doppler studies.

**PATIENT AND FAMILY EDUCATION:** Patients and their families are educated by the physician, by the clinic personnel at the time of screening; and by referral to formal education classes e.g. dietary.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** Assigned personnel in the IMC: 1-Internist; 1 – NCOIC, and 1 - Medical Clerk. A Registered Nurse will assist in providing nursing serves as needed. The RN is a shared position with GSC. The Clinic Chief is responsible for the overall operation of the clinic, providing both clinical and medical administrative direction. Functions include establishing the scope of patient care and services based upon the health care needs of the population served, evaluating and supervising the care rendered by providers, and ensuring that high quality care is provided. The RN and NCOIC provide administrative direction and are responsible for ensuring that appropriate patient care support activities are provided by qualified personnel.

Clinic personnel provide care to patients being seen by an IMC provider. Procedures that may be performed by clinic personnel are consistent with their individual competencies, and include 5-day BP checks, chaperone duties, assisting with treatments and procedures, providing basic life support. Care rendered is documented in the AHLTA electronic health record or the SF600, if the electronic record is not available. Staffing patterns are established based on patient volume, number of providers, procedures performed and historical data. Augmented staff will perform within their scope of practice and training.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:**  
At the end of each clinic day, the charts for missed appointments will be reviewed by the physician. Patients whose care will be compromised by a delay in treatment will be contacted.

### **OPTOMETRY SERVICE**

**MISSION:** Optometric services provides comprehensive eye exams to active duty Soldiers and DoD civilians with referral from occupational health. Standard Exams include refraction, ocular health assessment, diagnosis and eyewear procurement. Optometry Services also performs the ocular portions of various military physicals. Treatment for ocular disease and trauma is available within optometry's scope of care. Limited contact lens services are available in support of the Army Aviator Contact Lens Program and medical contact lens fits for keratoconic patients

**LOCATION:** Optometric services are located in the Ambulatory Care Clinic, Building 45006, Raymond W. Bliss Army Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Monday, Tuesday, Wednesday, and Friday, hours are 0700-1600, excluding weekends, holidays and training holidays. On the first, second and fifth Thursdays of the month clinic hours are 1300 to 1600.

**ENTRY TO CARE, TREATMENT AND SERVICES:** Access to optometric services is through appointments only. Referrals are not necessary for routine appointments. Consults are taken from other providers with respect to disease and trauma.

**COMPLEXITY OF PATIENT CARE NEEDS:** All optometric conditions can be evaluated. If the complexity is beyond the scope of the resources, a referral to the network for specialty care will be provided.

**SCOPE OF PRACTICE:** The scope of care for the Optometry Clinic includes routine eye exams with dilation as appropriate, treatment of ocular disease and trauma within the optometry scope of care. Patients with conditions outside of the optometry scope of care are referred to the appropriate military or civilian treatment facility. Treatment is

available for glaucoma and keratoconus. The clinic is equipped with visual field analyzers, corneal topographer, and various ocular cameras. In addition, testing is available for determination of color vision and depth perception ability. Scope of practice includes minor procedures: foreign body and rust ring removal, injection of hordeolum, etc.

**LIMITS OF CARE:** If the scope and complexity of the patient's needs requires hospitalization or is beyond the limits of the service, arrangements will be made for the patient to be evaluated by the appropriate ophthalmic subspecialty; i.e., retina specialist, cornea specialist or other subspecialty.

**PATIENT AND FAMILY EDUCATION:** Patient and family education is an ongoing process. The patient will be counseled regarding the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal and written means.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** One civilian optometrist, two civilian eye technicians and one civilian receptionist staff support optometry services. The optometrist is responsible for performing eye exams and diagnosis and treatment of ocular disease and trauma. Eye technicians will perform supporting activities. These will include visual field testing, intraocular pressure testing, corneal topography, ocular photography, fitting, ordering and dispensing of eyewear, performing the ocular portion of military physicals and other duties as assigned. No eye surgery capability exists at this clinic.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:** At the end of each clinic day, the optometrist will review the charts for missed appointments. Patients whose care will be compromised by a delay in treatment will be contacted.

## **ORTHOPEDIC SERVICE**

**MISSION:** To provide acute and routine orthopedic care on a referral basis.

**LOCATION:** Ambulatory Care Clinic of Building 45006, Raymond W. Bliss Army Health Center (RWBAHC), 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Hours of operation are from 0730 to 1630 Monday through Friday; 1300-1630 on the first, second, and fifth Thursdays, excluding holidays, weekends, and training holidays.

After hours access can be gained through the PCM on-call.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** Referral only.

**COMPLEXITY OF PATIENT CARE NEEDS:** All orthopedic conditions can be evaluated. If the complexity is beyond the scope of the resources or availability at RWBAHC, a referral for subspecialty care will be provided.

**AGE-SPECIFIC CONSIDERATIONS:** None.

**SCOPE OF PRACTICE:** The Orthopedic Clinic provides comprehensive diagnostic evaluation of all acute and routine orthopedic conditions. Orthopedic procedures provided include splinting, casting, bracing, steroid injections, and operative procedures.

**LIMITS OF CARE:** RWBAHC does not have inpatient capabilities. If the scope and complexity of the patient's needs requires hospitalization, the patient can be admitted and cared for by our military orthopedic surgeon. If needed, arrangements will be made for the patient to be evaluated by the appropriate orthopedic subspecialty; i.e., hand surgery, spine surgery, pediatric orthopedic surgery or foot and ankle via referral to other region Military Treatment Facilities or network providers.

**PATIENT AND FAMILY EDUCATION:** Patient and family education is an ongoing process. The patient will be counseled regarding the diagnosis, the natural history of the diagnosis, and the treatment options. Education is achieved through verbal, written and audiovisual means.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** The Orthopedic Clinic currently has one active duty orthopedic surgeon, one contracted orthopedic surgeon, and one orthopedic technician.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:** At the end of each clinic day, the convenience charts for missed appointments will be reviewed by the orthopedic surgeon. Patients whose care will be compromised by a delay in treatment will be contacted and their chain of command will be notified, if appropriate.

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### **PHYSICAL THERAPY SERVICE**

**MISSION:** The Physical Therapy Service is under the direction and supervision of the Chief, Physical Therapy who will manage and supervise the available resources to include support personnel to provide care and treatment to active duty personnel and eligible beneficiaries with neuromusculoskeletal pathologies. This includes first time evaluations, diagnosis and treatment, as well as preoperative and postoperative rehabilitation. Consistent with the American Physical Therapy Association Guide to Physical Therapist Practice, physical therapists provide services to clients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes. Physical therapists interact and practice in collaboration with a variety of other professionals and provide prevention and wellness services, including screening and health promotion. All services are in support of RWBAHC's mission.

**LOCATION:** Physical Therapy Service is located in the Ambulatory Care Clinic, Building 45006, Raymond W. Bliss Army Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Hours of operation are from 0600 to 1600 Monday, Tuesday, Wednesday, and Friday. On the first, second, and fifth Thursdays, hours are 1300-1600, excluding holidays and weekends.

**ENTRY TO CARE, TREATMENT AND SERVICES:** The Physical Therapy Service will accept referrals for patient evaluation and treatment from health care practitioners officially credentialed to practice their specialty in health care facilities operated by agencies of the United States Government. A physical therapist will provide an initial evaluation and assessment of the patient prior to providing services. A physical therapy specialist may initiate treatment on a patient referred from Orthopedics or other board certified physician as approved by the physical therapist. For such circumstances, the exact treatment by the Orthopedist or other provider must be documented on the consult. The physical therapist is privileged to consult other specialty services and order durable medical equipment as patient care needs warrant. The therapist determines, develops and supervises treatment plans and goals in accordance with the diagnosis and prognosis to prevent or reduce disability or pain and restore lost function. Plans and goals are discussed with the patient to ensure their ability to comply with plans and agree on the goal.

**COMPLEXITY OF PATIENT CARE NEEDS:** All patients, with the following conditions are eligible for care: All orthopedics to include rehabilitation of total joints, surgical reconstructions, arthroscopic procedures, amputees or non-orthopedic surgeries requiring rehabilitation to restore normal function, and non-surgical neuromusculoskeletal injuries and conditions to include both acute and chronic conditions.

**AGE-SPECIFIC CONSIDERATIONS:** Beneficiaries ranging from post-adolescent to <65 years of age groups can be treated. The Chief of Orthopedics and Chief of Physical Therapy will make exceptions for treatment of adolescents on a case-by-case basis. Presently, the physical therapy is staffed to see active duty only. Dependents of active duty, retirees, and dependents of retirees are referred to network providers for physical therapy, if space is not available.

**SCOPE OF PRACTICE:** The practice of physical therapy focuses on the rehabilitation of persons disabled by injury, disease, evaluation, assessment, and treatment of the patient through the use of physical and chemical therapeutic means to maximize a person's functional independence within the constraints of their injury, disease, and/or condition. Additionally, the physical therapist educates and promotes health, fitness, and injury prevention to the general public. The following list exemplifies various areas of the specialty, but is neither inclusive nor exclusive. (The health center's Credentials Committee regulates the clinical privileges of individual practitioners).

1. Performs patient evaluations utilizing various noninvasive tests and measurements.
2. As part of the patient evaluation process, requests skeletal system radiographic studies, bone scans, CT Scans, and MRI's, and diagnostic ultrasound studies. In addition, as part of the evaluation process, places patients on physical activity profiles not to exceed 30 days and refers patients to specialty clinics, when indicated.
3. Designs and alters therapeutic exercise programs based upon physician referral and/or musculoskeletal evaluations for patient use.
4. Utilizes various physical agents and procedures such as ultrasound, hot and cold packs, electrical stimulation, and cervical and pelvic traction to promote healing and as an adjunct to the performance of therapeutic exercise.
5. Instructs and supervises therapeutic exercise programs designed to restore or improve range-of-motion, strength, and level of function.
6. Provides manual therapy to include joint mobilizations, manipulations, passive stretching, and muscle energy techniques.
7. Provides education programs to patients covering injury prevention and physical fitness.
8. Provides patient assistance in the acquisition and use of assistive devices such as wheelchairs, walkers, braces, crutches, etc.
9. Measures and fits for custom orthotics or other supportive devices.
10. Prescribes certain medications as indicated for the control of pain and inflammation. These medications include NSAIDs and muscle relaxants.

LIMITS OF CARE: Patients who do not respond to conservative treatment will be referred to the appropriate provider.

CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:

New Referrals: Acute post-op patients who miss their initial appointment to begin therapy will be contacted by the physical therapy staff in order to reschedule the appointment. The surgeon will also be notified. If the patient cannot be notified then the patient's chain of command will be notified.

Follow-up appointments: Patient's who miss follow-up appointments will be handled on a case-by-case basis. Generally, those patients who miss follow-up appointments pending imaging or other test results and post-op patients early in their rehab program will be notified (or their chain of command notified) by the physical therapy staff. All others will be discharged from physical therapy citing noncompliance and will be directed to see their PCM for further disposition.

Ongoing treatments: Generally, patients who miss two consecutive treatment appointments will be discharged from physical therapy for noncompliance. Exceptions will be made based on extenuating circumstances, and the chain of command of the Soldier missing the appointment may be notified at the discretion of the Chief of Physical Therapy in order to remedy the situation that is preventing compliance with the rehabilitation plan.

## **APPENDIX E BEHAVIORAL HEALTH SERVICES**

**MISSION:** The mission of the Behavioral Health Service (BHS) is to provide quality outpatient mental health, social services, and substance abuse services to the community served by the U.S. Army Medical Department Activity, Fort Huachuca. The BHS consists of the Community Mental Health Service (CMHS), the Family Advocacy Program (FAP), and the Army Substance Abuse Program (ASAP). The principal focus and mission of BHS is to serve active duty personnel and family members. The mission of the FAP is to serve active duty service members and their families who are involved with, at risk for, or the victims of domestic violence and/or child abuse. The mission of ASAP is to identify, evaluate and treat individuals suffering from the debilitating effects of substance abuse.

**LOCATION:** The Mental Health and Social Work Service/FAP sections of BHS are both located on the second floor of the R. W. Bliss Army Health Center (RWBAHC). The ASAP is located in building 22414 near the military police station.

**HOURS OF OPERATION:** Duty hours are from 0730 to 1630 on weekdays. After-hours care for mental health crises is through the Southeastern Arizona Behavioral Health Service (SEABHS) working out of the Sierra Vista Regional Health Center (SVRHC).

**ENTRY TO CARE, TREATMENT, AND SERVICES:** Access to care for the mental health section of BHS is through self-referrals, medical consults, and/or command referrals. Regarding the FAP, patients may receive care through self-referrals, law enforcement referrals, child/adult protective services referrals or other community agencies. The ASAP may be accessed through self-referrals, command referrals, law enforcement and medical referrals.

**COMPLEXITY OF PATIENT CARE NEEDS:** The mental health section provides services to patients with a wide range of mental health needs from routine stress reactions to complex personality disorders and psychotic disorders. The more severe conditions such as psychotic disorders may be initially assessed but not treated on an outpatient basis. For these cases, the patient will be transferred to inpatient care or intensive outpatient through civilian or military medical centers. Certain personality disorders when diagnosed as a condition of an active duty member may result in an administrative separation and the patient could be referred to the VA for follow-up care upon discharge from the service. Regarding the FAP section of BHS, patient needs range from routine marital disagreements to severe child sexual abuse cases. FAP has the resources to provide care for complex cases in conjunction with community agencies. The ASAP consists of patient needs that range from those who experienced

isolated episodes of intoxication to patients who meet the criteria for alcohol or substance dependence. For patients who are alcohol dependent, the staff can provide individual and group counseling; however, if inpatient care is indicated, the patients are referred to the VA or other available inpatient substance abuse treatment programs.

**AGE-SPECIFIC CONSIDERATIONS:** The BHS staff provides services for children and adults beginning at age 3.

**SCOPE OF PRACTICE:** Treatment services consist of individual and family group counseling and psycho-educational groups. Credentialed staff also functions as mental health consultants to the Commander and medical staff of RWBAHC as well as to the Commanders of Fort Huachuca units. To accomplish this, BHS provides comprehensive mental health evaluations including mental status assessments and psychological testing for active duty personnel at Fort Huachuca. These assessments support favorable and unfavorable action in accordance with Army regulations.

The FAP is designed to provide services to Soldiers and family members involved in incidents of family violence, and serves a preventive role through counseling individuals or families identified as "at-risk" for domestic violence. In addition, the FAP provides outreach and consultation services on the identification and treatment of victims of abuse to Fort Huachuca agencies and community agencies serving military families.

The ASAP provides a broad range of counseling services for active duty personnel, family members, civilian employees, retirees, and contract employees in the areas of substance abuse prevention, treatment, and rehabilitation. The ASAP has a "split" TDA between MEDDAC and U.S. Army Garrison (USAG), which works jointly to provide appropriate services. The RWBAHC staff provides counseling services whereas the USAG staff conducts the education and urinalysis program. The RWBAHC TDA consists of one master's level social worker, who serves as the Clinical Director; two master level (certified) substance abuse counselors, two active duty behavioral health specialists, and one medical clerk.

**LIMITS OF CARE:** Complex cases of substance abuse and patients requiring inpatient assessment and treatment are referred to higher levels of care. This occurs when the patient has intense and severe substance abuse problems, is psychotic, and/or is at great risk of harming him/herself or others; and sufficient means are not available to satisfy the requirements of a safe environment. Active duty personnel are referred to William Beaumont Army Medical Center (WBAMC), Fort Bliss, TX and other specialized treatment facilities as needed. Family members and retirees requiring hospitalization are referred to approved network providers of inpatient psychiatric care as needed.

**PATIENT AND FAMILY EDUCATION:** BHS maintains current age appropriate patient information such as pamphlets, magazines, videos, charts regarding psychotropic medications, mental health disorders, domestic violence prevention and awareness,

substance abuse prevention and awareness. Staff members are available during counseling or by phone to answer questions and clarify the treatment plan and specific concerns about the patient's condition. In addition, BHS routinely conducts educational classes for soldiers, families and staff in the areas of stress, anger management, effective parenting, and suicide prevention. In addition, BHS works closely with Fort Huachuca Army Community Services (ACS) and will refer patients for additional support through ACS educational programs such as parenting and child abuse prevention workshops.

#### AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:

Currently the community mental health section of BHS consists of one active duty social work officer (04), two licensed contract psychiatrists, four mental health specialists (91X), five full time clinical psychologists, and three social workers.

The clerical staff consists of one civilian secretary, one medical clerk, one psych tech and one medical tech. The Social Work Service/FAP staff consists of one civilian FAP supervisory social worker, three social workers, one MEDCOM contract social worker, one FAP outreach coordinator, and one FAP secretary. All BHS military officers, civilian psychiatrist, civil service and contract psychologists and social workers are Level 2 or above credentialed providers. The 91Xs are enlisted staff who have been specially trained within the military system to provide adjunct mental health services. Each 91X is under the supervision of a credentialed provider. These staff members are available during duty hours. The Garrison TDA consists of one civilian who serves as the Alcohol and Drug Control Officer (ADCO); one civilian biochemical tests coordinator, one civilian prevention education coordinator, one risk reduction coordinator, one civil service secretary, one enlisted administrative assistant (71L) and four mental health technicians (91X) who perform as substance abuse counselors/ educators (under supervision of the Clinical Director).

#### CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:

Patients are called as soon as the appointment is missed except when doing so is contraindicated by clinical or safety factors. High-risk patients (e.g. multiple behavioral health conditions, significant mental health condition with comorbid illnesses, patients with active psychosis, or patients with coexistent active substance abuse conditions) who are active duty and referred by the commander will be notified through the chain of command.

**APPENDIX F**  
**ARMY SUBSTANCE ABUSE PROGRAM (ASAP)**

**ASAP MISSION:** Ensure a medically ready force and provide beneficiaries with quality, compassionate, safe and accessible ambulatory healthcare, focusing on prevention and rehabilitation from substance abuse disorders.

**ASAP VISION:** As a provider of Quality Services, The ASAP at RWBAHC will:

Empower patients to manage their rehabilitation needs,

Foster an environment of professionalism, and

Leverage technology and best business processes to improve healthcare delivery and outcomes

**LOCATION:** The ASAP services are located in building 22414 near the military police station at Christy and Butler Streets.

**HOURS OF OPERATION:** Duty hours are from 0730 to 1630 on weekdays. After-hours care for substance abuse crises is through the Southeastern Arizona Behavioral Health Service (SEABHS) working out of the Sierra Vista Regional Health Center (SVRHC).

**ENTRY TO CARE, TREATMENT, AND SERVICES:** Access to care for the substance abuse issues is through self, command, law enforcement, medical referrals and/or biochemical (urinalysis) referrals.

**COMPLEXITY OF PATIENT CARE NEEDS:** The Army Substance Abuse Program provides services to patients with a wide range of substance abuse intervention and treatment needs from intoxication, to dependence on substances. The more severe conditions such as substance abuse dependence disorders may be initially assessed on an outpatient basis after initial detoxification and or inpatient hospitalization through civilian or military medical centers. Rehabilitation failures from military members may result in an administrative separation and the patient would be referred to the Veterans Administration (VA) treatment facility in the patient's local community for follow-up care upon discharge from the service and in conjunction with community agencies. The ASAP consists of patient needs that range from those who experienced isolated episodes of alcohol/drug intoxication to patients who meet the criteria for alcohol/drug or substance dependence. For patients who are abusing or dependent on alcohol and or other substances, the staff can provide individual and group counseling; however, if inpatient care is indicated, the patients are referred to the VA or other available inpatient substance abuse treatment programs as appropriate.

**AGE-SPECIFIC CONSIDERATIONS:** The ASAP staff provides services for adults aged 18 and older.

**SCOPE OF PRACTICE:** Treatment services consist of individual, family and group counseling and psycho educational groups. Credentialed staff also functions as substance abuse consultants to the Commander and medical staff of RWBAHC as well as to the Commanders of Fort Huachuca units. To accomplish this, ASAP provides comprehensive substance abuse evaluations, clinical recommendations and treatment for all active duty personnel and others aged 18 and above who are entitled to receive medical services at any MTF. These military assessments support favorable and unfavorable action in accordance with Army regulations.

The ASAP provides a broad range of counseling services for active duty personnel, family members, civilian employees, retirees, and contract employees in the areas of substance abuse prevention, treatment, and rehabilitation. The ASAP has a "split" staffing plan between RWBAHC and U.S. Army Garrison (USAG), which jointly works to provide appropriate services. The RWBAHC staff provides counseling services whereas the USAG staff conducts the education and the biochemical (urinalysis) program.

The RWBAHC ASAP clinical staff consists of three master's level social workers, one who serves as the Clinical Director; two master level (certified) substance abuse counselors, two active duty behavioral health specialists, and one medical clerk.

**LIMITS OF CARE:** Complex cases of substance abuse and patients requiring inpatient assessment and treatment are referred to higher levels of care. This occurs when the patient has intense and severe substance abuse problems, is psychotic, and/or is at great risk of harming him/herself or others; and sufficient means are not available to satisfy the requirements of a safe environment. Active duty personnel are referred to either William Beaumont Army Medical Center (WBAMC), Fort Bliss, TX and other specialized treatment facilities as needed, or the Veterans Administration Health Center in Tucson, AZ.. Family members and retirees requiring hospitalization are referred to approved network providers of inpatient substance abuse care as needed.

**PATIENT AND FAMILY EDUCATION:** ASAP maintains current age appropriate patient information such as pamphlets, magazines, videos, charts regarding psychotropic medications, mental health disorders, domestic violence prevention and awareness, substance abuse prevention and awareness. Staff members are available during counseling or by phone to answer questions and clarify the treatment plan and specific concerns about the patient's condition. In addition, ASAP routinely conducts educational classes for Soldiers, families and staff in the areas of substance abuse prevention. In addition, ASAP works closely with Fort Huachuca Army Community

Services (ACS), chaplains and Behavioral Health Services to refer patients for additional support. Members of both the Army Substance Abuse Program and

Behavioral Health Services meet frequently on the Multidisciplinary Team (MDT) for the coordination of care of patient services.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:**

Currently the Garrison ASAP staffing consists of one civilian who serves as the Alcohol and Drug Control Officer (ADCO); one civilian biochemical tests coordinator, one civilian prevention education coordinator, one risk reduction coordinator, one civilian administrative assistant and 2 mental health technicians (68G)

who perform substance abuse triage and intake duties under the close guidance and supervision of the Clinical Director/ Chief of the ASAP.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:**

Patients are called within 2 hours as soon as the appointment is missed, except when to do so is contraindicated by clinical or safety factors. High-risk patients who are active duty and referred by the commander will be notified through the chain of command within this 2-hour time span.

**APPENDIX G  
ANCILLARY SERVICES**

**PHARMACY SERVICE**

**MISSION:** To provide quality pharmaceutical service in a caring and concerned atmosphere to eligible beneficiaries. RWBAHC Pharmacy Service consists of the main pharmacy, PX satellite pharmacy, and pharmacy sterile products laboratory.

**LOCATION & HOURS OF OPERATION:**

Main Pharmacy 2240 East Winrow Ave., Fort Huachuca, AZ: Monday-Wednesday & Friday 0730-1700, Thursday 0800-1700.

PX Pharmacy at the Main PX: Monday-Friday 0730-1700.

Sterile Products: On demand.

All pharmacies are closed Saturday, Sunday, federal holidays and training holidays.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** All patients who are eligible for care in DEERS are serviced. Patients must be enrolled and current in DEERS, so records can be accessed through CHCS/AHLTA. Patients are then eligible to receive medication from the pharmacy. Patients also have access to Over-the-Counter (OTC) Medications by attending the Self-Care/Healthwise class. Up to 4 OTC items per family per week may be dispensed. Pharmacy services are also available remotely at the Military Intelligence Student Clinic (MISC), Military Medicine Clinic, and Weekend/Holiday Access Clinic, through the use of Pix machines.

**COMPLEXITY OF PATIENT CARE NEEDS:** The RWBAHC Pharmacy provides a wide variety of services, including sterile products, narcotics, oral, nasal, rectal, vaginal, injectable, and topical preparations. Compounded medications are manufactured if all items needed to complete the formulation are on the formulary. Patients receive written and verbal instructions and Medication Reconciliation for use from a pharmacist when they are picking up their new medications.

**AGE-SPECIFIC CONSIDERATIONS:** The pharmacy cares for all age groups that receive care through Tricare.

**SCOPE OF PRACTICE:** The pharmacy service fills over 275,000 outpatient prescriptions per year. IV admixtures are prepared and delivered to the clinics upon request. Pharmacy services are not currently involved in any type of investigational drug programs; however, there is a mechanism in place should the need arise.

**LIMITS OF CARE:** The pharmacy service operates at a level consistent with the needs of patients served by the medical staff. This ability is supported by the use of a closed formulary system, which is regulated by the Pharmacy and Therapeutics Committee. Provisions are in place, which allow for the use of non-formulary items if a legitimate need can be demonstrated and if the patient's requirements are within the scope of care dealt with by this MTF. Patients with needs falling outside the scope of care of the MTF are referred to higher level MTFs. The pharmacy refers patients to the Tricare retail network or to the Tricare Mail Order Pharmacy service for medications not stocked on the RWBAHC formulary.

**PATIENT AND FAMILY EDUCATION:** Lexmark Printers print patient information for all new prescriptions. Education on all new prescriptions is provided by Pharmacists at the time of dispensing.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** The pharmacy is staffed by: 6 and 4/5 registered pharmacists, 8 civilian technicians, and 4 military technicians. The above staff includes the Chief, the NCOIC, and a Pharm D. The service has 3 outlets to serve patients: a main pharmacy in the lobby of RWBAHC, a refill pharmacy at the PX and a sterile products laboratory at the main pharmacy

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:** When medications are not picked up by the patient within 7 working days or more, the prescription is deemed "non-compliant", entered as such into the computer via CHCS and the prescribing medical staff member is notified that the prescription was not picked up by the patient. The provider or the pharmacy may contact the patient, to ensure the medication protocol is followed.

## **RADIOLOGY SERVICE**

**MISSION:** The mission of the Department of Radiology is to provide appropriate diagnostic imaging services to eligible beneficiaries and active duty service personnel assigned to Fort Huachuca, AZ.

**LOCATION:** Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Our routine hours of operation are Monday through Friday, from 0700 to 1630 with an on-call technologist from 1630-2000 on weekdays and 0800-1800 on weekends. The department will be closed on the first and second Thursday of every month from 0700 -1300 for mandatory training.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** Walk-ins or appointments are accepted. Appointments not requiring patient preparation can be scheduled by calling 533-2555. All other appointments must be scheduled at the front desk.

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Priority is given to Active duty military. All other walk-ins are on a first come first serve basis.

**COMPLEXITY OF PATIENT CARE NEEDS:** This section provides imaging services as directed by the acute care needs of the outpatient population. More sophisticated imaging is referred to other network medical facilities.

**AGE-SPECIFIC CONSIDERATIONS:** There are no age restrictions or limitations to the type of patient care received at this facility. Patients requiring more sophisticated imaging technology such as Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Angiography, and Nuclear Medicine procedures are referred to other network medical facilities, as these services are not available at RWBAHC.

**SCOPE OF PRACTICE:** RWBAHC Radiology Services presently performs imaging services to include routine radiographic examinations, tomographic examinations, fluoroscopic examinations, and ultrasound examinations. The facility also provides routine and diagnostic mammography studies.

**LIMITS OF CARE:** RWBAHC does not provide Nuclear Medicine, Angiography, Computed Tomography, or Magnetic Resonance Imaging procedures.

**PATIENT AND FAMILY EDUCATION:** When the patient comes in for an X-ray, fluoroscopy, intravenous pyelogram, mammography or ultrasound, the radiology staff maintains continuous monitoring and communication with the patient throughout the procedure and educates the patient and family members on self-care at the conclusion of the procedure.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** Current staff consists of: 1 Radiologist; 1 NCOIC; 3 Civilian x-ray technologists, 3 military x-ray technologists, and 1 front desk clerk.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:** Mammography patients who miss scheduled appointments, or are considered high risk patients and miss scheduled mammogram appointments, are contacted by the mammography technician or the medical clerk to reschedule the appointment. If a patient has missed two scheduled exams, the referral is sent back to the referring provider for re-evaluation of patient and urgency of exam. Ultrasound and fluoroscopy patients who miss an exam are required to return to the Department of Radiology to receive new preparation instructions and kit if necessary. They will be rescheduled at that time. If a patient misses two scheduled appointments, the referral is sent back to the referring provider for re-evaluation. Fluoroscopy is not performed on high risk

patients. These patients are sent to a network provider. Ultrasound patients who are considered high risk are normally obstetrical patients with a history of high risk or complicated pregnancies. These exams are scheduled and if the patient misses the exam, the referring provider will be notified by telephone.

### **LABORATORY SERVICE**

**MISSION:** The mission of the Department of Pathology is to provide appropriate clinical and anatomic pathology services to eligible beneficiaries.

**LOCATION:** Raymond W. Bliss Health Center, 2240 East Winrow Avenue, Fort Huachuca, AZ.

**HOURS OF OPERATION:** Our routine hours of operation are Monday through Friday, from 0700 to 1630 with an on-call technologist from 1630-2000 on weekdays and 0800-1800 on weekends. The department will be closed on the first and second Thursday of every month from 0700-1300 for mandatory training.

**ENTRY TO CARE, TREATMENT, AND SERVICES:** Walk-ins or appointments for specific test procedures are accepted. Appointments for specific test procedures (ie. 3-hour Glucose Tolerance Test) can be scheduled by calling 533-2918.

**COMPLEXITY OF PATIENT CARE NEEDS:** There are no limitations to the complexity of patient care needs for laboratory services.

**AGE-SPECIFIC CONSIDERATIONS:** All age ranges are served; newborn to geriatric.

**SCOPE OF PRACTICE:** Pathology services are provided as directed by the care needs of the outpatient population. Basic chemistry, urinalysis, hematology, microbiology, and serology testing are provided. All anatomic pathology and many clinical pathology tests are sent to military and contracted civilian reference laboratories. SPECIFICS ARE DETAILED IN THE STANDARD OPERATING PROCEDURES MAINTAINED IN THE PATHOLOGY DEPARTMENT.

**LIMITS OF CARE:** No anatomic pathology tests are performed in-house. All anatomic pathology tests are sent to a military reference laboratory. A list of all laboratory tests performed in-house can be found in the Raymond W. Bliss Army Health Center Laboratory Handbook and on the RWBAHC webpage. Blood Banking services are not provided at this facility. Any patient requiring blood bank services (transfusions, etc.) must be transferred to a higher-level treatment facility.

**PATIENT AND FAMILY EDUCATION:** The phlebotomist and front desk reception staff maintains continuous communication with the patient throughout the phlebotomy (blood-drawing) procedure. Patients are educated on how to take care of themselves once the procedure is completed.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** Our current staff consists of: 1 Chief, Ancillary Services; 1 Assistant Chief, Ancillary Services; 5 Civilian Medical Technologists; 1 NCOIC, 8 Military Medical Laboratory Technicians; 1 Ancillary Services Secretary; 1 Receptionist; 1 Phlebotomist; and 1 Laboratory Shipping Clerk.

**CALLBACK CRITERIA FOR MISSED APPOINTMENTS AND HIGH RISK PATIENTS:**  
See Memo 40-138 Follow-up of Abnormal Test Results.

**APPENDIX H  
PREVENTIVE MEDICINE (PM)**

**PUBLIC HEALTH NURSING (PHN)**

**MISSION:** Public Health Nursing (PHN) provides public health services to all beneficiaries to optimize health and welfare and mission readiness.

**ENTRY TO CARE:** Beneficiaries are seen by appointment or on a walk-in basis.

**COMPLEXITY OF PATIENT CARE NEEDS:** Low complexity of care. Primary focus is patient/family counseling and education for communicable disease prevention/surveillance, and health promotion to non-acute patients.

**AGE-SPECIFIC CONSIDERATIONS:** Ages range from infants in the childcare setting, to geriatric health care beneficiaries in the clinic and community settings.

**SCOPE OF PRACTICE AND SERVICES:** Working under protocols and supervision of an RN, the public health (PH) staff provide the following programs and services: Communicable Disease Surveillance and Prevention, Health Consultation to the Child and Youth Services, Health Promotion, and management of the influenza vaccination program. Additionally, they liaison with local public health officials.

**LIMITS OF CARE:** Provides public health services to non-acute patients by non licensed independent practitioners (LIP). Those requiring further care are referred to their PCM, designated PM LIP, and/or other agencies i.e. State and County public health officials.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** Two Licensed Practical Nurses work under the guidance of one Public Health Nurse (PHN).

**MISSED APPOINTMENTS FOR HIGH RISK PATIENTS:** Patients considered high risk that miss their appointments are contacted by telephone. In cases where the patient has left for a permanent change in duty station, or left the Military, a telephonic or computerized referral is sent to the receiving PHN, or to the local public health officials within the new geographic location.

**OCCUPATIONAL HEALTH (OH)**

**MISSION:** To prevent injury and illness due to work exposure, to maximize readiness and improve quality of life, to assure that all eligible personnel are physically, mentally, and psychologically suited to their work at the time of assignment.

**ENTRY TO CARE:** Employees seeking services are seen primarily by appointment.

**COMPLEXITY OF PATIENT CARE NEEDS:** Low to moderate complexity of care. Focus is on wellness education, prevention and treatment of injury and illness due to work exposure.

**AGE-SPECIFIC CONSIDERATIONS:** Ages range from 16 years of age to geriatric.

**SCOPE OF PRACTICE:** Services include: Initial hire, pre-deployment and administrative physical exams; surveillance of job related health risks; illness/absence monitoring; hearing and vision conservation; reproductive surveillance; coordination of the treatment of job related illness and injury; chronic disease surveillance; and epidemiological investigations related to occupational illness and injury.

**LIMITS OF CARE:** Provides service to non-acute employees. Those with acute/urgent medical problems are seen by their PCM or in the Emergency Department at Sierra Vista Regional Health Center.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:** Two registered nurses provide OH services, a part-time physician performs the various physicals, one certified hearing technician, and one medical clerk.

**MISSED APPOINTMENTS FOR HIGH RISK PATIENTS:** High risk patients are generally not seen in OH. In the event that lab findings are abnormal, the patient is contacted by telephone. Missed appointments are addressed by contacting either the employee or their supervisor.

## **INDUSTRIAL HYGIENE (IH)**

**MISSION:** To anticipate, recognize and evaluate chemical, biological, and physical hazards in the workplace, and recommend measures for their elimination or control.

**ENTRY TO CARE, TREATMENT AND SERVICES:** The Industrial Hygiene Section does not see patients. Services provided are generated through telephonic request from supporting agencies, regulatory requirements, or from personnel located on Fort Huachuca.

**SCOPE OF PRACTICE:** Primary services performed include the following actions: response to emergencies, complaints, and requests for Industrial Hygiene assistance from supported organizations; conduct periodic and special surveys of workplaces to identify and evaluate health hazards; recommend engineering controls, administrative controls, and personal protective equipment to eliminate or manage identified hazards;

maintain a database of health hazards; perform routine hazard monitoring in accordance with applicable laws and regulations; provide occupational safety and health design review for contracts and construction, renovation, and demolition projects; collaborate with Safety, Occupational Health, and other disciplines to provide comprehensive occupational safety and health support to the Fort Huachuca community.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:**  
The Industrial Hygiene Section is staffed by one Senior Industrial Hygiene Technician and one Industrial Hygiene Technician.

### **NUTRITION SERVICES**

**MISSION:** To assess eligible beneficiaries in all pertinent nutritional areas in order to detect early deviations from the optimum that could result in the manifestation of co-morbidities. To promote the benefits of healthy lifestyles by providing medical nutrition therapy (MNT), nutritional assessments, and nutrition education to military beneficiaries across the lifespan continuum.

**ENTRY TO CARE, TREATMENT AND SERVICES:** Patients are seen through provider referrals and unit commanders. Patients may self-refer but referrals from providers and unit commanders take priority.

**COMPLEXITY OF PATIENT CARE NEEDS:** Low to high complexity of care. Patient diagnoses requiring medical nutrition therapy (MNT) (including: renal, Type 1 and Type 2 Diabetes Mellitus, hypo/hyperglycemia, hypertension, hyperlipidemia, eating disorders, failure to thrive, etc) and nutrition education (weight loss, healthy eating during pregnancy, supplement use, etc).

**AGE-SPECIFIC CONSIDERATIONS:** Ages range from infants to geriatrics.

**SCOPE OF PRACTICE:** The scope of a nutrition assessment includes: nutrition status; effects of medical condition, medications, and supplements on nutrition status; a nutrition care plan; monitoring of patient responses to nutrition therapy; implementation of diet recall as appropriate, and recommending nutritional supplements and vitamins as appropriate.

**LIMITS OF CARE:** All referrals are booked through Preventive Medicine. Patients requiring appointments that cannot be booked within 28 days of consult will be referred to network providers unless the booking date is specifically requested by the patient.

**AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:**  
One Registered Dietitian (RD) provides nutrition patient/family counseling, education, assessments and MNT.

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MISSED APPOINTMENTS FOR HIGH RISK PATIENTS: High-risk patients that miss their appointments are contacted via telephone.

### **ENVIRONMENTAL HEALTH (EH)**

MISSION: To protect and promote the health of Soldiers and civilians in the Fort Huachuca area. This mission is accomplished through services aimed at maintaining food service operations, pest and disease vector prevention and control, environmental compliance with local, state and federal regulations, as well as training and education in field sanitation, medical and environmental health threats. Our goals are directed towards improving the sanitation and environments of the work, rest, and play areas of Fort Huachuca.

ENTRY TO CARE, TREATMENT AND SERVICES: The EH Section does not see patients. Services provided are generated through telephonic request from supporting agencies, regulatory requirements, or from personnel located on Fort Huachuca.

SCOPE OF PRACTICE: Primary services performed include the following:

- West Nile Virus Prevention Planning, Surveillance, and Education
- Potable Water System Distribution Surveillance
- Food Service Sanitation Inspection Planning, Execution, Improvement and Maintenance
- Food Handler's Training
- Field Sanitation Team Training
- Rabies Prevention Program
- Medical Threat Briefings
- Regulated Medical Waste Program (RWBAHC);
- Environmental Casualties Prevention Program
- Water Trailer Inspection Program
- Sanitary Inspection Program (gyms, barber shops, etc.)
- Pool Inspection Program

Environmental Health services are conducted in accordance with regulatory requirements, consensus standards, and prevailing practice.

AVAILABILITY AND CAPABILITY OF THE STAFF TO SUPPORT THE MISSION:

The Environmental Health Section is staffed by one AD Environmental Science Officer and two Preventive Medicine Specialists (91S).

### **Appendix I: Possible Indicators of Abuse\***

The following indicators are some of the reasons an RWBAHC healthcare provider might suspect there has been violence or abuse of a patient, and prompt further consultation/referral to Family Advocacy and/or notification of appropriate agencies:

#### **For Adults**

- Failure to keep medical appointments, or comply with medical protocols
- Secrecy or obvious discomfort when interviewed about relationship
- The presence of a partner who comes into the examining room with the patient and controls or dominates the interview, is overly solicitous and will not leave the patient alone with her/his provider
- The patient returns repeatedly with vague complaints
- A patient who presents with health problems associated with abuse
- Unexplained injuries or injuries inconsistent with the history given
- Somatic complaints
- Delay between an injury and seeking medical treatment
- Injury to the head, neck, chest, breasts, abdomen, or genitals
- Bilateral or multiple injuries, especially if in different stages of healing
- Physical injury during pregnancy, especially on the breasts and abdomen
- Chronic pain without apparent etiology
- An unusually high number of visits to health care providers
- High number of STIs, pregnancies, miscarriages, and abortions
- Repeat vaginal and urinary tract infections

#### **For Children and Adolescents**

All of the applicable health problems listed above as well as:

- Age inappropriate injuries, burns, injuries to the genital areas
- Developmental and behavioral problems
- Psychological distress such as depression, suicidal ideation or attempts, attachment problems, anxiety, sleeping and/or eating disorders, panic attacks, symptoms of PTSD, and substance use/abuse problems

\*Adopted from Family Violence Prevention Fund, Domestic Violence Guidelines, Appendix D. (<http://endabuse.org/>). Abuse and neglect may include physical assault, rape, sexual molestation, domestic abuse, elder neglect or abuse, and child neglect or abuse.

**Appendix J: Referral Healthcare Facilities**

**Military Facilities**

1. William Beaumont Army Medical Center (WBAMC), El Paso, Texas
2. Walter Reed Army Medical Center (WRAMC), District of Columbia
3. Brooke Army Medical Center (BAMC), San Antonio, Texas
4. Balboa Naval Medical Center, San Diego, California

**Civilian Facilities**

1. Sierra Vista Regional Health Center (SVRHC), 302 El Camino Real, Sierra Vista, AZ is 10-15 minutes by ground transport. SVRHC, an 86-bed facility, provides emergency care, obstetrical services, and inpatient and intensive care services.
2. University Medical Center (UMC), 1501 N. Campbell Ave. Tucson, AZ 85724, is approximately 1 hour 30 minutes by ground transport.
3. Tucson Medical Center (TMC), 5301 E. Grant Ave., Tucson, AZ 85712, is approximately 1 hour 30 minutes by ground transport.
4. The Veterans Administration Hospital, 3601 South 6<sup>th</sup> Avenue, Tucson, AZ 85723, is approximately 1 hour 30 minutes by ground transport.
5. Southeastern Arizona Behavioral Health Service (SEABHS) Psychiatric Hospital (PHF), 420 s. Ocotillo Ave., Benson, AZ 85602, is approximately 45 minutes by ground transport:
6. Palo Verde Mental Health Services Division of TMC, 2695 N. Craycroft Rd., Tucson, AZ, is approximately 1 hour 30 minutes by ground transport.
7. High Desert Urgent Care Clinic, 77 E. Fry Blvd, Sierra Vista, AZ, is approximately 10 minutes by ground transport.
8. Urgent Care Clinic-Arizona, 2585 E. Wilcox Dr., Sierra Vista, AZ, is approximately 10-15 minutes by ground transport.