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DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Circular 40-1

23 March 2001

Medical Services
PLAN FOR THE PROVISION OF PATIENT CARE SERVICES

1. HISTORY. This supersedes the previous edition of this publication dated 19 April 2000.

2. PURPOSE.

a. This circular provides an overview of U.S. Army Medical Department Activity's (USA MEDDAC) policies and procedures concerning the provision of health care services to its patient population. It is not meant to replace the current series of Army Regulations and other official policies for the provision of patient care services but rather is intended to compile key elements from each of them to provide a synopsis of how patient care will be provided.

b. Our Plan for Provision of Patient Care Services (PPPCS) addresses the continuity of patient care from a cross-functional and multidisciplinary standpoint. It also demonstrates a coordinated approach to patient care in concert with the organization's strategic plan and outlines the resources required to execute them.

3. REFERENCES. Listed at Appendix A.

4. RESPONSIBILITIES.

a. The MEDDAC Commander will:

(1) Provide the framework for planning, directing, coordinating, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes.

(2) Ensure that services are planned based on the population served, the mission of the MEDDAC, identified patient care needs, and available resources.

b. The Deputy Commander for Clinical Services (DCCS) will:

(1) Serve as the Chief of the Medical Staff. Orchestrate the provision of patient care services to the military community by ensuring that timely access to care, thorough

evaluation of the patient's condition, competent treatment by a professional and caring staff, and the appropriate discharge planning and patient education are provided. This is achieved through the development of a seamless network of interconnected clinical and administrative departments and services which emphasize cross-functional coordination and collaboration of the care they provide.

(2) Implement the Commander's guidance for the determination of a community health care needs assessment in order to thoroughly understand what patient care services are needed and desired by the patient population. Design services to fulfill those needs, and ensure those services address the nine "Dimensions of Performance" which are: efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and caring as recommended by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(3) Develop recommendations for the appropriate complement of professional staff required to provide the medical care identified. Ensure the continued competency of the medical staff. Recommend the medical equipment necessary to support the medical staff and ensure those elements are in coordination with the organization's mission and available resources.

(4) Coordinate developing, purchasing, monitoring, and evaluating contracted health care services required to provide medical care to beneficiaries.

(5) Plan and manage processes to measure, assess, and improve the health care provided by the USA MEDDAC.

c. The Deputy Commander for Administration (DCA) will:

(1) Coordinate the activities of the administrative and support services required to sustain the clinical staff in the provision of quality patient care services.

(2) Organize, direct, and staff the following areas:

(a) Management of the Environment of Care to include: equipment management, utilities management, and security management.

(b) Management of Resources, both human and fiscal, to include: management of civilians to budget, management of budget, and management of Plans, Training, Mobilization, and Security.

(c) Logistics to include facilities management and construction.

(d) Information Systems Management to include automated and manual systems.

(e) Management of Internal Controls.

(f) Patient Administration functions to include all aspects of medical records management.

d. The Deputy Commander for Patient Services (DCPS) will:

(1) Serve as Nurse Executive.

(2) Ensure the coordination and provision of all necessary clinical education programs.

(3) Oversee the organization's Performance Improvement and Utilization Management Programs.

(4) Manage Preventive Medicine Services, Nutrition Care Services, and Ancillary Services to include laboratory and radiology.

(5) Advise the Commander on policies, procedures, activities, staffing, and matters pertaining to or affecting nursing and outpatients.

(6) Plan, represent, interpret, and define standards of nursing practice, programs, and activities.

(7) Organize, direct, supervise, and evaluate nursing personnel.

(8) Collaborate with the DCCS and department chiefs to provide maximum nursing support for health care plans, policies, and treatment programs.

(9) Consult with the DCA and chiefs of administrative divisions or branches to coordinate requirements for support and improvement of nursing services.

e. The Chiefs of the Clinical Departments and Services will:

(1) Participate in the development and implementation of the policies and priorities of the Command regarding the provision of patient care services to the catchment population.

(2) Integrate the department/service into the primary functions of the MEDDAC by ensuring that all patients are provided treatment in a coordinated and collaborative manner with other departments and services.

(3) Implement and maintain an active performance improvement program within the department/service which participates in cross-functional, multidisciplinary activities to improve overall patient outcomes and organizational performance.

(4) Determine the required qualifications and competencies of the department/service and recommend the number of sufficiently qualified and competent personnel to provide care/service. Recommend the amount of space and other resources required to provide the treatment services.

(5) Ensure provision of appropriate orientation and continuing education to all persons within the department/service to include the knowledge and skills required to perform his/her responsibilities, the effective and safe use of all equipment used in his/her activity; the prevention of contamination and transfer of infection, and other lifesaving interventions. Ensure evaluation of clinical performance of all non-privileged health care personnel through a competency based monitoring and evaluation program.

(6) Provide utilization review and productivity information for quarterly review and analysis.

(7) Participate in the selection of resources which are not provided by the organization.

(8) Update their departmental scopes of practice and care on an annual basis.

5. ENTRY INTO THE HEALTH CARE TREATMENT SYSTEM:

a. Organization of Patient Care Services. As a federally owned and operated military medical treatment facility, the USA MEDDAC has been assigned the responsibility of providing directly, or coordinating for, the comprehensive medical care required by all beneficiaries entitled to care under the military regulations within the catchment area. Providing ambulatory outpatient care services, the USA MEDDAC is organized around the model of a civilian health maintenance organization (HMO) whereby its recipients are assigned a primary care manager who is part of a primary care provider panel which is available to meet the beneficiaries' primary care needs. Specialty care is provided on a referral basis within the USA MEDDAC or other military/civilian facilities within the catchment area.

b. Enrollment into Primary Care Services. All entitled beneficiaries within the patient catchment area of the clinic are eligible to participate in the program. Primary care is provided throughout the catchment area. Patients access primary care through the Family Practice, Conner Troop Medical, Aviation Troop Medical, and the Urgent Care

Clinics. Each clinic, as appropriate, is staffed by family practitioners, pediatricians, licensed general medical officers, physician assistants, and nurse practitioners. The staffing mix is based on analysis of patient population data for the area served.

c. Consultation with Specialty Services. When the needs of the patient exceed the scope of care provided by the primary care provider, a consultation will be made to the appropriate specialty care service. If the patient cannot be seen within the timeline established by TRICARE standards consistent with the patient's health care needs, the patient will be referred to either another military medical facility or a civilian provider, whichever is most appropriate.

d. Urgent Care Services: Urgent medical care is available for all eligible beneficiaries and bona fide emergent cases regardless of eligibility 7 days a week in the Urgent Care Clinic (UCC). Patients who are beyond the scope of service of the UCC will be transferred to a higher level of care as appropriate.

6. ASSESSMENT OF PATIENTS' HEALTH CARE NEEDS:

a. Health care providers will perform an initial assessment of the patient to include, at a minimum, the physical (to include pain), psychological (including age related/age-specific cognitive and communicative skills or development), health care assessment, and social status of the patient. Identified problems will be documented on the master problem list in the outpatient medical record. The scope and intensity of further assessment of the patient will then be based upon his/her diagnosis, the treatment setting, the patient's desire for treatment, and the patient's response to previous treatment. These factors will also determine the requirement for additional in-depth assessment, incorporating such specialty services as dietary, physical therapy, social work services and/or diagnostic testing.

At each visit, the health care provider will review the master problem list and obtain the chief complaint in order to determine the most appropriate course of treatment. The need for reassessment is dictated by the patient's complaint, the treatment and their clinical condition and is then reflected in the plan for follow-up care indicated in the outpatient treatment record.

b. The registered nurse makes final determination, consultation, and prioritization of nursing needs and skill levels to determine workload distribution to meet patients' needs.

Nursing care is provided at the UCC, Community Health Nursing, and Occupational Health. Nursing care requires substantial specialized knowledge of the biological, physical, behavioral, psychological and social science of the nursing theory

as a basis for assessment, diagnosis, planning, intervention, and evaluation in promotion and maintenance of health.

c. Qualified nursing staff members (Licensed Practical Nurses (LPNs), 91Cs, 91Bs, and medical assistants) provide nursing support to patients in accordance with level of skill and within their scope of practice.

Nursing support is provided throughout the MEDDAC. Nursing support involves the collection of data or the implementation of a technical skill not dependent upon assessment or critical thinking skills.

d. Assessment of Specific Populations: Patients who are receiving treatment for alcohol or other drug dependencies are assessed and/or reassessed in accordance with AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

e. Assessment of Victims of Alleged or Suspected Abuse or Neglect: The assessment of patients who are alleged or suspected to be the victims of abuse or neglect will be assessed in accordance with FD MEDDAC Regulation 40-35, Identification and Reporting of Child, Spouse, and Elder Abuse/Neglect.

7. TREATMENT OF HEALTH CARE NEEDS.

a. Outpatient services are provided in accordance with individual clinic scopes of practice and service (Appendices B through Y). The majority of our services are provided in Guthrie Ambulatory Health Care Clinic, Conner Troop Medical Clinic, Aviation Troop Medical Clinic, Wilcox Clinic, and our OB/GYN Satellite Clinic located at Samaritan Medical Center. All of these facilities are within a 5-mile radius and are located on Fort Drum with the exception of the OB/GYN Satellite Clinic. Several external contracts and agreements with local medical facilities have been established to provide inpatient services, labor and delivery, specialty care, and select ancillary services that exceed our service scope. The USA MEDDAC also provides administrative oversight and occupational health at Watervliet Arsenal. This site is located approximately 200 miles from Fort Drum.

b. Patients Served: The patient population includes approximately 28,000 active duty military, retired military, and family members of both. This population encompasses all age groups, but primarily consists of a young healthy patient.

c. Complexity of Patient Care Needs: Primary and specialty care, as described in individual scopes of practice and service, are provided on an outpatient basis only.

d. Meeting Patients' Needs/Methods Used to Assess Patient Care Needs: Patient needs are identified through several mechanisms, some of which are: issues discussed at the Family Symposium, concerns presented to the Patient Representative, data received via the Military Health Service Report Card, and Commander's Suggestion Boxes. Patients are also invited to express their needs through the Commander's Open Door Policy.

e. Support Services Provided: Clinical areas receive support from ancillary services which include: Laboratory, Radiology, Pharmacy, and Clinical Education. Further support is provided from Logistics; Resource Management; Patient Administration; Information Management; Human Resources; Plans, Training, Mobilization and Security; Clinical Operations, and Performance Improvement.

f. Availability of Staff: The USA MEDDAC is staffed with approximately 350 military and civilian personnel. In general, operational hours are from 0730-1600 daily, Monday through Friday, excluding federal holidays. Urgent care services are provided on a continuous basis.

g. Recognized Standards or Guidelines for Practice: The USA MEDDAC follows AR 40-3, Medical, Dental and Veterinary Care; other applicable regulations; federal laws; JCAHO Ambulatory Care standards as well as a myriad of other guidelines and standards for practice.

6. EDUCATION OF PATIENT AND FAMILY.

a. The health care team will share the responsibilities for patient/family education by determining the educational needs of the patient and family. They will educate the patient/family and evaluate the effectiveness of patient/family teaching instruction. The health care provider will document barriers to learning on the master problem list.

b. The goal of educating the patient and family is to improve patient health outcomes by promoting recovery, speeding return to function, promoting healthy behavior, and appropriately involving the patient in his/her care and care decisions. Patient and family education should:

(1) Facilitate the patient's/family's understanding of the patient's health status, health care options, and consequences of options, if selected.

(2) Encourage participation in the decision making process about health care options.

(3) Increase the family's potential to follow the therapeutic health care options.

(4) Increase the patient's/family's ability to cope with the patient's status/prognosis/outcome.

(5) Enhance the patient's/family's role in continuing care.

(6) Promote a healthy lifestyle.

(7) Transitional planning.

7. PATIENTS' RIGHTS AND ORGANIZATIONAL ETHICS.

a. The USA MEDDAC respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's personal dignity, the organization strives to provide considerate, respectful care which is focused on the patient's individual needs. The staff affirms the patient's right to make decisions regarding his/her medical care, including the decision to discontinue treatment. In addition, the organization actively assists the patient in the exercise of his/her rights and works to inform the patient of any responsibilities incumbent on him/her in the exercise of those rights.

b. Confidentiality: The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, privileged information will be maintained in the strictest confidence. Access and use of this information is limited only to those individuals authorized to review and act upon such information.

c. Access to and Responsibilities of Ethics Committee:

(1) If a conflict of interest seems likely, the Executive Committee or its designated representative will review potential conflicts. In the event a conflict has a direct implication on patient care, the Ethics Committee may convene to resolve the issue.

(2) The Committee performs the following functions:

(a) Review, discuss, and/or consult on conflicts between the attending physician's assessment and that of an incompetent patient's next of kin or guardian.

(b) Undertake consultation on the "substituted judgment doctrine" if an incompetent patient has no family or legal guardian.

(c) Provide policy review/interpretation as needed concerning ethical principles in the care of patient and staff rights.

(d) Provide information for health care personnel and families about the means available within the clinic to assist them in making the best possible decisions, given the circumstances, regarding treatment options.

(e) Consultative function: concurrent/retrospective review where withdrawal or life-sustaining treatment is under consideration.

d. Advance Directives:

(1) An Advanced Directive is a written statement of a patient's wishes regarding health care that becomes effective at the time the patient is unable to make health care decisions. Advance Directives can include: Do Not Resuscitate Orders, Durable Powers of Attorney, and Living Wills.

(2) Patients are not required by law, Army Regulation, or clinic policy to have an advance directive in order to receive care. However, an advance directive is the effective way to ensure desires concerning medical treatment are honored.

(3) If a patient requests an advance directive, the health care provider should discuss the medical treatment wishes with the patient and others as appropriate. If presented or requested, the copy of the advance directive should be placed in the medical record. Providers should inform patients that their advance directives are primarily designed for use at an inpatient facility and will not be honored at our facility. If the patient and health care provider disagree with any advance directive, the patient has the right to request to be treated by another health care provider. The patient or health care provider may also seek advice from the USA MEDDAC Ethics Committee. Patients should be instructed that if needed, assistance is available at the Legal Assistance Office, Building T-130. Office hours are 0800-1600, Monday through Friday (except holidays).

(4) Patients shall be informed about the following as appropriate:

- Their rights and responsibilities
- Informed consent
- Confidentiality of information
- Ethics Committee
- Advanced Directives

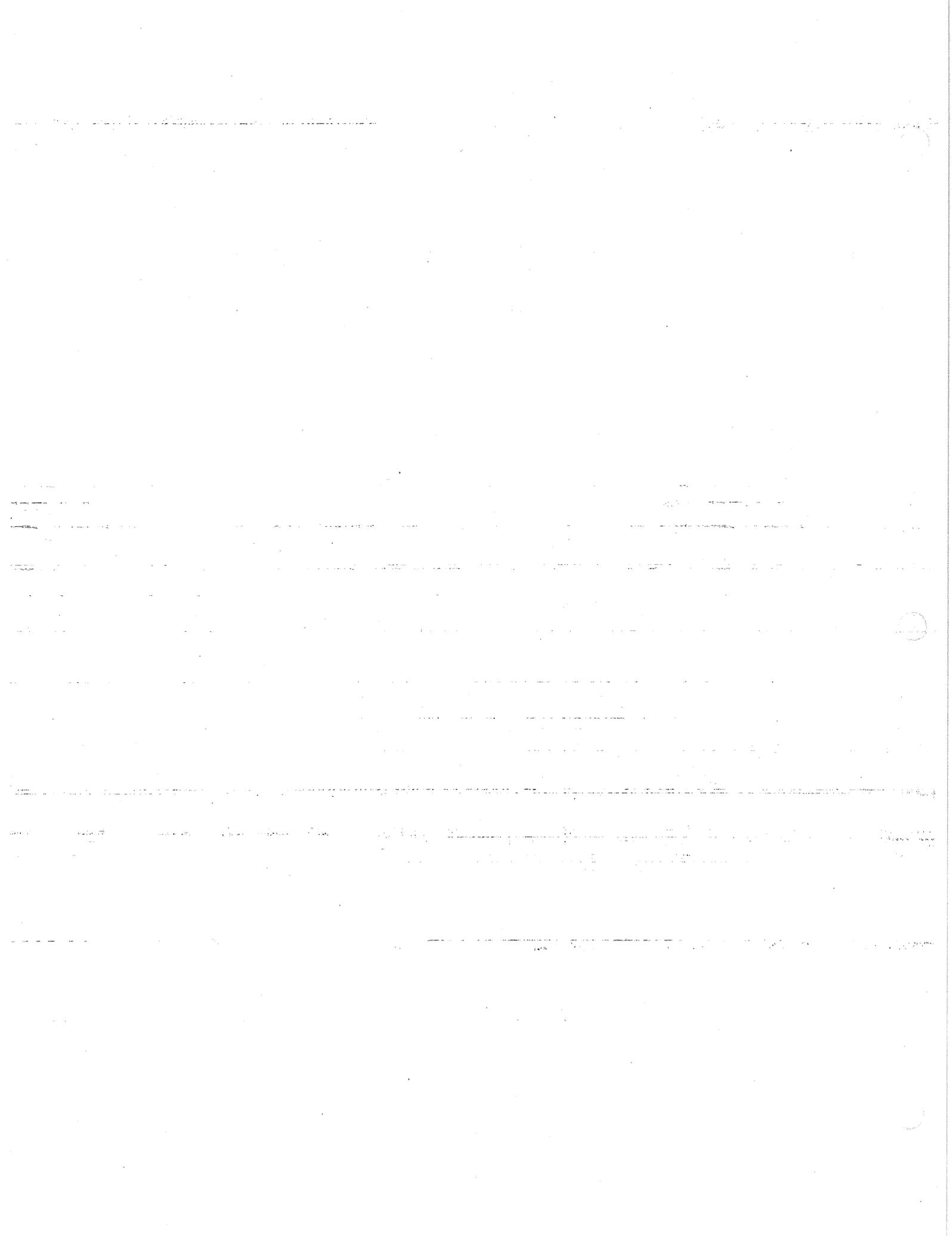
8. RESOURCING. Resourcing is based on capitated budgeting which is developed from a cost per beneficiary served. The costing includes direct care dollars, TRICARE financing, and the civilian replacement value of the military work force. Adjustments are made to the budget year for inflation/pay raises, projected changes in military strength, projected changes in beneficiary population served, and changes in directed missions.

INDEX FOR
SCOPES OF SERVICE/SCOPES OF PRACTICE

<u>APPENDIX NUMBER</u>	<u>TITLE</u>
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C	Audiology Scope of Practice
D	Aviation Troop Medical Clinic Scope of Service
E	Aviation Troop Medical Clinic Scope of Practice
F	Behavioral Health Department Scope of Service
G	Behavioral Health Department Scope of Practice
H	Community Health Nursing Scope of Service
I	Community Health Nursing Scope of Practice
J	Connor Troop Medical Clinic Scope of Service
K	Connor Troop Medical Clinic Scope of Practice
L	Family Practice Clinic Scope of Service
M	Family Practice Clinic Scope of Practice
N	Fort Drum Occupational Health Clinic Scope of Service
O	Fort Drum Occupational Health Clinic Scope of Practice
P[Obstetric/Gynecology Clinic Scope of Service
Q	Obstetric/Gynecology Clinic Scope of Practice
R	Orthopedic Scope of Service
S	Orthopedic Scope of Practice

- T Physical Therapy Scope of Service
- U Physical Therapy Scope of Practice
- V Urgent Care Clinic Scope of Service
- W Urgent Care Clinic Scope of Practice

- X Watervliet Occupational Health Clinic Scope of Service
- Y Watervliet Occupational Health Clinic Scope of Practice



APPENDIX N
Fort Drum Occupational Health Clinic Scope of Service

1. Scope of Services. We are a multi-disciplinary provider of direct and indirect programs that benefit Fort Drum's employees. We utilize processes directed toward prevention of occupational illness and/or injury, health maintenance and prevention/monitoring of occupational hazards. Programs include medical examinations, reproductive hazard surveillance, hearing and vision conservation, ergonomics, medical work-site visits, illness/absence monitoring, respiratory protection, employee modified duty, patient education, immunizations, employee in/out processing.
2. Population Served. Fort Drum civilian & military workforce.
3. Location of Service(s) Performed. Fort Drum clinical services at Wilcox Clinic (Building P-36) and all other services are performed at specific work sites on the installation.
4. Hours of Operation. 0730-1200 and 1300-1600, Monday-Friday
5. Support Service Source(s).

Physician Board certified in Occupational Medicine (1 civilian contractor, part time)
Registered Nurses (2 civilian)
Occupational Health Technician (1 civilian)
Medical Clerk (1 civilian)
Audiologist (1 military)
Hearing conservation technician (1 civilian)
Ear, Nose & Throat technician (1 military)

APPENDIX O
Fort Drum Occupational Health Clinic Scope of Practice

1. Purpose: To delineate the practice and procedures available in the Occupational Health clinic and define who may perform those procedures.

2. Procedures.

a. Physician procedures:

- (1) Physical examinations, to include Pre-placement, Periodic Health or Medical Surveillance, and Fitness for Duty examinations.
- (2) Disability Evaluations.
- (3) Reproductive Hazard Surveillance.
- (4) Management of Hearing Conservation and Occupational Vision Programs.
- (5) Technical oversight of Respiratory Protection Program.
- (6) Technical oversight of MEDDAC Infection Control and Blood borne Pathogen Programs.
- (7) Recommends Modified Duty for ill and injured employees able to work.
- (8) Managing Job-Related Injury and Illness and the Federal Employee Compensation Act (FECA).
- (9) Occupational Health Medical Work Site Visits (OH-MWSV).
- (10) Patient triage and telephone advice.
- (11) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood borne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.

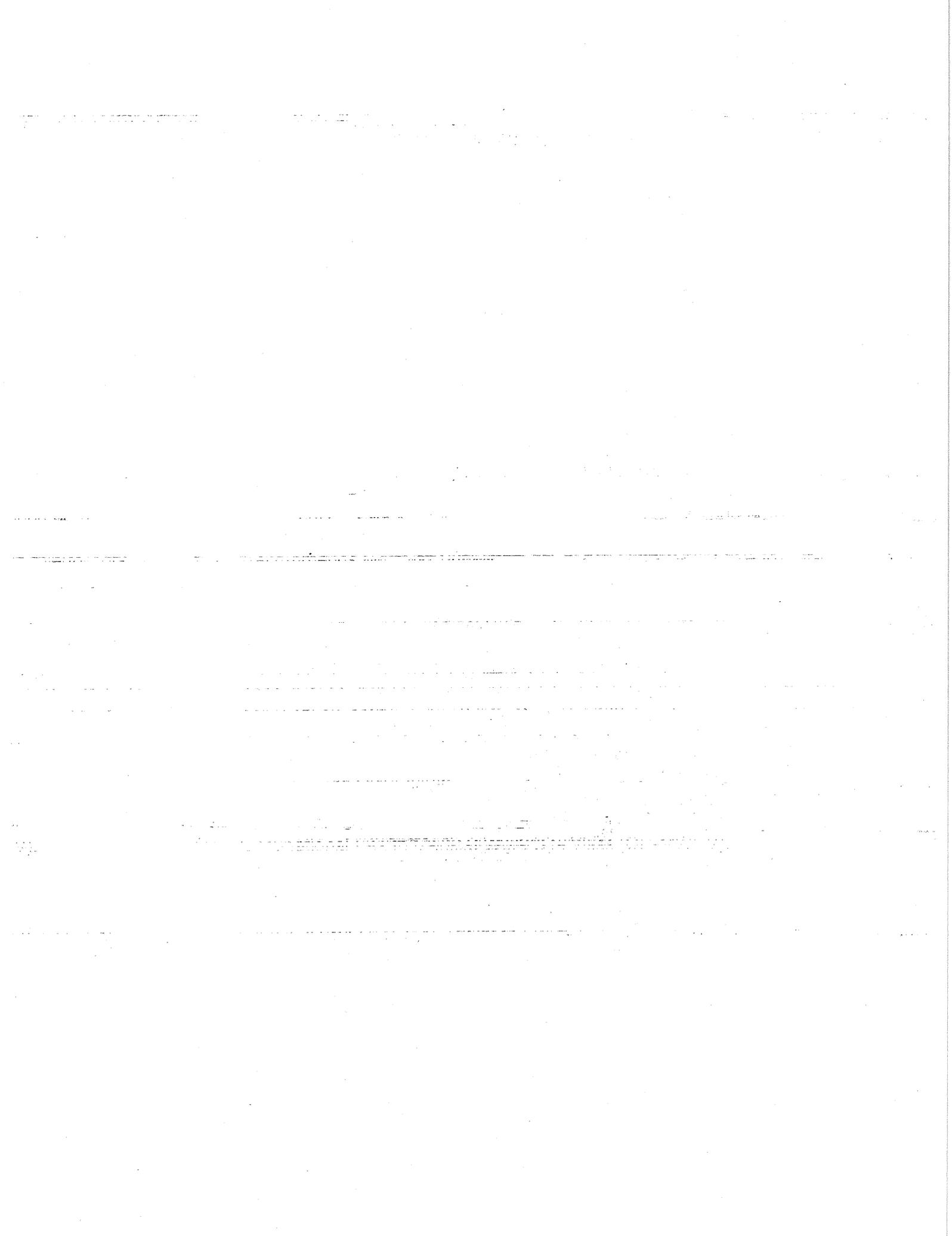
b. Occupational Health Nurse procedures following competency based orientation:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV).
- (2) Patient triage and telephone advice.
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood borne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
- (4) Reproductive Hazard Surveillance.
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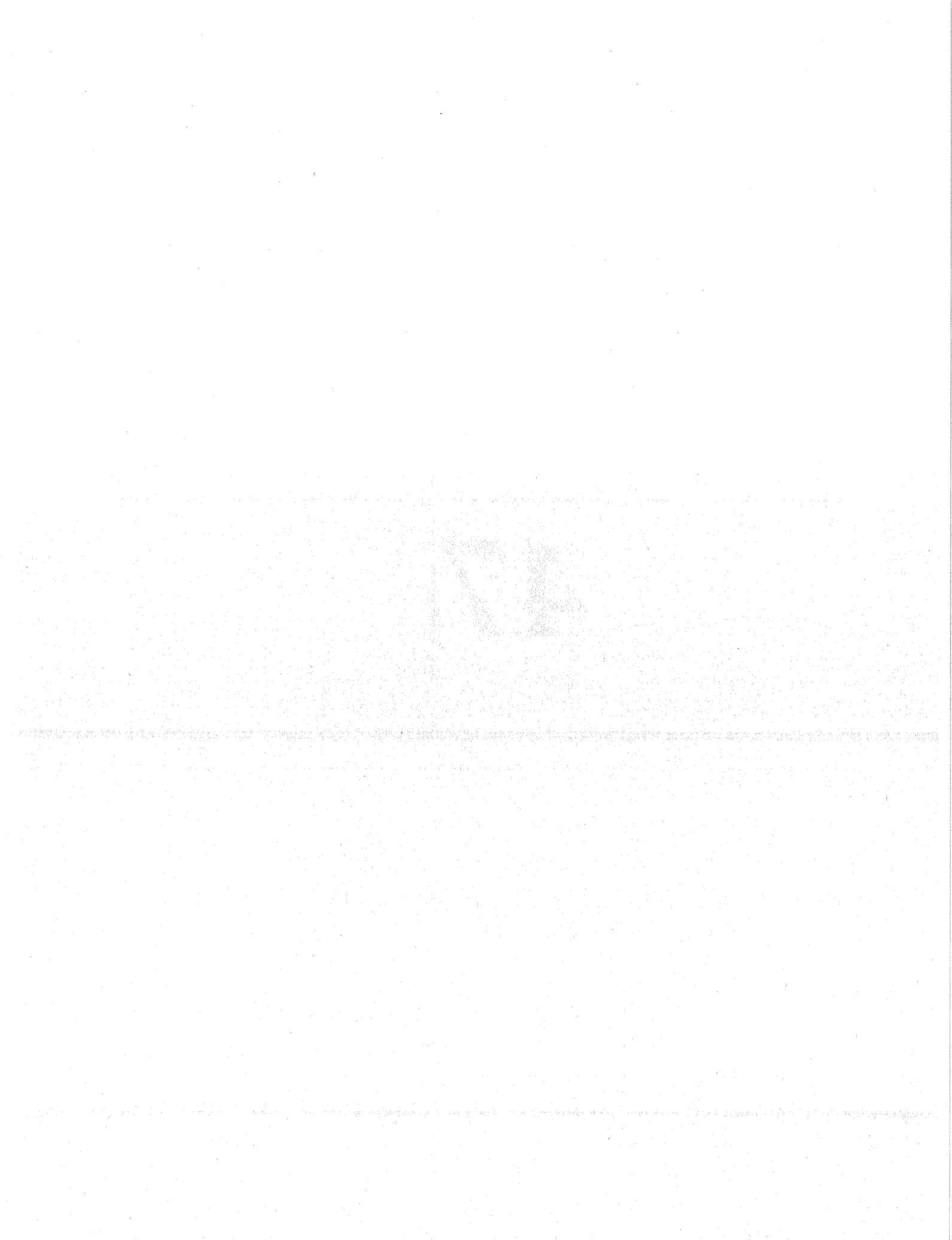
- (8) Management of the Modified Duty Program for ill and injured employees able to work.
- (9) Managing Job-Related Injury and Illness and the Federal Employee Compensation Act (FECA).
- (10) Immunization administration.
- (11) Lab result screening.
- (12) Vital signs and patient screening.
- (13) Assisting providers with procedures.
- (14) Clerical administration of patient records.
- (15) Hearing conservation testing.
- (16) Vision conservation testing.
- (17) Pulmonary Function testing.
- (18) EKG administration.
- (19) Ergonomics Evaluations
- (20) Illness/Absence Monitoring
- (21) Dressing Changes
- (22) Suture Removal

c. Occupational Health Technician procedures following competency based assessment:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV).
- (2) Telephone consultation r/t hearing conservation, vision conservation, respiratory protection program, and job related injuries.
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood borne pathogen exposure, and health promotion and maintenance.
- (4) Immunization administration.
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(1) provide the framework for planning, directing, coordinating, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes with a goal of continuity of care.

(2) ensure that services are planned based on the population served, the mission of the MEDDAC, identified patient care needs, and available resources.

b. The Deputy Commander for Clinical Services (DCCS) will:

(1) serve as the Chief of the Medical Staff. Orchestrate the provision of patient care services to the military community by ensuring that timely access to care, thorough

evaluation of the patient's condition, competent treatment by a professional and caring staff, and the appropriate discharge planning and patient education are provided. This is achieved through the development of a seamless network of interconnected clinical and administrative departments and services which emphasize cross-functional coordination and collaboration of the care they provide.

(2) implement the Commander's guidance for the determination of a community health care needs assessment in order to thoroughly understand what patient care services are needed and desired by the patient population. Design services to fulfill those needs, and ensure those services address the nine "Dimensions of Performance" which are: efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and caring as recommended by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(3) develop recommendations for the appropriate complement of professional staff required to provide the medical care identified. Ensure the continued competency of the medical staff. Recommend the medical equipment necessary to support the medical staff and ensure those elements are in coordination with the organization's mission and available resources. Ensure credentialing of all licensed providers within scope of practice, scope of services, and licensure.

(4) coordinate developing, purchasing, monitoring, and evaluating contracted health care services required to provide medical care to beneficiaries.

(5) plan and manage processes to measure, assess, and improve the health care provided by the USA MEDDAC.

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(a) Management of the Environment of Care to include: equipment management, utilities management, safety, and security management.

(b) Management of Resources, both human and fiscal, to include: management of civilians to budget, management of budget, and management of Plans, Training, Mobilization, and Security.

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(1) serve as Nurse Executive, directing nursing services and ensuring standards of practice are adhered to.

(2) ensure the coordination and provision of all necessary clinical education programs.

(3) oversee the organization's Performance Improvement, Population Health, and Patient Safety. Provide direction, guidance and oversight of volunteer program.

(4) manage Preventive Medicine Services, Nutrition Care Services, Audiology, and Ancillary Services to include laboratory and radiology.

(5) advise the Commander on policies, procedures, activities, staffing, and matters pertaining to or affecting nursing and outpatient care.

(6) plan, represent, interpret, and define standards of nursing practice, programs, and activities.

(7) organize, direct, supervise, and evaluate nursing personnel.

(8) collaborate with the DCCS and department chiefs to provide maximum nursing support for health care plans, policies, and treatment programs.

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c. Consultation with Specialty Services. When the needs of the patient exceed the scope of care provided by the primary care provider, a consultation will be made to the appropriate specialty care service. If the patient cannot be seen within the timeline established by TRICARE standards consistent with the patient's health care needs, the patient will be referred to either another military medical facility or a civilian provider, whichever is most appropriate.

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Nursing support is provided throughout the MEDDAC. Nursing support involves the collection of data or the implementation of a technical skill not dependent upon assessment or critical thinking skills.

d. Assessment of Specific Populations: Patients who are receiving treatment for alcohol or other drug dependencies are assessed and/or reassessed in accordance with AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

e. Assessment of Victims of Alleged or Suspected Abuse or Neglect: The assessment of patients who are alleged or suspected to be the victims of abuse or neglect will be assessed in accordance with FD MEDDAC Regulation 40-35, Identification and Reporting of Child, Spouse, and Elder Abuse/Neglect.

7. TREATMENT OF HEALTH CARE NEEDS

a. Outpatient services are provided in accordance with individual clinic scopes of practice and service (Appendices B through GG). The majority of our services are provided in Guthrie Ambulatory Health Care Clinic, CTMC, ATMC, Wilcox Clinic, Preventive Medicine at Clark Hall and our OB/GYN Satellite Clinic located at Samaritan Medical Center. All of these facilities are within a 5-mile radius and are located on Fort Drum with the exception of the OB/GYN Satellite Clinic. Several external contracts and agreements with local medical facilities have been established to provide inpatient services, labor and delivery, specialty care, and select ancillary services that exceed our service scope. The USA MEDDAC also provides administrative oversight and occupational health at Watervliet Arsenal. This site is located approximately 200 miles from Fort Drum.

b. Patients Served: The patient population includes approximately 28,000 active duty military, retired military and family members of both. This population encompasses all age groups, but primarily consists of a young healthy patient.

c. Complexity of Patient Care Needs: Primary and specialty care, as described in individual scopes of practice and service, are provided on an outpatient basis only.

d. Meeting Patients' Needs/Methods Used to Assess Patient Care Needs: Patient needs are identified through several mechanisms, some of which are: issues discussed at the Family Symposium, concerns presented to the Patient Representative, data received via the Military Health Service Report Card, and Commander's Comment Cards. Patients are also invited to express their needs through the Commander's Open Door Policy.

e. Support Services Provided: Clinical areas receive support from ancillary services which include: Laboratory, Radiology, and Pharmacy. Further support is provided from Logistics; Resource Management; Patient Administration; Information Management; Human Resources; Plans, Training, Mobilization and Security; Clinical Operations, Patient Safety/Risk Management, and Performance Improvement.

f. Availability of Staff: The USA MEDDAC is staffed with approximately 400 military and civilian personnel. In general, operational hours are from 0730-1600 daily, Monday through Friday, excluding federal holidays. Urgent care services are provided seven days a week from 0700-2300. Ambulance service is available 24 hours a day, seven days a week.

g. Recognized Standards or Guidelines for Practice: The USA MEDDAC follows AR 40-3, Medical, Dental and Veterinary Care; other applicable regulations; federal laws; JCAHO Ambulatory Care standards as well as a myriad of other guidelines and standards for practice.

8. EDUCATION OF PATIENT AND FAMILY.

a. The health care team will share the responsibilities for patient/family education by determining the educational needs of the patient and family. They will educate the patient/family and evaluate the effectiveness of patient/family teaching instruction. The health care provider will document barriers to learning on the master problem list.

b. The goal of educating the patient and family is to improve patient health outcomes by promoting recovery, speeding return to function, promoting healthy

behavior, and appropriately involving the patient in his/her care and care decisions. Patient and family education should:

(1) facilitate the patient's/family's understanding of the patient's health status, health care options, and consequences of options, if selected.

(2) encourage participation in the decision making process about health care options.

(3) increase the family's potential to follow the therapeutic health care options.

(4) increase the patient's/family's ability to cope with the patient's status/prognosis/outcome.

(5) enhance the patient's/family's role in continuing care.

(6) promote a healthy lifestyle.

(7) transitional planning.

9. PATIENTS' RIGHTS AND ORGANIZATIONAL ETHICS.

a. The USA MEDDAC respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's personal dignity, the organization strives to provide considerate, respectful care, which is focused on the patient's individual needs. The staff affirms the patient's right to make decisions regarding his/her medical care including the decision to discontinue treatment. In addition, the organization actively assists the patient in the exercise of his/her rights and works to inform the patient of any responsibilities incumbent on him/her in the exercise of those rights.

b. Confidentiality: The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, privileged information will be maintained in the strictest confidence. Access and use of this information is limited only to those individuals authorized to review and act upon such information. This organization complies with the Health Insurance Portability and Accountability Act.

c. Access to and Responsibilities of Ethics Committee:

(1) If a conflict of interest seems likely, the Executive Committee or its designated representative will review potential conflicts. In the event a conflict has a

direct implication on patient care, the Ethics Committee may convene to resolve the issue.

(2) The Committee performs the following functions:

(a) review, discuss, and/or consult on conflicts between the attending physician's assessment and that of an incompetent patient's next of kin or guardian.

(b) undertake consultation on the "substituted judgment doctrine" if an incompetent patient has no family or legal guardian.

(c) provide policy review/interpretation as needed concerning ethical principles in the care of patient and staff rights.

(d) provide information for health care personnel and families about the means available within the clinic to assist them in making the best possible decisions, given the circumstances, regarding treatment options.

(e) consultative function: concurrent/retrospective review where withdrawal or life-sustaining treatment is under consideration.

d. Advance Directives:

(1) If a patient requests an advance directive, the health care provider should discuss the medical treatment wishes with the patient and others as appropriate. If presented or requested, the copy of the advance directive should be placed in the medical record. Providers should inform patients that it would be unlikely that their advance directives would need to be implemented while under care at USA MEDDAC, Fort Drum. It should be explained to the patient that Guthrie Ambulatory Health Care Clinic (GAHC) and its attached Troop Medical Clinics' (TMC) primary missions are to assist our patients in wellness and readiness in an outpatient setting and that the legal advanced directive should be on file in the medical record. It should also be explained to the patient that in certain circumstances where the medical record and legal advanced directive are not available for review, such as an emergency medical call, its directions will not be honored by the USA MEDDAC, Fort Drum or its staff members. If the patient and health care provider disagree with any advance directive, the patient has the right to request to be treated by another health care provider. The patient or health care provider may also seek advice from the USA MEDDAC Ethics Committee. Patients should be instructed that if needed, assistance is available at the Legal Assistance Office, Building T-130. Office hours are 0800-1600, Monday through Friday (except holidays).

(2) Upon verification of the legal advanced directives, the senior staff provider on call will arrange for transport of the patient to the appropriate facility wherein the directions stated can be enacted.

e. Patients shall be informed about the following as appropriate:

- Their rights and responsibilities
- Informed consent
- Confidentiality of information
- Ethics Committee
- Advanced Directives

10. RESOURCING. Resourcing is based on captivated budgeting which is developed from a cost per beneficiary served. The costing includes direct care dollars, TRICARE financing, and the civilian replacement value of the military work force. Adjustments are made to the budget year for inflation/pay raises, projected changes in military strength, projected changes in beneficiary population served, and changes in direct care missions.

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APPENDIX P

Fort Drum Occupational Health Clinic Scope of Service

1. Scope of Services: We are a multidisciplinary provider of direct and indirect programs that benefit Fort Drum's employees. We utilize processes directed toward prevention of occupational illness and/or injury, health maintenance and prevention/monitoring of occupational hazards. Programs include medical examinations, reproductive hazard surveillance, hearing and vision conservation, ergonomics, medical work-site visits, illness/absence monitoring, respiratory protection, employee modified duty, patient education, immunizations, employee in/outprocessing.
2. Population Served: Fort Drum civilian and military workforce.
3. Location of Service(s) Performed: Fort Drum clinical services at Wilcox Clinic (Building P-36) and all other services are performed at specific work sites on the installation.
4. Hours of Operation: 0730-1200 and 1300-1600, Monday-Friday
5. Support Service Source(s):
 - Physician (1 civilian, part time)
 - Registered Nurses (2 civilian)
 - Occupational Health Technician (1 civilian)
 - Medical Clerk (1 civilian)
 - Audiologist (1 military)
 - Hearing conservation technician (1 civilian)

APPENDIX Q
Fort Drum Occupational Health Clinic Scope of Practice

1. Purpose: To delineate the practice and procedures available in the Occupational Health Clinic and define who may perform those procedures.
2. Procedures:
 - a. Physician procedures:
 - (1) Physical examinations, to include pre-placement, periodic health or medical surveillance, and fitness for duty examinations
 - (2) Disability evaluations.
 - (3) Reproductive hazard surveillance
 - (4) Management of Hearing Conservation and Occupational Vision Programs
 - (5) Technical oversight of Respiratory Protection Program.
 - (6) Technical oversight of MEDDAC Infection Control and Bloodborne Pathogen Programs
 - (7) Recommends modified duty for ill and injured employees able to work
 - (8) Managing job-related injury and illnesses and the Federal Employee Compensation Act (FECA).
 - (9) Occupational Health Medical Work Site Visits (OH-MWSV)
 - (10) Patient triage and telephone advice
 - (11) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
 - b. Occupational Health Nurse procedures following competency based orientation:
 - (1) Occupational Health Medical Work Site Visits (OH-MWSV)
 - (2) Patient triage and telephone advice
 - (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
 - (4) Reproductive hazard surveillance.
 - (5) Management of Hearing Conservation and Occupational Vision Programs.
 - (6) Technical oversight of Respiratory Protection Program.

- (7) Technical oversight of MEDDAC Infection Control and Bloodborne Pathogen Programs
- (8) Management of the Modified Duty Program for ill and injured employees able to work
- (9) Managing job-related injury and illnesses and the Federal Employee Compensation Act (FECA)
- (10) Immunization administration
- (11) Lab result screening
- (12) Vital signs and patient screening
- (13) Assisting providers with procedures
- (14) Clerical administration of patient records
- (15) Hearing conservation testing
- (16) Vision conservation testing
- (17) Pulmonary function testing
- (18) EKG administration
- (19) Ergonomics evaluations
- (20) Illness/absence monitoring
- (21) Dressing changes
- (22) Suture removal

c. Occupational Health Technician procedures following competency based assessment:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV)
- (2) Telephone consultation, r/t hearing conservation, vision conservation, respiratory protection program, and job-related injuries
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood-borne pathogen exposure, and health promotion and maintenance
- (4) Immunization administration
- (5) Lab result screening
- (6) Vital signs and patient screening
- (7) Assisting providers with procedures
- (8) Clerical administration of patient records
- (9) Hearing conservation testing
- (10) Vision conservation testing
- (11) Respiratory protection fit testing
- (12) Pulmonary function testing
- (13) EKG administration
- (14) Ear canal irrigation
- (15) Dressing changes

(16) Suture removal

APPENDIX R
Laboratory Scope of Service

1. Scope of Services: Department of Pathology performs a variety of clinical laboratory procedures classified as moderate and high complex by the Clinical Laboratory Improvement Act (CLIA). Testing is performed on blood and body fluids for the purpose of aiding healthcare providers with diagnosis, treatment, assessment or prevention of disease and impairments. Areas of testing include microbiology, hematology, immunology, blood banking, urinalysis and general chemistry. Our blood banking services are limited, providing blood typing, antibody screens and Rh immune globulin workups to support our OBGYN group. Blood products for transfusion are not available here. Tests that cannot be performed by our clinical laboratory are sent to Walter Reed Army Medical Center (WRAMC) in Washington D.C., Quest Diagnostics (the DOD contract laboratory), or Samaritan Medical Center in neighboring Watertown.

2. Population Served: Active duty military, retired military and dependent family members of both, who are properly referred by Health Care Providers are eligible for services provided. This population of nearly 28,000 encompasses all age groups. Specimens are received from the UCC, CTMC, ATMC, and Veterinary Services. All other specimens are obtained in our phlebotomy area.

3. Location of Service(s) Performed: The clinical laboratory is located in room 597, Bldg P-11050, at Guthrie Clinic.

4. Hours of Operation: Lab support is provided from 0700 to 2330, seven days per week. Patients are admitted for lab services Monday through Friday, 0700-1600. Lab support is provided for the after-hours clinics as well.

5. Support Service Sources: There are 19 laboratory employees.

- (a) Lab Manager
- (b) Senior Medical Technologist
- (c) 10 Medical Technologists
- (d) 4 Medical Technicians
- (e) 2 Health Technicians (phlebotomists)
- (f) 1 Medical Support Assistant/NCOIC
- (g) Lab Director is assigned to oversee the Department and a Consulting Pathologist visits quarterly and is available for electronic and phone consults.

APPENDIX S
Laboratory Scope of Practice

1. Purpose: To delineate the practice and procedures available in the laboratory and define who may perform those procedures.

2. Procedures.

a. Testing Personnel: Medical technicians and technologists who qualify as testing personnel by all applicable CLIP, CAP, and JCAHO standards and have been competency assessed, may perform and resuili lab tests. Medical technicians who perform lab tests will have their work reviewed within 24 hours by a certified medical technologist. The following tests are performed:

(1) Hematology

- (a) CBC with automated differential
- (b) ~~CBC without automated differential~~
- (c) Hemoglobin and Hematocrit
- (d) Erythrocyte Sedimentation Rate
- (e) Reticulocyte Count
- (f) Sickle Cell Screen
- (g) Bleeding Time
- (h) Preliminary Malaria smear –thin smear only; final analysis performed at

WRAMC

- (i) Prothrombin Time (PT)
- (j) Activated Partial Prothrombin Time (APPT)
- (k) INR
- (l) Post Vasectomy Sperm Count
- (m) Nasal Smear for Eosinophils
- (n) Stool for Leukocytes
- (o) Urine Dipstick
- (p) Urinalysis (Dipstick and Microscopic)
- (q) Urine Qualitative HCG
- (r) Serum Qualitative HCG
- (s) Serum Qualitative Acetone
- (t) Urine Qualitative Myoglobin
- (u) Cultures of Urine, Throat (including rapid strep), Stool, Genital, Blood, and

Miscellaneous

- (v) KOH/Wet Prep
- (2) Blood Bank
 - (a) Blood Type and Rh

- (b) Antibody Screen
- (c) Rhogam Workup

(3) Serology

- (a) RPR
- (b) Monospot
- (c) RF (Rheumatoid Factor)
- (d) Rubella Screen

(4) Chemistry

A. Renal Panel

- Albumin
- Calcium
- Phosphorous
- Creatinine
- BUN
- Uric Acid

B. Chem 12 (complete profile)

- Glucose
- Total Protein
- BUN
- Creatinine
- Sodium
- Potassium
- Chloride
- CO₂ (bicarbonate)
- Albumin
- Alkaline Phosphatase
- SGOT-AST
- Total Bilirubin

C. Liver Panel:

- ALK
- SGPT / ALT
- SGOT / AST
- GGT
- T BIL (total Bilirubin)

D. Cardiac Panel

- SGOT
- LDH
- CPK
- CK-MB
- Troponin
- Chem 7 (medical Profile)
- Glucose
- BUN
- Sodium
- Potassium
- CO₂ (Bicarbonate)

E. Lipids (fasting specimen required)

- Cholesterol
- Triglyceride
- HDL
- Calculated LDL
- Calculated VLDL
- Neonatal Bilirubin:
- NBIL
- Unconjugated Bilirubin
- Conjugated Bilirubin

(5) Miscellaneous

- (a) 1 Hour Glucose Tolerance Test
- (b) 2 Hour Glucose Tolerance Test / 2 Hour Post Prandial

- (c) 3 Hour Glucose Tolerance Test
- (d) 5 Hour Glucose Tolerance Test
- (e) Ethanol- for Medical Diagnosis only
- (f) TSH, T4, Free T4, T3
- (g) Creatinine Clearance (Urine Creatinines)
- (h) Urine Proteins
- (i) Urine Drug Screen (Medical Diagnosis only)
- (j) Quantitative Beta HCG

3. UNAUTHORIZED TESTS: Procedures that have not been approved by the Consulting Pathologist and Laboratory Director are not authorized. Additionally, identification of parasites, molds or fungi and the storage and / or issuing of blood or blood components are not authorized under our current CLIP and CAP certificates

APPENDIX DD
Preventive Medicine Scope of Service

1. Scope of Services:

- Travel Medicine Clinic (by appointment)
- Tuberculosis Control Clinic (by appointment)
- Deployment immunization recommendations and education
- Preventive medicine briefings to Soldiers, commanders, and units
- Epidemiologist for outbreak investigations
- MEDDAC anthrax and smallpox immunization surveillance
- Epidemiology and control of infectious and tropical diseases of military significance to include TB, STDs and HIV
- Health aspects of rapid mobilization (medical threat assessment, immunization and chemoprophylaxis policy, etc.)
- Organization and function of military PM in garrison and on deployment
- Occupational medicine follow-up care (by appointment)
- Military-unique occupational concerns
- Liaison service between local, state and federal agencies as applicable to military medical requirements.

2. Population Served: Active duty military, retired military and dependent family members of both, as well as eligible civilian employees on Fort Drum. This population of nearly 28,000 encompasses all age groups.

3. Location of Service(s) Performed: Dept of Preventive Medicine, Clark Hall, Fort Drum, NY 13603

4. Hours of Operation: 0730-1630, Monday-Friday

5. Support Service Sources:

- Community Health Nursing
- Dietary Health

- Audiology
- Occupational Health
- Environmental Health
- Industrial Hygiene
- Force Health Protection

APPENDIX EE
Preventive Medicine Scope of Practice

1. Purpose: To communicate the goals and philosophy of the Preventive Medicine Clinic and provide guidelines for the scope of care and practice within this clinic.
2. Goal: It is the goal of the Preventive Medicine Clinic to provide assessment, diagnosis, and treatment of physical or psychosocial problems; to promote quality patient care through integration of scientific medical principles; to include the patient in planning and implementation of the patient's care; and to maintain compliance with military and civilian regulatory agencies.
3. Philosophy: The staff of the Preventive Medicine Clinic recognizes the individuality of the patient and the uniqueness of each case. We believe we should provide comprehensive quality medical care in which the clinic's continuing responsibility for health care is not limited by the patient's age, sex, or by a particular organ system or disease entity. This comprehensive care will take into consideration the patient, their family, their military unit, and that unit's mission. We believe in providing a safe, therapeutic environment in which the physical, emotional, and social needs of the patients will be recognized, assessed, and provided for, and that the patient has the right to be treated with dignity and be an active participant in the decisions regarding his/her care.
4. Health Care Staff: One physician, MD; one community health nurse, RN; one licensed practical nurse (LPN); three administrative assistants.
5. Unauthorized Procedures: None
6. Authorized Procedures:

PROCEDURE

INDIVIDUAL AUTHORIZED

1. Vaccinations
2. TB Skin Testing

MD, RN, LPN
MD, RN, LPN

