



Joint Task Force National Capital Region Medical **DIRECTIVE**

NUMBER 4590.01
DEC 05 2012

J-3B/J-4

SUBJECT: Patient Movement and Patient Movement Items

References: See Enclosure 1

1. PURPOSE. This Directive, written under the authority of the Commander, Joint Task Force National Capital Region Medical (CJTF) and, in accordance with References (a) through (d), cancels and reissues Reference (e) to:

a. Establish policy and prescribe requirements for Patient Movement for an originating or destination Joint Medical Treatment Facility (MTF) or Center within the National Capital Region (NCR).

b. Develop and coordinate the synchronization of patient movement plans with Soldier Transfer and Regulating Tracking Center (STARTC), U.S. Transportation Command (USTRANSCOM), Global Patient Movement Integration Center (GPMIC), Theater Patient Movement Requirements Center – Europe (TPMRC-E), Theater Patient Movement Requirements Center – Americas (TPMRC-A), Deployed Warrior Medical Management Center (DWMMC), U.S. Air Force Aeromedical Staging Facility (ASF) at Joint Base Andrews and the Joint MTFs and Centers within the NCR.

c. Update References (g) through (n), revise information requirements, and provide acronyms used in this Directive.

d. Ensure Patient Movement Items (PMIs) received within the NCR is returned to the nearest PMI Center.

2. APPLICABILITY. This Directive applies to Joint Task Force National Capital Region Medical (JTF CapMed), Originating or Destination Joint MTFs or Centers within the NCR, Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC), ASF at Joint Base Andrews, and the Joint Pathology Center (JPC).

3. POLICY. It is the JTF CapMed policy that destination Joint MTFs and Centers within the NCR will ensure an active, safe, and seamless transition for patients and beneficiaries requiring patient movement.

4. RESPONSIBILITIES. See Enclosure 2

5. INFORMATION REQUIREMENTS. The following information will be used for submitting reports.

a. The JTF CapMed Director, Clinical and Business Operations (J-3B) shall receive:

(1) Daily projections Patient Evacuation Report 0800 provided by STARTC Liason Officer (LNO).

(2) Weekly Wounded, Ill, and Injured (WII) regulated to NCR data report due every Wednesday provided by the STARTC LNO.

(3) Monthly WII regulated to NCR Data Report due monthly (provided by JTF CapMed Patient Movement Cell).

b. The following recordkeeping systems shall be utilized:

(1) USTRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) are the JTF CapMed approved system to track patient regulating within the continental U.S. and outside the continental U.S. TRAC2ES is used as an automated information system in support of global patient movement in transit visibility. TRAC2ES shall be used to generate daily, weekly, and monthly patient movement data reports for statistical tracking purposes and electronically maintained.

(2) The Theatre Medical Data Store is an automated system used to generate patient reporting data such as specific diagnosis from European Command, Northern Command, and the continental U.S.


c. PlexusD, a customized software application, will be used as the record-keeping system maintained for PMI to document receipt and transfer.

d. An audit for receipt and transfer of all PMI items will be performed quarterly and reported to JTF CapMed Directorate, Logistics and Acquisition (J-4) Emergency Manager.

6. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the JTF CapMed Web Site at: www.capmed.mil.

7. EFFECTIVE DATE. This Directive:

- a. Is effective upon publishing to the JTF CapMed Website; and
- b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (f)). If not, it will expire effective 10 years from the publication date.


STEPHEN L. JONES
Major General, U.S. Army
Acting Commander

Enclosures

1. References
2. Responsibilities

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ENCLOSURE 1REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) JTF CapMed Directive 4590.01, "Patient Movement," October 13, 2011 (hereby cancelled)
- (f) JTF CapMed Instruction 5025.01, "Formats and Procedures for the Development and Publication of Issuances," March 5, 2012
- (g) DoD Directive 5154.06, "Armed Services Medical Regulating," October 20, 2011
- (h) DoD Instruction 6000.11, "Patient Movement," May 4, 2012
- (i) DoD Directive 5158.04, "United States Transportation Command (USTRANSCOM)," July 27, 2007
- (j) "Air Force Tactics, Techniques & Procedures 3-42.5," November 1, 2003 (Aeromedical Evacuation)
- (k) Army Regulation 40-400, "Patient Administration," January 27, 2010
- (l) Office of the Surgeon General/Medical Command Policy, Policy Memo 08-015, "Patient Movement from Outside Continental United States (OCQUS) and Reception of Warriors in Transition to Military Treatment Facilities (MTFs)," May 13, 2008
- (m) Medical Command Regulation 40-21, "Regional Medical Commands and Regional Dental Commands Health Service Areas," November 16, 2010¹
- (n) AR 40-400, "Patient Administration," January 27, 2012
- (o) Joint Publication 4-02, "Health Service Support," 26 July 2012
- (p) AFI 44-165, "Administering Aeromedical Staging Facilities," November 6, 2007

¹ Available at http://www.apd.army.mil/pdf/files/r40_21.pdf

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ENCLOSURE 2

RESPONSIBILITIES

1. CJTF. The CJTF shall hold Joint MTF Commanders and Center Directors accountable for patient movement consistent with this document and applicable references.

2. JTF CAPMED PATIENT MOVEMENT CELL. The JTF CapMed Patient Movement Cell shall:
 - a. Liaise with patient movement agencies.

 - b. Monitor and, when necessary, direct patient movement to and within the NCR based on medical necessity, capability, capacity, Service and family needs.

3. JTF CAPMED J-4 READINESS MANAGER. The JTF CapMed J-4 Readiness Manager shall monitor compliance with the PMI portion of this Directive and:
 - a. Review the adequacy of the JTF CapMed Component PMI programs and their efficiency.

 - b. Review, approve, and consolidate reports submitted by the JTF CapMed components as appropriate as it relates to PMI.

4. JOINT MTF COMMANDERS AND JPC DIRECTOR. All Joint MTF Commanders and the JPC Director shall:
 - a. Discharge the responsibilities for patient movement and provide adequate personnel, space, training, and resources to accomplish mission in accordance with governing policies and regulations (References (h) through (p)).

 - b. Provide direction, oversight, and control for patient movement ensuring the highest quality patient care to and within the NCR.

 - c. Collect, analyze, and identify performance improvement areas to meet the highest quality of patient care.

 - d. Ensure optimal patient regulating in accordance with JTF CapMed policies, joint-, and Service-specific guidelines.

 - e. Ensure communication with USTRANSCOM, GPMIC, TPMRC-A, TPMRC-E, DWMMC, ASF, Veterans' Affairs Liaisons, and Warrior Transition Representatives from each Service. Commanders will ensure patient administration resources are dedicated and available to

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maintain open communications with the continuum of the Military Aeromedical Evacuation System.

5. COMMANDERS/MEDICAL DIRECTORS AT FBCH AND WRNMMC. The Commanders/Medical Directors at FBCH and WRNMMC shall:

a. Establish a patient movement cell which includes dedicated patient administration personnel, dedicated nursing personnel, and a dedicated provider liaison with experience in patient movement.

b. Provide direction, oversight, and command and control for patient movement to and within the NCR.

c. Ensure patient administration personnel:

(1) Provide direction, oversight, and control for patient movement; responsible for overall coordination and mission accomplishment within the NCR.

(2) Maintain data related to intra- and inter-theater evacuation systems; collect, analyze, and identify performance improvement areas to meet the highest quality of patient care.

(3) Enforce optimal patient regulating in accordance with JTF CapMed policies, joint-, and Service-specific guidelines.

(4) Communicate with USTRANSCOM, GPMIC, TPMRC-A, TPMRC-E, DWMMC, ASF, Veterans' Affairs liaisons, and Warrior Transition Representatives from each Service.

d. Ensure patient movement nurse coordinators:

(1) Receive training on the patient movement process for aeromedical evacuation.

(2) Coordinate policies and clinical procedures to ensure safe and appropriate care.

(3) Oversee patient movement clinical operations, coordinate with medical Command and Control, provide oversight for patient movement safety, and ensure optimal patient care.

(4) Synchronize the appropriate level of en route care throughout movement process and consult with providers regarding patient care needs.

(5) Communicate, as needed, with USTRANSCOM, GPMIC, TPMRC-A, TPMRC-E, DWMMC, ASF, Veterans' Affairs liaisons, and Warrior Transition Representatives from each Service.

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(6) Are the subject matter experts (SMEs) on USTRANSCOM TRAC2ES with responsibility for clinical updates and/or corrections? Are the SMEs on all required Service forms for the documentation of patient care?

e. The MTF Medical Director or designee ensures the originating provider from the MTF acts as the medical authority for the continuum of care within the patient movement system by providing oversight for the implementation of clinical policies and procedures for the transport and exchange of patients.

(1) Develops and coordinates en route patient care protocols based on patient clinical considerations.

(2) Interfaces with clinical personnel as necessary to problem solve during patient movement.

f. Appoints a PMI point of contact who is responsible for the PMI return program. This point of contact shall:

(1) Develop a PMI Standard Operating Procedure (SOP). The SOP will ensure the return of PMIs to the designated PMI Center within 30 days of receipt and the proper use of the PMI Tracking System / PlexusD.

(2) Will provide a quarterly audit of receipts and returns of PMI to ensure compliance and make recommendations on system improvements to the JTF CapMed J-4 Readiness Manager.

6. 779th MEDICAL GROUP COMMANDER. The 779th Medical Group Commander shall:

a. Ensure reports are provided to assist in determining medical capability and capacity within the NCR.

b. Operate ASF and make available a Flight Surgeon who at a minimum:

(1) Functions as clinical SME for patient movement.

(2) Renders medical judgment determining travel and ensures serious medical needs are addressed prior to as well as during patient movement.

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GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

ASF	Aeromedical Staging Facility
CJTF	Commander, Joint Task Force National Capital Region Medical
DWMMC	Deployed Warrior Medical Management Center
FBCH	Fort Belvoir Community Hospital
GPMIC	Global Patient Movement Integration Center
JPC	Joint Pathology Center
JTF CapMed	Joint Task Force National Capital Region Medical
LNO	Liaison Officer
MTF	Medical Treatment Facility
NCR	National Capital Region
PMIs	Patient Movement Items
SMEs	subject matter experts
SOP	Standard Operating Procedure
STARTC	Soldier Transfer and Regulating Tracking Center
TPMRC-A	Theater Patient Movement Requirements Center - Americas
TPMRC-E	Theater Patient Movement Requirements Center – Europe
TRAC2ES	USTRANSCOM Regulating and Command and Control Evacuation System
USTRANSCOM	U.S. Transportation Command
WII	Wounded, Ill, and Injured
WRNMMC	Walter Reed National Military Medical Center

PART II. DEFINITIONS

Aeromedical Evacuation. The movement of patients under medical supervision to and between Joint MTFs by air transportation.

Aeromedical Staging Facility. A medical facility which has staging beds located in the vicinity of an enplaning or deplaning air base that provides reception, administration, processing, ground transportation, feeding, and limited medical care for patients entering, en route, or leaving an aeromedical evacuation system.

Patient Movement. The act or process of moving a sick, injured, wounded, or other person to obtain medical and/or dental care or treatment. Functions include medical regulating, patient evacuation, and en route medical care.

Patient Movement Items. The medical equipment and supplies required to support patients during aeromedical evacuation.

Patient Movement Requirements Center. Term used to represent any theater, joint, or the Global Patient Requirements Center function. It is a joint activity that coordinates patient movement; the functional merging of joint medical regulating processes; Services' medical regulating processes; and patient movement evacuation requirements planning (transport to bed plan).