3.1.3 TGRO Coverage for 7th Fleet Personnel

Communication with the 7th Fleet is ongoing and necessary to ensure effective coordination of the often complex circumstances involved in evacuations of sailors from ships or ports. TAO-P Medical Director maintains visibility of all 7th Fleet urgent and emergent evacuations throughout the Pacific.

- **a.** Urgent and Emergent Care. Shipboard service members who require care which exceeds the organic medical capabilities aboard the Ship while in the TGRO Pacific AOR are covered for urgent/emergent care. This care is defined as:
- 1). Urgent care. Treatment for a medical, psychological or dental condition that would cause undue discomfort to the patient or that may be exacerbated if not treated within 24 hours. This includes a request for consultative services when not in the vicinity of an MTF.
- 2). Emergent care. Care provided for the sudden and unexpected onset of a medical, psychiatric or dental condition or the acute exacerbation of a chronic condition that is threatening to life, limb or sight and requires immediate medical or dental treatment.
- **b. Elective Consults.** Elective consults are a covered benefit for deployed forces when deemed essential for optimal patient care or essential to Ship mission completion. On the rare occasion that a consult is necessary, Ships should contact ISOS. If healthcare services are delivered without ISOS coordination or involvement, the Ship may be fully responsible for payment to providers and/or institutions". Elective consult requests should be sent to ISOS at least 7 working days prior to the desired date of consultation. Further guidance for obtaining elective consults is outlined in ref (c).
- **4. Procedures.** The procedures in this section will be followed to ensure the successful patient movement described in Appendix A.
- a. Ship Responsibilities: Illness or Injury Occurs On-board the Ship/Elective Consults.

Local shipboard assessment is completed. If beyond the capacity of the Ship to care for the patient, the following procedures apply:

- 1) Urgent/Emergent Care Patient. Medical Unit on Ship will contact the ISOS Alarm Center by either calling direct or collect to Singapore (65) 6338-9277 or email sin.medical@internationalsos.com to ensure referral to providers and develop Guarantee of Payment (GOP).
- 2) Elective Consults. Elective consult requests should be sent to ISOS at least 7 working days prior to date of consultation per ref (c).

If an outpatient service member misses his/her Ship's movement, the Ship is responsible to arrange lodging, issue travel orders and funding for the service member and attendant and ensure that passports are obtained, if necessary. ISOS and TAO-P do not provide per

diem, lodging or travel expenses and do not arrange lodging or issue travel tickets for outpatients or patients who outpatients or have been discharged from hospital per ref (c).

b. ISOS Responsibilities.

ISOS Coordinating Doctor (CD) receives call from medical unit on ship, evaluates urgency of situation, recommends the appropriate provider in the area, directs the Ship/patient to the provider and arranges for medical evacuation as required to include either air or ground transport.

The ISOS CD will contact TAO-P Medical Director (MD) immediately to provide medical update and seek approval for medical evacuation, if necessary.

ISOS will obtain information on the patient to include full name, SSN, Command/UIC/Commander's Name and POC, provisional diagnosis and treatment provided to date. ISOS will then conduct DEERS verification on the patient. In the event the DEERS information is incomplete, SOS will authorize care as directed by the Ship/TAO-P MD. Documentation for DEERS verifications shall be provided as soon as possible should the initial search be inconclusive.

ISOS will work directly with TAO-P to ensure that services rendered are within TGRO program guidelines and to keep TAO-P MD informed of patient progress in a thorough and timely manner. This will include providing a daily Notification of Case (NOC) report, case updates as necessary throughout the treatment period, and a discharge summary at the conclusion of the hospitalization to TAO-P. ISOS will make every attempt to ensure that discharged or evacuated patients are provided documentation of their care to include discharge summary, operative reports and ancillary information such as laboratory results and radiographic studies. The primary communication on all cases is between ISOS and the TAO-P Medical Director.

c. TAO-P Medical Director (MD) responsibilities.

Provides oversight and coordination of medical care for patients. He/she will be available 24/7 within a 20 minute response window.

Provides accurate and timely information to Fleet or their representative.

Provides case management services in conjunction with ISOS to ensure rapid, safe and medically appropriate resolution of immediate patient needs.

Provides authorizations and approvals for medical care and evacuations.

Provides Medical Evacuation Support. If TAO-P MD agrees with need for emergent evacuation, he/she will contact the Theater Patient Movement and Requirements Center (TPMRC) to assess the availability and advisability of using military airlift assets. If TPMRC cannot support evacuation mission, TAO-P MD will contact ISOS and direct the use of ISOS assets to accomplish the evacuation.

d. 7th Fleet Responsibilities.

Fleet or subordinate commands are responsible for primary communication with TAO-P MD and will disseminate appropriate medical information to Ships or others with a need to know. Fleet will provide TAO-P with updated Fleet Surgeon Staff contact information so that, in the event 7th Fleet Surgeon cannot be reached, the cognizant staff can receive message traffic.

Multiple medical inquiries directly to the host nation facility caring for the patient contribute to a disruptive treatment environment as well as potential HIPAA violations. Inquiries concerning patient care directly to ISOS or their contracted providers other than by TAO-P Medical Director are therefore discouraged. Exceptions will be made on a case-by-case basis with the concurrence of 7th Fleet and TAO-P MD and will be limited to a single command representative.

Provides all casualty reporting requirements

5. Communications. It is important that communication provide the right information at the right time to the right parties. There are four primary recipients of medical information: ISOS, TAO-P, Fleet, and the Shipboard medical unit.

ISOS and TAO-P will have two-way communications to ensure that services rendered are within TGRO program guidelines and to provide information on patient progress. Only TAO-P will have direct two-way communication with ISOS.

To expedite and provide information on patient's condition and status, ISOS will provide ONE-WAY notification of cases to Fleet and the medical unit on the Ship. However, any issues or questions from the Ship must be validated and communicated by the Fleet or designee to the TAO-P MD. Ship medical units are NOT to contact the host nation providers or ISOS directly unless receiving prior authorization from Fleet in coordination with both TAO-P and ISOS. Should Ship medical units engage in unauthorized communications with host nation providers, ISOS may have to disengage communication with the host nation provider and await further direction from TAO-P.

- **6. Hospitalization Oversight.** The primary monitoring of a patient in the host nation hospital is through and between the ISOS Call Center and the attending doctor in the hospital. When ISOS is contacted and agrees to accept a patient for admission and treatment, they have medical oversight over that patient up to the point of discharge. The point of discharge is defined as that time when there is no need for immediate on-going care or hospital admission.
- **a.** Case Management. The TAO-P MD will discuss issues with Fleet and work collaboratively with ISOS to ensure that case management is progressing in a satisfactory manner and will make every attempt to ensure that the operational needs of the patient's command are met.

- **b. Patient Transfer.** Patient transfer can occur by commercial, military or ISOS contracted conveyance. The needs of the patient and the availability of conveyance will be considered by ISOS, TAO-P MD and Fleet. In conjunction with ISOS, TAO-P Clinical Operations is responsible for identifying accepting physicians and coordinating with Case Management at the accepting facilities. TAO-P will maintain communication with Fleet and designated subordinate surgeons to provide timely updates and thorough information on patient disposition.
- 1.) Transfer Requiring a Medical Attendant. If the patient is ready for discharge from hospital, but on-going medical or nursing care is required to transfer the patient to an MTF or other facility (care-in-the-air), ISOS will maintain medical control to the point of transfer to the accepting medical facility unless otherwise directed by TAO-P Medical Director in consultation with Fleet.
- 2.) Patient Discharge and Return Travel Coordination to Unit/Home Port. When the patient is discharged from the host nation hospital and does not need a medical attendant, the patient's Command or Command Representative will take control of the patient. All arrangements for temporary lodging and follow on transport of the patient including funding of travel, per diem, issuing travel orders and passports are the responsibility of the command or their representative per ref. (d). The Command will also be responsible to provide any non-medical attendant deemed necessary.

When the Command directs and manages transfer, TAO-P Clinical Operations will assist in identifying an accepting facility per Command desire; but the Command will be responsible to arrange accepting physician/facility, appointment times and all transportation. If the Command or Command representative physically takes control of a patient prior to ISOS being notified of discharge, this office and ISOS will disengage and further responsibility for patient care and movement will be the Command's.