

Global Patient Movement Requirements Center (GPMRC)

At the end of this session the participants should understand the Global Patient Movement Requirements Center (GPMRC) roles and responsibilities during contingencies.



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Global Patient Movement Requirements Center (GPMRC)

Overview

Guidance
Alert Notifications
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Global Patient Movement Requirements Center (GPMRC)

Guidance

Public Law 97-174, Section 2 (b)
DoDD 6010.22 - National Disaster Medical System (Jan 03)
DoDD 6000.12 - Health Services Operations and Readiness (Jan 98)
DoDI 6000.11 - Patient Movement (Sep 98)
AFJI 41-315 - Regulating to and within the CONUS
Joint Pub 4-02 - Health Service Support (Oct 06)
VA-DoD Memorandum of Agreement (Nov 06)

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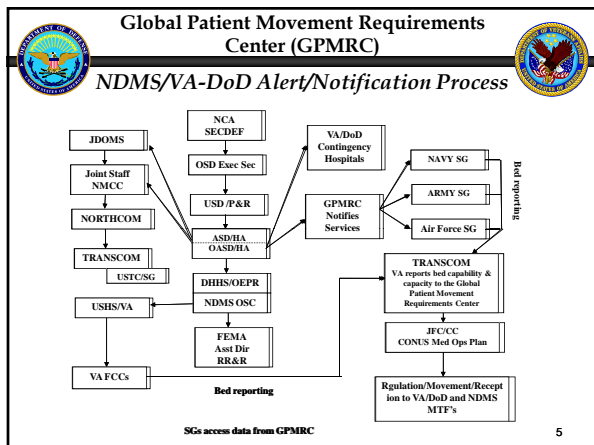
DoDD 6010.22 Mission Statement

Activate the NDMS in time of war or national emergency involving armed conflict when the DoD and the VA bed capability is insufficient to provide adequate treatment for military casualties.

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) shall activate NDMS Federal Coordinating Centers (FCCs) with sufficient civilian hospital beds to support a military conflict when casualties exceed the combined VA-DoD Contingency Hospital System.

Deactivation of the NDMS system will occur when projected casualties may be supported by VA-DoD facilities alone; the ASD(HA) shall deactivate the NDMS FCC/civilian in-patient support.

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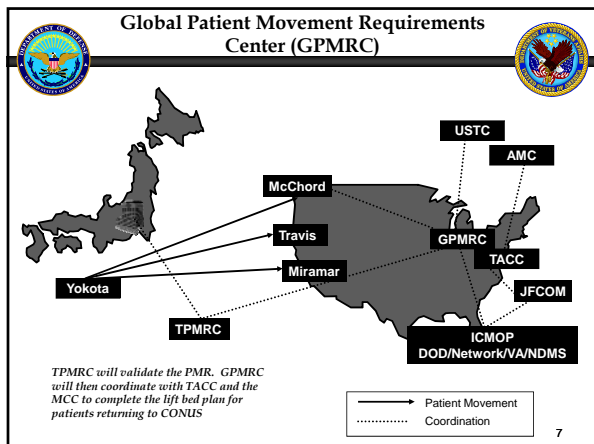


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JP 4-02 Health Service Support 31 Oct 06

The operational environment during major operations and campaigns may present lethal threats requiring the evacuation of casualties to highly developed medical capabilities in the JOA and locations outside the theater of operations for advanced medical services and rehabilitative care. The decreased medical footprint and the increased PM requirements demand a more interdependent medical community, improved interagency and multinational partnerships, and developing joint solutions.

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Regulating: VA-DoD MOU '06 / AFJI 41-315

Bed Reporting (Quarterly to Daily)
 VA-DoD must ensure compliance
 Reports updated in TRAC2ES

Closest MTF (Capability and Capacity)
 5 "Contingency Med Spec Codes"
 CC - Critical Care
 MM/SS - Medical/Surgical
 SBN - Burn
 MP - Psychiatric
 MC - Pediatrics

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Regulating: DoDD 6000.12, DoDI 6000.11/AFJI 41-315

Deliverables to PRCs:
 Mission manifest information with times and patient loads
 PRC will pass information to individual facilities
 Patient clinical and administrative data
 Depth of information dependent on availability of data
 May be limited due to nature of contingency
 Regulate patients, provide "ITV" for those transported on DoD owned/controlled assets from Aerial Port of Embarkation/Debarcation (APOE/D)

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Regulating: DoDI 6000.11/AFI 11-2AE Series

Non-Medical Attendants (NMAs)
One able bodied adult /immediate family
NMAs may be limited due to contingency
Critical Patients (Life threatening)
Pediatric Patients
Burn Patients

Authorized Animals on AE Platforms
Military Working Dogs
Seeing Eye Dogs

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"Throughput" Calculations: (AFJI 41-315)

Current Hospital Bed Census/Discharge Plan
Supporting Facilities MOU/MOAs
Hospitals (DoD, VA and NGO)
APODs (Airports/Airfields)
Management and Labor

Transportation Assets
Organic vs. Contracted
Vehicle capability and capacity
Crew qualifications
Transit time from PRC to VA/DoD MTF
Vehicle Maintenance schedules

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