
36

Army Regulation 40-400

Medical Services

Patient Administration

Headquarters
Department of the Army
Washington, DC
1 October 1983

UNCLASSIFIED

SUMMARY of CHANGE

AR 40-400

Patient Administration

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o

Effective 1 November 1983

Medical Services

Patient Administration

By Order of the Secretary of the Army:

JOHN A. WICKHAM, JR.
General, United States Army
Chief of Staff

Official:

ROBERT M. JOYCE
Major General, United States Army
The Adjutant General

History. This publication has been reorganized to make it compatible with the Army electronic publishing database. No content has been changed.

Summary. This revision is a consolidation of AR 40-400 and AR 40-418. It covers the collection and reporting of inpatient and outpatient Biostatistical data, such as the prevalence of selected diseases and the hospital workload. This regulation gives instructions on admission and disposition procedures as well as the preparation of the Admission and Disposition (AAD) Report (North Atlantic Treaty Organization Standardization Agreement

2132 and American, British, Canadian, and Australian Quadripartite Agreement 470). It also gives instructions relating to collecting and reporting inpatient data for the Individual Patient Data System (IPDS) (RCS MED-345) and outpatient data for the Medical Summary Report System (MSRS) (DA Form 2789-R, RCS MED-302(R3)). This regulation provides policies governing both the operation of the Inpatient Accounting System (IAS) and the reporting requirements of selected diseases (RCS, MED-16(R4)). It also provides guidance on the preparation of the Abortion Statistics Report (RCS MED-363).

Applicability. This regulation applies to all operating medical treatment facilities (MTFs) of the Active Army. It also applies to all MTFs of the Army National Guard and the US Army Reserve during periods of active duty or active duty for training.

Proponent and exception authority. The proponent agency of this regulation is the Office of The Surgeon General.

Impact on New Manning System

This regulation does not contain information that affects the New Manning System.

Army management control process. Not applicable.

Supplementation. Supplementation of this regulation is prohibited unless prior approval is obtained from HQDA(DASG-PSA), WASH DC 20310.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA(DASG-PSA), WASH DC 20310.

Distribution. Distribution: To be distributed in accordance with DA Form 12-9A requirements for AR, Medical Services: Applicable Medical Activities Only. Active Army, ARNG, USAR, B.

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*This regulation supersedes AR 40-400, 1 August 1978, and 40-418, 16 August 1976, including all changes, and rescinds DA Forms 4594-R, 4596, and 4597, all dated March 1977.

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Chapter 1 Introduction

Section I General

1-1. Purpose

- a. This regulation establishes policies, procedures, and responsibilities pertaining to—
- (1) Admission procedures.
 - (2) The Individual Patient Data System (IPDS).
 - (3) The Medical Summary Report System (MSRS).
 - (4) The Inpatient Accounting System (IAS).
 - (5) The DD Form 1380 (US Field Medical Card).
 - (6) Special reporting requirements.
- b. This regulation provides guidance for—
- (1) Performing admission and disposition procedures.
 - (2) Collecting inpatient and outpatient medical statistical data.
 - (3) Producing medical statistical reports of the Army Medical Department (AMEDD) medical information system for the purpose of planning, managing, and evaluating the AMEDD health care delivery system.
 - (4) Reporting selected diseases or outbreaks of diseases to designated health authorities.

1-2. References

Required and related publications are listed in appendix A.

1-3. Explanation of abbreviations and terms

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

1-4. Information and defense security classification

Reports required or authorized by this regulation will be classified and safeguarded per AR 380-5. All required items will be reported. Items of information requiring security classification will be submitted on separate forms or attached documents.

1-5. Requests for data from AMEDD systems

Users are encouraged to request special reports when there is a requirement from the AMEDD systems for data. Data is formally released by either the US Army Health Services Command (HSC) or the Office of The Surgeon General (OTSG) (HQDA(DASG-PSA)). Care should be taken by those who receive data to insure that the data are used for their intended purposes and released only to authorized individuals or agencies.

- a. Requests for HSC activities will be directed to—

Commander
US Army Health Services Command
ATTN: HSOP-P
Fort Sam Houston, TX 78234

- b. Requests for activities not under HSC or for worldwide data will be directed to—

HQDA (DASG-PSA)
WASH, DC 20310

- c. Individual MTFs may request data or statistics pertaining to their own operations directly from PAS&BA.
- d. All requests must contain enough justification to comply with the requirements of AR 335-15 regarding assignment of a product control number (PCN). Justification must also include the intended use and detailed description of data requested, as well as the name and telephone number of a point of contact for additional information.
- e. Data can be requested telephonically by calling AUTOVON 471-5688/4305 (Chief, Biostatistics Division, HSHI-QB). Release of data in response to telephonic requests will be determined on an individual basis.

Section II Responsibilities

1-6. The Surgeon General (TSG)

TSG will—

- a. Enforce the policy on data collection systems established by this regulation.
- b. Provide overall policy for the IAS.

1-7. The Commanding General, US Army Health Services Command (CG, HSC)

The CG, HSC will—

- a. Provide command and control over the MEDCENs and MEDDACs that operate the IAS.
- b. Authorize the procurement of data processing equipment necessary to implement and operate the IAS.

1-8. The Chief, Patient Administration Division (PAD) of the Office of The Surgeon General (OTSG)

a. As the proponent of the IAS and the MSRS, the Chief of PAD of OTSG will develop overall policy and functional management of these systems.

b. As the proponent of the IPDS, the Chief of PAD of OTSG will—

- (1) Develop overall policy and functional management of the IPDS.
- (2) Determine specific data elements required in the IPDS.
- (3) Specify and define the codes to be used for each data element.
- (4) Specify forms to be used for submission of data.
- (5) Establish quality standards, specifying the methods to be used so that established quality standards are maintained. (Quality includes accuracy, completeness, consistency, and timeliness of data.)
- (6) Establish the time schedules for data entry into the system and establish schedules for production and distribution of reports.

1-9. The Commander, US Army Patient Administration Systems and Biostatistics Activity (PAS&BA)

a. For AMEDD medical information systems authorized by this regulation, the Commander, PAS&BA will maintain and prepare functional documentation (functional descriptions, user's manuals, and so on) per DOD 7935.1-S and AR 18-1.

b. For the IAS, the Commander, PAS&BA will—

- (1) Provide functional and technical support to maintain and operate the IAS.
 - (2) Develop functional documentation for the preparation, integration, coordination, modification, upgrade, and redesign of the IAS.
 - (3) Publish functional changes to the IAS.
- c. For the IPDS, the Commander, PAS&BA will—
- (1) Augment and maintain the system on a daily basis.
 - (2) Contact directly and task all reporting MTFs on the maintenance of each MTF portion of the IPDS database.
 - (3) Receive and edit input documents from the MTF.
 - (4) Measure the input against quality and accuracy standards.
 - (5) Assure the accuracy of the information entered into the database.
 - (6) Prepare recurring reports within established time schedules.
 - (7) Prepare special reports retrieved from the database.
 - (8) Advise and assist the MTF commander in meeting established IPDS quality and time requirements.
 - (9) Propose system improvements to OTSG.
 - (10) Conduct statistical analysis of IPDS data.
 - (11) Provide coding workshops and instructional materials to help MTFs train medical records personnel in support of IPDS.

1-10. The commanders of medical treatment facilities (MTFs)

Each commander of an MTF will—

- a. Collect, prepare, and report medical statistical data to meet the requirements of this regulation.
- b. Carry out the following responsibilities regarding the IPDS:
 - (1) Submit all required IPDS records generated by the MTF.
 - (2) Prepare accurate and complete records according to this regulation, AR 40-66, the International Classification of Diseases, Ninth Revision (ICD-9), and supplemental coding instructions.
 - (3) Meet established standards and specified time schedules (in the data systems' user's manuals) for the preparation and submission of IPDS data.

(4) Furnish the proponent or the proponent's agent with MTF requirements for management and medical information from the IPDS.

(5) Designate the MTF agency or element to complete and process records.

(6) Designate the staff element that will either provide data reduction services for the IPDS or will coordinate with the local data processing activity (DPA) to obtain these services.

(7) Coordinate with the local telecommunications center to obtain Automatic Digital Network (AUTODIN) support. This support will be used to transmit punch cards and magnetic tape electronically from the installation or command to PAS&BA.

1-11. The chiefs of MTF patient administration divisions (PADs)

Each chief in an MTF PAD will serve as the staff officer with authority to act for the commander regarding the systems discussed in this regulation. The chief, PAD will also work closely with and directly assist staff members on the following matters:

(8) Determination of administrative functions for the admission and disposition of patients.

(9) Collection and reporting of medical statistical data

(10) Implementation of methods and procedures for the timely and accurate collection and reporting of outpatient medical statistical data.

(11) Submission of special reports concerning selected diseases.

Chapter 2

Admission Procedures

2-1. Administrative processing for admissions

a. The admissions and dispositions (AAD) office will perform administrative processing of persons who are authorized, by the responsible medical officer, to be either admitted, discharged, or carded for record only (CRO). However, persons requiring immediate emergency care can be admitted directly to the treatment area or ward. In this case, administrative processing will be accomplished after medical care. (See b below for completion of admitting plate.) Special procedures must be established for the admission of patients with contagious diseases, psychiatric cases, prisoner patients, and patients admitted in a mass casualty situation.

b. Admitting officers may use DA Form 2985 (Admission and Coding Information) or DA Form 4582-R (IAS Admission Record) to authorize an admission. On the form, they will enter the patient's name, ward or nursing unit, clinic service, date of admission, admission diagnosis, and signature of the physician. The remaining portion of the form will be completed by AAD personnel. DA Form 4582-R will be reproduced locally on 8-1/2 by 11-inch paper. Locate DA Form 4582-R, a fold-in page, at the back of this regulation.

c. Essential elements of the admission process include but are not limited to—

(1) The determination of eligibility for care.

(2) The collection of information for preparing required medical records and reports.

(3) The initiation of the Inpatient Treatment Record (ITR).

2-2. AAD Report

a. An AAD Report reflecting gains, losses, and other changes in patient status will be prepared by each hospital for each calendar day it is in operation.

b. Each day, the report will be prepared by 2400 hours. The report will include data from the first and third lines of the admitting plate (para 2-3b) and the type of case from the fourth line. When preparing the AAD Report, admitting plates on those patients affected by any transaction in table 2-1 will be filed behind the appropriate headers of the AAD file.

c. The heading will include the date and serial number per the North Atlantic Treaty Organization (NATO) Standardization Agreement (STANAG) 2132 and American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 470. For the serial number, the Julian date and the last two digits of the year will be used. (The Julian date is indicated on each page of all standard government calendars.) For example, the report for 1 January 1981 would be 001-81. When the designation of the hospital does not include the term "US Army," it will be added parenthetically. Examples are 10th Combat Support Hospital (US Army) and Brooke Army Medical Center (US Army).

d. The AAD Report will contain entries pertaining to each patient affected by transactions listed in table 2-1. Entries will be grouped according to type of transaction. Each group will be identified by a heading as shown in table 2-1. Within each type of transaction group, further subgrouping by beneficiary category, organization, or other status may be made. Listing of individuals within the groups or subgroups may be in the sequence the local MTF desires; that is,

alphabetical, by grade, by time of admission, and so on. Additional information (such as diagnosis or circumstances of wounds or injuries) may be added, provided that the information is kept confidential and entries required by this regulation appear first and in the proper sequence. (See para 2-10 for distribution of AAD Reports that contain additional information.)

e. Boarders and transient patients will be recorded on the AAD Report for administrative control purposes only (see paras 5e and f of table 2-1). Boarders will not be admitted to an inpatient status; that is, issued a register number, provided an ITR, and so on.

f. The format and sequence prescribed by this regulation will be used by each MTF regardless of the method used in preparation.

g. The AAD Report will be authenticated by the patient administrator or by another designated individual.

h. A recapitulation table will be added at the end of each report. The table will include but is not limited to data on the number of patients that are-

- (1) Remaining from the previous day.
- (2) Admissions.
- (3) Dispositions.
- (4) Remaining as of this report.
- (5) Absent (includes absent without leave (AWOL)).
- (6) On leave
- (7) On pass.
- (8) Subsisting out
- (9) Occupying beds.
- (10) Newborn

2-3. Admission records

a. *DA Form 2985 and DA Form 4582-R.* DA Form 2985 and DA Form 4582-R will be used as admission records. The DA Form 2985 will be used as a source document for preparing forms and documents in MTFs that do not have the IAS. Information on DA Form 4582-R will be used to prepare transaction cards in those MTFs that have the IAS.

b. *Admitting plate.*

(1) Information from DA Form 2985 will be used in non-IAS MTFs to prepare a nine-line admitting plate. This admitting plate will be prepared in the sequence shown in table 2-2. The admitting plate can be used to imprint the following: DA Form 3647-1 (Inpatient Treatment Record Cover Sheet (for plate imprinting)), 3 by 5 inch patient register number and nominal index cards, DA Form 3153 (Medical Services Account Patient Ledger Card) and other required forms and documents. The first and third lines of the admitting plate can be used to prepare the AAD Report.

(2) Diagnostic terms or codes will not be embossed on the admitting plate (see para 2-2d). This information may be imprinted on the AAD Report and other forms by using a trailer plate. Entries on the trailer plate will be identified by columnar headings that correspond to the AAD Report format. Distribution of the AAD Report, the 3 by 5 inch patient register number and nominal index cards, and other forms imprinted with diagnostic or related information will be on a need to know basis per AR 40-66, AR 340-17, and AR 340-21.

(3) For preparation of the AAD Report, two basic files of admitting plates will be maintained.

(a) *AAD file.* This file consists of admitting plates of patients for whom an entry must be made on the AAD Report for the current day. It also consists of header plates for transactions listed in table 2-1.

(b) *Control file.* This file consists of admitting plates of patients who are on the rolls of the MTF but not included in the AAD file. This file may be arranged in any convenient method, but it will contain a "hold" section for admitting plates of patients who are carried in a "change of status out" category.

(4) Admitting plates will be maintained until no longer required and then they will be salvaged or destroyed.

c. *Unit/ward or clinic identification plate.* This plate identifies the MTF, nursing unit/ward, clinic, and other functional elements as permanent data in the imprinting device and also incorporates a changeable data. It is used with the inpatient identification plate (d below) or the patient register number card. For detailed information, see AR 40-66.

d. *Inpatient identification plate.* This plate provides patient identification information for use on all forms in the ITR. It is used with the nursing unit/ward or clinic identification plate. For detailed information, see AR 40-66.

e. *Patient bed card.* This card will be prepared on a plain 3 by 5-inch card by using a bulletin-type typewriter. If a bulletin-type typewriter is not available, the card may be hand-lettered. For detailed information, see AR 40-66.

2-4. Distribution

Distribution of the AAD Report will be locally determined on a need-to-know basis. See AR 40-66, AR 340-17, and AR 340-21 about keeping the information confidential.

2-5. Record copy

The record copy of the report will be disposed of per AR 340-18-9. All other copies may be destroyed after they have served their purpose.

2-6. Additional requirements

This paragraph implements NATO STANAG 2132 and ABCA QSTAG 470. In addition to other requirements for preparing and distributing the AAD Report, the following requirements apply when military personnel of NATO or ABCA countries (table 2-3) are patients in an Army hospital:

a. A separate page for each nation having patients admitted, transferred, discharged, or deceased will be included. (Fig 2-1 shows a sample listing.) The section headings will be printed in English and French, unless the representative of the foreign government agrees to receive the report only in English.

b. A copy will be forwarded to the medical authorities of each nation having patients listed on the report. On this copy only, the diagnosis and type of case will be shown; that is, battle casualty, non-battle accident/injury, or sickness/disease. When applicable, the following additional information will be submitted:

- (1) For death--enter cause.
- (2) For transfer--indicate the MTF to which the patient was transferred and the nationality of that MTF.
- (3) For discharge--enter the unit to which the patient was discharged and the nationality of that unit.
- (4) For admission--state when the patient was placed in a very seriously ill/seriously ill (VSI/SI) category.

c. Continental United States (CONUS) US Army medical center (MEDCEN) and Medical Department activity (MEDDAC) commanders will forward a copy of the AAD Report to the appropriate national authority listed in table 2-4 and to the Commander, US Army Health Services Command, ATTN: HSOP-P, Fort Sam Houston, TX 78234.

d. The major oversea commander will distribute the following information to all military MTFs preparing reports:

(1) The official designation and address of each national medical authority who is to receive copies of the AAD Report (table 2-5).

(2) The method of sending the report.

Garmisch General Hospital (US Army)

Garmisch, Germany APO 09053

DATE: 1 September 198X

SERIAL NUMBER: 244-8X

NAME

Last, First, MI (Nom, Prenoms)	Grade/Rank (Rang)	Service Number (Numero Matricul)	Unit (Fraction) or Regiment
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ADMISSION TO HOSPITAL (A L'HOPITAL)

SMYTHE, B. S. W.	CPL	987654	2nd Royal Lancers BPO 88
---------------------	-----	--------	--------------------------------

Diagnosis: 1. Traumatic amputation of left hand, complete, without mention of complication. 2. Injury to spleen, with open wound into cavity. Placed on the Very Seriously Ill (VSI) list at 1500 hours, 1 September 198X. Nonbattle Accident/Injury.

TRANSFERRED (TRANSFERT) TO QUEENS ROYAL ARMY HOSPITAL, LONDON

HAILEY, John P.	CPT	2985777	1st Royal Lancers BPO 89
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Diagnosis: Ulcer of stomach, with hemorrhage. Sick/Disease.

DISCHARGED FROM HOSPITAL (DECHARGE DE L'HOPITAL)

GLENE, Glen E.	COL	478069	HQ, BAOR BPO 78
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Diagnosis: Influenza with pneumonia. Returned to duty with Joint Allied Task Force, Garmisch. Sick/Disease.

HUME, Dick J.	CPL	687596	2nd Royal Lancers BPO 88
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Diagnosis: Dislocation of patella. Returned to duty with parent unit. Nonbattle Accident/Injury.

DIED IN HOSPITAL (DECEDE A L'HOPITAL)

LONER, Sam L.	MAJ	0945678	1st Royal Lancers BPO 89
---------------	-----	---------	--------------------------------

Diagnosis: Hemorrhage of cerebellum. Sick/Disease. Underlying Cause of Death: Cerebral hemorrhage.

Note: Hospitals preparing this list by mechanical means, using lines one and three of the admitting plate, will include the register number, ward, or type of case.

Figure 2-1. Sample of separate listing required for NATO patients

Table 2-1
AAD Report headings

Heading	Transaction involved
1. Gains (Admissions)	<ul style="list-style-type: none"> a. Direct admission to hospital. b. Direct admission, absent sick. c. Transfer admission. d. Newborn.
2. Change of status in	<ul style="list-style-type: none"> a. From leave. b. From subsisting out. c. From AWOL (less than 10 days). d. From absent sick in nonmilitary MTF. e. From temporary duty (TDY) or special duty (SDY). f. From supplemental care. g. From cooperative care. h. From the medical holding unit.
3. Losses (dispositions)	<ul style="list-style-type: none"> a. Returned to duty. b. Separated from service. c. Retired-length of service. d. Retired-Permanent Disability Retired List. e. Retired-Temporary Disability Retired List. f. AWOL over 10 days. g. Discharged from hospital. (Use only for nonmilitary personnel.) <ul style="list-style-type: none"> (1) Newborns. (2) All other nonmilitary patients. h. Died. <ul style="list-style-type: none"> (1) Newborns. (2) All others. i. Transferred. (Show facility to which transferred-use appropriate header plates.) <ul style="list-style-type: none"> (1) Newborns. (2) All others.
4. Change of status out	<ul style="list-style-type: none"> a. To leave. b. To subsisting out. c. To AWOL. d. To absent sick in nonmilitary MTF. e. To TDY/SDY. f. To permanent change of station (PCS): <ul style="list-style-type: none"> home or Veterans Administration (VA) hospital. g. From absent sick to leave. h. To supplemental care. i. To cooperative care. j. To the medical holding unit.

Table 2-1

AAD Report headings—Continued

Heading	Transaction involved
5. Other transactions	<ul style="list-style-type: none"> a. Interward transfers. b. CRO. c. Passes in excess of 24 hours. <ul style="list-style-type: none"> (1) "To" pass. (2) "From" pass. d. From newborn to pay patient. e. Transient patients (numbers of). <ul style="list-style-type: none"> (1) Remaining from previous days. (2) Arriving. (3) Departing. (4) Remaining. f. Boarders (numbers of). <ul style="list-style-type: none"> (1) Remaining from previous days. (2) Arriving. (3) Departing. (4) Remaining. g. Corrections of prior AAD Reports.
6. Separate foreign nation listings	See figure 2-1 for sample of separate listings required for NATO patients.
7. Recapitulation	

Table 2-2
AAD Admitting plate data

Line*	Item	Data
1	2	Register number
1	**	Name
1	3	Grade
2	4	Sex
2	5	Age
2	6	Race
2	**	Religion
2	7	Length of service
2	**	Expiration of term of service
2	**	Previous admission
3	8	Family member prefix (FMP)
3	9	Social Security Number (SSN)
3	**	Organization
3	**	Ward
4	**	Flying status
4	**	Rating/designation
4	10	Beneficiary category
4	**	Branch/corps
4	11	Unit identification code/ZIP code
4	12	Type case
4	13	Source and authority for admission
5	**	Hour of admission
5	14	Clinic service
6	**	Name/relationship of emergency addressee
7	**	Address of emergency addressee
7	**	Telephone number of emergency addressee
7	17	Date of this admission
8	**	Name and location of MTF
8	18	Date of initial admission
9		For continuation of lines 1 through 7, as necessary, and for local use.

*Refer to DA Form 2985 for line items.
**Indicates unnumbered items.

Table 2-3

List of NATO and ABCA countries

NATO	ABCA
Belgium	Australia
Canada	Canada
Denmark	New Zealand
France	United Kingdom
Federal Republic of Germany	United States
Greece	
Italy	
Luxembourg	
Netherlands	
Norway	
Portugal	
Spain	
Turkey	
United Kingdom	
United States	

Table 2-4

Addresses of organizations in CONUS that receive AAD Reports on ABCA and NATO personnel

Country represented	Address
Australia	Australian Military Mission 1601 Massachusetts Avenue, NW Washington, DC 20036
Belgium	Belgian Military Mission 3330 Garfield Street, NW Washington, DC 20008
Canada	Canadian Joint Staff 2450 Massachusetts Avenue, NW Washington, DC 20008
Denmark	Danish Military Mission 3200 Whitehaven Street, NW Washington, DC 20008
France	French Military Mission 1759 R Street, NW Washington, DC 20009
Federal Republic of Germany	German Military Mission 4645 Reservoir Road, NW Washington, DC 20008
Greece	Greek Military Mission 2228 Massachusetts Avenue, NW Washington, DC 20008
Italy	Italian Military Mission 2110 Leroy Place, NW Washington, DC 20008
Luxembourg	Embassy of Luxembourg 2210 Massachusetts Avenue, NW Washington, DC 20008
Netherlands	Netherlands Joint Staff Mission 4200 Linnean Avenue, NW Washington, DC 20009
New Zealand	New Zealand Military Mission 1601 Connecticut Avenue, NW Washington, DC 20009
Norway	Norwegian Military Mission 2720 34th Street, NW Washington, DC 20008
Portugal	Portuguese Military Mission 2310 Tracy Place, NW Washington, DC 20008
Spain	Not available at publication.
Turkey	Turkish Joint Staff Mission 2202 Massachusetts Avenue, NW Washington, DC 20008
United Kingdom (Great Britain)	British Joint Services Mission 3100 Massachusetts Avenue, NW Washington, DC 20009

Table 2-5
List of national military medical authorities

Country	Military	Address of medical authority
Australia	Navy, Army, and Air	Services Health Policy Committee Secretariat Department of Defence CP4-6-45 Campbell Park, Australia
Belgium	Navy, Army, and Air	Direction Interforces du Service de Sante Caserne Prince Baudouin Place Dailly 1030 Bruxelles, Belgium
Canada	Navy, Army, and Air	National Defence HQ Ottawa, Ontario Canada KIA OK2 ATTN: Surgeon General
Denmark	Navy, Army, and Air	Chief of Defense Post Box 202 DK 2300 Vedbaek, Denmark
France	Navy, Army, and Air	Bureau Central de Comptabilite du Service de Sante aux Armees (BCSSA) Limoges (B7), France
Federal Republic of Germany	Navy, Army, and Air	Institut für Wehrmedizinische Statistik und Berichtswesen D-5180 Remagen Bergstrasse 38, Germany
Greece	Navy, Army, and Air	Hellenic Army Command Army Medical Corps Directorate Athens, Greece
Italy	Navy, Army, and Air	Ministero della Difesa Direzione Generale Sanita Militare Via S. Stefana Rotondo 4 00100 Roma, Italy
Luxembourg	Army	Direction Interforces du Service de Sante Caserne Prince Baudouin Place Dailly 1030 Bruxelles, Belgium
Netherlands	Navy, Army, and Air	Inspectie Geneeskundige Dienst Koninklijke Landmacht Kalvermarkt 32 Den Haag, Netherlands
New Zealand	Navy, Army, and Air	Director, Medical Services Ministry of Defence Private Bag Wellington, New Zealand
Norway	Navy, Army, and Air	Joint Norwegian Medical Service Oslo MIL/OSLO 1, Norway

Table 2-5

List of national military medical authorities—Continued

Country	Military	Address of medical authority
Portugal	Navy, Army, and Air	Secretariado Geral de Defesa Nacional (3a Reparticao) Rua de Cova da Moura 1 Lisboa 3, Portugal
Spain		Not available at publication
Turkey	Navy, Army, and Air	Genel Kurnay Bashanghi Ant. D. Bsh. MAS Sb. Md. (Bnb. Gultekin FAKA dikkatine) Bakanliklar/Ankara, Turkey
United Kingdom (Great Britain)	Navy, Army, and Air	Army Medical Directorate Ministry of Defence First Avenue House (Room 615) High Holborn London WC 1V6HE, England
United States	Navy	The Surgeon General Naval Medical Command ATTN: Code 39—Department of the Navy Washington, DC 20372 United States
United States	Army	Commander US Army Health Services Command ATTN: HSOP-P Fort Sam Houston, TX 78234 United States
United States	Air	Surgeon, US Air Forces In Europe Ramstein Air Base Ramstein, Germany

Chapter 3

Individual Patient Data System (Requirements Control Symbol MED-345)

Section I

Introduction

3-1. Description of the IPDS

a. The IPDS (Requirements Control Symbol (RCS) MED-345) is a computer-oriented collection of demographic and medical data for patients on the rolls of Army MTFs, as well as the following:

- (1) Army patients in an absent sick status in nonmilitary hospitals.
- (2) Cases of sufficient interest to require reporting as CRO.
- (3) Active Army personnel treated as inpatients in Navy and Air Force hospitals.

b. The IPDS will provide the following features:

- (1) Timely data for planning, managing, and evaluating the AMEDD health care system at Headquarters, Department of the Army; major Army commands (MACOMs); and individual MTFs.
- (2) Data for medical and epidemiological research.
- (3) Rapid data retrieval in response to daily inquiries from OTSG, other Army components, the Department of Defense (DOD), Congress, Federal agencies, and other authorized organizations and individuals.
- (4) A database from which the hospital commander and staff can obtain management reports and indices as required by this regulation, the Joint Commission on Accreditation of Hospitals, and special retrievals.

3-2. Use of forms

The following are source documents relating to the IPDS:

a. *DA Form 3648 (Coding Transcript-Individual Patient Data System)*, *DA Form 3647 (Inpatient Treatment Record Cover Sheet)*, *DA Form 3647-1*, and *DD Form 1380 (US Field Medical Card)*. These forms, as well as punch cards or magnetic tapes produced from the forms, are referred to as IPDS records and will be processed by AMEDD personnel.

b. *DA Form 2985*. The description in a above applies. Also, *DA Form 2985* is a dual purpose form serving as a patient admission information document and a coding transcript. It is used in Army MTFs not having the IAS. Those MTFs having the IAS will use *DA Form 4582-R* and *DA Form 3648*. *DA Form 2985* is designed so that many fields on the front side can be coded during the patient interview at the time of admission. Information from the *DA Form 3647* will be used to code the remainder of the *DA Form 2985*. The *DA Form 2985* will be filed in the ITR.

3-3. Standard data elements

Standard data elements (SDE) will be used when available. As additional or revised applicable SDE are developed, they will be incorporated into the IPDS by changes to this regulation per AR 18-12.

3-4. Coding for diagnosis, surgical operations/ procedures, type of case, and external cause of injury

These codes are according to instructions provided by DOD. Coding information is as follows—

a. *Diagnostic coding*. ICD-9 will be used. For coding rules and principles, use instructions provided in volumes 1 and 2 of the ICD-9 and in supplemental coding instructions, such as "existed prior to service" (EPTS) instructions (see AR 40-66).

b. *Surgical operations/procedures coding*. The International Classification of Procedures in Medicine (ICPM) will be used. For coding rules and principles, use instructions provided by the ICPM and supplemental coding instructions (see AR 40-66).

c. *Type of case coding*. Precedence will be given to "battle casualty" when assigning codes to patients suffering from two or more conditions classified to two or more categories.

d. *External cause of injury coding*. A cause of injury code will be entered for any injury diagnosis (codes 8000 to 9999 and E9300 to E9499) which appears in a diagnostic field on the *DA Form 2985*. When more than one injury diagnosis is recorded in fields 38 to 45, the first injury diagnosis recorded will have an associated cause of injury code entered on the form. Cause of injury codes are provided in supplemental coding instructions (see AR 40-66).

Section II

Submission of IPDS Records

3-5. Report periods

a. There are two report periods in each month for the A, B, and C punch cards and corresponding *DA Forms 3647* and *3647-1*. These report periods are the 1st through the 15th, and the 16th through the last day of the month. The end of the report period is 2400 hours on the 15th and last day of the month. The MTF will transmit these IPDS records to PAS&BA or to a central location no later than the 16th and the last day of the month; that is, records generated from

the 1st through the 15th must be transmitted on the last day of the month. If the last day of the month is a weekend or a holiday, the transmittal will be submitted on the next duty day.

b. The report period for the X punch cards is the first day of the month through the last day of the month. The MTF will transmit the IPDS X cards to PAS&BA or to a central location no later than 5 calendar days after the end of the report period.

c. Selected summary information covering the report period will be transmitted with the X cards. This information includes admissions, dispositions, live births, bed days, sick days, and total inpatient and outpatient visits. The information will be accumulated from the first through the last day of the month and entered on one punch card (Y card).

3-6. Routing

a. *CONUS, Hawaii, and Alaska.* The A, B, and C cards will be transmitted from the MTF to PAS&BA no later than the 16th and the last day of the month. The IPDS X cards and Y card will be transmitted to PAS&BA no later than 5 calendar days after the end of the report period.

b. *US Army, Europe.*

(1) The IPDS A, B, and C cards will be transmitted from the MTF to the US Army Biostatistical Activity-Europe (USABA-Europe) no later than the 16th and last day of the month. The USABA-Europe will consolidate and further transmit these cards to PAS&BA no later than 20 calendar days after the end of each report period.

(2) The IPDS X cards and Y card will be transmitted from the MTF to the USABA-Europe no later than 5 calendar days after the end of the report period. The USABA-Europe will consolidate and further transmit these cards to PAS&BA no later than 10 calendar days after the end of the report period.

c. *Panama.*

(1) The IPDS A, B, and C cards will be transmitted from one central location to PAS&BA no later than the 16th and last day of the month.

(2) The IPDS X cards and Y card will be transmitted from one central location to PAS&BA no later than 5 calendar days after the end of the report period.

d. *Pacific.*

(1) IPDS A, B, and C cards will be transmitted from one central location in each of the geographical areas ((a) through (d) below) to PAS&BA no later than the 16th and last day of the month.

(2) The IPDS X cards and Y card will be transmitted from one central location in each of the following geographical areas to PAS&BA no later than 5 calendar days after the end of the report period:

(a) Japan.

(b) Korea.

(c) Thailand.

(d) Pacific areas not specified.

3-7. Transmittals

a. *DA Forms 3647 and 3647-1.*

(1) These forms will be transmitted by priority mail per AR 340-3, paragraph 3-1. They will be transmitted to the Commander, US Army Patient Administration Systems and Biostatistics Activity, ATTN: HSHI-QPI, Fort Sam Houston, TX 78234.

(2) The forms, including corrected records, will be transmitted in register number sequence. Each transmittal will include all forms for all dispositions and CRO cases for that report period. A transmittal will not be delayed because of incomplete records. Negative reports are required for control purposes.

(3) A letter of transmittal, initiated by the MTF and stating the designation and location of the MTF, will cover each transmittal. The transmittal letter will—

(a) Indicate the chain of command through which the transmittal is sent.

(b) Be identified by a four-character numeric code.

(c) State the number of records for this report period, records from previous report periods, corrected reports, and the total number of records enclosed.

(4) When an MTF is activated or deactivated, the letter of transmittal will give the current report period and will be identified as the initial or last transmittal, as appropriate.

b. *Punch cards and magnetic tape.* Using AUTODIN, data on the cards and tapes will be electronically transmitted to PAS&BA from the local installation or command. Communications personnel will prepare the header cards and trailer cards from information provided on DD Form 1392 (Data Message form). An attention (ATTN:) card for each batch will be prepared either by the keypunch operator or by the data processing personnel. Those MTFs having a remote terminal will transmit directly from the MTF to PAS&BA.

3-8. Disposition of DA Form 2985 (Admission and Coding information)

The original DA Form 2985 will be filed in the ITP after the punch cards and magnetic tape have been produced. Copies of these forms can be destroyed.

Section III

Medical Reference Indices and Output Reports

3-9. Description of Indices and reports

a. Output reports will be produced by IPDS. Medical reference indices will be maintained by all fixed Army MTFs. Hospital commanders may require the maintenance of additional indices or may add to the indices if locally required.

b. RCS MED-345 is assigned to the entire IPDS and includes all reports and input documents. Per AR 335-15, the PAS&BA will assign a PCN to each recurring and nonrecurring output report. The requester of special reports must provide the information required for proper PCN assignment.

c. These reports will be used to-

(1) Analyze inpatient workload.

(2) Assist in determining the most cost effective distribution of medical resources.

(3) Provide a base for planning future medical support and the administration of quality assurance, medical care evaluation, risk management, and utilization review programs

3-10. Types of recurring output reports

There are two types of recurring output reports: hospital reports and headquarters reports. Hospital reports will contain information pertaining to a specific hospital. The hospital commander and his or her staff will be the primary users of hospital reports. Headquarters reports will contain information pertaining to all Army hospitals or to a group of Army hospitals (MACOM or medical region).

3-11. Distribution of IPDS output reports

The US Army PAS&BA will distribute the IPDS reports. IPDS X card reports will be distributed initially in paper copy and will subsequently be produced on microfiche with corresponding A, B, and C card microfiche reports.

3-12. Non-automated indices

Each fixed Army hospital will maintain two manually produced indices per AR 340-18-9.

a. *Nominal index.* This index will consist of a nominal index card (normally a 3 by 5-inch card) for each patient to whom the hospital has assigned a register number. The nominal index card will list the patient's name, SSN, register number, admission and discharge date, and other identifying information as desired locally. This index will be alphabetically filed based on the patient's last name.

b. *Register number index.* This index will consist of a copy of the DA Form 3647 and 3647-1 for each patient to whom a register number has been assigned. The index will be maintained in register number sequence. A copy of the SF 502 (Medical Record-Narrative Summary), when prepared, may be attached to the DA Forms 3647 and 3647-1 if locally required.

3-13. Automated Indices

a. *Disability separations/retirements and separations for failure to meet medical procurement standards index (PCN PDFY 262, Part C).* This index identifies each separation and retirement patient by FMP/SSN and register number. Each separated and retired patient is listed only once by the principal or underlying cause of separation or retirement. This index is arranged in sequence by the diagnosed principal or underlying cause of separation or retirement.

b. *Diagnostic index (PCN PDFY 263).* This index identifies each patient by FMP/SSN and register number. It lists up to eight diagnoses for each patient. This index is arranged in diagnostic code number sequence.

c. *Operations index (PCN PDFY 264).* This index identifies each patient by FMP/SSN and register number. It lists up to eight surgical, diagnostic, or therapeutic procedures per patient. This index is arranged in procedure code sequence.

d. *Death index (PCN PDFY 265).* This index identifies death cases by FMP/SSN and register number. Each patient is listed only once by the diagnosed underlying cause of death.

3-14. Special reports

In addition to recurring reports, special reports for specific data on IPDS can be provided to satisfy specific requirements of the user. See paragraph 1-5 for procedures concerning requests for special reports.

Section IV

IPDS Coding of DD Form 1380 (US Field Medical Card)

3-15. Use of DD Form 1380

DD Form 1380 will be used to record data similar to that recorded on DA Forms 3647 and DA Form 3647-1. It may also be used to record outpatient visits when the health record is not readily available. The following will use DD Form 1380: Aid stations, clearing stations, and nonfixed troop or health clinics operating overseas, on maneuvers, or attached to commands moving between stations. Instructions for preparing DD Form 1380 are outlined in AR 40-66.

3-16. Coding instructions

a. For only final dispositions and CRO cases, information from the DD Form 1380 will be encoded on DA Form 2985 (as stated in b below). The gaining hospital will encode this information for patients transferred to them.

b. Information from the DD Form 1380 will be used to code all fields of DA Form 2985 except fields 8 (FMP), 14 (clinic service), 18 through 32 (date of initial admission and days fields), 34 (pre-operative days), 37 (corrected record), and 54 (residual disability). These fields will be left blank. Field 4 (sex) will be coded although this information is not recorded on the DD Form 1380.

3-17. Diagnostic coding

a. ICD-9, volumes 1 and 2, will be used for diagnostic coding. Further information is published in supplemental coding instructions (see AR 40-66).

b. The first five columns of the diagnostic fields will be used. For three digit ICD-9 codes, zero fill the fourth column and leave the fifth column blank. For four digit ICD-9 codes, leave the fifth column blank. The sixth and seventh columns of the diagnostic fields will always be left blank.

3-18. Coding of surgical operations/procedures

a. The ICPM (International Classification of Procedures in Medicine) and supplemental coding instructions will be used for coding surgical operations/procedures. (See AR 40-66.)

b. The first four positions of the surgical operations/procedures fields will be coded. The fifth and sixth columns will be left blank.

3-19. Disposing of DD Form 1380

DD Form 1380 will be disposed of per AR 40-66.

Chapter 4

Inpatient Accounting System

4-1. Description of the IAS

The IAS collects, records, processes, and reports data essential to patient administration at MEDCENS and selected MEDDACs. The system uses data processing equipment to assist in accomplishing the functions described in this chapter.

4-2. Entry of data

a. Basic patient information is recorded in DA Form 4582-R, Section A, at the time the patient is admitted. (See para 2-3 on admission records.) The completed form is maintained by the AAD Office during the patient's hospital stay.

b. The personnel and administrative information in Section B of the form is entered and recorded on punch cards by AAD and serves as the primary input to the computer. A master computer record is established for each inpatient, except for CRO cases, although information concerning these cases is entered into and used by the IAS.

c. Changes in the patient's status and corrections to the patient's records are entered in Section C. These changes are recorded on punch cards and are forwarded to the DPA for processing.

d. After cash payment is received, the medical services accounts (MSA) officer updates all pay patient accounts by completing and forwarding DA Form 4593 (MSA Transaction Card) to the DPA. These cards, except for the amount received and type of transaction, are produced by the IAS.

e. The IAS produces various reports and listings to assist the MTF staff in the operation of the IAS, the management of patients, and the submission of special and recurring reports to higher headquarters.

