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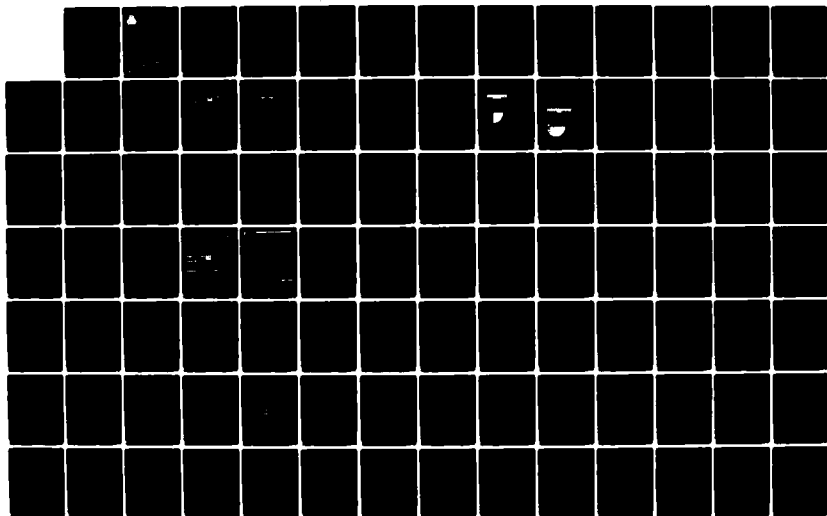
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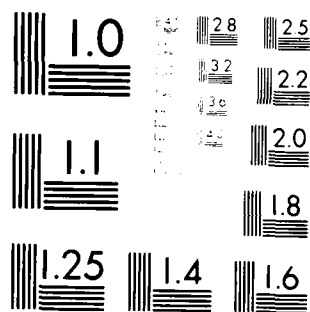
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United States Army
Health Care Studies
and



Clinical Investigation Activity

AD-A144 839

AMBULATORY CARE DATA BASE

LTC T. R. Misener
Mrs. P. M. Gilbert

FINAL REPORT #83-009

PART B

MARCH 1984

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US ARMY
HEALTH SERVICES COMMAND
FORT SAM HOUSTON, TEXAS 78234

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) As part of the FY 83 AMEDD Study Program, the Surgeon General of The Army tasked the Health Care Studies & Clinical Investigation Activity (HCSCIA) to investigate the need for an Ambulatory Care Data Base (ACDB). The study proposed to answer two questions: 1) Is it possible to capture the necessary information for an ambulatory data base (will health care providers complete encounter forms in addition to entries they are required to make in the outpatient medical record) and 2) What types of reports can be generated from the data gathered. A six month project was conducted at Fox Army Hospital,		

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CONCLUSIONS: The overall objectives of the study have been met: 1) the elements to be collected for an ambulatory care database have been identified. A significant number could be standardized across MTFS, however, the need for site specific variables is recognized, 2) the majority of care providers will complete their portion of the encounter form, 3) a single encounter form for all clinics is not acceptable, 4) data collected can be audited and provide an objective and valid ambulatory peer review and quality assurance mechanism, 5) provider and clerical staff satisfaction was surveyed, 6) comparison of encounters from the ACDB and the MED 302 was accomplished, 7) the number of reports that can be developed from the data are limited only by the users imagination. The MED 302 can be captured from the data elements, 8) the OMR method of data capture was shown to be efficient and cost effective, 9) problems needing resolution in future use of an ACDB were identified, 10) the need for command emphasis, at the highest levels, is obvious.

RECOMMENDATIONS: Recommend that this inexpensive and reliable data collection methodology be tested at more sites for eventual implementation. Even if an ambulatory care database is not developed, it provides an efficient, reliable, and low labor intensive method to capture data which are needed by the Army. The use of the discussed method is highly practical because it will interface with any system or mainframe conceptualized or planned at this time. It provides an excellent interim system until the Composite Health Care System (CHCS) is implemented. Finally, it can continue to be used in areas where a CHCS is not practical or planned, e.g., a field environment.

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Because of the magnitude of the study the need for command emphasis was imperative. Therefore, special recognition should be given to the two commanders who were instrumental in allowing the study to be conducted at their MEDDAC. COL John N. Bogart recognized the need for such a study and, during the conceptual phase, invited us into his facility. COL Graham E. Beard, upon taking command, followed through with the commitment and actively supported the endeavor taking the risk of exposing his MEDDAC for high level scrutiny. At the completion of the study COL Beard went one step further and implemented the system on an operational basis.

CPTs Keith Cuff, MSC, and Bruce McIntosh, MSC, the two Chiefs of Clinical Support at Fox Army Hospital were the day-to-day points of contact at the MEDDAC, supplying the detailed tracking of the data capture. Pauline Occomy took responsibility for the management of the data collection and the optical mark reader became "her baby." Hubert Smith of the Missile Command Computer Center provided the necessary link between the MEDDAC and the mainframe computer facility at HCSSA. Skip Cole and Warner Carlisle from HCSSA provided the programming support and preprocessing of the data so that the investigators could analyze the data. Mr. Harold Hill, the vendor's (National Computer Systems) representative, went far beyond the requirements of the contract to assist the study staff so as to provide the best test possible.

But, most importantly, the entire staff of Fox Army MEDDAC accepted the added burden of collecting the data required for the study. The AMEDD owes them a debt of gratitude.

SUMMARY

Providing outpatient health care for over twenty million outpatients per year, the US Army is considered one of the largest Health Maintenance Organizations in the world. It has long been recognized that the Army's Inpatient Data System (IPDS) provides a wealth of data to carry out health service research and to assist in management decisions. Outpatient data have been less abundant. A six month study was undertaken to collect outpatient encounter information (including demographic data, workload, and diagnoses) at Fox Army Hospital, Redstone Arsenal, Huntsville, Alabama, using the National Computer Systems (NCS) Sentry 7001 Table-Top Optical Mark Sense Reader (OMR). A multicolor form was designed and included a total of 371 possible diagnoses; the form allowed for the selection of one primary and five secondary diagnoses for each encounter. This methods study proposed to answer two questions: 1) is it possible to capture the necessary information for a database? i.e., will health care providers complete encounter forms in addition to entries they are required to make in the outpatient medical record; and 2) what types of reports can be generated from the data gathered?

Data collection began on 1 November 1982; patients, clerical staff, and primary care providers all assisted in completing the mark sense data capture form. Completed forms were processed locally (up to 900 forms per hour can be read by the particular table top reader being used for the test), and scanned to tape, which was then transferred to Fort Sam Houston, Texas. A compression and edit program, creating a 220 character record, was written by personnel of the Health Care Systems Support Activity (HCSSA) and then merged with SPSS (Statistical Package for the Social Sciences) for data manipulation and report generation. Profile reports were furnished (on a monthly basis) to each care provider. The major reporting elements were: 1) primary diagnoses, 2) procedures, 3) demographic data, 4) beneficiary status of patient and, 5) number and types of physical examinations done. At the end of the study with approximately 60,000 records in the database, it has been demonstrated that: 1) personnel will complete the encounter form, 2) data can be audited, therefore, providing the basis for quality peer review, 3) the form effectively fulfills current reporting requirements, e.g., the Med Summary 302, and other administrative reports, 4) the optical mark reader is a reliable data collection method. The number of reports and tables that can be generated are limited only by the user's imagination.

In any future form design, a list of standard common procedures from a menu is recommended; this list should also provide space where less common procedures could be entered from tables. No single page form can meet the comprehensive needs of every MTF, however, several forms could be developed for different specialties (e.g., pediatrics, occupational health, etc.). Recommend that this inexpensive and reliable data collection method be tested at more sites for possible Army-wide implementation.

1. INTRODUCTION.

a. Purpose.

Recognizing the need for an Ambulatory Care Database (ACDB), The Army Surgeon General tasked the Health Care Studies Division (HCSD), Health Care Studies & Clinical Investigation Activity (HCSCIA), to examine the feasibility of implementing such a study. The study proposed to answer two questions:

(1) Is it possible to capture the necessary information for an ambulatory database? (i.e., will health care providers complete encounter forms in addition to entries they are required to make in the outpatient medical record).

(2) What types of reports can be generated from the data gathered?

b. Background.

Although reports, to document Army outpatient workload, are generated on a recurring basis the reliability of the data and their usefulness has been questioned. The outpatient's individual health record contains routine information expected in any outpatient treatment setting. However, obtaining aggregate data, auditing a random set of outpatient records, documenting individual health care providers' practice profiles, or carrying out epidemiological research, has not been possible.

A literature search was conducted to include a review of the development of standardized diagnostic codes, data systems, methods of data collection, and medical information management. Subsequent telephonic communications and site visits were made to explore available systems and to obtain guidance from those experienced in the field.

Several citations were found of ambulatory diagnostic coding schemes, their development, and use (Cote & Robboy, 1980; Schneider & Kilpatrick, 1974; Steinwachs & Mushlin, 1978; Anderson & Lees, 1978; and Tindall et al., 1981). The coding scheme discussed by Tindall et al. (1981) appeared to be the most prevalent and acceptable in the primary care settings. It had been developed by The World Order of National Academies of Family Physicians/General Practitioners as a truncation of the International Classification of Diseases (1977) and published as International Classification of Health Problems in Primary Care (WHO, 1979), with an abbreviated title of ICHPPC-2.

A seven part series of articles appeared in The Journal of Family Practice (1977), which discussed the use of an integrated medical record and data system for primary care using the ICHPPC-2 codes. Pack & Parrish (1974) published a thesis: Development of a Long-Term Process for Collection of Doctor-Patient Encounter Data in an Ambulatory Care Facility. This thesis discussed a pilot effort in development of a system to capture outpatient encounters in an Army facility. This method required key punching data and was labor intensive.

A limited attempt to gather information in an automated mode has been carried out at Family Practice Residency programs throughout the Army. An analysis of the system was described by Howard (undated paper) at Madigan Army Medical Center. This appeared to be an excellent method meeting the needs of users to document resident physician's experiential base while making program management and research possible. The centralized database is maintained at Fort Sam Houston, Texas. Again, the major disadvantage of the Family Practice dataset has been the requirement to keypunch the data, which necessitated one to two full-time employees at each site, (Appendix A provides a sample of the Family Practice Center Encounter Form). This same disadvantage was noted by Baker, Monson, & Jameson (1981), at Little Rock Veterans' Administration Hospital. The experience of the U.S. Public Health Service (MIDS, 1980) documents the management potential of a multi-site computer linked database to monitor workload, assist in fiscal apportionment and track prescriptions filled for beneficiaries within the PHS. Project officers for the system were enthusiastic about its potential. However, this database was lost when the PHS ceased operating their health care system. Again the need to keypunch data entries was recognized labor intensive. The Bureau of Indian Affairs, (PHS) still uses a key entry method to aggregate workload data, (BIA, 1982). Gelbach (1979), at the Duke-Watts Family Medicine Program, reported three methods of data collection including: write-in encounter form, checklist encounter form, and direct entry from the medical record. All methods required keypunch or keyboard entry.

A site visit was made to the U.S. Army Family Practice Residency Program at Fort Ord, California, to examine their Computer Stored Ambulatory Record (COSTAR) system ("MITRE Corp.," 1978). The database and its management potential were impressive. The disadvantages of COSTAR included: 1) requirement's for terminals in each providers office in addition to those in the clerical area, 2) physicians need to key enter their own data, 3) backup hard copy when the system was "down." COSTAR did not provide a feasible inexpensive interim system which could be used Army-wide prior to installation of the Composite Health Information System (CHIS).

The fiscal intermediary's data processing center for Medicare/Medicaid in the State of Texas was visited. Data are received from throughout the state where they are captured using optical character reading methods. The major disadvantages included the need for on-line editing to correct errors and centralized processing necessary due to the high cost of optical character readers. This method requires that those entering the original data write alphabetic letters and numbers in a standard manner. Errors are decreased when physicians have adequate clerical staff to maintain data entry.

The least labor intensive method of data collection reviewed was the outpatient medical treatment reporting system for shipboard use (Hermansen, Jones, & Butler, 1980). This system used an optically scannable summary of the treatment provided. A separate form was completed for each encounter and was found to be a highly reliable, inexpensive and rapid form of data entry. The investigators were highly encouraged that this might someday provide the basis for a Navy-wide system.

2. OBJECTIVES. During the six-month Redstone ACDB Test the objectives were:

- a. Identify elements to be collected for an ambulatory care database.
- b. Determine the effectiveness of using a single encounter form for outpatient clinics, troop medical clinics, and occupational health clinics.
- c. Determine if collected data can be audited, therefore, providing the basis for peer review.
- d. Measure satisfaction of both care provider and clinic staff with the form and output from collected information.
- e. Determine ACDB effectiveness in fulfilling current reporting requirements, e.g., the MED Summary 302, and other administrative reports.
- f. Compare the number of visits reported by the MED Summary 302 and the ACDB visit count.
- g. Determine the effectiveness of the optical mark reader as a reliable data collection method and identify any problems with the hardware.
- h. Identify problems needing resolution if the ambulatory care database system were expanded to other sites.
- i. Identify personnel requirements and qualifications for an ongoing decentralized database collection system.

3. LIMITATIONS OF THE STUDY.

The study was limited to Tri-service Medical Information Systems (TRIMIS) areas of non-interest. That is, although AR 5-5 allows much latitude in the types of studies that can be carried out, study efforts should not duplicate or interfere with TRIMIS plans. TRIMIS was not actively planning or implementing outpatient workload and epidemiology reporting systems as envisioned by this study; however, they were involved in laboratory, pharmacy, and radiology systems. Therefore, no plans were made to include definitive data capture in these areas. However, it was recognized that the laboratory, pharmacy and radiology data captured under TRIMIS systems were not tied to individual patients allowing for later merging of the data with the ACDB. Discussions with Army TRIMIS at the outset of the conceptual plan of this study, revealed no problems with the study objectives and methodology; the ACDB involved a method of data capture compatible with any mainframe system. Because the proposed method of data capture involved automation, it was necessary to follow AR 18-1, "Management Information Systems: Policies, Objectives, Procedures, and Responsibilities."

Other limitations and caveats of the study were divided into three categories:

Resource constraints (direct costs not to exceed \$10,000).
Amount of data gathered must be reasonable.
Lessons learned from other studies regarding data entry used.

a. Resource constraints included both time and personnel. The data collection phase of the study was to be completed by the end of the 3D QTR FY 83. No full-time employees could be added for the study, i.e., personnel required were to be existent within the Health Care Studies Division, the medical activity where the study was to be carried out, and from shared data processing staff.

b. Prior studies demonstrated that the data gathering tool needed to be provider centered. Any table look-ups required by the provider should be kept to a minimum, and providers must feel the project to be symbiotic, i.e., they would gain something in return for their efforts. To be most effective, the data encounter form could not exceed one page (8½ x 11).

c. Four alternative methods of data entry were examined. The advantages and disadvantages of each are listed in Appendix B. The ACDB project was envisioned as an interim system to be utilized in gathering data necessary before the "total hospital information system of the 1990's" was extant. With this in mind, it was not plausible to consider use of terminals in each provider's office and in all administrative elements. Key punching of data had been shown to be too expensive in the Family Practice Database. When extrapolated to the entire AMEDD the expense in using this method was believed unreasonable, to say nothing of transcription errors. The remaining two methods, viewed as less labor intensive and allowing for use of leased equipment, were the optical character reader (OCR) and the optical mark sense reader (OMR). Individuals possessing experience with OCR stressed three major disadvantages:

- (1) hardware is extremely expensive
- (2) centralized processing is required and therefore increases the turnaround time involved in error correction
- (3) vendors of OCR equipment cite error rates of between 5-33% depending upon the inputting individual's familiarity with the method, and their ability to write alpha numerics in standardized formats

Based on the experiences of the U.S. Air Force, several university testing facilities, and the Academy of Health Sciences Correspondence Course Program, the OMR method was chosen. This method was deemed most reliable and provided maximum decentralization of data processing, while being compatible with any mainframe for "uploading" as it produced a simple record of binary data.

4. METHODOLOGY.

a. Overview.

(1) Site Selection. Several sites for the study were considered. One criterion for selection was that the MTF have separate occupational health, troop, and outpatient clinics. The site chosen was Redstone Army Arsenal, Huntsville, Alabama, as it met the criterion, and provided a MEDDAC of comparable size to another site which had been slated for an OCR study ("United States," 1981). Another significant factor in the selection of Redstone was the expressed desire on the part of the command staff to participate in the study.

(2) Participants. A six month project was undertaken to collect outpatient encounter information (including demographic data, workload, and diagnoses) at Fox Army Hospital, Redstone Arsenal. The 10,000 - 13,000 patients seen each month, the clerical staff, and primary care providers all assisted in completing a "mark sense" data capture form.

(3) Hardware. The hardware selected was the National Computer Systems (NCS) Sentry 7001 Table-Top Optical Mark Sense Reader, with tape drive and transport printer attached. This equipment was compatible with hardware existing within HSC and a proposed Air Force study. NCS forms with an individual lithocode printed on each form facilitated merging/finding records easily. NCS was the only vendor known to provide this feature.

(4) Encounter form development. After site selection, it was necessary to create the two-sided, single page encounter form (Appendix C). A multi-color form (purple and red) was designed to be different from any existing military forms. The face validity of the form was assured by the investigators after consultation with other health care providers, public health professionals, and providers at Redstone. The major data elements collected on the encounter form were:

- demographic data (including occupational site for civilians)
- provider identification
- physical examinations
- procedures performed
- eligibility for care
- referrals
- disposition to include whether the diagnosis was job related
- diagnostic data

Sample demographic data are shown in Figure 1. Diagnostic codes included actual diagnoses, signs, symptoms, questionable laboratory findings, or a series of wellness oriented reasons for care (see Figure 2).

FSD EMPLOYERS									
GS WB									
CIVILIAN SOC. SEC.			PAY GRADE			BUILDING NUMBER			
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Figure 1

PRIMARY DX ADDITIONAL	ICHPPC-2 DIAGNOSES	
	INFECTIVE & PARASITIC DISEASES	
	000	PROVEN INFECTIOUS INTESTINE DISEASE
	009	PRESUMED INFECTIOUS INTESTINE DISEASE
	011	TUBERCULOSIS
	034	STREP THROAT SCARLET FEV ERYSIPELAS
	054	HERPES SIMPLEX
	067	OTHER VIRAL EXANTHEMS
	070	INFECTIOUS HEPATITIS
	075	INFECTIOUS MONONUCLEOSIS
	078	WARTS ALL SITES
	079	VIRAL INFECTION NOS
	080	SYPHILIS ALL SITES & STAGES
	098	GONORRHEA ALL SITES
	099	NON SPECIFIC URETHRITIS
	110	DERMATOPHYTOSIS & DERMATOMYLOSIS
	112	MONILIASIS EXCL UROGENITAL
	112	MONILIASIS UROGENITAL PROVEN
	110	TRICHOMONIASIS UROGENITAL PROVEN
	127	DIARRHEA PINWORMS HELMINTH NEC
	112	DIARRHEA & OTHER INFESTATIONS
	113	SCABIES & OTHER ASCARIASIS
	130	OTHER INFECT PARASITIC DISEASES NEC

GENERAL SIGNS & SYMPTOMS	
1804	EXTENSIVE SWEATING
1806	FEVER OF UNDETERMINED CAUSE
1821	RASH & OTHER NONSPECIFIC SKIN RUPTION
1832	WEIGHT LOSS
1874	LATELY EXPECTED PHYSIOLOGIC CHANGE
1884	LEGION PROBLEM RASH TO RASH
1890	MAJOR LOSS OF TIRELESSNESS
1892	MAJOR LOCALIZED SWELLING NOT NEC
1894	SWELLING WITHOUT INFLAMMATION
UNEXPLAINED ABNORMAL RESULTS	
1900	ABNORMAL LAB TESTS NEC
1906	HEMATOLOGICAL ABNORMALITY NEC
1907	ABNORMAL UROGENITAL ABNORMALITY NEC
1908	NON SPECIFIC ABNORMALITY SIMILAR
1909	ELEVATED BLOOD PRESSURE
1910	OTHER UNEXPLAINED ABNORMAL RESULTS
1994	SIGN SYMPTOM ALL DEFINED COND NEC

Figure 2

(5) Diagnostic Codes. Overall Army needs mandated that diagnostic information be a priority element in the database. After review of several outpatient diagnostic codes, the International Classification of Health Problems in Primary Care (ICHPPC-2) was selected (truncations of the ICD-9 classification ("Ninth Revision," 1977)). The codes were simple to use, and had previously been used for the family practice database. The encounter form allowed space for only 250 of the possible 371 diagnoses. The remaining diagnoses not on the menu could be found in a preprinted index and then entered in spaces provided (see Figure 3):

ADDITIONAL DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
1	2	3	4	5	6	7	8	9	10
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Figure 3

Along with the demographics, the diagnostic information provides the core of the epidemiological data. These same data gave the MEDDAC the ability to carry out peer review and retrospective chart audits in a reliable and objective manner. Some demographic data elements such as race and ethnicity were included as recommended by the National Center for Health Statistics ("National Center," 1974) as part of a "minimum basic data set."

(6) Unique Element Rationale. Three groups of elements (federal employee data, care providers, and students from other countries) need explanation. The civilian occupational series numbers for federal employees correspond to standard job titles; building number refers to the employees' usual work site. These variables provided the basis for epidemiological studies by the occupational health physicians. The fields "#1 and #2 care provider" allowed for documentation when more than one provider saw a patient. For example, if a patient were to be first seen by a physician's assistant, a nurse practitioner, or even a general medical officer, and then subsequently seen by another provider (e.g., a specialty physician), both individuals would be credited for seeing the patient. The variable "Students from Other Countries" was requested by the treasurer to enable fiscal reimbursement from embassies for health care services provided to foreign nationals who are students at Redstone.

(7) MTF Needs. Finally, it should be noted that several of the elements on the sample encounter form reflect unique needs of the medical treatment studied. An example is the field indicating whether an examination was chaperoned, requested by the Department of Nursing, for manpower documentation. The remaining elements on the form are self-explanatory.

b. Procedures.

(1) A pilot test of the instrument was carried out at Fort Hood, Texas. Twenty nurse practitioners used the encounter form to note any difficulty in flow or tracking. After the one day test a debriefing was held with the nurses and subsequently, minor form design and instruction sheet changes were made. A major change, suggested and incorporated, was to request able patients to complete their portion of the form.

(2) Staff training began two weeks prior to the collection of data. The Chief, Clinical Support, scheduled all clinic receptionists and primary providers to attend an orientation. Training was carried out by the investigators (a nurse experienced in primary care and a management analyst). Each trainee was informed about the data elements that required their attention as well as the overall concept of the project. During the orientation providers practiced using ICHPPC-2. Also, they were informed that regular practice profiles would be furnished and they would have access to data for research and credentialing purposes. (Appendix D shows the ICHPPC-2 index.)

(3) Prior to the implementation of the study, care providers were assigned a code number which was used in conjunction with the last four digits of their social security number, i.e., physicians: 1 + last four = 12345; (see Appendix E); a two digit number was assigned to each clinic (see Appendix F); family member prefix codes were defined (see Appendix G); and "other" patient category codes were taken from the beneficiary codes already established for the Medical Summary 302 Report (see Appendix H). Three sets of instructions were prepared for each of the following: providers, patients, and the clerical staff. (See Appendixes I thru K.)

(4) Patients were instructed to complete their portion of the demographic-type data which was checked for completeness and accuracy by the clerical staff; the clerical staff then entered the clinic identifier, family member prefix (to identify household status of the patient), appointment status, and time in. The remainder of the form was completed by the providers. The clerical staff monitored completeness and entered the time out of the clinic. The encounter form allowed the provider to select one of 371 diagnostic codes as the primary reason for seeing a patient on a particular visit. One primary diagnosis was required. Additionally, the providers were allowed to select up to five secondary diagnoses germane to a particular visit (a secondary diagnosis was not required). Data collection began on 1 November 1982. It was expected that 80,000 forms would be consumed within six months.

(5) The patient portion of the form could be completed in about two minutes; the provider data required about 30 seconds (after providers became familiar with frequently used diagnoses). Clerical staff required about 30 seconds to check and complete each form. After the encounter forms were completed and checked for errors in the clinic, they were taken to a central point in the Administrative Department of the MEDDAC, where one of three trained persons processed the records. Up to 900 forms per hour were read by the particular table top reader used for the test. The first time records were read, they were scanned only, i.e., errors are identified by an internal program in the readers edit routine (see Appendix L).

(6) Error fields are marked along timing marks (the short black rectangles along the left edge of the form). Forms containing errors were returned to the clinic for correction and re-editing. Error-free and corrected forms were read by the scanner and output onto seven inch magnetic tape. Data could have been transferred on line to a host computer, however, processing by the tape method was chosen to be compatible with the goal of data decentralization and exportability.

(7) Tapes were transferred to the installation computer facility where a backup copy was made before mailing to Fort Sam Houston, Texas. Attempts using telecommunications (AUTODIN) to Fort Sam were problematic and abandoned. The data would be handled locally in a completely decentralized fashion, however, for the six month study, it was not reasonable to request the facility to increase its workload. Instead, it was decided that data analysis and report generation would take place at the investigators' facility.

(8) Data were received at the Fort Sam Houston computer facility as a 696 column record. A data compression and editing program was written by personnel of the Health Care Systems Support Activity (HCSSA) to create a more parsimonious 220 character record which was then merged with the Statistical Package for the Social Sciences (SPSS) for data analysis and report generation (the compression and editing program can be seen at Appendix M). SPSS was not the ideal method for data handling; however, it was an "off-the-shelf" package. Ideally, a program would be written to run on the installation host computer, and data manipulation and report generation would be carried out on-site. (A flow chart is shown at Figure 4).

U.S. ARMY AMBULATORY DATA BASE STUDY

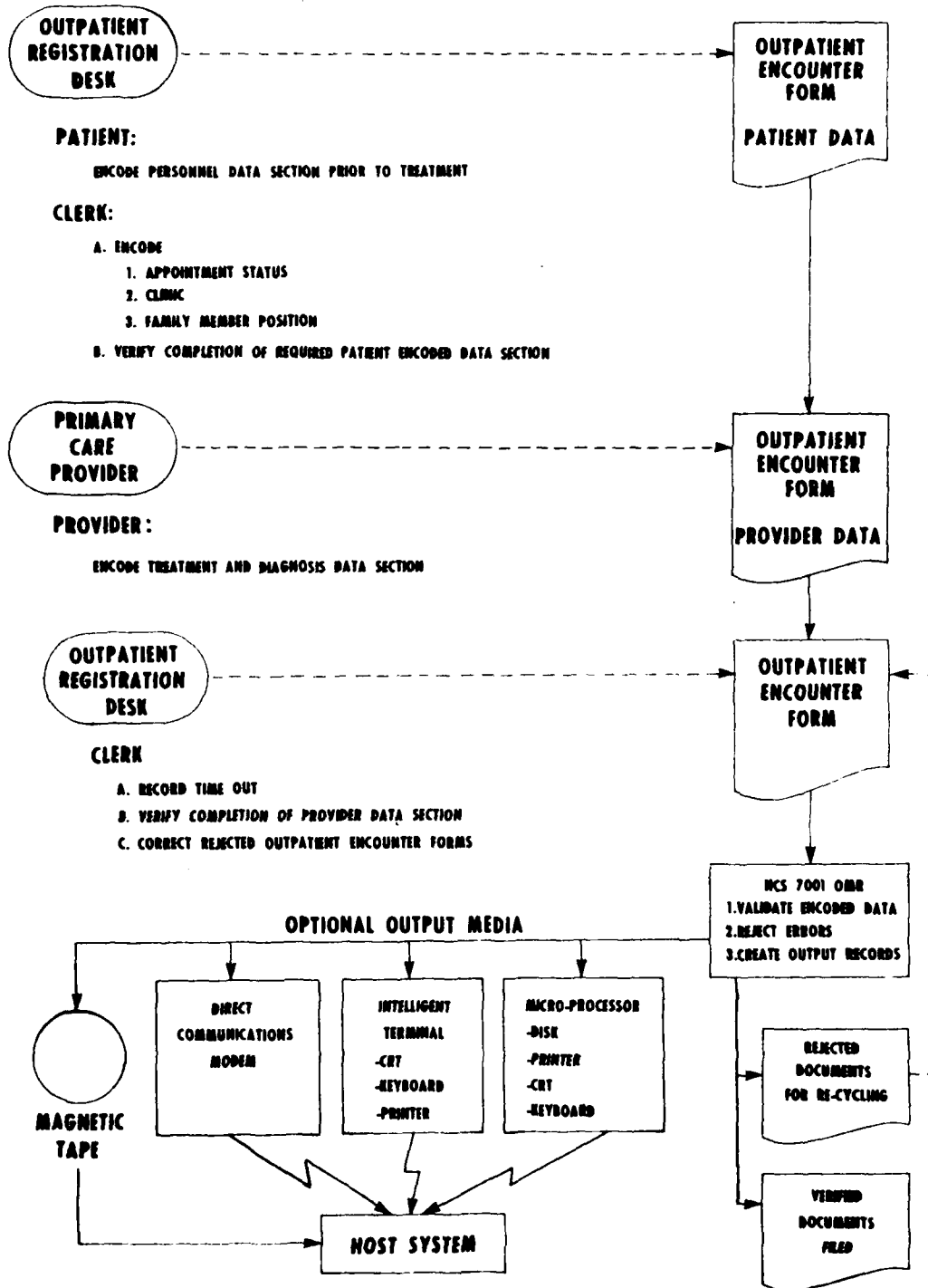


Figure 4

5. FINDINGS.

a. The major study question was: will providers complete the encounter forms as requested? With approximately 60,000 records in the database, it has been demonstrated that personnel will complete the encounter forms. All primary provider visits included in the Medical Summary 302 Feeder Reports were counted in the study. Visits to physicians accounted for 53% of the total encounters. The remaining 47% of all encounters were credited to other providers (see Figure 5).

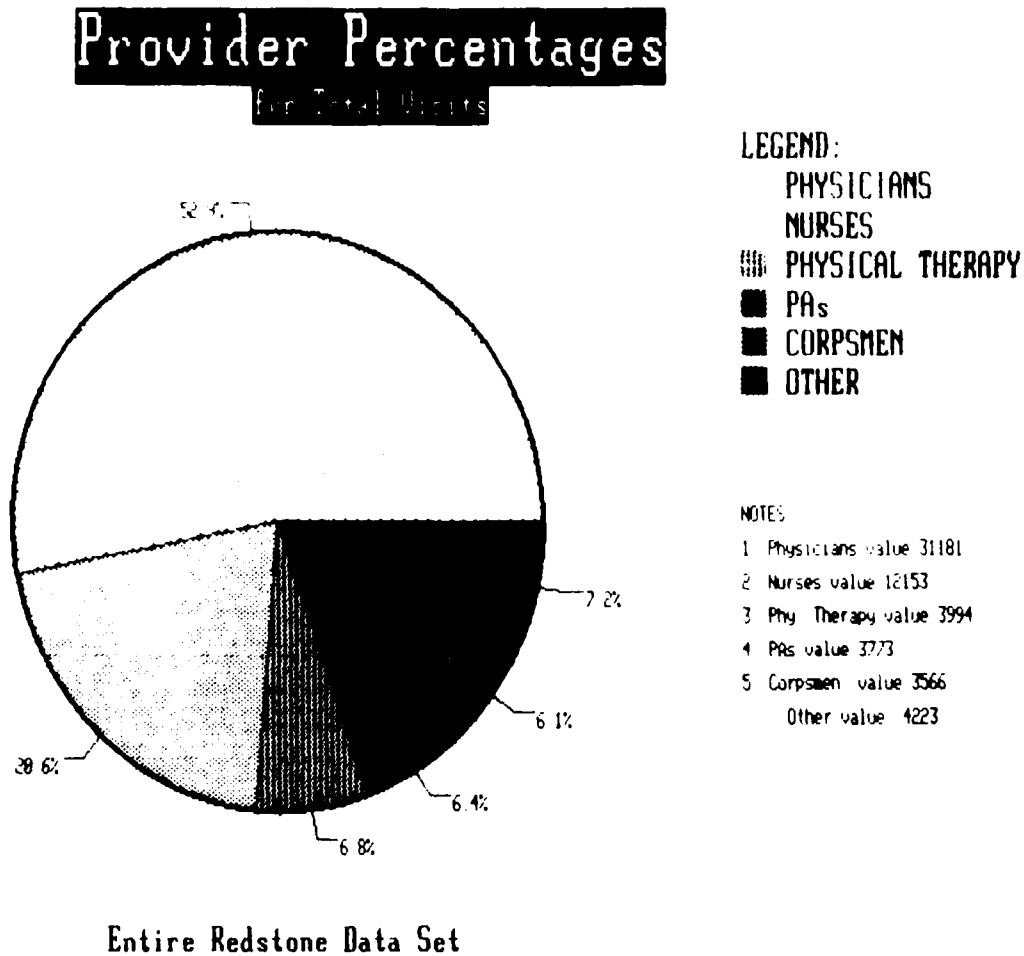


Figure 5

b. The second study question was: what reports can be generated from the acquired data? Reports can be partitioned into three major categories: 1) provider profiles, 2) reports useful to management; and 3) special reports not generated on a recurring basis. Samples of different reports possible are numerous as can be examined at the appendices and are explained in the discussion section.

6. DISCUSSION.

a. Physician participation was highly important. Therefore, all primary providers were promised regular reports of their practice. The first provider profile reports were mailed on 27 December 1982 (see letter, Appendix N); thereafter, on a monthly basis, reports were prepared for each provider to include physicians, social workers, nurses, and medics working in the various clinics, i.e., all personnel generating outpatient Medical Care Composite Units (MCCUs). The report included the following information: (A sample care provider report can be seen at Appendix O):

- a list and frequency of all primary diagnoses
- procedures reported
- patient demographic data
- beneficiary status of patients
- number and types of physical examinations
- average time patients spent in the clinic

A graphic presentation of the distribution of patient time spent in clinics is shown at Figure 6.

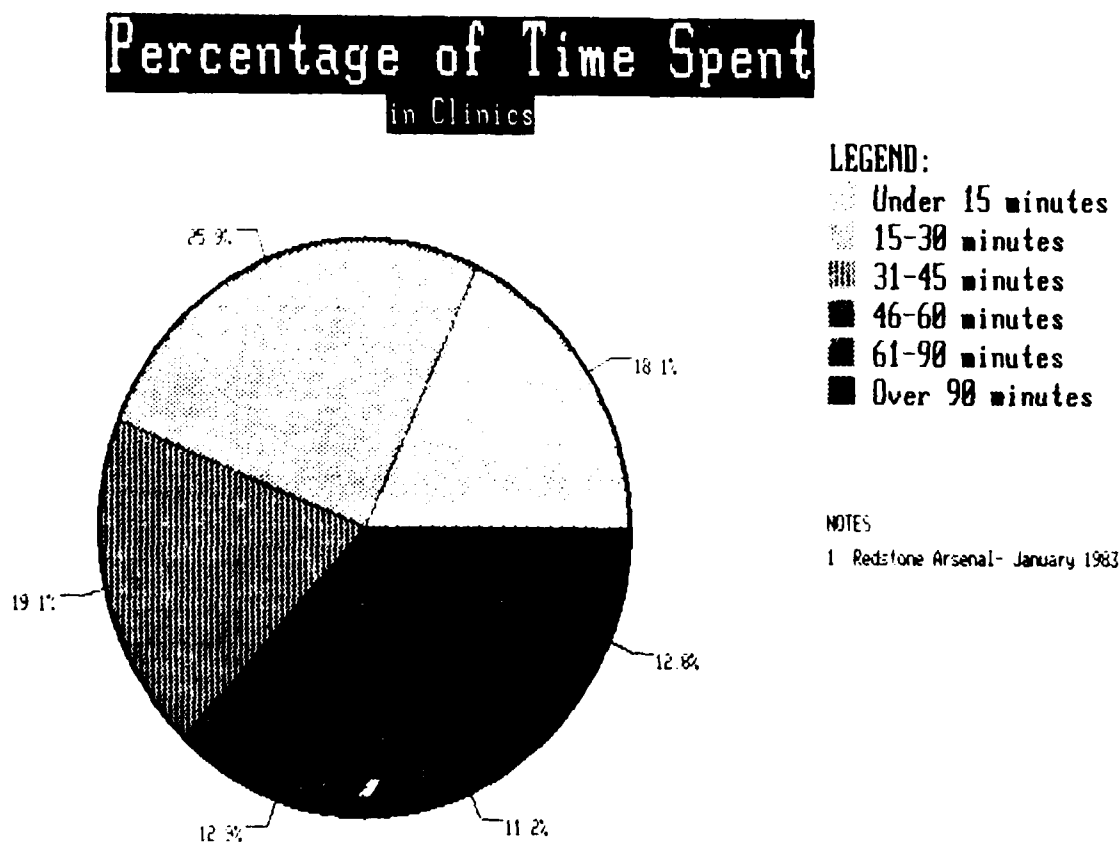


Figure 6

As can be seen, 44% and 63% of all clinic visits were completed within 30 minutes and 45 minutes, respectively. This variable was collected at the request of individuals who had received complaints that patients had to "wait" too long in their clinic. In those clinics where providers filled out forms immediately upon completion of the patient encounters, the values are reliable. Problems arose in clinics when providers did not complete forms immediately following the patient visit (encounter), but held records and forms for completion during a slack time such as during an appointment "no show" period. Subsequent time capture should be based on time spent with the provider and not on time in the clinic. In addition to the already cited problem, several patients tend to arrive early for appointments (for their own personal reasons); if "time in clinic" is recorded, rather than "time spent with provider" it skews the data making a clinic look inefficient when, in fact, this may not be true.

Monthly aggregate reports, useful to management, were prepared and are shown at Appendixes P thru V. These reports include:

- number of patients seen in each clinic
- number of forms completed by each provider
- information for the Medical Summary Report
- MED 302 Service Branch Total
- MED 302 Service Branch Total/OH and TMC
- number of exams chaperoned per clinic
- students from other countries

Appendix P provides information on the number of encounters per clinic per month. November, December, and January provide the most reliable counts. February and March data may show a decrease in visits captured as a function of providers' beliefs that the study was approaching a finish coupled with a perception that the command would not be continuing the method of data capture after the study.

Appendix Q demonstrates a sample of encounter tracking by providers for one clinic for one month. Spurious provider codes were believed to be a function of a provider marking an incorrect clinic and/or possible a miss-mark of provider code.

Appendixes R thru T shows data needed to complete the Medical Summary 302 Report. If a system such as that used in the study were operationalized, Med Summary feeder reports as well as clinic "sign in" sheets could be deleted as redundant. This would make the data capture more palatable to the clinic clerical staff.

Appendix U demonstrates the number of exams requiring a chaperone by clinic by month. This item requested by the MEDDAC for manpower documentation will be deleted in subsequent form design, as it was a one-time data capture.

Redstone Arsenal hosts several students from other countries and their families. The MEDDAC, as mentioned earlier, must request reimbursement from the appropriate embassy for medical care provided these recipients. Appendix V, Table V-1, shows the number of encounters for foreign nationals; Table V-2 is a further breakdown showing the clinic in which they were seen, the day seen, and the diagnosis for each encounter. The treasurer could use these data to initiate fiscal reimbursement.

Appendix W, Table W-1, shows a management report for one clinic for one month; Table W-2 provides a sample of a report generated for one month in one clinic on one diagnosis (otitis media). These data make an objective chart audit and peer review process possible in the ambulatory care setting. Appendixes X thru A-A shows the number of procedures, referrals, examinations, and dispositions for the total study.

b. When data collection began, it was believed that providers would use a few select diagnoses regularly (likely to not exceed 20). This was not true at Redstone; providers used a full range of diagnoses. This can be seen at Appendix B-B which is a report of cumulative primary diagnoses for the total study. Because of the numerous definitive diagnoses used, to provide a more parsimonious report, a set of 92 diagnostic clusters developed at the University of Washington, Department of Family Practice by Schneeweiss et al. (1983) was used as a further truncation of the 371 ICHPPC-2 diagnostic codes (see Appendix C-C). As can be seen, twenty diagnostic clusters account for 77.9% of the diagnoses made during November, 75.4% in December, 76.6% in February, 78.9% in March, and 77.1% of the total diagnoses. These data have implications for the kinds of physician staff mixes needed. For example, it would appear from the data that an orthopedist would be utilized whereas some internists might possibly be replaced by a general medical officer and/or family physicians, nurse practitioners, or physician's assistants.

c. To address reliability of data captured, the investigators randomly selected 30 encounter forms and compared the entries against the outpatient charts for the same encounter. The information on the encounter form compared identically in 100% of the cases.

d. Another major concern of the hospital staff was fear that the total encounters reflected by the study would be fewer than the MCCU based on the Medical Summary 302 count. If the MEDDAC were to use the encounter system to replace all Medical Summary 302 feeder reports, would the activity be penalized? During the training phase this concern was alleviated, when one clinic, which had counted 78 patient encounters on the MED 302 feeder report the previous day, ran their encounter forms and found 120 encounters documented, an increase of 54%. Appendix D-D demonstrates the month by month comparison of MCCU and encounter forms. The discrepancies are explained, in part, as some providers did not participate in the study or stopped filling out the forms after an initial participation. This will be discussed further in paragraph g of this section. A major strength of the encounter system is that the counts or visits are completely auditable; i.e., charts can be pulled to compare encounter forms to actual patient visits. This information is more difficult to extract from Medical Summary 302 feeder reports.

e. During the study, individual requests for special reports were processed. Examples included: request by an occupational physician to identify job related accidental injuries occurring in a particular building to study possible trends that might benefit from intervention; request by the community health nurse for a list of all patients seen with a diagnosis of chronic lung disorders to provide patients with information about a free educational program available in the civilian community; request by a physician to list all patients seen with a diagnosis of migraine headaches to enable him to do a study; and, a request by another physician to document peak workload times in his clinic to enable documentation for staffing schedule changes. These requests demonstrated that the staff did recognize the potential research, service, administrative, and epidemiological uses for the database.

f. Near the end of the study period, care providers and clerical personnel participated in a survey (see Appendix E-E and Appendix F-F) to measure their opinions of the encounter form and suggestions (additions/deletions) to increase its effectiveness. A synopsis of returned questionnaires follows:

Care Providers. Twenty percent of the care providers indicated they would like to receive the practice profile report on a continuing basis. Others did not desire routine reports, but wanted to know that the information was available. Some providers felt that patient satisfaction with the form should be addressed as additional feedback. Average time reported to complete their portion of the form was 56 seconds with a range of 10 to 120 seconds, the high occurring when care providers had to look up additional diagnostic codes. Diagnostic categories were indicated as sufficient by 53% of the care providers and insufficient by 47%. Most of the comments regarding insufficient diagnostic categories were generated by Occupational Health because of needs peculiar to that clinic, and by pediatricians who felt that many pediatric clinical conditions were inadequately addressed on the form. Use of secondary diagnoses was indicated as: almost never 16%, rarely 42%, frequently 42%, and almost always, 0%. When asked if use of the form should be adopted Army-wide, 21% said yes because they felt the form would give good estimates of workload; 68% said no, their reasons focused on additional time spent in filling out the form, which caused them to see two to four less patients per day; 11% had no opinion. Forty-seven percent felt information gained by completing the form was of value to them, while 53% felt it was of no value; 58% felt it was of value to Fox Army Hospital and the Army while 26% felt it was not; and 16% had no opinion. Comments regarding improvement of the form ranged from elimination of patient involvement, as much as possible, to deletion of some elements such as ethnicity, race, and job related diagnosis, while Occupational Health and Community Mental Health felt the value of the form would increase if it contained elements more unique to their clinics. Only 10% said they preferred not to use the form at all.

Clerical Staff. Most receptionists responded that the form was easy to use and agreed that the elements were in the most logical sequence. All agreed that the color coding made the form easier to use and 90% felt the form captured all information required for report generation such as the MED Summary Report 302. Average time to complete their portion of the form was 2.1 minutes reflecting that several clinic receptionists actually filled out the patient's portion of the form. Most said patients were cooperative "if they understood the form." Retirees and higher ranking active duty members comprised those most vocal in their desire to not complete the patient portion of the form.

g. When the satisfaction survey was undertaken, a debriefing was held to provide preliminary results to the staff. At this time several providers verbalized their desire that the project not be continued. A subjective appraisal revealed that objections seem to be loudest from providers appearing to be least productive vis-a-vis the number of encounter forms completed. Providers were assured that their concerns would be reflected in the final report. Their most verbalized concern was that the time required to fill out forms eroded into potential time to see patients. A check with the administrative section revealed that the number of clinic visits had not decreased, clinic backlog of appointments had not increased, clinic hours had not needed expansion, and overtime had not been necessary to meet clinic workload. In sum, it appeared that the providers found the information from the project to be potentially useful, however, they would prefer not to expend the time to collect data. A concern never verbalized by providers, but one which must be addressed, is the fear of having their practice and "productivity" monitored.

h. Validation of the value of the data captured to management was provided in a letter received from the MEDDAC Commander requesting that the study method be operationalized as an ongoing system at Redstone (see Appendix G-G).

i. Several lessons have been learned from the study:

(1) It was recognized at the outset that the procedures list was far from complete, however, it contained those procedures which the medical staff at the study site stated they wanted to capture. Having a prepared menu of procedures did not require the provider to look up entries from a code table. Experience has shown that about 25% of the procedures were reported in the "other" category, which is not acceptable. Therefore, in any future form design, it would be considered advisable to include a list of standard procedures, and to also provide spaces where less common procedures could be entered from tables.

(2) It is further believed that no one page form can meet the needs of every clinic. It is suggested that further study be undertaken to develop several forms for use by different specialties (e.g., pediatrics, obstetrics, occupational medicine, walk-in clinic, etc.).

(3) Several providers found the ICHPPC-2 diagnostic codes to be too general for their needs. This may be a result of the physicians' experience with the ICD-9 codes for inpatient diagnoses. This area bears further exploration.

(4) The recording of significant telephone visits with patients may be underreported as providers would have to initiate a form versus having one started by the patients and clerical staff.

(5) Time to fill out encounter forms would be greatly decreased if a registration system were developed to hold the patients' basic demographic data for call up.

(6) The need for trained and dedicated personnel to manage the project and to process encounter forms is obvious. The number of personnel needed is a function of the number of forms processed, the number of forms with entry errors, and the size of OMR used. It is not envisioned that added personnel would be required, but that a realignment of duties may be necessary as the system would greatly decrease the MED Summary 302 clerk's workload. Additional personnel would possibly be required for the ADP activity.

j. In the future, it would be desirable that the system be connected to a Central Appointment System. When a patient makes an appointment the system would:

- create a chart pull list

- create a problem list which would include the patient's list of current problems along with the first date they were seen for the problem, how many times they had been seen for the problem, and when they were seen last for the problem

- an encounter form could be "preslugged" with data from the registered patient's database precluding the regathering of known information

Figure 7 shows an Outpatient Encounter Processing Centralized Patient Appointment Procedure.

```

graph TD
    subgraph Central_Apt_Desk [Central Appointment Desk]
        direction TB
        C1[1. Verifies Patient and Patient Appointment Files]
        C2[2. Updates Master Files]
        C3[3. Print/Encode Encounter Forms and "Pull List"]
        C4[4. Accumulates Data - Produces statistical reports]
    end

    subgraph Hospital_Registration [Hospital Registration]
        direction TB
        H1[1. Verification of Data Registration]
        H2[2. Reject error documents]
        H3[3. Edit and Format Records]
        H4[4. Interface with Host System]
    end

    CRT[CRT]
    Reg_Form[Registration Form]

    CRT --> C1
    C1 --> C2
    C2 --> C3
    C3 --> C4
    C4 --> H1
    H1 --> H2
    H2 --> H3
    H3 --> H4
    H4 --> Reg_Form

    C3 --> PR[Printer]
    PR --> PRF([Patient Registration File])
    PR --> PAF([Patient Appointment File])
    PR --> DAF([Doctor Appointment File])
    PR --> PStF([Patient Statistical File])
    PR --> PEF[Patient Encounter Forms]
    PEF --> PMR_Pull[Patient Medical Record "Pull List"]
    PMR_Pull --> MRO([Medical Records Office])
    MRO --> EForms[Encounter Forms]
    EForms --> PMR_File[Patient Medical Records File]
    PMR_File --> CP([Clinic/Provider])
    CP --> PMR_Record[Patient Medical Record]
    CP --> EForm_Reg[Encounter Form]
    EForm_Reg --> PRegForm[Patient Registration Form]

    C1 -.-> CRT
    CRT -.-> CRT
  
```

CENTRAL APPOINTMENT DESK:

1. Verifies Patient and Patient Appointment Files
2. Updates Master Files
3. Print/Encode Encounter Forms and "Pull List"
4. Accumulates Data - Produces statistical reports

HOSPITAL REGISTRATION:

1. Verification of Data Registration
2. Reject error documents
3. Edit and Format Records
4. Interface with Host System

Registration Form

Printer

Patient Registration File

Patient Appointment File

Doctor Appointment File

Patient Statistical File

Patient Encounter Forms

Patient Medical Record "Pull List"

Medical Records Office

Encounter Forms

Patient Medical Records File

Clinic/Provider

Patient Medical Record

Encounter Form

Patient Registration Form

CLINIC RECEPTIONIST:

1. Verifies Patient Registration Status
2. Non-registrants completes Patient Registration and Encounter Forms
3. Encodes Provider Number

PROVIDER ENCODES:

1. Initial visit?
2. Job Related Diagnosis?
3. Examination, If Required
4. Procedures
5. Primary Diagnosis

18

However, a completely manual system, such as that reported here, is needed for back-up when the system is "down" and for the walk-in patient as well as patients who are seen outside the main treatment facility in a remote site clinic or mobile health delivery unit (see Figure 8).

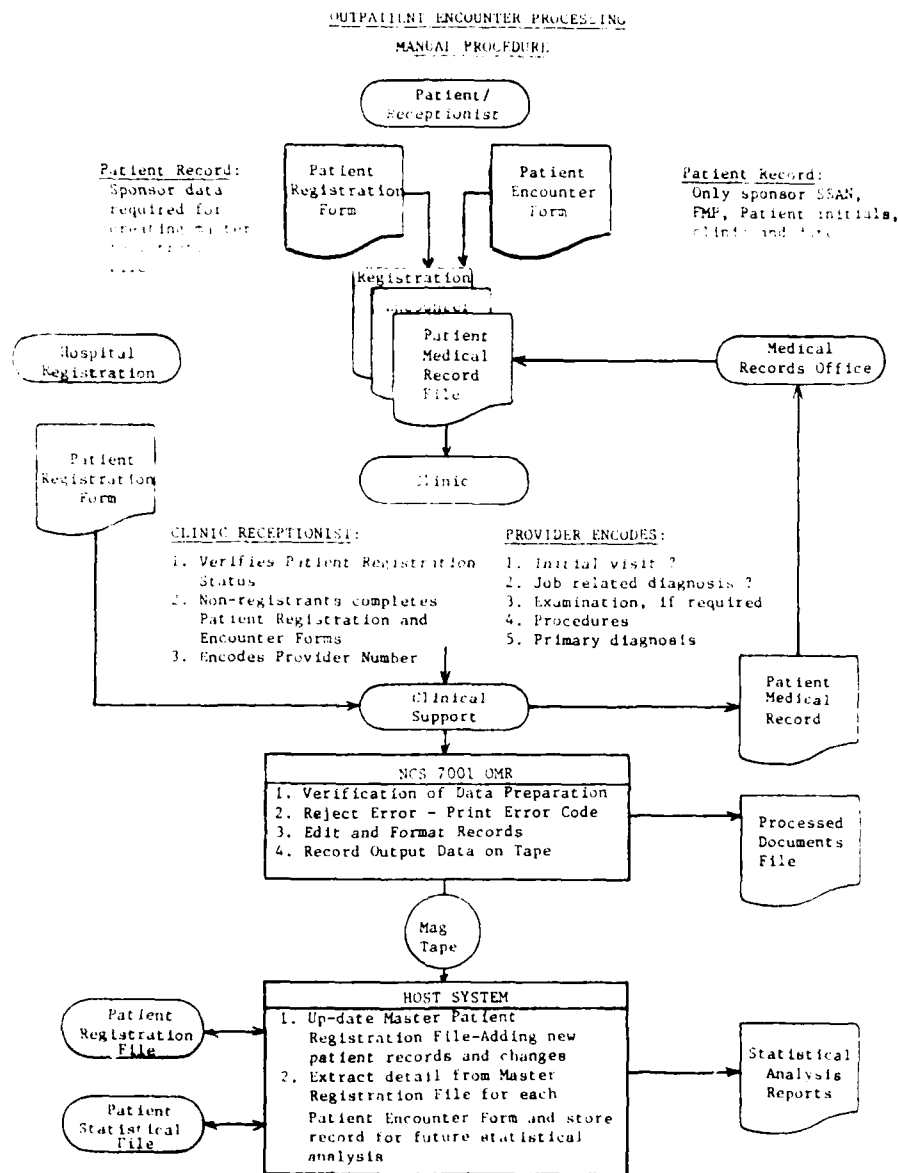


Figure 8

k. It is possible for the system to be connected to a word processing program whereby the provider's routine medical chart entry could be generated from the encounter form. Additional narrative could be dictated and merged with the encounter data using the lithocode on each encounter form. If radiology, laboratory and pharmaceutical orders, and clinic reappointments could also be handled, the system would be even more acceptable (see Figure 9).

CONCEPTUAL CONFIGURATION

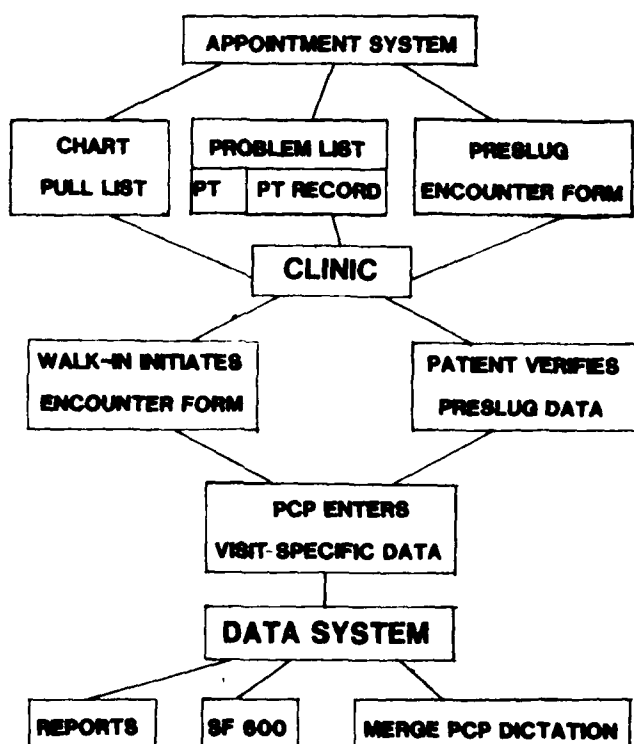


Figure 9

1. The need for command emphasis is obvious. Less obvious is the need for good public relations groundwork with the providers. For the system to be functioning at its optimal level, it must be symbiotic. Providers must believe it has something to offer them.

7. CONCLUSIONS.

The overall objectives of the study have been met. It has been demonstrated that:

(1) The elements to be collected for an ambulatory care database were identified. A significant number could be standardized across MTF's, however, the need for site specific variables is recognized.

(2) The majority of care providers will complete their portion of the encounter form.

(3) A single encounter form for all clinics is not acceptable.

(4) Data collected can be audited and provide an objective and valid ambulatory peer review and quality assurance mechanism.

(5) Provider and clerical staff satisfaction was surveyed.

(6) A comparison of encounters from the ACDB and the MED Summary 302 was accomplished.

(7) The number of reports that can be developed from the data are limited only by the users' imagination. The MED Summary 302 can be captured from the data elements.

(8) The OMR method of data capture was shown to be efficient and cost effective.

(9) Problems needing resolution in future use of an ACDB were identified.

(10) The need for command emphasis, at the highest levels, is obvious. Failure to fill out the form properly must be viewed as negatively as falsification of patient records.

8. RECOMMENDATION.

Recommend that this inexpensive and reliable data collection methodology be tested at more sites for eventual implementation. Even if an Ambulatory Care Database is not developed, it provides an efficient, reliable, and minimally labor intensive method to capture data which are needed by the Army. The use of the discussed method is highly practical because it will interface with any system or mainframe conceptualized or planned at this time. It provides an excellent interim system until the Composite Health Care System (CHCS) is implemented. Finally, it can continue to be used in areas where a CHCS is not practical or planned, e.g., a field environment.

ADDENDUM

At the completion of the study, approval was granted allowing the facility to continue use of the system in an operational mode. This was based on the Commander's request cited in the text of the report. Because of the time required to obtain permission for continuation, to extend the contract, and to order a new supply of encounter forms, the system went down for approximately six months; in November 1983, Redstone began to again capture data. Data processing support was provided by the local computer facility. Local programs have been written in IBM COBOL which is compatible with the VIABLE environment. This allows for rapid turnaround. Any data delivered to the computer facility at the close of business one day is batch processed and reports are available at the beginning of the next day. This further demonstrates the benefit of local processing in addition to ease of editing errors. This decentralized method allows for more "user friendly" reports. In order to begin data collection as rapidly as possible, the same forms used in the study were ordered awaiting forms redesign. Subsequently, three forms have been developed for the facility in consultation with the study investigators. The forms included one for registration and a general outpatient form in addition to a form specific for the preventive medicine activity. Drafts of these forms are provided at Appendixes H-H, I-I, and J-J.

The diagnostic codes were augmented by surveying providers. Secondary diagnoses were eliminated as the original study revealed that this variable was not used extensively. Instead, an element was added to indicate the acuity and complexity of the patient problem (see Figure 10).

TYPE OF VISIT (mark only one)

- ☐ Acute problem, minor
- ☐ Acute problem, complex
- ☐ Chronic problem, routine
- ☐ Multiple chronic problems, routine
- ☐ Chronic problem, flare-up
- ☐ Post surgery/injury
- ☐ Non-illness care

Figure 10

The general outpatient procedures list was changed and spaces were provided to add more procedures not listed on the menu (see Figure 11).

[illegible]

Figure 11

A major element change was in the time category. Instead of capturing the time the patient spent in the clinic, the new form will only indicate the amount of time the patient spent with each provider (see Figure 12).

TIME SPENT		
#1		#2
o	Less than 5 minutes	o
o	6-15 minutes	o
o	16-30 minutes	o
o	31-40 minutes	o
o	46-60 minutes	o
o	Greater than 60 minutes	o

Figure 12

This element will capture data necessary to study Average Visit Groups (AVGs), which are outpatient correlaries to the inpatient Diagnoses Related Groups (DRGs).

With about one year of experience, the clinical support office was queried about clerical and patient reaction to the system. The Chief of the Activity states that complaints from patients and clerks about having to complete forms have dropped to almost zero. He believes the system has been in existence long enough so that personnel and patients now accept it as part of a visit.

The facility continues to develop new reports and conceptualize additional uses for the data. For the providers, reports can be generated (if they leave the Army) to help them document their experiences when they apply for clinical privileges and credentials at a civilian health care facility.

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APPENDIX A

APPENDIX A

FAMILY PRACTICE CENTER ENCOUNTER FORM ADSM 18 HPL RDI BUK LMI																																																																																																																																																																					
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APPENDIX A (Contd)

DIAGNOSIS CODES (LIMIT IS A TOTAL OF 5)
CC 57-75 KEY ALL CODES RECORDED BELOW
BOTH 3 CHARACTER & 5 CHARACTER

N - INITIAL
R - RECURRING
M - MANDATORY CONSULT
C - CONSULT
A - ADMITTED

I. INFECTIVE & PARASITIC DISEASES			X. BREAST DISEASES		
01	000	PRISONER INFECTIONS INTERST. DISEASE	49	810	CHRONIC CYSTITIS BRADY BLADDER
02	014	OTHER THROAT SCARLETT FEVER ERYSIPELAS			
03	077	CHAL CONJUNCTIVITIS			
04	081	WARTS ALL SITES			
05	090	CHAL INFECTION NOS	50	8101	CHRONIC CYSTITIS BRADY BLADDER
06	110	CHAMAPHYTOSIS & DERMATOMYCOSIS	51	827	CHRONIC CYSTITIS BRADY BLADDER
07	1121	ACNEIC DISEASES PROVEN			
II. NEOPLASMS			XII. FEMALE GENITAL TRACT DISEASES		
08	218	BENIGN NEOPLASM UTERUS	52	8280	ABSENT SCANTY RARE MENSTRUATION
09	229	OTHER BENIGN NEOPLASMS NEC	53	8282	EXCESSIVE MENSTRUATION
10	274	MALIGNANT NEOPLASM BREAST	54	8289	INTERMENSTRUAL BLEEDING
III. ENDOCR. NUTRIT. METABOL. DISEASES			XIII. PREGNANCY CHILD BIRTH PERIPERIUM		
11	244	HYPOTHYROIDISM MYXEDEMA CRETINISM	55	848	OTHER COMPLICATIONS OF PREGNANCY
12	250	DIABETES MELLITUS			
13	274	GOITER			
14	278	OBESITY			
IV. MENTAL DISORDERS			XIV. SKIN & SUBCUTANEOUS TISSUE DISEASES		
15	300	ANXIETY DISORDER	56	680	CELLULITIS ANY SITE
16	3004	DEPRESSIVE DISORDER	57	6918	DERMATITIS & ALLERGIC DERMATITIS
17	3078	TENSION HEADACHE	58	692	CONTACT & OTHER DERMATITIS NEC
18	3031	ALCOHOL ABUSE & ALCOHOLIC PSYCHOSIS	59	7062	DERMATITIS CYST
19	3051	TABACCO ABUSE	60	7081	DERMATITIS
			61	709	OTHER SKIN & SUBCUTANEOUS TISSUE DISEASES
V. NERVOUS SYSTEM SENSE ORGAN DISEASES			XV. MUSCULOSKELETAL CONNECTIVE TISSUE DISEASES		
20	3720	CONJUNCTIVITIS & OPHTHALMIA	62	714	RHEUMATOID ARTHRITIS & ALLIED CONDITIONS
21	3801	OTITIS EXTERNA	63	715	OSTEOARTHRITIS & ALLIED CONDITIONS
22	3820	ACUTE OTITIS MEDIA	64	725	ARTHRITIS NEC DIFFERENTIABLE DIS
23	3811	ACUTE & CHRONIC SEROUS OTITIS MEDIA	65	7260	SHOULDER SYNDROMES
24	3815	EUSTACHIAN BLOCK OR CATARRH	66	7263	OTHER BURSTIS & SYNOVITIS
			67	728	OTHER NONARTICULAR RHEUMATISM
			68	723	CERVICAL SPINE SYNDROMES
			69	7242	BACK PAIN WO RADIATING SYMPTOMS
			70	739	OTHER MUSCULOSKELETAL CONN TISS DIS
VI. REGULATORY SYSTEM DISEASES			XVI. SIGN SYMPTOM, ILL DEFINED COND		
25	412	CHRONIC ISCHEMIC HEART DISEASE	71	7804	DIZZINESS & GIDDINESS
26	429	OTHER HEART DISEASES NEC	72	7840	HEADACHE
27	7962	ELEVATED BLOOD PRESSURE NYD	73	7888	CHEST PAIN
28	401	HYPERTENSION UNCOMPLICATED	74	7890	ABDOMINAL PAIN
29	402	HYPERTENSION INVOLVING TARGET ORGAN	75	7295	PAIN & OTHER LIMB SYMPTOMS
VII. RESPIRATORY SYSTEM DISEASES			76	7104	PAIN OR STIFFNESS IN JOINT
30	480	ACUTE UPPER RESPIR TRACT INFECTION	77	7821	RASH & OTHER NONSPECIFIC SKIN ERUPT
31	481	SINUSITIS ACUTE & CHRONIC	78	7807	MAIGRE FATIGUE TIREDNESS
32	483	ACUTE TONSILLITIS & QUINSY	79	793	OTHER UNEXPLAINED ABNORMAL RESULT
33	488	PNEUMONITIS & BRONCHITIS ACUTE	80	7889	SIGN SYMPTOM, ILL DEFINED COND NEC
34	488	PNEUMONIA			
35	491	BRONCHITIS CHRONIC & BRONCHIECTASIS			
36	492	EMPHYSEMA & COPO	81	842	SPRAIN/STRAIN WRIST HAND FINGERS
37	493	ASTHMA	82	844	SPRAIN/STRAIN KNEE & LOWER LEG
38	477	HAY FEVER	83	8450	SPRAIN/STRAIN ANKLE
39	519	OTHER RESPIRATORY SYSTEM DISEASES	84	889	LACERATION/OPEN WOUND TRAUM AMPUT
VIII. DIGESTIVE SYSTEM DISEASES			85	910	INSECT BITES & STINGS
40	530	ESOPHAGEAL DISEASES	86	929	BRUISE CONTUSION CRUSHING
41	532	DUODENAL ULCER W/O COMPLICATIONS	87	9952	ADVERSE EFFECT MEDICIN PROPER DOSE
42	536	OTHER STOMACH & DUODENAL DISORDERS			
43	568	IRRIT BOWEL SYNDROM INTEST DISOR NEC	88	V70	MEDICAL EXAM
44	5640	CONSTIPATION	89	V03	PROPHYLACTIC IMMUNIZATION
45	5691	HEMORRHOID PER RECTUM NOS	90	V251	INTRAUTERINE DEVICES
46	565	HEMORRHOIDS	91	V800	LETTER FORMS PRESCRIPTION WO EXAM
47	879	OTHER DIGESTIVE SYSTEM DISEASES NEC	92	V883	REFERRAL WO EXAM OR INTERVIEW
			93	V223	DIAGNOSTIC PREGNANCY
IX. URINARY SYSTEM DISEASES			94	V220	PRENATAL CARE
48	595	CYSTITIS & URINARY INFECTION NOS	95	V24	POSTNATAL CARE
			96	V60	MID/SURG PROCEDURE WO DIAGNOSIS
			97	V884	ADVICE & HEALTH INSTRUCTION
			98	V811	MARITAL PROBLEM
			99	V810	FAMILY DISRUPTION W/O DIVORCE

CC 57-75 DIAGNOSIS CODES
NOT LISTED ABOVE

CC 76-78 MTH CODES

CC 79 ENCTR FORM TYPE

CC 80

APPENDIX B

APPENDIX B

Methods of Data Entry

Advantages/Disadvantages

WHY OMR?

ALTERNATIVES	MODE	PRO	CON
Key Punch	Centralized manual Data preparation (Batch Mode)	- Low Cost Hardware - Hard Copy-visual record - Low salary range operator personnel - Data recovery re-read - Centralized control	- Old Hardware- Low Reliability - Slow Input - Transcription error rate - Manual Key Entry and Verification cost
CRT	Centralized or remote-on-line Key Entry	- On-line-elimination of Key Punch - Edit/Validation - Visual Retrieval - "Real Time" input	- Requirement for multiple devices in decentralized mode - Loss of Control for: - a-data validation - b-Hard copy "back-up" - c-Input data integrity - Training of non-DP personnel - Manual Key Entry-requiring Transcription of data from original source document
OCR	Centralized optical scanning data entry (Decentralized data preparation)	- Fast Input machine readable documents - Reads Alpha/Numeric Characters - Eliminates Manual Key Entry - Hard copy-provides automatic means of Data Recovery	- Expensive Technology High Cost - Reliability of "reading" documents prepared in un-controlled environment - Error correction cycle long due to centralized mode of operation
OMR	Centralized or decentralized Data collection (decentralized data preparation)	- Low Cost - Machine "readable documents" - Eliminates Manual Key entry - Reliable - Originator encoded data-improved accuracy - Hard copy provides automatic means of data recovery	- Cost of forms - Time consuming process to encode data by originator - Requires forms to be available for data collection

APPENDIX C

CLINIC	FOP	DATE		PATIENT'S INITIALS	PATIENT STATUS	APPOINTMENT STATUS	SEX	ETHNICITY	RACE	STATUS	BRANCH OF SERVICE	ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD	OTHER	IF STUDENT FROM OTHER COUNTRY
		YEAR	MONTH															
0 0	0 0	0 0	0 0	A A A	INPATIENT	UNAPPOINTED	M	HISPANIC ORIGIN	BLACK	ACTIVE DUTY								
1 1	1 1	1 1	1 1	B B B	OUTPATIENT	SCHEDULED	F	NOT HISPANIC ORIGIN	WHITE	ON LEAVE								
2 2	2 2	2 2	2 2	C C C		MISSED APPT				RETIRED								
3 3	3 3	3 3	3 3	D D D		LATE TO APPT				DEPT. HEAD								
4 4	4 4	4 4	4 4	E E E		OTHER				PHYSICIAN								
5 5	5 5	5 5	5 5	F F F						PHYSICIAN								
6 6	6 6	6 6	6 6	G G G						PHYSICIAN								
7 7	7 7	7 7	7 7	H H H						PHYSICIAN								
8 8	8 8	8 8	8 8	I I I						PHYSICIAN								
9 9	9 9	9 9	9 9	J J J						PHYSICIAN								

SPONSOR SSAN		OFFICER		DEPENDENTS AND RETIREES DO NOT USE		TODAY'S DATE			TIME IN		TIME OUT	
YEAR	MONTH	YEAR	MONTH	NAME	UNIT	DAY	MONTH	YEAR	MIN	SEC	MIN	SEC
0 0	0 0	0 0	0 0	0 0	STU 4	0 0	0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	STU 5	1 1	1 1	1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2	STU 6	2 2	2 2	2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3	STU 7	3 3	3 3	3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4	STU 8	4 4	4 4	4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5	STU 9	5 5	5 5	5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6	STU 10	6 6	6 6	6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7	STU 11	7 7	7 7	7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8	STU 12	8 8	8 8	8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9	STU 13	9 9	9 9	9 9	9 9	9 9	9 9	9 9

INITIAL VISIT FOR THIS PROBLEM		BOTTOM SECTION TO BE FILLED OUT BY PROVIDER		PROCEDURES		JOB RELATED DIAGNOSIS	
YES	NO	ADVICE/HEALTH INSTR	ENDOMETRIAL BIOPSY	MYRINGOTOMY	SPENDING	YES	NO
0 0	0 0	ANTIBIOTIC	HEARING CONSV	NASAL SMEAR	STUDY GUIDE		
1 1	1 1	AUDIOMETRY	HEMOCCULT	OB WORKUP	STRESS TEST		
2 2	2 2	BIOPSY	HOME VISIT	OT SERVICE	ATTEND		
3 3	3 3	BLOOD PRESSURE	IMMUNIZATIONS	PATIENT CONSULTATION	SUTURE REMOVAL		
4 4	4 4	CAST APPLICATION	INJECTION/OBSERV	PHYS THERAPY	TELE CONSULT		
5 5	5 5	CAST REMOVAL	LETTERS FORMS	PREG DETERMINATION	THROAT CULTURE		
6 6	6 6	DIAPHRAGM FITTING	LIQUID NITROGEN	PHYSICIAN REVIEW EXAM	TUNOMETRY		
7 7	7 7	DIETARY COUNSELLING	MANIPULATION	PROCTOSCOPY SIGMOID	LYMPHADENECTOMY		
8 8	8 8	DRESSING CHANGE	MINOR SURGERY	SHOT RECORD REVIEWED	VASCULOMY		
9 9	9 9	EAR IRRIGATION		SOL WRK SVCS	VITAL SIGNS		
0 0	0 0	ERG ORDER FORM		SPINAL TAP	OTHER PROCEDURES		
1 1	1 1			SPIROMETRY			
2 2	2 2						
3 3	3 3						
4 4	4 4						
5 5	5 5						
6 6	6 6						
7 7	7 7						
8 8	8 8						
9 9	9 9						

APPENDIX D

APPENDIX D

ICHPPC and ICD-9-CM Code Numbers

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
I. Infective & Parasitic Diseases			
1	008-	Proven Infectious Intestine Disease	008
2	009-	Presumed Infectious Intestine Disease	009
4	011-	Tuberculosis	011
6	033-	Whooping Cough	033
7	034-	Strep Throat, Scarlet Fever, Erysipelas	034
8	045-	Polio & CNS Enteroviral Diseases	045
9	052-	Chickenpox	052
10	053-	Herpes Zoster	053
11	054-	Herpes Simplex	054
12	055-	Measles	055
13	056-	Rubella	056
14	057-	Other Viral Exanthems	057
15	070-	Infectious Hepatitis	070
16	072-	Mumps	072
17	075-	Infectious Mononucleosis	075
18	077-	Viral Conjunctivitis	077
19	0781	Warts, All Sites	078.1
20	0799	Viral Infection NOS	079.9
21	084-	Malaria	084
22	090-	Syphilis, All Sites & Stages	091
23	098-	Gonorrhea, All Sites	098
372	0994	Nonspecific Urethritis	099.4
24	110-	Dermatophytosis & Dermatomycosis	110
25	112-	Moniliasis, Excluding Urogenitis	112
26	1121	Moniliasis, Urogenital, Proven	112.1
27	1310	Trichomoniasis, Urogenital, Proven	131.0
28	127-	Oxyuriasis, Pinworms, Helminth NEC	127
29	132-	Pediculosis & Other Infestations	132
30	133-	Scabies & Other Acariasis	133
31	136-	Other Infectious/Parasitic Diseases NEC	136
II. Neoplasms			
Malignant Neoplasms			
32	151-	Malignant Neoplasm, Gastrointestinal Tract	151
33	162-	Malignant Neoplasm, Respiratory Tract	162
34	173-	Malignant Neoplasm, Skin/Subcutaneous Tissue	173
35	174-	Malignant Neoplasm, Breast	174
36	180-	Malignant Neoplasm, Female Genital Tract	180
37	188-	Malignant Neoplasm, Urinary & Male Genital Tract	188
38	201-	Hodgkin's Disease, Lymphoma, Leukemia	201
39	199-	Other Malignant Neoplasms NEC	199

NEC-not elsewhere classified

NOS-not otherwise specified

NYD-not yet diagnosed

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
Benign Neoplasms			
40	214-	Lipoma, Any Site	214
41	216-	Benign Neoplasm, Skin	216
42	217-	Benign Neoplasm, Breast	217
43	218-	Benign Neoplasm, Uterus	218
44	228-	Hemangioma & lymphangioma	228
45	229-	Other benign Neoplasms NEC	229
Unspecified Neoplasms			
46	239-	Neoplasms NYD as Benign or Malignant	239
III. Endocrine, Nutritional, Metabolic Diseases			
47	240-	Nontoxic Goiter & Nodule	240
48	242-	Thyrotoxicosis W/WO Goiter	242
49	244-	Hypothyroidism, Myxedema, Cretinism	244
50	250-	Diabetes Mellitus	250
52	260-	Vitamin & Nutritional Disorder NEC	260
54	274-	Gout	274
55	278-	Obesity	278
56	272-	Lipid Metabolism Disorders	272
57	279-	Other Endocrine, Nutritional, Metabolic Disorders	277
IV. Blood Diseases			
58	280-	Iron Deficiency Anemia	280
59	281-	Pernicious & Other Deficiency Anemias	281
60	282-	Hereditary Hemolytic Anemias	282
61	285-	Anemia, Other/Unspecified	285
62	287-	Purpura, Hemorrhagic & Coagulation Defects	287
63	2891	Lymphadenitis, Chronic/Nonspecific	289.1
64	288-	Abnormal White Cells	288
65	2899	Blood/Blood Forming Organ Disorders, NEC	289.9
V. Mental Disorders			
Psychoses, Except Alcoholic			
66	294-	Organic Psychosis, Excluding Alcoholic	294
67	295-	Schizophrenia, All Types	295
68	296-	Affective Psychoses	296
69	298-	Psychosis, Other/NOS, Excluding Alcoholic	298
Neuroses			
70	3000	Anxiety Disorder	300.0
71	3001	Hysterical & Hypochondriac Disorders	300.1
72	3004	Depressive Disorder	300.4
73	3009	Neurosis, Other/Unspecified	300.9
Other Mental, Psychologic Disorders			
74	315-	Specific Learning Disturbance	315
75	3074	Insomnia & Other Sleep Disorders	307.4
76	3078	Tension Headache	307.8
77	308-	Transient Situational Disturbance, Adjustment Reaction	308

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
78	312-	Behavior Disorders NEC	312
79	3027	Sexual Problems	302.7
80	3031	Alcohol Abuse & Alcoholic Psychosis	303.1
81	3050	Acute Alcoholic Intoxication	305.0
82	3051	Tobacco Abuse	305.1
83	3048	Other Drug Abuse, Habit, Addiction	304
84	301-	Personality & Character Disorders	301
85	317-	Mental Retardation	319
86	316-	Other Mental & Psychologic Disorders	316

VI. Nervous System, Sense Organ Diseases

Nervous System Diseases

87	340-	Multiple Sclerosis	340
88	332-	Parkinsonism	332
89	345-	Epilepsy, All Types	345
90	346-	Migraine	346
91	355-	Other Nervous System Diseases NEC	349

Eye Diseases

92	3720	Conjunctivitis & Ophthalmia	372.0
93	3730	Eyelid Infections/Chalazion	373
94	367-	Refractive Errors	367
96	366-	Cataract	366
97	365-	Glaucoma	365
98	369-	Blindness	369
99	378-	Other Eye Diseases	379

Ear Diseases

100	3801	Otitis Externa	380.1
101	3820	Acute Otitis Media	382.0
102	3811	Acute & Chronic Otitis Media	381.1
103	3815	Eustachian Block or Catarrh	381.5
104	386-	Vertiginous Syndromes	386
105	387-	Deafness, Partial or Complete	389
106	3804	Wax in Ear	380.4
107	388-	Other Ear & Mastoid Diseases	388

VII. Circulatory System Diseases

Heart Disease

108	390-	Rheumatic Fever/Heart Disease	398
109	410-	Acute Myocardial Infarction/Subacute Ischemia	410
110	412-	Chronic Ischemic Heart Disease	414
112	428-	Heart Failure, Right/Left Sided	428
113	4273	Atrial Fibrillation or Flutter	427.3
114	4270	Paroxysmal Tachycardia	427.0
115	4276	Ectopic Beats, All Types	427.6
117	416-	Pulmonary Heart Disease	416
111	424-	Diseases, Heart Valve, Nonrheumatic NOS, NYD	424

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
118	429-	Other Heart Diseases NEC	429
Blood Pressure Problems			
120	401-	Hypertension, Uncomplicated	401
121	402-	Hypertension Involving Target Organ	402
Vascular System Diseases			
123	435-	Transient Cerebral Ischemia	435
124	438-	Other Cerebrovascular Disease	437
125	440-	Atherosclerosis, Excluding Heart & Brain	440
126	443-	Other Arterial Disease, Excluding Aneurysm	443
127	415-	Pulmonary Embolism & Infarction	415
128	451-	Phlebitis & Thrombophlebitis	451
129	454-	Varicose Veins of Legs	454
130	455-	Hemorrhoids	455
131	4580	Postural Hypotension	458.0
132	459-	Other Peripheral Vessel Diseases	459
VIII. Respiratory System Diseases			
133	460-	Acute Upper Respiratory Tract Infection	460
134	461-	Sinusitis, Acute & Chronic	461
135	463-	Acute Tonsillitis & Quinsy	463
136	474-	Hypertrophic Chronic Infected Tonsils/Adenoids	474
137	464-	Laryngitis & Tracheitis, Acute	464
138	466-	Bronchitis & Bronchiolitis, Acute	466
139	487-	Influenza	487
140	486-	Pneumonia	486
141	5110	Pleurisy, All Types Excluding tuberculosis	511.0
5	5119	Pleural Effusion NOS	511.9
142	491-	Bronchitis, Chronic & Bronchiectasis	491
143	492-	Emphysema & Chronic Obstructive Pulmonary Disease	492
144	493-	Asthma	493
145	477-	Hay Fever	477
146	4781	Boil in Nose	478.1
147	519-	Other Respiratory System Diseases	519
IX. Digestive System Diseases			
148	520-	Teeth & Support Structure Diseases	520
149	528-	Mouth, Tongue, Salivary Gland Disease	528
150	530-	Esophageal Diseases	530
151	532-	Duodenal Ulcer W/WO Complications	532
152	533-	Other Peptic Ulcer	533
153	536-	Other Stomach & Duodenal Diseases/Disorders	536
154	540-	Appendicitis, All Types	540
155	550-	Inguinal Hernia W/WO Obstruction	550
156	551-	Hiatus/Disphragmatic Hernia	551
157	553-	Other Hernias	553

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICM-9-CM
158	562-	Diverticular Disease of Intestine	562
159	558-	Irritable Bowel Syndrome/Intestinal Disorder NEC	564
160	555-	Chronic Enteritis, Ulcerative Colitis	556
161	5640	Constipation	564.0
162	565-	Anal Fissure/Fistula/Abscess	565
163	5646	Proctitis, Rectal & Anal Pain NOS	564.6
164	5693	Bleeding per Rectum NOS	569.3
276	578-	Hematemesis, Melena, GI Hemorrhage NOS	578
165	571-	Cirrhosis & Other Liver Diseases	571
166	574-	Gallbladder & Biliary Tract Disease	574
167	579-	Other Digestive System Diseases NEC	577
X. Genitourinary System Diseases			
Urinary System Diseases			
168	580-	Glomerulonephritis, Acute & Chronic	582
169	5901	Pyelonephritis & Pyelitis, Acute	590.1
170	595-	Cystitis & Urinary Infection NOS	595
171	592-	Urinary System Calculus, All Types	592
172	597-	Urethritis NOS, NEC	597
173	5936	Orthostatic Albuminuria	593.6
373	5997	Hematuria NOS	599.7
174	598-	Other Urinary System Diseases NEC	599.9
Male Genital Organ Diseases			
175	600-	Benign Prostatic Hypertrophy	600
176	601-	Prostatitis & Seminal Vesiculitis	601
177	603-	Hydrocele	603
178	604-	Orchitis & Epididymitis	604
179	605-	Redundant Prepuce, Phimosis & Balanitis	605
180	607-	Other Male Genital Organ Diseases	607
Breast Diseases			
181	610-	Chronic Cystic Breast Disease	610
182	611-	Other Breast Diseases	611
Female Genital Organ Diseases			
183	614-	Pelvic Inflammatory Disease	614
184	622-	Cervicitis & Cervical Erosion	622
185	6161	Vaginitis NOS, Vulvitis	616.1
186	618-	Uterovaginal Prolapse	618
187	627-	Menopausal Symptoms & Postmenopausal Bleeding	627
188	6254	Premenstrual Tension Syndrome	625.4
374	6250	Non-Psychogenic Vaginismus & Dyspareunia	625.0
Disorders of Menstruation			
189	6260	Absent, Scanty, Rare Menstruation	626.0
190	6262	Excessive Menstruation	626.2
191	6253	Painful Menstruation	625.3

APPENDIX D (Contd)

Position Number	ICHPPL Code	Condensed Title	ICD-9-CM
193	6269	Intermenstrual Bleeding	626.9
194	629-	Other Female Genital Organ Diseases	629
Fertility Problems			
195	606-	Sterility & Reduced Fertility	606
XI. Pregnancy, Childbirth, Puerperium			
196	633-	Ectopic Pregnancy	633
197	640-	Bleeding During Pregnancy	640
198	6466	Urinary Infection, Pregnancy & Postpartum	646.6
199	642-	Toxemias of Pregnancy & Puerperium	642
200	636-	Induced Abortion	635
201	634-	Abortion, Spontaneous & NOS	634
202	648-	Other Complications of Pregnancy	648
203	650-	Normal Delivery	650
204	661-	Complicated Delivery	661
205	676-	Mastitis & Lactation Disorders	676
206	670-	Other Complications of Puerperium	670
XII. Skin, Subcutaneous Tissue Diseases			
207	680-	Boil & Cellulitis, Including Finger & Toe	680
209	683-	Lymphadenitis, Acute	683
210	684-	Impetigo	684
211	685-	Other Infections Skin/Subcutaneous	686
212	690-	Seborrheic Dermatitis	690
213	6918	Eczema & Allergic Dermatitis	691.8
214	692-	Contact & Other Dermatitis NEC	692
215	6910	Diaper Rash	691.0
216	6963	Pityriasis Rosea	696.3
217	6961	Psoriasis W/WO Arthropathy	696.1
218	698-	Pruritis & Related Conditions	698
219	700-	Corns & Callosities	700
220	7062	Sebaceous Cyst	706.2
221	703-	Ingrown Toenail & Nail Disease NEC	703
222	704-	Alopecia & Other Hair Diseases	704
223	705-	Pompholyx & Sweat Gland Disorders NEC	705
224	7061	Acne	706.1
225	707-	Chronic Skin Ulcer	707
226	708-	Urticaria	708
227	709-	Other Skin & Subcutaneous Tissue Disease	709
XIII. Musculoskeletal, Connective Tissue Disease			
Arthritis & Arthrosis			
228	714-	Rheumatoid Arthritis & Allied Conditions	714
229	715-	Osteoarthritis & Allied Conditions	715
230	7161	Traumatic Arthritis	716.1
288	7194	Pain or Stiffness in Joint	719.4
289	7190	Swelling or Effusion of Joint	719.0
231	725-	Arthritis NEC/Diffuse Connective Tissue Disorders	710

APPENDIX D (Contd)

Position ICHPIC Number Code	Condensed Title	ICD-9-CM
Nonarticular Rheumatism		
232 7260	Shoulder Syndromes	726.0
233 7263	Other Bursitis & Synovitis	726.3
234 728-	Other Nonarticular Rheumatism	728
286 7295	Pain & Other Limb Symptoms	729.5
Vertebral Column Syndromes		
235 723-	Cervical Spine Syndromes	723
237 721-	Osteoarthritis of Spine	721
238 7242	Back Pain without Radiating Symptoms	724.2
239 7244	Back Pain with Radiating Symptoms	724.4
240 737-	Acquired Deformities of Spine	737
Other Musculoskeletal, Connective Tissue Disorders		
241 7274	Ganglion of Joint & tendon	727.4
242 732-	Osteochondrosis	732
243 7330	Osteoporosis	733.0
244 717-	Chronic Internal Knee Derangement	717
245 736-	Acquired Deformity of Limbs	736
246 739-	Other Musculoskeletal Connective Diseases	739
XIV. Congenital Anomalies		
247 746-	Congenital Anomaly, Heart & Circulation	746
248 754-	Congenital Anomalies of Lower Limb	754
249 7525	Undescended Testicle	752.5
251 7436	Blocked Tear Duct	743.65
252 758-	Other Congenital Anomalies NEC	759
XV. Perinatal Morbidity & Mortality		
253 778-	All Perinatal Conditions	779
XVI. Signs, Symptoms, Ill-Defined Conditions		
Central & Peripheral Nervous System		
254 7803	Convulsions	780.3
255 7810	Abnormal Involuntary Movement	781.0
256 7804	Dizziness & Giddiness	780.4
257 7845	Disturbance of Speech	784.5
258 7840	Headache	784.0
259 7820	Disturbance of Sensation	782.0
Cardiovascular & Lymphatic System		
262 7865	Chest Pain	786.5
263 7851	Palpitations	785.1
264 7802	Syncope, Faint, Blackout	780.2
116 7852	Heart Murmur NEC, NYD	785.2
265 7823	Edema	782.3
266 7856	Enlarged Lymph Nodes, Not Infected	785.6
Respiratory System		
267 7847	Epistaxis	784.7
268 7863	Hemoptysis	786.3
269 7860	Dyspnea	786.0
270 7862	Cough	786.2

APPENDIX D (Contd)

Position ICHPPC Number Code	Condensed Title	ICD-9-CM
Gastrointestinal System & Abdomen		
273 7830	Anorexia	783.0
274 7870	Nausea/Vomiting	787.0
275 7871	Heartburn	787.1
277 7891	Hepatomegaly/Splenomegaly	789.1
278 7873	Flatulence, Bloating, Eructation	787.3
279 7890	Abdominal Pain	789.0
Genitourinary System		
280 7881	Dysuria	788.1
281 7883	Enuresis	788.3
283 7884	Frequency of Urination	788.4
General Signs & Symptoms		
290 7808	Excessive Sweating	780.8
291 7806	Fever of Undetermined Cause	780.6
292 7821	Rash & Other Nonspecific Skin Eruptions	782.1
293 7832	Weight Loss	783.2
294 7834	Lack of Expected Physiologic Development	783.4
53 7833	Feeding Problems, Baby or Elderly	783.3
295 7807	Malaise, Fatigue, Tiredness	780.7
296 7822	Mass & Localized Swelling NOS/NYD	782.2
297 797-	Senility without Psychosis	797
Unexplained Abnormal Results		
Urinalysis		
298 791-	Abnormal Urine Test NEC	791
Hematology		
375 7900	Hematological Abnormality NEC	790.0
Blood Chemistry		
51 7902	Abnormal Unexplained Biochemical Test	790.2
Other Abnormal Results		
376 7950	Nonspecific Abnormal PAP Smear	795.0
119 7962	Elevated Blood Pressure	796.2
299 793-	Other Unexplained Abnormal Results	793
Sign, Symptom, Ill-Defined Condition NEC		
300 7889	Sign, Symptom, Ill-Defined Condition NEC	790
XVII. Injuries & Adverse Effects		
Fractures		
301 802-	Fracture, Skull & Facial Bones	802
302 805-	Fracture, Vertebral Column	805
303 807-	Fracture, Ribs	807.0
304 810-	Fracture, Clavicle	810
305 812-	Fracture, Humerus	812
306 813-	Fracture, Radius/Ulna	813
307 814-	Fracture, (Meta) Carpal & (Meta) Tarsal	814

APPENDIX D (Contd)

Position Number	ICHPPC Code	Condensed Title	ICD-9-CM
308	816-	Fracture, Phalanges Foot/Hand	816
309	820-	Fracture, Femur	820
310	823-	Fracture, Tibia/Fibula	823
311	829-	Fracture, All Other Sites NEC	829
Dislocations & Subluxations			
312	836-	Acute Damage Knee Meniscus	836.2
313	839-	Dislocation/Subluxation, Other Sites NEC	839
Sprains & Strains			
314	840-	Sprain/Strain, Shoulder & Arm	840
315	842-	Sprain/Strain, Wrist, Hand, Fingers	842
316	844-	Sprain/Strain, Knee & Lower Leg	844
317	8450	Sprain/Strain, Ankle	845.0
318	8451	Sprain/Strain, Foot & Toes	845.1
319	8470	Sprain/Strain, Neck	847.0
320	8478	Sprain/Strain, Vertebral, Excluding Neck	847.9
321	848-	Sprain/Strain, All Other Sites NEC	848
Other Traumas			
322	850-	Concussion & Intracranial Injury	850
323	889-	Laceration/Open Wound/Trauma, Amputation	884
325	910-	Insect Bites & Stings	910.4
326	918-	Abrasion, Scratch, Blister	919
327	929-	Bruise, Contusion, Crushing	924
328	949-	Burns & Scalds, All Degrees	940
329	912-	Foreign Body in Tissues	915.6
330	930-	Foreign Body in Eye	930
331	939-	Foreign Body Entering Through Orifice	931
332	908-	Late Effect of Trauma	908
333	959-	Other Injuries & Trauma	959
Adverse Effects			
334	977-	Overdose, Medicine, Accidental or Deliberate	977
377	9952	Adverse Effect, Medicine Proper Dose	995.2
335	989-	Adverse Effects of Other Chemicals	989
336	998-	Surgery & Medical Care Complication	998
337	994-	Adverse Effects of Physical Factors	994
378	9950	Other Adverse Effects NEC	995.8
Supplementary Classification			
Preventive Medicine			
338	V70-	Medical Examination	V70
339	V01-	Contact/Carrier, Infectious Parasitic Disease	V01
340	V03-	Prophylactic Immunization	V06
341	V14-	Observation/Care Patient on High Risk Medication	V67.51
342	V10-	Observation/Care Other High Risk Patient	V10

APPENDIX D (Contd)

Position ICHPPC Number Code	Condensed Title	ICD-9-CM
Family Planning		
343 V252	Sterilization of Male or Female	V25.2
344 V255	Oral Contraceptives	V25.01
345 V251	Intrauterine Devices	V25.1
346 V253	Other Contraceptive Methods	V25.02
347 V256	General Contraceptive Guidance	V25.8
Administrative Procedures		
348 V680	Letter, Forms, Prescription without Examination	V68
349 V683	Referral without Examination or Interview	V68.81
Maternal & Child Health Care		
350 V223	Diagnosing Pregnancy	V22.2
351 V220	Prenatal Care	V22
352 V24-	Postnatal Care	V24
Miscellaneous		
353 V50-	Medical/Surgical Procedure without Diagnosis	V50
354 V654	Advice & Health Instruction	V65.4
355 V651	Problems External to Patient	V65.1
Social, Marital, Family Problems		
356 V602	Economic Problem	V60.2
357 V600	Housing Problem	V60.0
358 V614	Medical Care Problem	V61.4
359 V611	Marital Problem	V61.1
360 V612	Parent & Child Problem	V61.2
361 V613	Aged Parent or In-law Problem	V61.3
362 V610	Family Disruption W/WO Divorce	V61.0
363 V619	Other Family Problems	V61.9
364 V623	Educational Problem	V62.3
365 V616	Pregnancy Out of Wedlock	V61.6
366 V624	Social Maladjustment	V62.4
367 V620	Occupational Problem	V62.0
368 V627	Phase-of Life Problem NEC	V62.84
370 V625	Legal Problem	V62.5
369 V629	Other Social Problem	V62.9
Other Problems NEC		
371 V999	Problems NEC in Codes 008- to V629	V82.9

APPENDIX E

APPENDIX E
CARE PROVIDER CODES

CODE

1	Physician
2	Nurse
3	Physicians' Assistant
4	Dietician
5	Physical Therapist
6	Corpsman
7	Social Worker/Psychologist
8	EKG Technician
9	Optometrist

APPENDIX F

APPENDIX F
CLINIC CODE

CODE	
1	Family Practice
2	Pediatrics
3	OB/GYN
4	Internal Medicine
5	Surgery
6	Well Baby
* 7	Nutrition
8	Cardiac
9	Allergy
10	Hypertension
11	Neurology
12	Optometry
13	Physical Therapy
14	Audiogram
15	Minor Surgery
16	Stress Test
*17	EKG
*18	New OB
*19	Allergy (Bone)
20	CMHA
21	TMC
22	Immunization
23	Respiratory Therapy
24	Preventive Medicine (Occupational Health)
25	Emergency Room
26	AMIC
27	Cast Room

* not used

APPENDIX G

APPENDIX G
FAMILY MEMBER PREFIX CODES

20	Sponsor
30	Spouse
01-19	First thru 19th child
40	Mother/Sponsor
45	Father/Sponsor
50	Mother-in-Law/Sponsor
55	Father-in-Law/Sponsor
60-69	First thru 10th other bonafide dependents
00	Other Category/Authorized Care

APPENDIX H

APPENDIX H

Other Patient Category Codes

ARMY

- 1 Active Duty
- 2 Reserve-Initial Entry Training
- 3 Reserve-IDT/AT/ADT
- 4 Natl Guard-Initial Entry Tng
- 5 Natl Guard-IDT/AT/ADT
- 6 Retired
- 7 Depn Active Duty
- 8 Depn Retired/Deceased
- 9 West Point Cadets
- 10 ROTC Cadets
- 11 Designee Sec Army

NAVY

- 12 Active Duty
- 13 Reserve
- 14 Retired
- 15 Depn Active Duty
- 16 Depn Retired/Deceased
- 17 Navy Academy Cadets
- 18 ROTC Cadets

MARINE

- 19 Active Duty
- 20 Reserve
- 21 Retired
- 22 Depn Active Duty
- 23 Depn Retired/Deceased

AIR FORCE

- 24 Active Duty
- 25 Reserve/National Guard
- 26 Retired
- 27 Depn Active Duty
- 28 Depn Retired/Deceased
- 29 Air Force Academy Cadets
- 30 ROTC Cadets

COAST GUARD

- 31 Active Duty
- 32 Reserve
- 33 Retired
- 34 Depn Active Duty
- 35 Depn Retired/Deceased
- 36 Coast Guard Academy Cadets

PUBLIC HEALTH SERVICE

- 37 Active Duty
- 38 Reserve
- 39 Retired
- 40 Depn Active Duty
- 41 Depn Retired/Deceased

NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION

- 42 Active Duty
- 43 Reserve
- 44 Retired
- 45 Depn Active Duty
- 46 Depn Retired/Deceased

CIVILIAN EMPLOYEES

- 47 State Department Employee
- 48 Other Federal Department Employee
- 49 Civilian Employee DOD Auth Occ Health
- 50 Other Federal Agency Employee
- 51 Civ Employee US Govt Disable Ret Exam
- 52 Nonmilitary Federal Beneficiary
- 53 Other US Govt Empl Remote Areas

DEPENDENT CIVILIAN EMPLOYEES

- 54 Depn Non DOD Federal Agency
- 55 Depn in Remote Areas
- 56 Depn Other Federal Agency

OTHER BENEFICIARIES

- 57 VA Beneficiary
- 58 OWCP Beneficiary
- 59 Soldier/Airmen Home
- 60 Other Federal Agency Beneficiary
- 61 American Indian/Eskimo
- 62 Micronesian
- 63 Contract Employee
- 64 Seamen/Not MSTs/MS
- 65 Prov Relief Act Beneficiary
- 66 Peace Corps/VISTA/Job Corps

PRISONERS

- 67 War/Intern/Retain
- 68 Other Prisoners

APPENDIX H (Contd)

Other Patient Category Codes

FOREIGN NATIONALS

- 69 IMET/Sales Trainee
- 70 Other Foreign Military
- 71 NATO EM
- 72 NATO Officer
- 73 Foreign Civilian
- 74 Foreign Natl NATO Civilian Personnel, NEC
- 75 Depn Foreign Military
- 76 Depn Foreign Civilian
- 77 Other Foreign Nationals

OTHERS

- 78 Applicant/Registrant
- 79 Designee Secretary Defense
- 80 Civilian Claimant
- 81 Other Authorized Personnel
- 82 Seaman, MSTs/MS
- 83 Former Female SM
- 84 All Others, NEC

APPENDIX I

APPENDIX I

Care Provider Instructions

CARE PROVIDER:

The upper two-thirds of the form should be completed when you receive it. You are only responsible for the information with PURPLE HEADINGS at the lower one-third and reverse side of the form -- the comments below will assist you:

Initial Visit for This Problem: Self-explanatory.

#1 Care Provider - #2 Care Provider: You will be given a care provider number. Up to two care providers may be given credit for seeing the same patient in any given clinic -- be reasonable, e.g., if a pediatric nurse practitioner were to see a patient and then determine that a pediatrician also needed to see the patient, both the nurse and pediatrician should receive credit.

Exams)

Procedures)

Referred to)

As many as applicable (please check if exam is chaperoned or not).

Job Related Diagnosis: Your professional opinion.

Disposition: Choose the one best response.

Diagnosis: There are 371 diagnostic categories. Select one primary diagnosis. Secondary diagnoses are not necessary; however, you may select up to five additional diagnoses. If a diagnosis is not preprinted, use the "Additional DX" block at lower right referring to the ICHPPC-2 Index for correct code (if the diagnosis is 056 Rubella, fill in the block as shown in the example).

Primary DX			
0	0	5	6
☒	☒	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	☒	
6	6	6	☒

APPENDIX J

APPENDIX J

Patient Instructions

MARKING INSTRUCTIONS FOR PATIENTS

- o Use #2 pencil (no pen or felt tips).
- o Marks should fill the circle completely.
- o Make no stray marks or comments on the form.
- o Erase clearly any changes.
- o Feel free to ask the staff for help if you have a question.

On side one only -- Fill in the requested information in all blocks with **RED HEADINGS**

Write your response in the block and fill in the corresponding circle. All columns must be filled in; e.g., if your birth date is 5 May 1946, write 46 under "year" and 05 under "month" then fill in circle as shown in example. The following blocks are self-explanatory: Birth, Sponsor SSAN, Patient Status, Sex, Ethnicity, Race, If Student From Other Country, and Date. The other blocks are explained below.

Birth			
Yr		Mo	
4	6	0	5
0	0	●	0
1	1	1	1
2	2	2	2
3	3	3	3
●	4	4	4
5	5	5	●
6	●	6	6

PATIENT'S INITIALS: If you have no middle initial fill in the blank circle above the middle "A."

STATUS: If you are on active duty, a dependent of active duty, retired, or a dependent of a retired or deceased service member, ALSO indicate the sponsoring branch of service (this will require filling in two circles). "Federal employees" should be marked ONLY by DOD authorized occupational health civilian employees. Civilian emergency is self-explanatory. If you are unable to locate your status among those listed, mark the "OTHER" category and ask the staff for help after you have completed the rest of the form.

FEDERAL EMPLOYEES: Self-explanatory.

Civilian Occ Series: Your current occ series number -- Example: 0343.

Pay Grade: Example: 03, 05, 11, etc.

Bldg Number: If the number has a letter (T-634) disregard the letter and fill in the circle "0." Example: 0634.

AD ARMY: FOR ACTIVE DUTY MEMBERS ONLY -- DEPN, RETIREES: DO NOT FILL IN.

Pay Grade: Example: If your grade is E-8 fill in 08; if COL 0-6 fill in 06; if W-2 fill in 02.

If Army-Duty MOS/SSI: Be sure to specify DUTY MOS.

Unit: Self-explanatory.

- CHECK TO SEE IF YOU HAVE:
- 1) WRITTEN YOUR RESPONSE IN THE BLOCK WHEN PROVIDED and ALSO
 - 2) FILLED IN THE MATCHING CIRCLE

THANK YOU!

APPENDIX K

APPENDIX K

Clerical Staff Instructions

Clerical Staff:

We appreciate your assistance in helping us with the Outpatient Encounter Test Form. Please fill in the blocks with PURPLE headings on the upper two-thirds of the form (for your information the instruction sheets for patients and care providers are attached).

A numeric designation will be assigned to each clinic (first block upper left corner) using the form. FMP codes are listed on the backside of the "Patient Category" sheet. After you have filled in the "Apmt Status" and "Time In" blocks, give the form and marking instructions to the patient. If a patient marks "Other" under the Status block, please refer to the Patient Category list and fill in the appropriate code in the block titled "For Clerk's Use Only."

The bottom section of side one and the back of the form will be filled in by the care provider. When the form has been completed by both the patient and care provider, fill in the "Time Out" block and scan the form for any obvious omissions, such as birth date written in but circles not filled in, etc., and correct accordingly.

LTC Misener and Ms. Gilbert will be available if you have any questions.

Thank you

APPENDIX L

APPENDIX L

EDIT CODE SHEET

PROGRAM: OUTPATIENT ENCOUNTER FORM (TEST)

FLC	FIELD	EDIT TYPE	ACTION

* 1 *	CLINIC	* MUST BE COMPLETE	* D,A,SS *
* 2 *	EMP	* MUST BE COMPLETE	* D,A,SS *
* 3 *	BIRTH	* MUST BE COMPLETE	* D,A,SS *
* 4 *	BIRTH+3	* MUST BE COMPLETE	* D,A,SS *
* 5 *	SSAN	* MUST BE COMPLETE	* D,A,SS *
* 6 *	PATIENTS INT.	* MUST BE COMPLETE	* D,A,SS *
* 7 *	SEX	* MUST BE COMPLETE	* D,A,SS *
* 8 *	RACE	* COMPLETE OR BLANK	* D,A,SS *
* 9 *	ETHNICITY	* COMPLETE OR BLANK	* D,A,SS *
* 10 *	APPT. STATUS	* MUST BE COMPLETE	* D,A,SS *
* 11 *	PATIENT STATUS	* MUST BE COMPLETE	* D,A,SS *
* 12 *	DATE-DAY	* COMPLETE ~~XXXXXXXX~~	* D,A,SS *
* 13 *	DATE-DAY + 1	* COMPLETE ~~XXXXXXXX~~	* D,A,SS *
* 14 *	DATE-MONTH	* COMPLETE ~~XXXXXXXX~~	* D,A,SS *
* 15 *	DATE-YEAR	* COMPLETE ~~XXXXXXXX~~	* D,A,SS *
* 16 *	TIME-IN	* COMPLETE OR BLANK	* D,A,SS *
* 17 *	TIME-OUT	* COMPLETE OR BLANK	* D,A,SS *
* 18 *	STATUS	* COMPLETE ~~XXXXXXXX~~	* D,A,SS *
* 19 *	CLERKS USE	* COMPLETE OR BLANK	* D,A,SS *
* 20 *	STATUS-ACTIVE	* COMPLETE OR BLANK	* D,A,SS *
* 21 *	STUDENT-FOR	* COMPLETE OR BLANK	* D,A,SS *
* 22 *	AD MILITARY	* COMPLETE OR BLANK	* D,A,SS *
* 23 *	PAY GRADE MIL.	* COMPLETE OR BLANK	* D,A,SS *
* 24 *	MOB-NUMERIC	* COMPLETE OR BLANK	* D,A,SS *
* 25 *	MOB-ALPHA	* COMPLETE OR BLANK	* D,A,SS *
* 26 *	UNIT	* COMPLETE OR BLANK	* D,A,SS *
* 27 *	FED EMPLOYEES	* COMPLETE OR BLANK	* D,A,SS *
* 28 *	CIVILIAN-OC.	* COMPLETE OR BLANK	* D,A,SS *
* 29 *	PAY GRADE CIV.	* COMPLETE OR BLANK	* D,A,SS *
* 30 *	BLLG. NUMBER	* COMPLETE OR BLANK	* D,A,SS *
* 31 *	INITIAL VISIT	* MUST BE COMPLETE	* D,A,SS *
* 32 *	PROVIDER #1	* COMPLETE ~~XXXXXXXX~~	* D,A,SS *
* 33 *	PROVIDER #2	* COMPLETE OR BLANK	* D,A,SS *
* 34 *	CHAPERONED	* COMPLETE OR BLANK	* D,A,SS *
* 35 *	ADD. PRIMARY+1	* COMPLETE OR BLANK	* D,A,SS *
* 36 *	ADD. SCNDARY+1	* COMPLETE OR BLANK	* D,A,SS *
* *	*	*	*
* *	*	*	*

EDIT ACTION DEFINITIONS
D = DELETE OUTPUT RECORD
A = SELECT THE FORM
S = STOP SCANNER
SS = SUPPRESSED SERIAL NUMBER

APPENDIX M

APPENDIX M

Outpatient Encounter Form Test--Conversion Program

PURPOSE: Convert tape created by optical scanner (696 character records, unblocked) to codes used on input document OUTPATIENT ENCOUNTER FORM (TEST). Output will be tape, 220 character records, blocked 10.

DESCRIPTION OF INPUT:

<u>POS</u>	<u>LENGTH</u>	<u>DESCRIPTION AND CONVERSION INSTRUCTIONS</u>
1-2	2	Clinic Code. No edit or conversion required.
3-4	2	Family Member Prefix. No edit or conversion required.
5-6	2	Year of Birth. 2-digits, no edit or conversion required.
7-8	2	Month of Birth. 2-digits. If not 1 thru 12, fill with zeroes.
9-17	9	SSAN. No edit or conversion required.
18-20	3	Initials. No edit or conversion required.
21	1	Sex. No edit or conversion required.
22	1	Race. No edit or conversion required.
23	1	Ethnicity. No edit or conversion required.
24	1	Appointment Status. No edit or conversion required.
25	1	Inpatient/Outpatient. No edit or conversion required.
26-27	2	Day of Visit. No edit or conversion required.
28-29	2	Month of Visit. If not 1 thru 12, fill with zeroes.
30	1	Year of Vist. "1" = 82. "2" = 83. Convert on output.*
31-34	4	Time Patient Arrived for Visit. No conversion for output. Time is recorded using 24-hour clock. This field will be used to compute number of minutes patient was in the facility.
35-38	4	Time Patient Departed Facility. No conversion for output. Time is recorded using 24-hour clock. This field will be used to compute number of minutes patient was in the facility.

* Program looks for "1" if it does not find "1" it makes "3" on output

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

POS	LENGTH	DESCRIPTION	CONVERSION
39	1	Patient Status Code-1	1 = Active Duty 2 = Dependent Active Duty 3 = Retired 4 = Dependent Ret/Deceased 5 = Federal Employee 6 = Civilian Emergency 7 = Foreign Student 8 = Other

If not one of above (1 thru 8), fill with "1" (Force Active Duty).

— 40-41 2 Codes for other. No edit. Move to output record, if patient status code-1 (Pos 39) = "8."

— 42	1	Patient Status Code-2	1 = Army 2 = USAF 3 = Navy 4 = Marine
------	---	-----------------------	--

This field is not used unless Patient Status Code-1 (Pos 39) is a "1" thru "4." If Pos 39 = "1" thru "4" and Pos 42 is not = "1" thru "4," fill Pos 39 with a "1." (Force Army)

— 43-44 2 Country Code for Foreign Students. No edit or conversion. Move to output record, if Pos 39 = "7."

— 45	1	Off/WO/Enl Code.	1 = Officer 2 = Warrant Officer 3 = Enlisted
------	---	------------------	--

No edit or conversion required. Move to output record, if Pos 39 = "1."

— 46-47 2 Military Pay Grade. Move to output, if Pos 39 = "1."

— 48-50 3 MOS. Move to output, if Pos 39 = "1" and Pos 42 = "1."

— 51 1 Unit. Move to output, if Pos 39 = "1" and Pos 42 = "1."

52 1 Fed Empl Code. Move to output, if Pos 39 = "5."

53-56 4 Civ Occupation Code. Move to output, if Pos 39 = "5."

57-58 2 Civ Grade. Move to output, if Pos 39 = "5."

59-62 4 Building Number. Move to output, if Pos 39 = "5."

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

LENGTH	DESCRIPTION AND CONVERSION INSTRUCTIONS
63 1	Initial/Recurring Problem. No edit or conversion required.
64-68 5	#1 Provider. If = spaces, fill with zeroes.
69-73 5	#2 Provider. No edit or conversion required.
74-124 5	PROCEDURES. This 51-character field represents the 51 procedures printed on the front side of the form. Procedures are assigned a 2-digit code (01 for "Advice/Health Instr," thru 51 for "other procedures." Procedures are numbered consecutively starting with the first column (01 for "Advice/Health Instr" thru 13 "EKG-order Form"). Then second column (14 "Endometrial Biopsy" thru 26 "Minor Surgery" etc. Input record will have a "1" or space in corresponding position for each procedure. A "1" indicates a procedure was performed. Convert to 2-digit codes for output. Limit on output is 10 procedures. If more than 10 coded on input, move first 10 to output record but list all that were coded on the error report. This field is optional--may be all spaces.
125-152 28	REFERRALS. This 28-character field represents the 28 "Referred to" clinic/service on the front side of the form. Each clinic/service is assigned a 2-digit code (01 for "Allergy" thru 28 for "other." Clinics/Services are number consecutively starting with the first column (01 "Allergy" 09-ER; "10-Family Practice" 17-Orthopedics), etc. Input record will have a "1" or a space in the corresponding position for each Clinic/Service. A "1" indicates patient was referred to that Clinic/Service. Convert to the 2-digit codes for output. Allow for all 28 codes on output. This field is optional - May be all spaces.
153 1	Job Related. No edit or conversion required.
154-160 7	Disposition Codes. If not, "1" thru "7," fill with "9."
161-171 11	Examinations. This 11-character field represents the 11 types of examinations printed on the front of the form. Each type of examination is assigned a 2-digit code (01 for Abdominal thru 11 for Visual Acuity). Input record will have a "1" or a space in the corresponding position for each examination. A "1" indicates that examination was performed. Some examinations are mutually exclusive. If Flight Physical (Code 06) accept no other types of exam. If not Flight but complete PE (Code 03) move 03 to output record. Accept no other types of exams. If not Flight or Complete PE and return to work (Code 10), move Code 10 to output, if Fed Employee ("5" in Pos 39), else move "07" to output record and accept no other type of exam.

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

POS LENGTH

DESCRIPTION AND CONVERSION INSTRUCTIONS

If not Flight Physical (Code 06) or Shuttle PE (Code 03) or PTH to work (Code 10), but History without PE (Code 07), move "07" to output record and accept no other type of exam.

Otherwise, convert all exams coded and move to output record. This field is optional - may be all spaces.

- | | | |
|----------|-----|---|
| -172 | 1 | Chaperoned. No edit or conversion required. |
| -173-425 | 253 | Primary Diagnosis. This 253-character field represents the 253 diagnoses printed on the back side of the form. Input record will have a "1" or a space in corresponding position for each diagnosis. A "1" indicates the diagnosis was recorded. Scanner reader each column from top to bottom starting with first column on left side of form. Convert to 4-character diagnosis codes printed on form. Hold for further edit. |
| 426-678 | 253 | Secondary Diagnosis (additional). This 253-character field represents the 253 diagnoses printed on the back side of the form. Input record will have a "1" or space in corresponding position for each diagnosis. A "1" indicates the diagnosis was recorded. Scanner reads each column from top to bottom starting with first column on left side of the form. Convert to 4-character codes printed on form and hold for further edit. |
| -679-683 | 5 | Free Form Primary Diagnosis. This field is used to record a diagnosis that is not preprinted on the form. Diagnosis codes used are 4-character. First position (Hi-order) has the letter "V" for some diagnosis. Otherwise, diagnosis code is numeric. Input record will have a "1" or space in Position 679 to indicate diagnosis code starts with a "V." If Pos 679 = "1," move a "V" to Pos 680. Positions 680-683 will have 4-position diagnosis code. This code must match one of the codes on the attached list (may be one preprinted on form also). If invalid reject and list on error list. There must be one primary diagnosis recorded. This field is checked with the conversion from Pos 173-425 to determine if more than one or no diagnosis was recorded. If more than one accept free form primary diagnosis, if any, else move first one recorded to output record. List all recorded on error list. If no primary diagnosis recorded, fill with 9999. List on error list if filled with 9s. |

APPENDIX M (Contd)

Outpatient Encounter Form Test--Conversion Program

POS	LENGTH	DESCRIPTION AND CONVERSION INSTRUCTIONS
684-688	5	Free Form Additional (Secondary) Diagnosis. This field is used to record an additional (secondary) diagnosis that is not printed on the form. Diagnosis codes used are 4-character. First position (Hi order) has the letter "V" for some diagnosis. Otherwise Diagnosis code is numeric. Input record will have a "1" or space in Pos 684 to indicate diagnosis code starts with a "V." If Pos 684 = "1", move a "V" to Pos 685. Positions 685-688 will have 4 position diagnosis code. This code must match one of the codes on the attached list (may be one preprinted on the form also. If invalid, reject and list on the error list. Recording additional (secondary) diagnosis is optional. This field may be all spaces. Output record is limited to five additional (secondary) diagnoses. Diagnosis from Positions 684-689 must be concatenated with those converted from Positions 426-678. If more than five, accept free form sec diag, if any plus first four recorded in preprinted position of form. List all recorded on error report.
689-696	8	Document Serial Number. No edit or conversion required.

Additional Computed Output.

1. Patient's age in months at time of visit.
 - a. Assumptions: No patient is over 99 years old.
 - b. A baby less than one month old will be 000 months.
 - c. If date of birth is not recorded, move spaces to age in months field.
2. Time in Treatment Facility in Minutes.
 - a. Assumption: No patient will be in facility over 23 hours 59 minutes. If time in or time out not recorded, move space to time in facility in output record.
3. Functional Point of Contact: ^{Isener} LTC Meisner
Health Care Studies
221-3331/3116
4. Contractor for Optical Scanner: Jim Scully
National Computers
FTS 612 830-7600 Ext. 8596 or
(800) 328-6290 Ext. 8596

APPENDIX N



APPENDIX N
DEPARTMENT OF THE ARMY
US ARMY HEALTH CARE STUDIES AND CLINICAL INVESTIGATION ACTIVITY
FORT SAM HOUSTON, TEXAS 78234

HSHN-H

27 December 1982

MEMORANDUM TO: Primary Care Providers
USA MEDDAC
Redstone Arsenal, AL 35809

FROM: LTC Terry R. Misener, Principal Investigator *TRM*
Ambulatory Care Data Base

SUBJECT: First Ambulatory Data Report

1. We are pleased to provide you with the first report generated from your patient encounter data covering encounters through mid-November. For this first report, we have chosen to provide information concerning primary diagnosis. Early in January we will also provide data on procedures, dispositions, exams, time in clinic, secondary diagnoses, and etc. We are most encouraged by the potential data retrieval and the reports we will be able to provide to you on a regular basis.

2. On the encounter form, we continue to see two problem areas - Disposition and Primary Diagnosis. These areas of the form cannot be edited by your "machine." Therefore, problems are not seen until the data tapes reach San Antonio.

Possibly our explanation of these two areas were not clear. As we can only return to you data that you provide to us, we hope the following explanation stresses the importance of proper completion of the form:

- You may now choose multiple dispositions, however to avoid an error condition, you must select at least one of the seven provided choices for disposition.
- You may select up to five secondary diagnoses. But, you must choose one and only one primary diagnosis. The computer logic regarding primary diagnosis is as follows: If you make a diagnostic choice which you enter into the "Additional Dx," block below PRIMARY DX. This is the one diagnosis that the computer will designate as THE primary diagnosis, no matter how many other diagnoses are erroneously marked. If you choose a primary diagnosis by bubbling in more than one primary diagnoses, the first primary diagnosis encountered by the scanner will be reported as THE primary diagnosis.

APPENDIX N (Contd)

HSHN-H

27 December 1982

SUBJECT: First Ambulatory Data Report

3. I know that we did not promise to provide any output to you until January, but wanted to show you what is developing. We appreciate your patience in these times of slow mail, personnel on leave, and overloaded computers. Encourage you to discuss problems or requests with CPT Cuff and to call me as needed (AUTOVON 471-3331/6028). Thanks again.

APPENDIX O

APPENDIX O
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

PRODX PRIMARY DX

VALUE LABEL	FREQUENCY	PERCENT
OBESITY	76	14.2
ACT UP RES TR INF	31	5.8
PRES INF INTES DIS	17	3.2
PROB NEC IN OTH CDS	17	3.2
FX ALL OTH SITES NEC	15	2.8
LAC OP WND TRAU AMP	15	2.8
PAIN OR STIF IN JNT	15	2.8
OTH BURSE&SYNOV	15	2.8
ABRA SCRATCH BLIS	13	2.4
BRUISE CONTU CRUSHG	12	2.2
BK PN WD RAD SYMP	12	2.2
NO DIAG PROVIDED	12	2.2
CYST URIN INFEC	11	2.1
MEDICL EXAM	9	1.7
SPR STR ANKLE	9	1.7
GONORRHEA ALL SITES	7	1.3
HYPERTEN, UNCOMPLIC	7	1.3
SINUS ACT&CHRON	7	1.3
BRONCHIE&BRONCO, AC	7	1.3
PROSE&SEMI VESCU	7	1.3
CERV SPINE SYND	7	1.3
CONT&OTH CERMA NEC	6	1.1
RH ARTH&ALD COND	6	1.1
CHR INT KNEE DERANG	6	1.1
OTITIS EXTERNA	6	1.1
LIPOMA ANY SITE	5	.9
TRAN SITUA DIST ADJ	5	.9
MTH, TON, SALIV GLD DI	5	.9
IMPETIGO	5	.9
OTH INF SKIN SUBCUT	5	.9
SPR STR OTH SITES	5	.9
ABS SCANT MENS	5	.9
SHOULDER SYN	5	.9
PN&OTH LIMB SYMP	5	.9
HERPES SIMPLEX	4	.7
BENIGN NECPLASH SKIN	4	.7
AC TONSILIE&QUINSY	4	.7
HAY FEVER	4	.7
PNEUMONIA	4	.7
WARTS, ALL SITES	4	.7
MONILIAS, UROGN PVN	4	.7
ACT &CHR SER OT MED	4	.7
NONSP ABN PAP SMEAR	4	.7
STRP THR SCR FV Erys	3	.6
DERMATOPHY&DERMAMYCO	3	.6
MIGRAINE	3	.6
HIATUS DIAPHRAG HERN	3	.6

APPENDIX 0 (Contd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

PRDX	PRIMARY DX	FREQUENCY	PERCENT
	ORCHITIS&EPIDIDYMIT	3	.6
	ORAL CONTRAC	3	.6
	CONJUNC&OPHTHALMIA	3	.6
	PSOP HWD AR	3	.6
	ACNE	3	.6
	SEBACEOUS CYST	3	.6
	CHEST PAIN	3	.6
	NAUSEA VOMITING	3	.6
	REFRACTIVE ERRORS	2	.4
	CHRN ISC HT DIS	2	.4
	PHLEBITIS&THROMBOPHL	2	.4
	HEMORRHOIDS	2	.4
	BRCHI,CHR&BRCHICTAS	2	.4
	EMPHYSEMA&COPD	2	.4
	ASTHMA	2	.4
	DUOD ULC w NO COMPL	2	.4
	OTH STOM&DUOD DISOR	2	.4
	IRT BWL SYN INTS DSR	2	.4
	PELVIC INFLAM DIS	2	.4
	OTH FEM ORGAN DIS	2	.4
	BOIL&CEL INC FNG&TOE	2	.4
	URTICARIA	2	.4
	FORGN BODY IN TIS	2	.4
	BRNS&SCLOS ALL DEG	2	.4
	PRENATAL CARE	2	.4
	ACUTE OTITIS MEDIA	2	.4
	ECZ & ALG DERM	2	.4
	BK PN W RAD SYMP	2	.4
	DISTUR OR SENS	2	.4
	ADVS EF MED PRP DOSE	2	.4
	HODG DIS LYMP LEUK	1	.2
	HYPOTHYR MYXEDE CRET	1	.2
	DIABETES MELLITUS	1	.2
	GOUT	1	.2
	OTH PEPTIC ULCER	1	.2
	OTHER HERNIAS	1	.2
	CIR &OTH LIVER DIS	1	.2
	OTH M GEN ORGAN DIS	1	.2
	ECTOPIC PREG	1	.2
	ALECIA&OTH HAIR DIS	1	.2
	OTH SKN&SUB TISU DIS	1	.2
	ACQ DEFORM OF LIMBS	1	.2
	VIRAL INFECTION NOS	1	.2
	FORGN BODY IN EYE	1	.2
	OTH CONTRAC METH	1	.2
	TRICHO UROG PVN	1	.2
	ANXIETY DISORDER	1	.2
	SEXUAL PROBLEMS	1	.2
	EYLD INF CHALAZION	1	.2
	WAX IN EAR	1	.2
	BLEED PER RECTUM NOS	1	.2

APPENDIX O (Contd)
PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

PRDX	PRIMARY DX	FREQUENCY	PERCENT
HEMATURIA NOS		1	.2
SWLG OR EFUS OF JNT		1	.2
GANGL OF JNT&TENDON		1	.2
RSH&OTH NCNSP SKN ER		1	.2
HEADACHE		1	.2
DYSPNEA		1	.2
SIGN ILL DEF COND		1	.2
		-----	-----
	TOTAL	534	100.0 100.0
VALID CASES	534	MISSING CASES	0

APPENDIX 0 (Contd)
PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

JRDX JOB RELATED DX

VALUE LABEL	FREQUENCY	PERCENT
NO	523	97.9
	7	1.3
YES	4	.7
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

OPSCD OTH PAT STATUS CODES

VALUE LABEL	FREQUENCY	PERCENT
--	534	100.0
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

TIMEGRP

VALUE LABEL	FREQUENCY	PERCENT
	161	30.1
30 TO 45 MIN	133	24.9
60 TO 90 MIN	77	14.4
45 TO 60 MIN	72	13.5
15 TO 30 MIN	58	10.9
90 TO 180 MIN	14	2.6
180+ MIN	14	2.6
LESS THAN 15 MIN	5	.9
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

APPENDIX O (Contd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

APSTA APMT STATUS

VALUE LABEL	FREQUENCY	PERCENT
UNSCHEDULED	438	82.0
SCHEDULED	91	17.0
OTHER	5	.9
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

IVYN INITIAL VISIT YES NO

VALUE LABEL	FREQUENCY	PERCENT
YES	321	60.1
NO	213	39.9
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

CHAPYN CHAPERONED YES NO

VALUE LABEL	FREQUENCY	PERCENT
NOT CHAPERONED	470	88.0
CHAPERONED	60	11.2
NOT MARKED	4	.7
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

APPENDIX O (Contd)
PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

FMP FAM MEMBER PREFIX

VALUE LABEL	FREQUENCY	PERCENT
SPONSOR	432	80.9
SPOUSE	76	14.2
1ST CHILD	12	2.2
3D CHILD	7	1.3
2D CHILD	6	1.1
OTH CAT AUTH CARE	1	.2
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

INPOUTP INPAT OUTPAT

VALUE LABEL	FREQUENCY	PERCENT
OUTPAT	532	99.6
INPATIENT	2	.4
	-----	-----
TOTAL	534	100.0

VALID CASES 534 MISSING CASES 0

APPENDIX O (Contd)

PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS

(January)

C R O S S T A B U L A T I O N O F

		PMSCD2									ROW TOTAL
COUNT		1	NOT ACTI		ARMY	USAF	NAVY	MARINE			
ROW	PCT	INOT	ACTI								
COL	PCT	IVE	DUTY								
		1	-11	11	21	31	41				
PMSCD1											
AD	1	1	1	358	1	2	1	1	10	1	371
		1	1	96.5	1	.5	1	.3	2.7	1	69.5
		1	1	75.5	1	8.7	1	4.3	90.9	1	
DEPN AD	2	1	1	32	1	2	1	1	1	1	35
		1	1	91.4	1	5.7	1	2.9	1	1	6.6
		1	1	6.8	1	8.7	1	4.3	1	1	
RET	3	1	1	40	1	8	1	13	1	1	62
		1	1	64.5	1	12.9	1	21.0	1	1.6	11.6
		1	1	8.4	1	34.8	1	56.5	1	9.1	1
DEPN RET DECEA	4	1	1	44	1	11	1	8	1	1	63
		1	1	69.8	1	17.5	1	12.7	1	1	11.8
		1	1	9.3	1	47.8	1	34.8	1	1	
FOREIGN STU	7	1	2	1	1	1	1	1	1	1	2
		1	100.0	1	1	1	1	1	1	1	.4
		1	66.7	1	1	1	1	1	1	1	
OTHER	8	1	1	1	1	1	1	1	1	1	1
		1	100.0	1	1	1	1	1	1	1	.2
		1	33.3	1	1	1	1	1	1	1	
COLUMN TOTAL			3	474	23	23	11	534			
			.6	88.8	4.3	4.3	2.1	100.0			

NUMBER OF MISSING OBSERVATIONS = 0

PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS

APPENDIX 0 (Contd)

CROSS TABULATION OF
BY GROUPAGE

GROUPAGE

COUNT	ROW PCT	COL PCT	10-12 MO	13 MO	THRU 4	5-14 YRS	15-19 YRS	20-39 YRS	40-64 YRS	65 YRS +	TOTAL
1	1	1	1.001	2.001	3.001	4.001	5.001	6.001	7.001		
1	1	1	4	1	1	3	1	40	1	200	1
1	1	1	1.2	1	.3	.9	1	11.7	1	58.7	1
1	1	1	66.7	1	50.0	75.0	1	69.0	1	61.2	1
2	1	1	2	1	1	1	1	18	1	127	1
1	1	1	1.0	1	.5	.5	1	9.3	1	65.8	1
1	1	1	33.3	1	50.0	25.0	1	31.0	1	38.8	1
TOTAL											
6	1.1	2	.4	.7	58	10.9	327	111	26	534	100.0

NUMBER OF MISSING OBSERVATIONS = 0

APPENDIX O (Contd)
 PROFILE REPORT - MODEL CARE PROVIDER 12235 RECORDS
 (January)

----- C R O S S T A B U L A T I O N -----
 PMSCD1 PAT MIL STATUS CODE1 APMT STATUS

		APSTA				
	COUNT	I				
ROW	PCT	I	UNSCHE	D	SCHEDULE	OTHER
COL	PCT	ILED				
		I	11		21	51
PMSCD1						
	1	I 292	I 74	I 5	I	371
AD		I 78.7	I 19.9	I 1.3	I	69.5
		I 66.7	I 81.3	I 100.0	I	
	2	I 32	I 3	I	I	35
DEPN AD		I 91.4	I 8.6	I	I	6.6
		I 7.3	I 3.3	I	I	
	3	I 55	I 7	I	I	62
RET		I 88.7	I 11.3	I	I	11.6
		I 12.6	I 7.7	I	I	
	4	I 56	I 7	I	I	63
DEPN RET DECEA		I 88.9	I 11.1	I	I	11.8
		I 12.8	I 7.7	I	I	
	7	I 2	I	I	I	2
FOREIGN STU		I 100.0	I	I	I	.4
		I .5	I	I	I	
	8	I 1	I	I	I	1
OTHER		I 100.0	I	I	I	.2
		I .2	I	I	I	
	COLUMN	438	91	5		534
	TOTAL	82.0	17.0	.9		100.0

NUMBER OF MISSING OBSERVATIONS = 0

APPENDIX O (Contd)
 PROCEDURES REPORTED BY YOU
 PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP PROC	PROCEDURES			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ADVICE HLTH INSTR		522	32.7	97.8
ANTIBIOTIC		2	0.1	0.4
BIOPSY		2	0.1	0.4
BLOOD PRESS		59	3.7	11.0
CAST APLIC		3	0.2	0.6
CAST REMOVAL		3	0.2	0.6
DRESSING CHANGE		20	1.3	3.7
EAR IRRIGATI		3	0.2	0.6
EKG		11	0.7	2.1
I AND O		3	0.2	0.6
IMMUNIZATION		1	0.1	0.2
INJECT OBSERV		13	0.8	2.4
IUD		1	0.1	0.2
KOH PREP WET MOUNT		7	0.4	1.3
LTRS FORMS		94	5.9	17.6
MANIPULATION		5	0.3	0.9
MINOR SURG		4	0.3	0.7
PATIENT CONSULT		8	0.5	1.5
PRES REFILL MO EXAM		39	2.4	7.3
SPLINTING		13	0.8	2.4
STOOL GUIAC		5	0.3	0.9
SUTURE		2	0.1	0.4
SUTURE REMOVAL		9	0.6	1.7
TELE CONS		1	0.1	0.2

APPENDIX 0 (Contd)

PROCEDURES REPORTED BY YOU
PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP PROC	PROCEDURES			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
THROAT CULTURE		22	1.4	4.1
VITAL SIGNS		531	33.3	99.4
OTH PROCEDURES		212	13.3	39.7
		-----	-----	-----
	TOTAL RESPONSES	1595	100.0	298.7
0 MISSING CASES	534 VALID CASES			

APPENDIX O (Contd)
 REFERRALS REPORTED BY YOU
 PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP REFER REFERRED TO

CATEGORY LABEL	COUNT	PCT OF RESPONSES	PCT OF CASES
CARDIOLOGY	2	3.0	3.2
DENTAL	2	3.0	3.2
DERMATOLOGY	1	1.5	1.6
DIETICIAN	2	3.0	3.2
EENT	3	4.5	4.8
FAM PRAC	2	3.0	3.2
GYN	6	9.1	9.5
INT MED	4	6.1	6.3
NEUROLOGY	3	4.5	4.8
OB CHAMPUS	4	6.1	6.3
OPHTHALMOLOGY	1	1.5	1.6
ORTHOPEDICS	9	13.6	14.3
PEDS	1	1.5	1.6
PHYS THERAPY	9	13.6	14.3
PODIATRY	3	4.5	4.8
PSYCHIATRY	2	3.0	3.2
SURG	9	13.6	14.3
UROLOGY	2	3.0	3.2
OTHER	1	1.5	1.6
	-----	-----	-----
TOTAL RESPONSES	66	100.0	104.8

471 MISSING CASES

63 VALID CASES

APPENDIX O (Contd)
EXAMINATIONS REPORTED BY YOU
PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP EXAMS	EXAMINATIONS			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ABDOM		2	0.4	0.4
CHEST		1	0.2	0.2
EAR		3	0.5	0.6
EYE		8	1.5	1.5
HISTORY WO PE		123	22.4	23.4
PARTIAL PE		379	69.0	72.1
PELVIC PAP		21	3.8	4.0
VISL ACUIT		12	2.2	2.3
		-----	-----	-----
	TOTAL RESPONSES	549	100.0	104.4
8 MISSING CASES	526 VALID CASES			

AD-A144 839

AMBULATORY CARE DATA BASE PART B(U) ARMY HEALTH CARE
STUDIES AND CLINICAL INVESTIGATION ACTIVITY FORT SAM
HOUSTON TX T R MISENER ET AL. 16 MAR 84

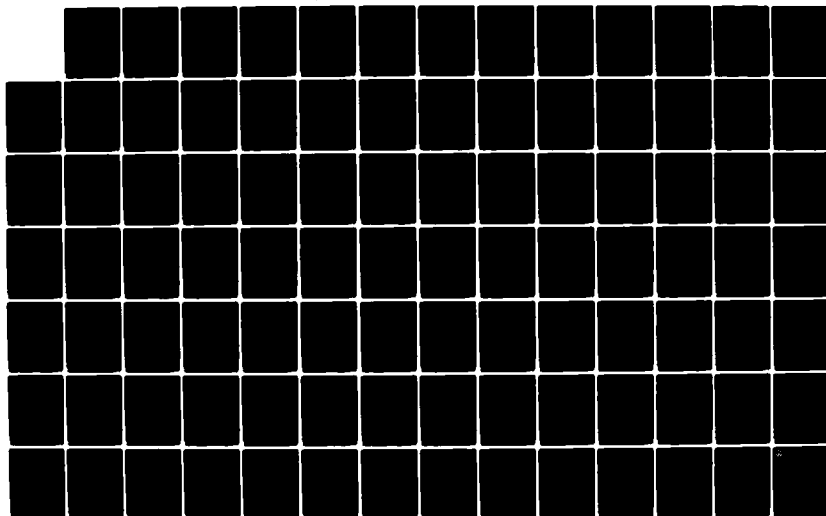
2/3

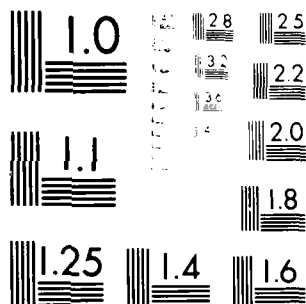
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MICROCOPY RESOLUTION TEST CHART
 NATIONAL BUREAU OF STANDARDS-1963-A

APPENDIX O (Contd)
 EXAMINATIONS REPORTED BY YOU
 PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP EXAMS	EXAMINATIONS			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ABDOM		2	0.4	0.4
CHEST		1	0.2	0.2
EAR		3	0.5	0.6
EYE		8	1.5	1.5
HISTORY WO PE		123	22.4	23.4
PARTIAL PE		379	69.0	72.1
PELVIC PAP		21	3.8	4.0
VISL ACUIT		12	2.2	2.3
		-----	-----	-----
	TOTAL RESPONSES	549	100.0	104.4
8 MISSING CASES	526 VALID CASES			

APPENDIX O (Contd)
DISPOSITIONS REPORTED BY YOU
PROFILE RPT-MODEL CARE PROVIDER-12235 RECORDS(JAN)

GROUP DISF DISPOSITION

CATEGORY LABEL	COUNT	PCT OF RESPONSES	PCT OF CASES
HOME DUTY	244	46.0	46.0
RETURN TO CLINIC	192	36.2	36.2
CONSULT	56	10.6	10.6
CHAMPUS REFERRAL	6	1.1	1.1
ADMIT	2	0.4	0.4
QUAR	28	5.3	5.3
OTH	2	0.4	0.4
	-----	-----	-----
TOTAL RESPONSES	530	100.0	100.0

4 MISSING CASES

530 VALID CASES

APPENDIX P

APPENDIX P
Encounters per Clinic (November)

VALUE LABEL	FREQUENCY	PERCENT
FAM PHAC	1517	13.9
TPC	1384	12.7
EA	1299	11.9
PED	1047	9.6
PHYS THERAPY	900	8.2
PREV MED	877	8.0
INT MED	849	7.8
AMIC	789	7.2
IMMS	568	5.2
OPTOMETRY	395	3.6
URGYN	361	3.3
CMHA	345	3.2
NEUROLOGY	182	1.7
SURC	167	1.5
HYPERTEN	96	.9
CAST ROOM	46	.4
WELL BASY	39	.4
NUTRITION	24	.2
AUDIOGRAM	18	.2
RESP THERAPY	17	.2
ALLGY PED	1	.0
	-----	-----
TOTAL	10921	100.0
VALID CASES	10921	
MISSING CASES	0	

APPENDIX P (contd)
Encounters per Clinic (December)

VALUE LABEL	FREQUENCY	PERCENT
ER	1707	16.6
FAM PRAC	1425	13.9
PED	1102	10.7
PREV MED	885	8.6
INT MED	720	7.0
TMC	717	7.0
PHYS THERAPY	709	6.9
AMIC	564	5.5
IMMS	556	5.4
OBGYN	486	4.7
OPTOMETRY	360	3.5
CMHA	237	2.3
HYPERTEN	223	2.2
SURG	195	1.9
NEUROLOGY	154	1.5
WELL BABY	115	1.1
CAST ROOM	66	.6
NUTRITION	15	.1
AUDIOGRAM	11	.1
RESP THERAPY	11	.1
ALLGY PED	1	.0
	-----	-----
TOTAL	10259	100.0
VALID CASES	10259	
MISSING CASES	0	

APPENDIX P (contd)
Encounters per Clinic (January)

VALUE LABEL	FREQUENCY	PERCENT
FAM PRAC	1562	12.8
TMC	1452	11.9
ER	1441	11.8
PED	1280	10.5
PREV MED	1007	8.2
AMIC	977	8.0
PHYS THERAPY	945	7.7
OPTOMETRY	593	4.8
INT MED	564	4.6
OBGYN	488	4.0
HYPERTEN	481	3.9
IMMS	475	3.9
CMHA	249	2.0
NEUROLOGY	235	1.9
SURG	203	1.7
WELL BABY	154	1.3
CAST ROOM	55	.4
NUTRITION	41	.3
RESP THERAPY	14	.1
AUDIOGRAM	12	.1
	-----	-----
TOTAL	12229	100.0
VALID CASES	12228	
MISSING CASES	0	

APPENDIX P (contd)
Encounters per Clinic (February)

VALUE LABEL	FREQUENCY	PERCENT
FAM PRAC	1263	12.9
ER	1157	11.6
PED	1151	11.8
TMC	1043	10.7
PREV MED	822	8.4
AMIC	802	8.2
PHYS THERAPY	555	5.7
INT MED	531	5.4
OPTOMETRY	502	5.1
IMMS	461	4.7
OBGYN	428	4.4
HYPERTEN	397	4.1
CMHA	280	2.9
NEUROLOGY	181	1.9
WELL BABY	95	1.0
CAST ROOM	52	.5
NUTRITION	25	.3
SURG	10	.1
AUDIOGRAM	10	.1
RESF THERAPY	9	.1
ALLOY PED	3	.0
CARDIAC	2	.0
STRESS TEST	1	.0
	-----	-----
TOTAL	9780	100.0
VALID CASES	9780	
MISSING CASES	0	

APPENDIX P (contd)
Encounters per Clinic (March)

VALUE LABEL	FREQUENCY	PERCENT
PED	1282	13.3
TMC	1161	12.1
ER	1077	11.2
FAM PRAC	1032	10.7
AMIC	910	9.5
PREV MED	872	9.1
OPTOMETRY	519	5.4
INT MED	510	5.3
PHYS THERAPY	481	5.0
IMMS	454	4.7
OBGYN	389	4.0
HYPERTEN	306	3.2
CMHA	264	2.7
NEUROLOGY	160	1.7
WELL BABY	94	1.0
CAST ROOM	40	.4
NUTRITION	34	.4
RESP THERAPY	18	.2
AUDIOGRAM	4	.0
MINOR SURG	2	.0
STRESS TEST	2	.0
	-----	-----
TOTAL	9611	100.0
VALID CASES	9611	
MISSING CASES	0	

APPENDIX Q

APPENDIX O
Forms Completed Per Care Provider
(January/Family Practice)

PRIM CARE PROVIDER	ENCOUNTERS
PROVIDER X	257
PROVIDER X	2
PROVIDER X	1
PROVIDER X	273
PROVIDER X	1
* UNIDENTIFIED CP	2
PROVIDER X	293
PROVIDER X	1
PROVIDER X	315
PROVIDER X	1
* UNIDENTIFIED CP	1
PROVIDER X	313
PROVIDER X	4
PROVIDER X	2
PROVIDER X	2
* UNIDENTIFIED CP	1
PROVIDER X	34
* UNIDENTIFIED CP	1
PROVIDER X	9
* UNIDENTIFIED CP	1
* UNIDENTIFIED CP	6
* UNIDENTIFIED CP	1
PROVIDER X	1
PROVIDER X	39
PROVIDER X	<u>1</u>
TOTAL	1562

*Indicates code number not filled in or inversion of digits

APPENDIX R

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
FAM PRAC	NCT ACTIVE DUTY	OTHER	0	1
			AF ROTC CADETS	2
			DEP FOREIGN MIL	4
	SVC BRANCH TOTAL			7
	ARMY	AD	--	169
		DEPN AD	--	1028
		RET	--	103
		DEPN RET DECEA	--	93
	SVC BRANCH TOTAL			1393
	USAF	DEPN AD	--	11
		RET	--	43
		DEPN RET DECEA	--	36
	SVC BRANCH TOTAL			90
	NAVY	DEPN AD	--	6
		RET	--	10
		DEPN RET DECEA	--	5
	SVC BRANCH TOTAL			21
	MARINE	AD	--	2
		DEPN AD	--	34
		RET	--	2
	SVC BRANCH TOTAL			38
				1549

CLINIC VISITS

FOR ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	DTM PAT STATUS CODES	ENCOUNTERS
PED	NOT ACTIVE DUTY	FOREIGN STU	--	25
		OTHER	--	4
		COAST GUARD RET	--	3
		DEP FOREIGN MIL	--	2
	SVC BRANCH TOTAL			34
	ARMY	AD	--	64
		DEPN AD	--	660
		RET	--	67
		DEPN RET DECEA	--	200
	SVC BRANCH TOTAL			991
	USAF	AD	--	7
		DEPN AD	--	33
		RET	--	21
		DEPN RET DECEA	--	55
	SVC BRANCH TOTAL			116
	NAVY	AD	--	10
		DEPN AD	--	23
		RET	--	18
		DEPN RET DECEA	--	25
	SVC BRANCH TOTAL			76
	MARINE	AD	--	2
		DEPN AD	--	30
		RET	--	8
		DEPN RET DECEA	--	16
	SVC BRANCH TOTAL			56
				1273

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
OBGYN	NOT ACTIVE DUTY	FOREIGN STU	--	1
		OTHER	--	3
		FORMER FEMALE SM		1
	SVC BRANCH TOTAL			5
	ARMY	AD	--	34
		DEPN AD	--	162
		RET	--	27
		DEPN RET DECEA	--	125
	SVC BRANCH TOTAL			348
	USAF	DEPN AD	--	10
		RET	--	9
		DEPN RET DECEA	--	58
	SVC BRANCH TOTAL			77
	NAVY	AD	--	1
		DEPN AD	--	17
		RET	--	5
		DEPN RET DECEA	--	15
	SVC BRANCH TOTAL			38
	MARINE	AD	--	1
		DEPN AD	--	7
		DEPN RET DECEA	--	3
	SVC BRANCH TOTAL			11
				479

CLINIC VISITS

APPENDIX R (Contd)

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
INT MED	NOT ACTIVE DUTY	OTHER	--	1
	SVC BRANCH TOTAL			1
	ARMY	AD	--	32
		DEPN AD	--	18
		RET	--	199
		DEPN RET DECEA	--	136
	SVC BRANCH TOTAL			385
	USAF	AD	--	2
		DEPN AD	--	1
		RET	--	53
		DEPN RET DECEA	--	59
	SVC BRANCH TOTAL			115
	NAVY	DEPN AD	--	2
		RET	--	24
		DEPN RET DECEA	--	20
	SVC BRANCH TOTAL			46
	MARINE	DEPN AD	--	1
		RET	--	9
		DEPN RET DECEA	--	4
	SVC BRANCH TOTAL			14
	CLINIC VISITS			561

FOX ARMY MEDDAC SUMMARY DATA				
MED 302 RPT FOR JAN 83 PATIENT STATUS				
CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
SURG	NOT ACTIVE DUTY	OTHER	--	1
			OTH FOREIGN MIL	1
	SVC BRANCH TOTAL			2
	ARMY	AD	--	17
		DEPN AD	--	42
		RET	--	45
		DEPN RET DECEA	--	46
	SVC BRANCH TOTAL			150
	USAF	AD	--	1
		RET	--	15
		DEPN RET DECEA	--	15
	SVC BRANCH TOTAL			31
	NAVY	DEPN AD	--	2
		RET	--	5
		DEPN RET DECEA	--	7
	SVC BRANCH TOTAL			14
	MARINE	DEPN AD	--	1
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			2
				199

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA					
MED 302 RPT FOR JAN 83 PATIENT STATUS					
CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS	
WELL BABY	NOT ACTIVE DUTY	OTHER	DEP FOREIGN MIL	1	
	SVC BRANCH TOTAL			1	
	ARMY	AD	--	12	
		DEPN AD	--	120	
		RET	--	3	
		DEPN RET DECEA	--	5	
	SVC BRANCH TOTAL			140	
	USAF	DEPN AD	--	3	
	SVC BRANCH TOTAL			3	
	NAVY	DEPN AD	--	2	
		DEPN RET DECEA	--	1	
	SVC BRANCH TOTAL			3	
	MARINE	AD	--	1	
		DEPN AD	--	5	
	SVC BRANCH TOTAL			6	
				153	

CLINIC VISITS

FOX ARMY MEDOAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
NUTRITION				
ARMY				
	AD		--	11
	DEPN AD		--	8
	RET		--	6
	DEPN RET DECEA		--	6
				31
SVC BRANCH TOTAL				
USAF			--	1
	DEPN AD		--	3
	RET		--	2
	DEPN RET DECEA		--	6
SVC BRANCH TOTAL				2
NAVY			--	2
	RET		--	4
	DEPN RET DECEA		--	4
SVC BRANCH TOTAL				41

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA					
MED 302 RPT FOR JAN 83 PATIENT STATUS					
CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS	
HYPERTEN	ARMY	AD	--	10	
		DEPN AD	--	3	
		RET	--	189	
		DEPN RET DECEA	--	115	
	SVC BRANCH TOTAL			317	
	USAF	RET	--	56	
		DEPN RET DECEA	--	48	
	SVC BRANCH TOTAL			104	
	NAVY	RET	--	21	
		DEPN RET DECEA	--	18	
	SVC BRANCH TOTAL			39	
	MARINE	DEPN AD	--	1	
		RET	--	5	
		DEPN RET DECEA	--	13	
SVC BRANCH TOTAL				19	
CLINIC VISITS				479	

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
NEUROLOGY				
	MOT ACTIVE DUTY	FOREIGN STU	--	1
		OTHER	NATO OFFICER	1
	SVC BRANCH TOTAL			2
	ARMY	AD	--	24
		DEPN AD	--	35
		RET	--	58
		DEPN RET DECEA	--	51
	SVC BRANCH TOTAL			168
	USAF	DEPN AD	--	5
		RET	--	13
		DEPN RET DECEA	--	14
	SVC BRANCH TOTAL			32
	NAVY	AD	--	1
		DEPN AD	--	4
		RET	--	8
		DEPN RET DECEA	--	10
	SVC BRANCH TOTAL			23
	MARINE	DEPN AD	--	4
		RET	--	3
		DEPN RET DECEA	--	3
	SVC BRANCH TOTAL			10
				235

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
OPTOMETRY	NOT ACTIVE DUTY	FED EMP	--	16
		FOREIGN STU	--	1
		OTHER	ARMY ROTC CADETS	7
	SVC BRANCH TOTAL			24
	ARMY	AD	--	205
		DEPN AD	--	95
		RET	--	124
		DEPN RET DECEA	--	43
	SVC BRANCH TOTAL			467
	USAF	AD	--	3
		DEPN AD	--	1
		RET	--	53
		DEPN RET DECEA	--	4
	SVC BRANCH TOTAL			61
	NAVY	RET	--	18
		DEPN RET DECEA	--	5
	SVC BRANCH TOTAL			23
	MARINE	AD	--	10
		RET	--	7
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			18
				593

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	JTM PAT STATUS CODES	ENCOUNTERS
PHYS THERAPY				
	NOT ACTIVE DUTY	FED EMP	--	24
		FOREIGN STU	--	2
		OTHER	MG 10Y AT ADT	6
	SVC BRANCH TOTAL			32
	ARMY	AD	--	394
		DEPN AD	--	182
		RET	--	112
		DEPN RET DECEA	--	134
	SVC BRANCH TOTAL			822
	USAF	DEPN AD	--	2
		RET	--	11
		DEPN RET DECEA	--	32
	SVC BRANCH TOTAL			45
	NAVY	RET	--	11
		DEPN RET DECEA	--	8
	SVC BRANCH TOTAL			19
	MARINE	AD	--	16
		DEPN AD	--	3
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			20
				938

CLINIC VISITS

FOX ARMY HEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
AUDIOGRAM				
	ARMY	DEPN AD	--	3
		RET	--	2
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			6
	USAF	DEPN AD	--	1
		RET	--	1
		DEPN RET DECEA	--	2
	SVC BRANCH TOTAL			4
	NAVY	DEPN RET DECEA	--	2
	SVC BRANCH TOTAL			2
				12

APPENDIX R (Contd)

CLINIC VISITS

FOR ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE3	DTM PAT STATUS CODES	ENCOUNTERS
CMHA	NOT ACTIVE DUTY	FED EMP	--	4
		FOREIGN STU	--	1
	SVC BRANCH TOTAL			5
	ARMY	AD	--	82
		DEPN AD	--	66
		RET	--	25
		DEPN RET DECEA	--	31
	SVC BRANCH TOTAL			204
	USAF	AD	--	1
		DEPN AD	--	3
		RET	--	4
		DEPN RET DECEA	--	8
	SVC BRANCH TOTAL			16
	NAVY	RET	--	5
		DEPN RET DECEA	--	8
	SVC BRANCH TOTAL			13
	MARINE	AD	--	3
		DEPN AD	--	3
		RET	--	1
		DEPN RET DECEA	--	2
	SVC BRANCH TOTAL			9
				247

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA					
MED 302 RPT FOR JAN 83 PATIENT STATUS					
CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS	
TMC	NOT ACTIVE DUTY	FED EMP	--	1	
		FOREIGN STU	--	21	
		OTHER	--	2	
			ARMY ROTC CADETS	7	
			NAVY ACAD CADETS	2	
	SVC BRANCH TOTAL			33	
	ARMY	AD	--	1346	
		DEPN RET DECEA	--	1	
	SVC BRANCH TOTAL			1347	
	USAF	AD	--	6	
	SVC BRANCH TOTAL			6	
	NAVY	AD	--	5	
	SVC BRANCH TOTAL			5	
	MARINE	AD	--	58	
	SVC BRANCH TOTAL			58	
				1449	

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
IMMS	NOT ACTIVE DUTY	OTHER	--	2
			PEACE-JOB CORPS VIST	1
			DEP FOREIGN MIL	2
	SVC BRANCH TOTAL			5
	ARMY	AD	--	59
		DEPN AD	--	115
		RET	--	76
		DEPN RET DECEA	--	99
	SVC BRANCH TOTAL			349
	USAF	AD	--	2
		DEPN AD	--	2
		RET	--	22
		DEPN RET DECEA	--	56
	SVC BRANCH TOTAL			82
	NAVY	DEPN AD	--	1
		RET	--	7
		DEPN RET DECEA	--	23
	SVC BRANCH TOTAL			31
	MARINE	AD	--	1
		RET	--	2
		DEPN RET DECEA	--	5
	SVC BRANCH TOTAL			8
				475

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	JTM PAT STATUS CODES	ENCOUNTERS
RESP THERAPY				
ARMY				
	AD		--	1
	DEPN AD		--	2
	RET		--	3
	DEPN RET DECEA		--	2
SVC BRANCH TCIAL				8
USAF				
	RET		--	2
	DEPN RET DECEA		--	2
SVC BRANCH TCIAL				4
NAVY				
	DEPN RET DECEA		--	1
SVC BRANCH TOTAL				1
MARINE				
	RET		--	1
SVC BRANCH TOTAL				1
CLINIC VISITS				14

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
PREV MED	NOT ACTIVE DUTY	FED EMP	--	780
		OTHER	--	3
			OTH AUTH PERS	50
	SVC BRANCH TOTAL			833
	ARMY	AD	--	88
		DEPN AD	--	64
		RET	--	9
		DEPN RET DECEA	--	3
	SVC BRANCH TOTAL			164
	USAF	DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			1
	NAVY	RET	--	1
		DEPN RET DECEA	--	1
	SVC BRANCH TOTAL			2
	MARINE	DEPN AD	--	1
	SVC BRANCH TOTAL			1
				1001

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA MED 302 RPT FOR JAN 83 PATIENT STATUS						
CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	DTM PAT STATUS CODES	ENCOUNTERS		
ER	NOT ACTIVE DUTY	FED EMP	--	6		
		CIV EMER	--	1		
		FOREIGN STU	--	5		
		OTHER	--	11		
	SVC BRANCH TOTAL			23		
	ARMY	AD	--	226		
		DEPN AD	--	412		
		RET	--	181		
		DEPN RET DECEA	--	246		
	SVC BRANCH TOTAL			1065		
	USAF	AD	--	5		
		DEPN AD	--	17		
		RET	--	59		
		DEPN RET DECEA	--	77		
	SVC BRANCH TOTAL			158		
	NAVY	AD	--	9		
		DEPN AD	--	15		
		RET	--	38		
		DEPN RET DECEA	--	42		
	SVC BRANCH TOTAL			104		
	MARINE	AD	--	8		
		DEPN AD	--	6		
		RET	--	7		
		DEPN RET DECEA	--	11		
	SVC BRANCH TOTAL			32		
				1382		

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA
MED 302 RPT FOR JAN 83 PATIENT STATUS

CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
APIC	NOT ACTIVE DUTY	FED EMP	--	1
		FOREIGN STU	--	1
		OTHER	--	4
	SVC BRANCH TOTAL			6
	ARMY	AD	--	51
		DEPN AD	--	175
		RET	--	205
		DEPN RET DECEA	--	278
	SVC BRANCH TOTAL			709
	USAF	AD	--	3
		DEPN AD	--	3
		RET	--	62
		DEPN RET DECEA	--	84
	SVC BRANCH TOTAL			152
	NAVY	AD	--	4
		DEPN AD	--	5
		RET	--	30
		DEPN RET DECEA	--	34
	SVC BRANCH TOTAL			73
	MARINE	AD	--	2
		DEPN AD	--	3
		RET	--	4
		DEPN RET DECEA	--	10
	SVC BRANCH TOTAL			19
				959

CLINIC VISITS

FOX ARMY MEDDAC SUMMARY DATA					
MED 202 RPT FOR JAN 83 PATIENT STATUS					
CL CODE	PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS	
CASD ROOM	NOT ACTIVE DUTY	OTHER	--	1	
			MG IDY AT ADT	1	
	SVC BRANCH TOTAL			2	
	ARMY	AD	--	23	
		DEPN AD	--	14	
		RET	--	2	
		DEPN RET DECEA	--	8	
	SVC BRANCH TOTAL			47	
	USAF	RET	--	2	
		DEPN RET DECEA	--	2	
	SVC BRANCH TOTAL			4	
	NAVY	DEPN RET DECEA	--	1	
	SVC BRANCH TOTAL			1	
	MARINE	DEPN AD	--	1	
	SVC BRANCH TOTAL			1	
				55	

CLINIC VISITS

APPENDIX S

APPENDIX S
MED 302 Svc Branch Total

MED 302 Svc Branch Total - Nov 64		OTH PAT STATUS CODES		ENCOUNTERS	
PAT MILE STATUS CODES	PAT MILE STATUS CODES				
NOT ACTIVE DUTY	OTH PAT				
	CIVILIAN			4	
	FOREIGN SIB			54	
	OTHER			52	
				1	
				7	
				14	
				2	
				2	
				2	
				1	
				1	
				1	
				9	
				50	
				1	
				1015	

APPENDIX S (Contd)
MED 302 Svc Branch Total

MED 302 Svc Branch Total - JAN 67		TOTAL STATUS CODES		ENROLLMENTS	
FOR ALL STATUS CODES	FOR ALL STATUS CODES	TOTAL STATUS CODES		ENROLLMENTS	
AD	AD	2856		3204	
DEFN AD	DEFN AD	1437		1624	
DEFN RET DECEA	DEFN RET DECEA	945		50	
DEFN RET DECEA	DEFN RET DECEA	428		93	
DEFN RET DECEA	DEFN RET DECEA	1107		36	
DEFN AD	DEFN AD	77		205	
DEFN RET DECEA	DEFN RET DECEA	229		537	
AD	AD	104		100	
DEFN AD	DEFN AD	49		70	
DEFN RET DECEA	DEFN RET DECEA	327			

APPENDIX T

APPENDIX T
MED 302 Svc Branch total for OH/TMC

MED 302 SVC BRANCH TOTAL FOR OCC HEALTH - JAN 83		
PAT MIL STATUS CODE 2	PAT MIL STATUS CODE 1	OTH PAT STATUS CODES
NOT ACTIVE DUTY	FED EMP	780
	OTHER	3
	OTH ALTH PERS	50
SVC BRANCH TOTAL		833
ARMY	AP	88
	DEPN AD	64
	RFT	9
	DEPN RFT DECEA	3
SVC BRANCH TOTAL		164
USAF	DEPN RFT DECEA	1
SVC BRANCH TOTAL		1
NAVY	RFT	1
	DEPN RFT DECEA	1
SVC BRANCH TOTAL		2
MARINE	DEPN AD	1
SVC BRANCH TOTAL		1

APPENDIX T (Contd)
MED 302 Svc Branch Total for OII/TMC

MED 302 SVC BRANCH TOTAL FOR <u>TMC</u> - JAN 83			
PAT MIL STATUS CODE2	PAT MIL STATUS CODE1	OTH PAT STATUS CODES	ENCOUNTERS
NOT ACTIVE DUTY	FED EMP	--	1
	FOREIGN STU	--	21
	OTHER	--	2
	ROTC CADETS		7
	NAVY ACAD CADETS		2
SVC BRANCH TOTAL			33
ARMY	AP	--	1346
	DEPN RPT DECEA	--	1
SVC BRANCH TOTAL			1347
USAF	AP	--	6
SVC BRANCH TOTAL			6
NAVY	AC	--	5
SVC BRANCH TOTAL			5
MARINE	AP	--	58
SVC BRANCH TOTAL			58

APPENDIX U

APPENDIX U

Examinations Chaperoned per Clinic per Month

[illegible]

APPENDIX U (Contd)

Examinations Chaperoned per Clinic per Month

CLINIC		MONTHS												TOTAL	
		PERIOD													
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APPENDIX V

Tables V-1 and V-2

APPENDIX V
Students From Other Countries
Table V-1

		DOM	PER	IND	EEC	Other	Total
		1	2	3	4	5	6
EUROPE	1	1	1	1	1	1	1
	2	10.0	1	1	1	1	1
	3	50.0	1	1	1	1	1
	4	1	1	1	1	1	1
EUROPE	5	1	1	1	1	1	1
	6	20.0	1	1	1	1	1
	7	10.0	1	1	1	1	1
	8	1	1	1	1	1	1
EUROPE	9	1	1	1	1	1	1
	10	10.0	1	1	1	1	1
	11	10.0	1	1	1	1	1
	12	1	1	1	1	1	1
EUROPE	13	1	1	1	1	1	1
	14	10.0	1	1	1	1	1
	15	10.0	1	1	1	1	1
	16	1	1	1	1	1	1
EUROPE	17	1	1	1	1	1	1
	18	10.0	1	1	1	1	1
	19	10.0	1	1	1	1	1
	20	1	1	1	1	1	1
EUROPE	21	1	1	1	1	1	1
	22	10.0	1	1	1	1	1
	23	10.0	1	1	1	1	1
	24	1	1	1	1	1	1
EUROPE	25	1	1	1	1	1	1
	26	10.0	1	1	1	1	1
	27	10.0	1	1	1	1	1
	28	1	1	1	1	1	1
EUROPE	29	1	1	1	1	1	1
	30	10.0	1	1	1	1	1
	31	10.0	1	1	1	1	1
	32	1	1	1	1	1	1
EUROPE	33	1	1	1	1	1	1
	34	10.0	1	1	1	1	1
	35	10.0	1	1	1	1	1
	36	1	1	1	1	1	1
EUROPE	37	1	1	1	1	1	1
	38	10.0	1	1	1	1	1
	39	10.0	1	1	1	1	1
	40	1	1	1	1	1	1
EUROPE	41	1	1	1	1	1	1
	42	10.0	1	1	1	1	1
	43	10.0	1	1	1	1	1
	44	1	1	1	1	1	1
EUROPE	45	1	1	1	1	1	1
	46	10.0	1	1	1	1	1
	47	10.0	1	1	1	1	1
	48	1	1	1	1	1	1
EUROPE	49	1	1	1	1	1	1
	50	10.0	1	1	1	1	1
	51	10.0	1	1	1	1	1
	52	1	1	1	1	1	1
EUROPE	53	1	1	1	1	1	1
	54	10.0	1	1	1	1	1
	55	10.0	1	1	1	1	1
	56	1	1	1	1	1	1
EUROPE	57	1	1	1	1	1	1
	58	10.0	1	1	1	1	1
	59	10.0	1	1	1	1	1
	60	1	1	1	1	1	1
EUROPE	61	1	1	1	1	1	1
	62	10.0	1	1	1	1	1
	63	10.0	1	1	1	1	1
	64	1	1	1	1	1	1
EUROPE	65	1	1	1	1	1	1
	66	10.0	1	1	1	1	1
	67	10.0	1	1	1	1	1
	68	1	1	1	1	1	1
EUROPE	69	1	1	1	1	1	1
	70	10.0	1	1	1	1	1
	71	10.0	1	1	1	1	1
	72	1	1	1	1	1	1
EUROPE	73	1	1	1	1	1	1
	74	10.0	1	1	1	1	1
	75	10.0	1	1	1	1	1
	76	1	1	1	1	1	1
EUROPE	77	1	1	1	1	1	1
	78	10.0	1	1	1	1	1
	79	10.0	1	1	1	1	1
	80	1	1	1	1	1	1
EUROPE	81	1	1	1	1	1	1
	82	10.0	1	1	1	1	1
	83	10.0	1	1	1	1	1
	84	1	1	1	1	1	1
EUROPE	85	1	1	1	1	1	1
	86	10.0	1	1	1	1	1
	87	10.0	1	1	1	1	1
	88	1	1	1	1	1	1
EUROPE	89	1	1	1	1	1	1
	90	10.0	1	1	1	1	1
	91	10.0	1	1	1	1	1
	92	1	1	1	1	1	1
EUROPE	93	1	1	1	1	1	1
	94	10.0	1	1	1	1	1
	95	10.0	1	1	1	1	1
	96	1	1	1	1	1	1
EUROPE	97	1	1	1	1	1	1
	98	10.0	1	1	1	1	1
	99	10.0					

COLUMN	50	30	54	28	28	100
Total	25.0	15.0	28.0	14.0	14.0	100.0

APPENDIX V (Cont)
Students From Other Countries
Table V-2

FOX ARMY HOSPITAL							ENC	
COUNTRY	CL CODE	FAM MEMBER PREFIX	PAY	INI	AGEND	PRIMARY DX		
EGYPT	PEO	1ST CHILC	11	Y H	37	NO DIAG PROVIDED	1	
			17	A F	27	BRONCHITISBRONCO,AC	1	
			31	A F	27	ASTHMA	1	
			25	AAA	429	OSTOARTHRALD COND	1	
			27	AAA	429	CHR INT KNEE DERANG	1	
	PHYS THERAPY	SPONSOR	14	IFD	397	SPR STR OTH SITES	1	
			20	ANF	368	ACT UP RES TR INF	1	
			21	ZSN	393	OTH FAM PROB	1	
			9	NZY	37	PRES INF INTES VIS	1	
								9
JORDAN	OPTOMETRY	SPONSOR	6	SMA	404	REFRACTIVE ERRORS	1	
			14	AMS	404	IMPETIGO	1	
			3	SSA	404	ACT UP RES TR INF	1	
			7	AMA	328	SINUS ACTECHRON	1	
			17	ASR	498	DUOD ULC W MD COMPL	1	
	AMIC	SPONSOR	17	ASR	498	DUOD ULC W MD COMPL	1	
								5
KUWAIT	DEF	1ST CHILC	19	AKN	10	NO DIAG PROVIDED	1	
			21	SHA	21	PRUR & RLTD COND	1	
			21	AHM	3	LTR FMS PRES MD EXAM	1	
			4	FSF	268	ACT UP RES TR INF	1	
				FTF	288	IRT BUL SYN INTS DSR	1	
	TWC	SPONSOR	6	BAA	320	HEMATURIA NOS	1	
			11	NBA	292	ACT UP RES TR INF	1	
			12	NBA	289	VIRAL INFECTION NOS	1	
				SYA	234	BRUISE CONTO CRUSHG	1	
			28	AEP	674	OTH BURSTSYND	1	
PHILIPPINES	TWC	SPONSOR	6	E J	769	PROB NEC IN OTH CDS	1	
								10

APPENDIX V (Contd)
Students From Other Countries
Table V-2

FOR ARMY HOSPITAL		CL CODE	FAM MEMBER PREFIX	DAY	INI	AGEND	PRIMARY DX	ENC
COUNTRY								
SAUDIA ARABIA	PED	20	CHILC	21	A S	35	ACT UP RES TR INF	1
					HAN	60	ACUTE OTITIS MEDIA	1
				21	HIN	24	ACUTE OTITIS MEDIA	1
				25	MMA	2	ACT UP RES TR INF	1
				17	R A	35	ACUTE OTITIS MEDIA	1
ER		30	CHILC	19	HAF	36	ACUTE OTITIS MEDIA	1
TAIWAN	TMC	SPONSOR		14	CTH	374	ALECIAGOTH HAIR DIS	6
OTHER	PEP	1ST	CHILC	11	E G	137	STRP THR SCR FV ERYs	1
				12	T M	26	ACT UP RES TR INF	1
				13	E G	70	STRP THR SCR FV ERYs	1
						137	STRP THR SCR FV ERYs	1
				19	JCZ	21	EUSTACH BLK DR CATAR	1
				21	C P	64	ASTHMA	1
				24	D N	84	PNEUMONIA	1
					JCZ	21	APENICIT ALL TYPES	1
				26	G F	137	ACT UP RES TR INF	1
					SSH	14	ACUTE OTITIS MEDIA	1
20	CHILD	31	PSA	12	PSA	12	ACUTE OTITIS MEDIA	1
				24	SPD	28	PNEUMONIA	1
				31	SPD	28	LTR FMS PRES MO EXAM	1
				11	E G	73	STRP THR SCR FV ERYs	1
				26	G F	70	LTR FMS PRES MO EXAM	1
4TH	CHILC	28	RMW	10	FHJ	373	SCABIES&OTH ACARIAS	1
				11	HDT	518	INGUIN HER W MO DBST	1
ORGYN	TMC	SPOUSE	SPONSOR	28	RMW	300	NO DIAG PROVIDED	1
				10	FHJ	373	SCABIES&OTH ACARIAS	1
TMC				11	HDT	518	INGUIN HER W MO DBST	1

APPENDIX V (Contd)
Students From Other Countries
Table V-2

FOX ARMY HOSPITAL							
COUNTRY	CL CODE	FAM MEMBER PREFIX	CAY	INI	AGEND	PRIMARY DX	EMC
			24	SIE	509	FOR BD ENTER TH ORIF	1
			28	M G	266	ESOPHAGEAL DIS	1
			31	MJG	266	ESOPHAGEAL DIS	1
				T S	281	NAUSEA VOMITING	1
							22

APPENDIX W
Tables W-1 and W-2

Table W-1

[illegible]

Appendix B

2000 11 11 11:11

THE UNIVERSITY OF CHICAGO

[illegible]

APPENDIX W
Table W-1 (Contd)

1999-11-13 19:05:3

1908 JUL 16 PM 1 4000 - 17000 ft. - 1000 ft. - 1000 ft. - 1000 ft.

[illegible]

APPENDIX W
Table W-1 (Contd)

FIGURE 1. Left: $\Gamma_{\text{eff}}(t)$ vs. t for $\Gamma_{\text{eff}}(0) = 1$ and $\Gamma_{\text{eff}}(0) = 0.5$. Right: $\Gamma_{\text{eff}}(t)$ vs. t for $\Gamma_{\text{eff}}(0) = 0.5$ and $\Gamma_{\text{eff}}(0) = 0.1$.

[illegible]

APPENDIX W
Table W-1 (Contd)

[illegible]

PHYSIC	PREVALENCE	FREQUENCY	PERCENT
PROGRESSIVE VOLUME		1	.1
DIFFICULTY BREAST DYS		1	.1
EMBRYONIC ECTOPY		1	.1
THE END KNOT OF DERMIS		1	.1
QUANTITATIVE OF SKELE		1	.1
DIFFICULTY OF SKELE		1	.1
ACUTE DEFORM OF TUBES		1	.1
DEFORM SUBCUTANEOUS		1	.1
DEFORMED AS ALL DEFG		1	.1
DEFORMED TUBES		1	.1
OCULAR PROBS		1	.1
EMBRYONIC ECTOPY		1	.1
GENERAL FIB OF FIBRO		1	.1
FLUOR ALL TO TUBER		1	.1
CHLOR OF FIBRO OF INT		1	.1
OF BURSTING		1	.1
FEVER OF UNDER CAUSE		1	.1
DISTUR OR SENSIT		1	.1
FALPITATIONS		1	.1
LOW BLOOD PRESSURE		1	.1
ADVERSE MED PRE DOSE		1	.1
		1562	100.0
TOTAL		1562	100.0
VALID CASES	1562	MISSING CASES	0

APPENDIX W
Table W-1 (Contd)

PROFILE REPORT
PROFILE RPT-FAMILY PRACTICE COUNTS (JAN-RECORDED)

FAM MEMBER PREFIX

VALUE LABEL	FREQUENCY	PERCENT
ADULT	866	47.5
CHILD	229	12.7
1ST CHILD	271	15.2
2D CHILD	211	11.7
3D CHILD	21	1.2
4TH CHILD	20	1.2
5TH CHILD	12	.7
6TH CHILD	2	.1
MOM IN LAW OF SPON	1	.1
FATHER OF SPON	3	.2
MOM IN LAW SPON	2	.1
7TH CHILD	1	.1
TOTAL	1562	100.0

VALID CASES 1562 MISSING CASES 0

GOVERNOR TOTAL GOVERNOR

VALUE LABEL	FREQUENCY	PERCENT
GOVERNOR	1556	99.3
MISSING	26	1.7
TOTAL	1562	100.0

VALID CASES 1562 MISSING CASES 0

APPENDIX W
Table W-1 (Contd)

PERIODIC REPORT
PERIODIC REPORT STATUS: PERIODIC REPORTS: CAPTURED

GENUS PERIODIC

VALUE LABEL	FREQUENCY	PERCENT
NOT PERIODIC	502	57.7
PERIODIC	372	42.0
TOTAL	874	100.0
VALID CASES	874	100.0
MISSING CASES	0	0.0

VALID CASES 874 MISSING CASES 0

TYPE PERIODIC YES NO

VALUE LABEL	FREQUENCY	PERCENT
YES	879	56.3
NO	683	43.7
TOTAL	1562	100.0

VALID CASES 1562 MISSING CASES 0

CHAPTER CHAPTERED YES NO

VALUE LABEL	FREQUENCY	PERCENT
NOT CHAPTERED	735	47.4
CHAPTERED	824	52.6
TOTAL	1559	100.0

VALID CASES 1559 MISSING CASES 0

APPENDIX W
Table W-1 (Contd)

REPORT THE FOLLOWING
REPORT THE FOLLOWING: REPORT THE FOLLOWING: REPORT THE FOLLOWING:

DOZ 000: REPORT THE FOLLOWING

VALUE LABEL	FREQUENCY	PERCENT
000	1534	95.6
001: REPORT THE FOLLOWING	100	6.4
002	1	.1
TOTAL	1535	100.0

VALUE LABEL 1535 MISSING CASES 0

REPORT THE FOLLOWING: REPORT THE FOLLOWING: REPORT THE FOLLOWING:

VALUE LABEL	FREQUENCY	PERCENT
000: REPORT THE FOLLOWING	1535	95.6
001	4	.3
002	2	.1
003	1	.1
TOTAL	1542	100.0

VALUE LABEL 1542 MISSING CASES 0

REPORT THE FOLLOWING

VALUE LABEL	FREQUENCY	PERCENT
000: REPORT THE FOLLOWING	1139	71.8
01 TO 30 MIN	133	8.3
31 TO 45 MIN	154	9.6
46 TO 60 MIN	27	1.7
61 TO 90 MIN	21	1.3
91 TO 180 MIN	17	1.1
181+ MIN	8	.5
TOTAL	1569	100.0

VALUE LABEL 1569 MISSING CASES 0

Table W-1 (Contd)

THE NEW YORK PUBLIC LIBRARY ASTOR LENOX TILDEN FOUNDATION 500 5TH AVENUE NEW YORK 17, N.Y.

U R U S I A G B U I G I I O L
R E P U B L I C

FUEL TYPE	FUEL COST						TOTAL FUEL COST
	FUEL COST PER TON						
	COAL		OIL		GAS		
	COAL	OIL	COAL	OIL	COAL	OIL	
COAL	1	1	179	1	1	1	179
	1	1	90.3	1	1	1	90.3
	1	1	10.1	1	1	1	10.1
OIL	2	1	1047	1	11	1	1058
	1	1	92.3	1	1.0	1	93.3
	1	1	73.8	1	12.1	1	85.9
GAS	3	1	195	1	34	1	229
	1	1	61.2	1	27.3	1	88.5
	1	1	7.5	1	40.4	1	47.9
TOTAL FUEL COST	4	1	93	1	36	1	129
	1	1	67.1	1	26.7	1	93.8
	1	1	5.6	1	39.6	1	45.2
TOTAL	5	1	7	1	1	1	9
	1	100.0	1	1	1	1	100.0
	1	100.0	1	1	1	1	100.0
COLUMN TOTAL	7	1405	91	24	34	15.7	150.7
TOTAL	23	87.9	5.8	1.3	2.4	199.0	

THESE FIVE QUESTIONS ORIENT FREEDOMS 0

APPENDIX W
Table W-1 (Contd)

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APPENDIX W
Table W-1 (Contd)

PROFIT REPORT
PROFIT PER CATEGORY (BASED ON TOTAL COSTS INCURRED)

CATEGORY		SUB-CATEGORY		COSTS						TOTAL	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
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		COST		COST		COST		COST		COST	
		COST		COST		COST		COST		COST	
		COST		COST							

NUMBER OF READING OBSERVATIONS = 10

APPENDIX W
Table W-1 (Contd)

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APPENDIX W
Table W-1 (Contd)

PROCEDURES REPORTED BY YOU
FROM THE IMMEDIATELY PREVIOUS QUARTER (CAN RECORDS)

GROUP PROC	PROCEDURE		PER OF ELEMENTS	PER OF TOTAL
CARDIAC CATH		6061		
CHOLELITHAS		1	0.0	0.0
CORONARY CTG		1	0.0	0.0
CULTURE		3	0.1	0.0
CULTURE REMOVAL		10	0.2	0.1
TELE CATHS		107	4.2	3.4
THROAT CULTURE		56	2.6	0.7
TRYPANOMETRY		35	1.6	0.6
VALVE		8	0.4	0.0
VALVE STENO		174	7.1	2.1
OTH PROCEDURES		12	0.4	0.0
	TOTAL REPORTED	7977	100.0	100.0
NO. OBSERVED CASES	NO. VALID CODES			

APPENDIX W
Table W-1 (Contd)

RECEIVED & FORWARDED BY YOU
FROM THE DISTRICT ATTORNEY OF THE COUNTY OF LOS ANGELES

[illegible]

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7% VALID CASES

APPENDIX W
Table W-1 (Contd)

EXAMINATIONS REPORTED BY YOU
FROM THE REF FAMILY PRACTICE CLINIC (CAN RECORDS)

GROUP EXAMINATIONS			
CATEGORY LABEL	COUNT	PCT OF RESPONSES	PCT OF TOTAL
ADULT	26	2.2	0.3
CHILD	54	4.2	0.6
CHILDREN	106	8.3	1.2
AD	67	5.6	0.8
AD	6	0.5	0.1
ADULT GROUP	64	5.5	0.8
ADULT GROUP	779	63.5	9.9
ADULT GROUP	108	8.9	1.3
	1207	100.0	100.0

NOT REPORTED BY YOU

NOT VALID CASES

APPENDIX W
Table W-1 (Contd)

DISPOSITIONS REPORTED BY THE
PROFESSIONAL PRACTICE COMMITTEE (PAC) ON COMPLAINTS

GROUP OF DISPOSITION	COUNT	PERCENTAGE	
		PERCENTAGE OF TOTAL	PERCENTAGE OF GROUP
GROUP 1	1147	79.0	79.0
GROUP 2	91	7.3	7.3
GROUP 3	17	1.3	1.3
GROUP 4	2	0.2	0.2
GROUP 5	2	0.2	0.2
GROUP 6	5	0.4	0.4
GROUP 7	4	0.3	0.3
TOTAL DISPOSITIONS	1475	100.0	100.0
PERCENTAGE OF TOTAL	1475	100.0	100.0

APPENDIX W
Table W-2

CHILD CARE PROVIDER	CHILD NUMBER	LAST NAME FIRST INITIALS	CHILD'S NAME	DOB (MM/DD/YY)
PROVIDER 115	42076	1ST CHILD	IMH	
	42163	2D CHILD	GMS	
PROVIDER 150	0	1ST CHILD	A F	
			RIE	
	42724	5D CHILD	ESA	
	42774	1ST CHILD	KEL	
	42784	5D CHILD	MGE	
	43080	1ST CHILD	KAR	
	43113	1ST CHILD	KDC	
	43456	1D CHILD	GGJ	
	43789	2D CHILD	JRE	
	43791	2D CHILD	AVR	
	43791	2D CHILD	JDE	
	43792	3TH CHILD	JHK	
	43910	2D CHILD	AGT	
	43912	3TH CHILD	IER	
	44181	5D CHILD	CEH	
	44219	2D CHILD	GGP	
	44330	1ST CHILD	ERI	
	44783	1ST CHILD	TER	
	44791	1ST CHILD	OWG	
	44804	2D CHILD	KCD	
	44811	1ST CHILD	CSN	
	45048	5D CHILD	MDI	
	45055	1ST CHILD	IMH	
	45083	1ST CHILD	ACT	
	45262	2D CHILD	CLR	

APPENDIX W
Table W-2 (Contd)

WATER USER CATEGORY	CHILD ID	NAME OF CHILD (FTH/L)	CHILD ID	NAME OF CHILD (FTH/L)
PROVIDER 111	43498	1ST CHILD	442	1ST CHILD
	44170	1ST CHILD	808	1ST CHILD
	47562	1ST CHILD	813	1ST CHILD
	47570	2D CHILD	814	1ST CHILD
		3D CHILD	815	1ST CHILD
	53767	3D CHILD	816	1ST CHILD
	82672	1ST CHILD	817	1ST CHILD
PROVIDER 112	0	1ST CHILD	818	1ST CHILD
	342	1ST CHILD	819	1ST CHILD
	9048	2D CHILD	820	1ST CHILD
	34856	2D CHILD	821	1ST CHILD
PROVIDER 13	0	1ST CHILD	822	1ST CHILD
		2D CHILD	823	1ST CHILD
	34856	2D CHILD	824	1ST CHILD
	80875	2D CHILD	825	1ST CHILD
	43272	1ST CHILD	826	1ST CHILD
	43356	2D CHILD	827	1ST CHILD
	46984	1ST CHILD	828	1ST CHILD
	48166	1ST CHILD	829	1ST CHILD
PROVIDER 14	42408	2D CHILD	830	1ST CHILD
	0	1ST CHILD	831	1ST CHILD
		2D CHILD	832	1ST CHILD
		3D CHILD	833	1ST CHILD
		4D CHILD	834	1ST CHILD

APPENDIX W
Table W-2 (Contd)

EDUCATION	EDUCATION	EDUCATION	EDUCATION	EDUCATION
EDUCATION	EDUCATION	EDUCATION	EDUCATION	EDUCATION
				HAN
				SFD
		3D CHILD		B A
		4TH CHILD		HIN
6735	2D CHILD			JAA
13752	2D CHILD			JAB
20225	3D CHILD			GLD
24291	2D CHILD			MAH
24380	1ST CHILD			KAB
25988	1ST CHILD			JAJ
35177	1ST CHILD			TSP
26677	1ST CHILD			KHS
35434	7TH CHILD			JWA
41398	1ST CHILD			GLG
41674	1ST CHILD			CIW
41774	2D CHILD			UGH
41962	2D CHILD			JWC
41960	2D CHILD			HI
41957	5TH CHILD			MED
42070	3D CHILD			FAL
42154	4TH CHILD			MR I
42162	1ST CHILD			RLM
42170	1ST CHILD			ANC
42182	1ST CHILD			JBJ
42288	1ST CHILD			JDW
42434	5TH CHILD			LJM
42470	1ST CHILD			TGB
	2D CHILD			MBB

APPENDIX W
Table W-2 (Contd)

CHILD PROVIDER	CHILD NAME	FAM MEMBER PREFIX	CHILD SEX	CHILD AGE
	43449	4TH CHILD	VMH	
	43498	2D CHILD	HAS	
		3D CHILD	MWS	
	43546	1ST CHILD	MMH	
		3D CHILD	DEM	
	44456	2D CHILD	JIF	
	44556	1ST CHILD	RWS	
	45562	2D CHILD	JEL	
	47132	1ST CHILD	HCK	
		2D CHILD	LER	
	52344	3D CHILD	JBC	
	52355	2D CHILD	NDW	
		21	ALW	
	52403	2D CHILD	LDM	
	52513	1ST CHILD	MWT	
	53052	1ST CHILD	LER	
	53080	1ST CHILD	JCF	
	72315	4TH CHILD	JOM	
PROVIDER 1	153	1ST CHILD	JDC	
	25004	1ST CHILD	JHM	
	25231	2D CHILD	TAR	
	30034	3D CHILD	CHM	
	30058	1ST CHILD	VRH	
	37338	1ST CHILD	RC	
	40155	4TH CHILD	MFF	
	41992	2D CHILD	NJH	
	54862	1ST CHILD	AAK	
UNIDENTIFIED CF	19540	4TH CHILD	ASW	

APPENDIX X

APPENDIX X

FOX ARMY HOSPITAL
PROCEDURES USING MULT RESPONSE

GROUP PROC	PROCEDURES			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
ADVICE HLTH INSTR		29251	24.0	55.1
ANTIBIOTIC		2772	2.3	5.2
AUDIOMETRY		2135	1.8	4.0
BIOPSY		77	0.1	0.1
BLOOD PRESS		13967	11.5	26.3
CAST APLIC		236	0.2	0.4
CAST REMOVAL		202	0.2	0.4
DIAPHRAGM FITTING		29	0.0	0.1
DIETARY COUNSEL		2743	2.3	5.2
DRESSING CHANGE		321	0.3	0.5
EAR IRRIGATI		162	0.1	0.3
EKG		983	0.8	1.9
EKG ORDER FORM		187	0.2	0.4
ENDOMETRIAL BIOPSY		49	0.0	0.1
HEARING CONSV		1024	0.8	1.9
HEMOCCULT		175	0.1	0.3
HOME VISIT		195	0.2	0.4
I AND O		71	0.1	0.1
IMMUNIZATION		1527	1.3	2.9
INJECT OBSERV		4529	3.7	8.5
IUD		39	0.0	0.1
KOH PREP WET MOUNT		187	0.2	0.4
LTRS FORMS		6774	5.6	12.3
LIQUID NITROGEN		206	0.2	0.4

APPENDIX X (Contd)

FOX ARMY HOSPITAL
PROCEDURES USING MUR 7 RESPONSE

GROUP PROC	PROCEDURES		PCT OF	PCT OF
CATEGORY LABEL		COUNT	RESPONSES	CASES
MANIPULATION		170	0.1	0.3
MINOR SURG		323	0.3	0.5
NASAL SMEAR		12	0.0	0.0
OB WORKUP		38	0.0	0.1
OT SERVICES		3	0.0	0.0
PATIENT CONSULT		1387	1.1	2.5
PHYS THERAPY		3169	2.6	6.0
PREG DETER		157	0.1	0.3
PRES REFILL WD EXAM		1805	1.5	3.4
PROC SIGMOI		115	0.1	0.2
SHOT REC REVIEW		2793	2.3	5.3
SOC WK SERVICES		402	0.3	0.8
SPINAL TAP		13	0.0	0.0
SPIROMETRY		288	0.2	0.5
SPLINTING		189	0.2	0.4
STOOL GUAIAC		88	0.1	0.2
STRESS TEST		7	0.0	0.0
SUTURE		163	0.1	0.3
SUTURE REMOVAL		294	0.2	0.5
TELE CONS		838	0.7	1.5
THROAT CULTURE		1581	1.3	3.0
TONOMETRY		921	0.8	1.7
TYMPANOMETRY		222	0.2	0.4
VASECT		167	0.1	0.3

APPENDIX X (Contd)

FOX ARMY HOSPITAL PROCEDURES USING MULT RESPONSE

GROUP PROC	PROCEDURES		PCT OF RESPONSES	PCT OF CASES
CATEGORY LABEL		COUNT		
VITAL SIGNS		25932	21.3	48.9
OTH PROCEDURES		12862	10.6	24.2
		-----	-----	-----
	TOTAL RESPONSES	121780	100.0	229.0
5805 MISSING CASES	13081 VALID CASES			

APPENDIX Y

APPENDIX Y

FOX ARMY HOSPITAL
REFERRALS USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP REFER REFERRED TO

CATEGORY LABEL	COUNT	PCT OF RESPONSES	PCT OF CASES
ALLERGY	152	3.6	3.8
COMM HEALTH NURS	22	0.5	0.5
AUDIOLOGY	30	0.7	0.7
CARDIOLOGY	66	1.6	1.6
DENTAL	80	1.9	2.0
DERMATOLOGY	73	1.7	1.8
DIETICIAN	230	5.5	5.7
EENT	158	3.8	3.9
ER	50	1.2	1.2
FAM PRAC	289	6.9	7.2
GYN	194	4.6	4.8
INT MED	520	12.4	12.9
NEUROLOGY	170	4.1	4.2
OB CHAMPUS	36	0.9	0.9
OCC THER	2	0.0	0.0
ONCCLOGY	13	0.3	0.3
OPHTHALMOLOGY	149	3.6	3.7
ORTHOPEDICS	243	5.8	6.0
PEDS	200	4.8	5.0
PHYS THERAPY	285	6.8	7.1
PODIATRY	54	1.3	1.3
PRIVATE PHYSICIAN	80	1.9	2.0
PSYCHIATRY	104	2.5	2.6
RHEUMATOLOGY	9	0.2	0.2

APPENDIX Y (Contd)

FOX ARMY HOSPITAL
REFERRALS USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP REFER	REFERRED TO			
CATEGORY LABEL		COUNT	PCT OF RESPONSES	PCT OF CASES
SOCIAL WORK		51	1.2	1.3
SURG		342	8.2	8.5
UROLOGY		84	2.0	2.1
OTHER		496	11.9	12.3
		-----	-----	-----
	TOTAL RESPONSES	4182	100.0	103.6
54855 MISSING CASES	4035 VALID CASES			

APPENDIX Z

APPENDIX Z

FOX ARMY HOSPITAL EXAMS USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP EXAMS EXAMINATIONS

CATEGORY LABEL	COUNT	PCT OF RESPONSES	PCT OF CASES
ABDOM	629	1.5	1.6
CHEST	1211	2.9	3.1
COMPLETE PE	3865	9.2	9.8
EAR	856	2.0	2.2
EYE	2523	6.0	6.4
FLIGHT	73	0.2	0.2
HISTORY W/O PE	5884	14.0	14.9
PARTIAL PE	23296	55.4	58.9
PELVIC PAP	2151	5.1	5.4
RTN TO WORK	305	0.7	0.8
VISL ACUIT	1259	3.0	3.2
	-----	-----	-----
TOTAL RESPONSES	42052	100.0	106.3

19329 MISSING CASES

39561 VALID CASES

APPENDIX A-A

APPENDIX A-A

FOX ARMY HOSPITAL DISP USING MULT RESPONSE TOTAL STUDY 58890 REC

GROUP DISP DISPOSITION

CATEGORY LABEL	COUNT	PCT OF RESPONSES	PCT OF CASES
HOME DUTY	34735	78.4	78.4
RETURN TO CLINIC	7575	17.1	17.1
CONSULT	651	1.5	1.5
CHAMPUS REFERRAL	112	0.3	0.3
ADMIT	370	0.8	0.8
QUAR	568	1.3	1.3
OTH	267	0.6	0.6
	-----	-----	-----
TOTAL RESPONSES	44278	100.0	100.0

14612 MISSING CASES

44278 VALID CASES

APPENDIX B-B

APPENDIX B-B

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (54890 REC)

FILE:

PRDX PRIMARY DX

VALUE LABEL	VALUE	FREQUENCY	PERCENT	VALID PERCENT	COM PERCENT
NO DIAG PROVIDED	9999	5234	8.9	8.9	8.9
MEDICAL EXAM	1070	5112	8.7	8.7	17.6
REFRACTIVE ERRORS	367	2886	4.9	4.9	22.5
ACT UP RES TR INF	460	2848	4.8	4.8	27.3
HYPERTEN, UNCOMPLIC	401	2784	4.7	4.7	32.0
HAY FEVER	477	2412	4.1	4.1	36.1
PROB NEC IN DTH CDS	1999	1549	2.6	2.6	30.8
PROPHYLAC IMMUNIZ	1003	1417	2.4	2.4	41.2
ACUTE OTITIS MEDIA	3820	1300	2.2	2.2	43.4
SHOULDER SYN	7260	1042	1.8	1.8	45.1
OBESITY	278	935	1.6	1.6	46.7
SPR STR DTH SITES	848	904	1.5	1.5	48.3
BK PN W RAD SYMP	7244	895	1.5	1.5	49.8
BK PN WD RAD SYMP	7242	873	1.5	1.5	51.3
LAC DP WNS TRAL AMP	689	701	1.2	1.2	52.6
LTR FMS PRES WD EXAM	1680	700	1.2	1.2	53.7
PAIN OR STIF IN JNT	7194	660	1.1	1.1	54.0
SINUS ACUTECHRON	461	649	1.1	1.1	55.9
BRUISE CONTU CRUSHG	929	623	1.1	1.1	56.9
BRONCHIEBRONCHO, AC	466	601	1.0	1.0	58.0
AC TONSILITQUINSY	463	590	1.0	1.0	59.0
SPR STR ANKLE	8450	521	.9	.9	59.8
CERV SPINE SYND	723	513	.9	.9	60.7
NAUSEA VOMITING	7870	482	.8	.8	61.5
CHF INT KNEE DERANG	717	473	.8	.8	62.3
CYST URIN INFEC	595	464	.8	.8	63.1
FX ALL DTH SITES NEC	829	434	.7	.7	63.9
VIRAL INFECTION NOS	799	431	.7	.7	64.6
ACT LCHF SER OT MED	3811	423	.7	.7	65.3
DIABETES MELLITUS	250	415	.7	.7	66.0
STRP THR SCR EV Erys	34	403	.7	.7	66.7
EPILEPSY ALL TYPES	345	402	.7	.7	67.4
ABS SCANT MENS	6260	392	.7	.7	68.1
HEADACHE	7840	375	.6	.6	68.7
CHAN ISC HT DIS	412	368	.6	.6	69.3
ASTHMA	493	363	.6	.6	69.9
OSTEOARTHRALD COND	715	359	.6	.6	70.5
VAGINITIS NOS, VULV	6161	333	.6	.6	71.1
CONENTH TERMA NEC	692	332	.6	.6	71.7
DEPRESSIVE DISORDER	3004	315	.5	.5	72.2
WARTS, ALL SITES	781	311	.5	.5	72.7
IRT BWL SYN INTS OSR	558	307	.5	.5	73.3
PNGOTH LIMP SYMP	7295	281	.5	.5	73.7
TRAN SITUA DIST ADJ	598	278	.5	.5	74.2
BULLOGE INE ENGOTG	680	275	.5	.5	74.7
PRES INF INTS DIS	9	263	.5	.5	75.1
CONJUNCTIVITIS	3720	265	.5	.5	75.6

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (69690 REC)

FILE:

PRDX PRIMARY DX

OTH BURSE&SYNOV	7263	264	.4	.4	76.0
PNEUMONIA	486	259	.4	.4	76.5
ANXIETY DISORDER	3000	253	.4	.4	76.9
EMPHYSEMA&COPD	492	240	.4	.4	77.3
ORAL CONTRAC	1255	234	.4	.4	77.7
INFLUENZA	437	227	.4	.4	78.1
OTH STOM&DUOD DISOR	536	207	.4	.4	78.4
MARI PRGB	1611	205	.3	.3	78.8
ECZ & ALL DERM	6918	195	.3	.3	79.1
OTH INF SKIN SURCUT	685	195	.3	.3	79.1
OTH MALIG NEOPL NEC	199	193	.3	.3	79.4
CHEST PAIN	7855	185	.3	.3	80.1
MIGRAINE	446	184	.3	.3	80.4
RH ARTH&ALD COND	714	184	.3	.3	80.7
ACNE	7061	179	.3	.3	81.0
SEBACEOUS CYST	7052	175	.3	.3	81.3
ABRA SCRATCH BLIS	918	175	.3	.3	81.6
OTITIS EXTERNA	3801	175	.3	.3	81.9
PRENATAL CARE	1220	173	.3	.3	82.2
OTH BENIGN NEOPL NEC	229	171	.3	.3	82.5
OTH FEM ORGAN DIS	629	167	.3	.3	82.8
SIGN ILL DEF COND	7889	163	.3	.3	83.1
OTH INJ & TRAUMA	959	162	.3	.3	83.3
BRCHI,CHR&BRCHICTAS	491	153	.3	.3	83.6
PAR CHILD PRGB	1612	142	.2	.2	83.8
OTH MEN &PSY DISOR	316	139	.2	.2	84.1
URTICARIA	708	135	.2	.2	84.3
ADV&HLTH INSTRUC	1654	135	.2	.2	84.5
BRN&ES&CLOS ALL DEG	949	133	.2	.2	84.8
AC DAM KNEE MENISC	836	132	.2	.2	85.0
DUOD ULC W WQ COMPL	532	131	.2	.2	85.2
INGN TNL & NAIL DIS	703	131	.2	.2	85.4
NONSP ABN PAP SMEAR	7950	131	.2	.2	85.7
DERMATOPHY&DERMAMYC	110	123	.2	.2	85.9
PELVIC INFLAM DIS	614	123	.2	.2	86.1
OTH NERV SYS DIS NEC	355	117	.2	.2	86.3
GEN CONTRAC GUID	1256	117	.2	.2	86.5
OTH ENDO NU META DI	279	116	.2	.2	86.7
CHRN CYST BRST DS	610	115	.2	.2	86.9
CRVCTS & CVC ERDS	622	115	.2	.2	87.1
HYPOTHYR MYXEDE CRET	244	112	.2	.2	87.3
MNP&S SYM&EST MND BLD	627	110	.2	.2	87.4
CHRON SKIN ULCER	707	109	.2	.2	87.6
HRT MURM NEC NYD	7852	105	.2	.2	87.8
OTH NONARTIC RHEUM	728	105	.2	.2	88.0
ECTOP BEATS ALL TYPE	4276	105	.2	.2	88.2
IRON DEF I ANEMI	280	101	.2	.2	88.3
TEETH&SFT STRUC DIS	520	99	.2	.2	88.5
ARTH NEC LIF CON TIS	725	99	.2	.2	88.7
GONORRHEA ALL SITES	98	94	.2	.2	88.8
DEAFN, PART OR COMPL	397	94	.2	.2	89.0

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (FRR90 REC)

FILE:

PRDX PRIMARY DX

IMPETIGO	684	94	.2	.2	89.2
NONSPECIF URETHRITIS	994	94	.2	.2	89.3
SEBORR DERMATITIS	690	94	.2	.2	89.4
LATE EFEC OF TRAUMA	908	91	.2	.2	89.6
OTH M GEN URGAN DIS	607	90	.2	.2	89.8
ESOPHAGEAL DIS	530	89	.1	.1	89.9
DISTUR OR SENSE	7820	89	.1	.1	90.1
MONILIAS, URGAN PVN	1121	85	.1	.1	90.2
WAX IN EAR	3804	85	.1	.1	90.4
ORCHITIS&PIDIDYMIT	604	81	.1	.1	90.5
HEMORRHOIDS	455	80	.1	.1	90.7
FDG PRB BABY ELILY	7833	80	.1	.1	90.8
VERTIGINOUS SYND	386	79	.1	.1	90.9
CORN&CALL	700	79	.1	.1	91.1
OTH CONTRAC MLTH	1253	79	.1	.1	91.2
SWLG OR EFUS OF JNT	7190	74	.1	.1	91.3
ADVS EF MED PRP DISE	9952	73	.1	.1	91.5
DYSURIA	7881	77	.1	.1	91.6
BEHAVIOR DISOR NEC	312	75	.1	.1	91.7
HIATUS DIAPHRAG HERN	551	75	.1	.1	91.9
DIZZINS GIDDINES	7804	74	.1	.1	92.0
INGUIN HERN W WO OBST	550	73	.1	.1	92.1
BLEED PER RECTUM NOS	5693	72	.1	.1	92.2
OTH INFECT PARST DIS	136	71	.1	.1	92.3
OTH BREAST DISEASES	611	70	.1	.1	92.5
OTH FAM PRXB	1619	70	.1	.1	92.6
CONSTIPATION	5840	70	.1	.1	92.7
EUSTACH PER OR CATAR	3815	69	.1	.1	92.8
POSTN CR	1024	68	.1	.1	92.9
EYLD INF CHALAZION	3730	66	.1	.1	93.0
ALECTICOTIC HAIR DIS	704	65	.1	.1	93.1
OTH CEREBRIVAS DIS	438	64	.1	.1	93.3
MALAIS, FATIG, TIRED	7807	63	.1	.1	93.4
TUBERCULOSIS	11	60	.1	.1	93.6
GOUT	274	60	.1	.1	93.6
ABN UNEXP FIOCH TST	7902	59	.1	.1	93.7
LYNGITIS&TCHITS, AC	464	59	.1	.1	93.8
HEMATURIA NOS	5997	58	.1	.1	93.9
OTH VIRAL EXANTMS	57	57	.1	.1	94.0
ALC ABUS & ALC PSY	3031	57	.1	.1	94.1
GALBLD & BILY TR DIS	574	55	.1	.1	94.2
FORGN BODY IN TIS	912	55	.1	.1	94.2
OCUP PRXB	1620	55	.1	.1	94.3
COUGH	7862	55	.1	.1	94.4
NEO NYD HERN OR MGT	239	54	.1	.1	94.5
DIVTIC DIS OF INTES	562	54	.1	.1	94.7
OTH PERPH VSL DIS	459	52	.1	.1	94.7
BLD FRMC LBD DIS NEC	2809	51	.1	.1	94.8
OTH PERPTIC ULCER	533	47	.1	.1	94.9
SURCECT CARC COMPH	998	49	.1	.1	95.0
MIN, TON, SALIV GLD DI	528	43	.1	.1	95.0

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (55890 FILE)

FILE:

PROX PRIMARY DX

FLAT BLOODING ERUCTAT	7873	48	.1	.1	95.1
PEDICULO & DTH INFES	132	47	.1	.1	95.2
TRAUMAT ARTHRITIS	7161	47	.1	.1	95.3
AC MYC INFAR SUB IS	410	45	.1	.1	95.4
URN SYS CLCUS,AL TYP	592	45	.1	.1	95.4
DISLO SUPRUX DTH SIT	639	45	.1	.1	95.5
FORGN BODY IN EYE	930	45	.1	.1	95.6
HERPES SIMPLEX	54	45	.1	.1	95.7
STER&RDCO FERTIL	606	45	.1	.1	95.8
SCABIES&DTH ACARIAS	133	43	.1	.1	95.8
LYMPHADENITIS,ACUTE	683	43	.1	.1	95.9
TRICHU URIG PVM	1310	43	.1	.1	96.0
DTH SUC PROE	1629	42	.1	.1	96.0
FEVER OF UNDET CAUSE	7406	42	.1	.1	96.1
SCHIZOPH ALL TYPE	295	41	.1	.1	96.2
RHEUM FV HT DIS	390	41	.1	.1	96.3
DIAP RASH	6910	41	.1	.1	96.3
ELEV BLOOD PRESSURE	7962	41	.1	.1	96.4
NONTOXIC GUTRENDOU	240	40	.1	.1	96.5
FAM DIS WWD DIV	1610	40	.1	.1	96.5
NEUROS DTH UNSPEC	3009	40	.1	.1	96.6
INFECTIOUS MONI	75	38	.1	.1	96.7
MONILIASIS EXCL UROG	112	38	.1	.1	96.7
PROSGSEMI VESCU	601	38	.1	.1	96.8
PYLPHR &PYLTIS, AC	5901	37	.1	.1	96.9
RSH&DTH NENSP SKN ER	7821	37	.1	.1	96.9
HEARTBURN	7871	37	.1	.1	97.0
CHRN ENTRS,ULCR CLTS	555	36	.1	.1	97.0
CIR DUTH LIVER DIS	571	36	.1	.1	97.1
GANGL OF JNT&TENDON	7274	36	.1	.1	97.2
SYNCO FAINT PLKOUT	7802	35	.1	.1	97.2
LIPID METABOLISM DIS	272	35	.1	.1	97.3
PAROXYSMAL TACHYCARD	4270	35	.1	.1	97.2
AFFECTIVE PSYCHOSES	296	33	.1	.1	97.4
ANAL FIS FIRST ARCESS	555	33	.1	.1	97.5
PROC,RECEANAL PAIN	5646	33	.1	.1	97.6
EPISTAXIS	7847	32	.1	.1	97.6
ATHRSCL EXC HRT BRN	440	31	.1	.1	97.6
INTRAUT DIV	1251	31	.1	.1	97.7
ATRIAL FIB OF FLUT	4273	31	.1	.1	97.7
PSOP WWD AF	6961	31	.1	.1	97.8
PALPITATIONS	7451	31	.1	.1	97.8
PERSONECHARA DISOR	301	30	.1	.1	97.9
HPR CHRN INF TON ADE	474	30	.1	.1	97.9
ABN URINE TEST NEC	791	30	.1	.1	98.0
INS BTESTINGS	910	29	.0	.0	98.0
FREQ OF URINATION	7884	29	.0	.0	98.1
DTH MSKEL,CNCT DIS	739	24	.0	.0	98.1
BENIGN NEUPLASM SKIN	216	27	.0	.0	98.2
PHLEBITIS&THROMBOPHL	451	27	.0	.0	98.2
PRUR & FLTD COND	698	27	.0	.0	98.3

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (58890 REC)

FILE:

PRDX PRIMARY DX

OTH SKIN SUP TISSU DIS	709	27	.0	.0	98.3
ADVS EF WITH CHEM	989	27	.0	.0	98.4
PREMS INS SYN	6254	27	.0	.0	98.4
OSTEOARTH OF SPINE	721	25	.0	.0	98.4
OTHER HERNIAS	553	25	.0	.0	98.5
HYSTEREHYPOCH DISOR	3001	25	.0	.0	98.5
DVDOS MED AC OR DLB	977	24	.0	.0	98.6
PARKINSONISM	332	23	.0	.0	98.6
OTH UNEXP ABN RESULT	793	23	.0	.0	98.6
ABN INVOL MOVEMENT	7810	23	.0	.0	98.7
APENICIT ALL TYPES	540	22	.0	.0	98.7
SOC MALADJUSTMENT	1424	22	.0	.0	98.8
FOR BD ENTER TH DRIF	939	21	.0	.0	98.8
CONT CAR INF PKS DS	1001	21	.0	.0	98.8
DBS CR OTH HI RS PAT	1010	21	.0	.0	98.9
DYS-PNEA	7860	21	.0	.0	98.9
LIPOMA ANY SITE	214	20	.0	.0	98.9
HEART FAIL, R L SIDE	428	20	.0	.0	99.0
CONC INTRA CRAN INJ	850	20	.0	.0	99.0
INSOM BOTH SLP DISUR	3074	20	.0	.0	99.0
HEMA ARNOR NEC	7900	20	.0	.0	99.1
TRANS CEREBRAL ISCH	435	19	.0	.0	99.1
ENURESIS	7883	19	.0	.0	99.1
OXY PNWOMS HELM NEC	127	18	.0	.0	99.2
PITYRIA ROSE	6963	18	.0	.0	99.2
WEIGHT LOSS	7832	17	.0	.0	99.2
BENIGN PRESTAT HYPER	600	15	.0	.0	99.3
OBSER HI KS MED	1014	15	.0	.0	99.3
VRCS VEINS LEGS	454	15	.0	.0	99.3
OSTEOCHONDRUSIS	732	15	.0	.0	99.3
MASSLOCAL SWEL NDS	7822	15	.0	.0	99.4
ENL LYM NODE NOT INF	7856	15	.0	.0	99.4
MENTAL RETARD	317	14	.0	.0	99.4
PLEUR ALL EC TUPER	5110	14	.0	.0	99.4
MALIG NEUPL BREAST	174	13	.0	.0	99.5
HEREDIT HEMOLYTIC AN	282	13	.0	.0	99.5
CATARACT	366	13	.0	.0	99.5
HEMAT, MLNA, GI HMR	578	13	.0	.0	99.5
LACK OF EXP PHY DVL	7834	12	.0	.0	99.5
MULTIPLE SCLEROS	340	11	.0	.0	99.5
OTH EYE DIS	378	10	.0	.0	99.6
OTH CONGEN ANOMALIES	758	10	.0	.0	99.6
INFECTIOUS HEPATITIS	70	9	.0	.0	99.6
HODG DIS LYMP LEUK	201	9	.0	.0	99.6
DISTURB OF SPEECH	7845	9	.0	.0	99.6
OTH EARGMASTH DIS	398	8	.0	.0	99.7
HYDROCELE	693	8	.0	.0	99.7
SEXUAL PROBLEMS	3027	8	.0	.0	99.7
OTH DRUG AB HAP ADD	3048	8	.0	.0	99.7
ACU ALCOH INTOXI	3050	8	.0	.0	99.7
CONVULSIONS	7803	8	.0	.0	99.7

APPENDIX B-B (Contd)

FREQUENCIES OF DIAGNOSES FOR TOTAL STUDY (58890 FOLLOWS)

FILE:

PRDX PRIMARY DX

EDEMA	7523	9	.0	.0	99.7
SYPH ALL STAGE	90	7	.0	.0	99.7
OTH HRT DISEASE NEC	429	7	.0	.0	99.7
ACQ DEFORM OF LIMBS	736	7	.0	.0	99.7
TENSION HEADACHE	3078	7	.0	.0	99.7
BNGN NEOP BREAST	217	5	.0	.0	99.7
GLAUCOMA	365	5	.0	.0	99.7
DIS HT VAL NON-THEUM	424	5	.0	.0	99.7
GLMERON, AC & CHRN	580	5	.0	.0	99.7
UTEROVAG PROLAPSE	618	5	.0	.0	99.7
CHICKENPOX	52	5	.0	.0	99.7
MALIG NEOP GASTR TR	151	5	.0	.0	99.7
PSY OTH NES EXC ALCOH	298	5	.0	.0	99.7
OTH RESP SYSTM DIS	519	5	.0	.0	99.7
FX TIB FIBULA	823	5	.0	.0	99.7
STERIL MALE FEMALE	1252	5	.0	.0	99.7
EXCESSIVE SWEATING	7808	5	.0	.0	99.7
POMPHOSWEAT GLND DIS	705	4	.0	.0	99.9
MEDSURG PROC WD DIAG	1050	4	.0	.0	99.9
HEMOPTYSIS	7863	4	.0	.0	99.9
ORGNC PSY EXC ALCOH	294	3	.0	.0	99.9
ACQ DEFORM OF SPINE	737	3	.0	.0	99.9
CONG ANOMAL LOW LIMB	754	3	.0	.0	99.9
TOBACCO ABUSE	3051	3	.0	.0	99.9
ANDREXIA	7830	3	.0	.0	99.9
PVN INFEC INTES DIS	8	2	.0	.0	99.9
HERPES ZOSTER	53	2	.0	.0	99.9
MALIG NEOP SKN SUBCU	173	2	.0	.0	99.9
THRTXOSIS W WD GHI	242	2	.0	.0	100.0
BLINDNESS	369	2	.0	.0	100.0
ECTOPIC PREG	633	2	.0	.0	100.0
CONG ANOMALY HTG CIR	746	2	.0	.0	100.0
FX VERTEB COL	405	2	.0	.0	100.0
EDUC PROC	1623	2	.0	.0	100.0
LYPHAD CHR NONSPEC	2891	2	.0	.0	100.0
PAINFUL MENS	6253	2	.0	.0	100.0
HPATOMGLY SPENOMEG	7891	2	.0	.0	100.0
SPR STR NECK	6470	2	.0	.0	100.0
MALIG NEOP RESP TR	162	1	.0	.0	100.0
PURP HEMORRHOAG DEF	287	1	.0	.0	100.0
BLDG DURING PREG	640	1	.0	.0	100.0
ALL PERINATAL COND	778	1	.0	.0	100.0
FX HUMERUS	812	1	.0	.0	100.0
FX META CARPOTARSAL	814	1	.0	.0	100.0
REF WD EXAM-INTERV	1683	1	.0	.0	100.0
NON-PSY VONS & DYSP	6250	1	.0	.0	100.0
UNKY INF PG & PSPART	6466	1	.0	.0	100.0
OSTEOPOROSIS	7330	1	.0	.0	100.0
TOTAL	58890	100.0	100.0		

VALID CASES 58890

MISSING CASES 0

APPENDIX C-C

APPENDIX C-C
Diagnostic Clusters

November (10932 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
NO DIAG PROVIDED	1295	13.8	13.8	13.8
GEN MED EXAM	1022	10.9	10.9	24.8
ACUTE URI	549	5.9	5.9	30.6
HYPERTENSION	530	5.7	5.7	36.3
REFRACTIVE ERRORS	465	5.0	5.0	41.3
LBKPN & SYNDROMES	441	4.7	4.7	46.0
CHRONIC RHINITIS	411	4.4	4.4	50.4
LACR CENTS ABRAS	318	3.4	3.4	53.8
ACUTE SPRANS STRANS	286	3.1	3.1	56.8
BURS SYNOV TENOSYN	263	2.8	2.8	59.7
OT MED ACT CHRON	256	2.7	2.7	62.4
NONPSY DEF ANX-NEURO	238	2.5	2.5	64.9
FIBROS MYLG ARTHG	227	2.4	2.4	67.4
DEGEN JNT DISEASE	179	1.9	1.9	69.3
OBESITY	149	1.6	1.6	70.9
ACUTE LOWER RESPI	145	1.6	1.6	72.4
ALL FX DISLOCATIONS	132	1.4	1.4	73.8
NONFG INF SKNSBQ TS	129	1.4	1.4	75.2
DERMATITIS & ECZ	128	1.4	1.4	76.6
HEADACHES	124	1.3	1.3	77.9 ●

December (10266 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1161	13.5	13.5	13.5
NO DIAG PROVIDED	829	9.6	9.6	23.1
ACUTE URI	616	7.1	7.1	30.2
CHRONIC RHINITIS	476	5.5	5.5	35.7
HYPERTENSION	467	5.4	5.4	41.2
REFRACTIVE ERRORS	396	4.6	4.6	45.8
LBKPN & SYNDROMES	354	4.1	4.1	49.9
OT MED ACT CHRON	319	3.7	3.7	53.6
LACR CENTS ABRAS	243	2.8	2.8	56.4
BURS SYNOV TENOSYN	235	2.7	2.7	59.1
ACUTE SPRANS STRANS	206	2.4	2.4	61.5
NONPSY DEF ANX-NEURO	177	2.1	2.1	63.5
FIBROS MYLG ARTHG	158	1.8	1.8	65.4
ACUTE LOWER RESPI	154	1.8	1.8	67.2
VAGNTS ULVTS CRVCTS	133	1.5	1.5	68.7
DEGEN JNT DISEASE	122	1.4	1.4	70.1
NONFG INF SKNSBQ TS	122	1.4	1.4	71.5
ALL FX DISLOCATIONS	114	1.3	1.3	72.9
DERMATITIS & ECZ	113	1.3	1.3	74.2
SINUSITIS AC CHRON	107	1.2	1.2	75.4 ●

APPENDIX C-C (Contd)
Diagnostic Clusters

January (12235 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1367	13.4	13.4	13.4
NO DIAG PROVIDED	1047	10.2	10.2	23.5
ACUTE URI	662	6.5	6.5	30.0
REFRACTIVE ERRORS	602	5.9	5.9	35.9
HYPERTENSION	561	5.5	5.5	41.4
CHRONIC RHINITIS	423	4.1	4.1	45.5
LBKPN & SYNDROMES	406	4.0	4.0	49.5
OT MED ACT CHRON	364	3.6	3.6	53.0
LACR CENTS ABRAS	329	3.2	3.2	56.2
ACUTE SPRANS STRANS	318	3.1	3.1	59.4
BURS SYNOV TENOSYN	298	2.9	2.9	62.3
FIBROS MYLG ARTHG	250	2.4	2.4	64.7
OBESITY	216	2.1	2.1	66.8
NONPSY DEP ANX-NEURO	177	1.7	1.7	68.5
ACUTE LOWER RESPI	163	1.6	1.6	70.1
SINUSITIS AC CHRON	144	1.4	1.4	71.5
DERMATITIS & ECZ	140	1.4	1.4	72.9
DEGEN JNT DISEASE	133	1.3	1.3	74.2
ALL FX DISLOCATIONS	130	1.3	1.3	75.5
NONFC INF SKNESQ TS	119	1.2	1.2	76.6 ●

February (9784 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1073	12.9	12.9	12.9
NO DIAG PROVIDED	844	10.1	10.1	23.0
ACUTE URI	697	8.4	8.4	31.4
HYPERTENSION	534	6.4	6.4	37.8
REFRACTIVE EPRORS	519	6.2	6.2	44.0
OT MED ACT CHRON	393	4.7	4.7	48.8
CHRONIC RHINITIS	379	4.6	4.6	53.3
LACR CENTS ABRAS	234	2.8	2.8	56.1
LBKPN & SYNDROMES	217	2.6	2.6	58.7
OBESITY	206	2.5	2.5	61.2
ACUTE SPRANS STRANS	204	2.4	2.4	63.6
BURS SYNOV TENOSYN	198	2.4	2.4	66.0
ACUTE LOWER RESPI	175	2.1	2.1	68.1
NONPSY DEP ANX-NEURO	164	2.0	2.0	70.1
DEGEN JNT DISEASE	151	1.8	1.8	71.9
FIBROS MYLG ARTHG	142	1.7	1.7	73.6
SINUSITIS AC CHRON	135	1.6	1.6	75.2
DERMATITIS & ECZ	103	1.2	1.2	76.5
ALL FX DISLOCATIONS	100	1.2	1.2	77.7
HEADACHES	98	1.2	1.2	78.9 ●

APPENDIX C-C (Contd)
Diagnostic Clusters

March (9617 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	1075	13.4	13.4	13.4
NO DIAG PROVIDED	701	8.7	8.7	22.1
ACUTE URI	667	8.3	8.3	30.4
REFRACTIVE ERRORS	564	7.1	7.1	37.5
HYPERTENSION	457	5.7	5.7	43.2
CHRONIC RHINITIS	432	5.4	5.4	48.6
OT MED ACT CHRON	315	3.9	3.9	52.5
LACR CENTS ABRAS	262	3.3	3.3	55.7
ACUTE SPRANS STRANS	262	3.3	3.3	59.0
BURS SYNOV TENOSYN	188	2.3	2.3	61.3
LBKPN & SYNDROMES	184	2.3	2.3	63.6
OBESITY	175	2.2	2.2	65.8
ACUTE LOWER RESPI	161	2.0	2.0	67.8
DEGEN JNT DISEASE	160	2.0	2.0	69.8
NONPSY DEP ANX-NEURD	152	1.9	1.9	71.7
FIBROS MYLG ARTHG	152	1.9	1.9	73.6
DERMATITIS & ECZ	130	1.6	1.6	75.2
SINUSITIS AC CHRON	113	1.4	1.4	76.6
NONFG INF SKNESBQ TS	95	1.2	1.2	77.8
HEADACHES	88	1.1	1.1	78.9 ●

Total Study (58890 Records)

VALUE LABEL	FREQUENCY	PERCENT	VALID PERCENT	CUM PERCENT
GEN MED EXAM	6550	13.2	13.2	13.2
NO DIAG PROVIDED	5234	10.6	10.6	23.8
ACUTE URI	3536	7.1	7.1	30.9
REFRACTIVE ERRORS	2886	5.8	5.8	36.7
HYPERTENSION	2784	5.6	5.6	42.3
CHRONIC RHINITIS	2412	4.9	4.9	47.2
LBKPN & SYNDROMES	1799	3.6	3.6	50.8
OT MED ACT CHRON	1783	3.6	3.6	54.4
LACR CENTS ABRAS	1555	3.1	3.1	57.5
ACUTE SPRANS STRANS	1426	2.9	2.9	60.4
BURS SYNOV TENOSYN	1305	2.6	2.6	63.0
FIBROS MYLG ARTHG	1046	2.1	2.1	65.1
NONPSY DEP ANX-NEURO	996	2.0	2.0	67.2
OBESITY	935	1.9	1.9	69.0
ACUTE LOWER RESPI	860	1.7	1.7	70.8
DERMATITIS & ECZ	662	1.3	1.3	72.1
SINUSITIS AC CHRON	649	1.3	1.3	73.4
ALL FX DISLOCATIONS	621	1.3	1.3	74.7
NONFG INF SKNESBQ TS	609	1.2	1.2	75.9
VAGNTS ULVTS CRVCTS	576	1.2	1.2	77.1 ●

APPENDIX D-D

APPENDIX D-D
MCCU Count vs. Outpatient Encounter Form

<u>Month</u>	<u>MCCU</u>	<u>OEF</u>	<u>of ages</u>
November	12,509	10,932	.13
December	10,542	10,266	.03
January	12,879	12,235	.05
February	13,045	9,784	.24
March	13,138	9,617	.26

APPENDIX E-E

APPENDIX E-E
Care Provider Questionnaire

TO: Fox Army Hospital Providers

FROM: LTC Misener and Ms Gilbert
Health Care Studies and
Clinical Investigation Activity

During the past few months, you have been participating in an ambulatory care data base project which has gained much interest among military and civilian health care professionals. There seems to be agreement that the mark-sense format you have been using is the most efficient method.

Your participation is greatly appreciated. It is hoped that the practice-profile reports have been informative/valuable. As we prepare to make our final report for The Army Surgeon General, we would like to have feedback from you.

We are interested in your individual comments, however, we ask that you approach the evaluation realizing that in the future some method of capturing these data will surely be required. Our goal is to help you design a form that is most responsive to your needs for "recertification," research," etc.

The overall question is how can we meet the requirements to provide information efficiently, economically and as easily as possible, while meeting your needs.

1. Have you received any computer reports? a. _____yes _____no
b. If yes, how many? _____.
2. Would you like to continue receiving practice profile reports on a regular basis? _____yes _____no
3. What additional feedback would you like?
4. What is the first digit of your care provider number? _____.
5. How many seconds would you estimate it takes you to complete your portion of the encounter form? _____.
6. Are the diagnostic categories sufficient for your use? _____yes _____no
(If no) What changes do you recommend?

over please

APPENDIX E-E (Contd)
Care Provider Questionnaire

7. How frequently do you use the secondary (additional) diagnostic categories?
(Please circle your choice)

Almost never 1
Rarely 2
Frequently 3
Almost always 4

8. Do you believe the encounter form such as the one you have been using
should be adopted Army-wide? _____yes _____no.

Why? _____.

9. Do you believe the value of the information gained by completing the form
is potentially worthwhile to:

You	_____yes	_____no
Fox AH	_____yes	_____no
The Army	_____yes	_____no

10. Which portions of the encounter form do you believe could be eliminated?

11. What recommendations would you make to improve or simplify the encounter
form?

APPENDIX F-F

APPENDIX F-F
Clerical Staff Questionnaire

TO: Clinic Clerical/Administrative Staff

FROM: Ms Gilbert/LTC Misener

Your assistance during the test phase of the outpatient encounter form project is greatly appreciated. We believe that in the future the Army will require some method of gathering these data on a world-wide basis. As the end of the "Study" approaches and before the final report is written, we would appreciate your ideas on how to make any future encounter form easier and more efficient.

1. On the average, how many minutes did it take you to complete your portion of the form? _____ minutes.
2. How cooperative are most patients in filling out the forms? (please circle the number of your response).

Very uncooperative	1
Uncooperative	2
Cooperative	3
Very cooperative	4

3. Did the color coding on the form make it easier for you to use ?
_____yes _____no
4. Would you prefer other colors for the form?
_____yes _____no
5. Does this form capture all of the information for any reports you are required to generate such as the Medical Summary 302?
_____yes _____no

If no, what needs to be added?

6. Overall, have you been satisfied with the form? _____yes _____no
7. Has the form been easy to use? _____yes _____no
8. Are the elements in the most logical sequence? _____yes _____no

If no, how would you prefer to have them changed?

9. If the Army decides to continue using a form such as this on an ongoing basis, what changes do you recommend. Please be specific - this is your chance to possibly make the task easier.

APPENDIX G-G



DEPARTMENT OF THE ARMY
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY
REDSTONE ARSENAL, ALABAMA 35899

REPLY TO
ATTENTION OF

HSXW-CO

18 March 1983

SUBJECT: Extension of Funding for Ambulatory Care Data Base

Commander
US Army Health Services Command
ATTN: HSAM (Mr. Hime)
Ft. Sam Houston, Texas 78234

1. We are aware that the Ambulatory Care Data Base Study will end present funding on or about 30 April 1983. Based upon positive results for patient management and personnel and data retrieval it would be imperative to continue this on an on-going basis to further monitor trends and to provide statisticians the opportunity to view this system in operation.

2. We will be submitting a more formal request to the Automation Guidance Council for funding of the extension. Please take this to be a statement of intent.

GRAHAM E. BEARD, M.D.
COL, MC
Commanding

AD-A144 839

AMBULATORY CARE DATA BASE PART B(U) ARMY HEALTH CARE
STUDIES AND CLINICAL INVESTIGATION ACTIVITY FORT SAM
HOUSTON TX T R MISENER ET AL. 16 MAR 84

39

UNCLASSIFIED

HCSC1A-83-009-PT-B

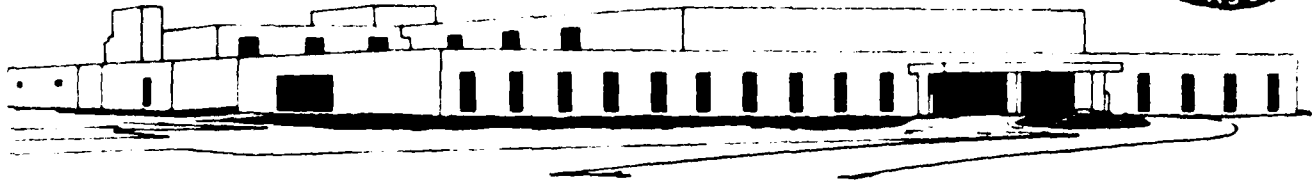
F/G 6/5

NL



END
DATE
FILMED 1
9-84
DTIC

APPENDIX H-H



Sincerely,
MEDDAC COMMANDER

[illegible]

DO NOT WRITE IN THIS AREA

ADDITIONAL PATIENT INFORMATION

ZIP CODE OF YOUR RESIDENCE

0	(0)	0	(0)	0
1	(1)	1	(1)	1
2	(2)	2	(2)	2
3	(3)	3	(3)	3
4	(4)	4	(4)	4
5	(5)	5	(5)	5
6	(6)	6	(6)	6
7	(7)	7	(7)	7
8	(8)	8	(8)	8
9	(9)	9	(9)	9

DUAL BENEFICIARY

IF YOU ARE A FEDERAL EMPLOYEE, IN ADDITION TO CARE THAT YOU RECEIVE BECAUSE OF YOUR EMPLOYMENT, YOU MAY RECEIVE CARE AS A MILITARY RETIREE OR DEPENDENT. PLEASE STATE YOUR SPONSOR'S SOCIAL SECURITY NUMBER IF YOU RECEIVE CARE UNDER BOTH PROVISIONS.

SPONSOR'S SSN

0	(0)	0	(0)	0	(0)	0	(0)	0
1	(1)	1	(1)	1	(1)	1	(1)	1
2	(2)	2	(2)	2	(2)	2	(2)	2
3	(3)	3	(3)	3	(3)	3	(3)	3
4	(4)	4	(4)	4	(4)	4	(4)	4
5	(5)	5	(5)	5	(5)	5	(5)	5
6	(6)	6	(6)	6	(6)	6	(6)	6
7	(7)	7	(7)	7	(7)	7	(7)	7
8	(8)	8	(8)	8	(8)	8	(8)	8
9	(9)	9	(9)	9	(9)	9	(9)	9

PRIVACY ACT STATEMENT AMBULATORY CARE DATABASE

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

Sections 133, 1071, 87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES:

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL IF NOT PROVIDING INFORMATION:

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR

DATE

APPENDIX I-I

OUTPATIENT ENCOUNTER FORM

SSAN		EMP		PATIENT INITIALS	
CLINIC	APPT DATE	TIME	PROVIDER NAME & NO		

CLINIC	TODAY'S DATE		
	DAY	MONTH	YEAR
0 (0)	0 (0)	JAN	0 (0)
1 (1)	1 (1)	FEB	1 (1)
2 (2)	2 (2)	MAY	2 (2)
3 (3)	3 (3)	JUN	3 (3)
4 (4)	4 (4)	JUL	4 (4)
5 (5)	5 (5)	AUG	5 (5)
6 (6)	6 (6)	SEP	6 (6)
7 (7)	7 (7)	OCT	7 (7)
8 (8)	8 (8)	NOV	8 (8)
9 (9)	9 (9)	DEC	9 (9)

SPONSORS SSAN									
0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)	1 (1)
2 (2)	2 (2)	2 (2)	2 (2)	2 (2)	2 (2)	2 (2)	2 (2)	2 (2)	2 (2)
3 (3)	3 (3)	3 (3)	3 (3)	3 (3)	3 (3)	3 (3)	3 (3)	3 (3)	3 (3)
4 (4)	4 (4)	4 (4)	4 (4)	4 (4)	4 (4)	4 (4)	4 (4)	4 (4)	4 (4)
5 (5)	5 (5)	5 (5)	5 (5)	5 (5)	5 (5)	5 (5)	5 (5)	5 (5)	5 (5)
6 (6)	6 (6)	6 (6)	6 (6)	6 (6)	6 (6)	6 (6)	6 (6)	6 (6)	6 (6)
7 (7)	7 (7)	7 (7)	7 (7)	7 (7)	7 (7)	7 (7)	7 (7)	7 (7)	7 (7)
8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)	8 (8)
9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)	9 (9)

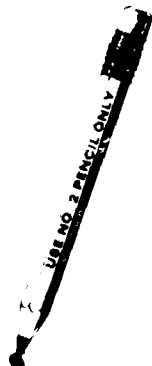
PATIENT INFO	
EMP	INITIALS
0 (0)	I (I)
1 (1)	A (A)
2 (2)	B (B)
3 (3)	C (C)
4 (4)	D (D)
5 (5)	E (E)
6 (6)	F (F)
7 (7)	G (G)
8 (8)	H (H)
9 (9)	I (I)
0 (0)	J (J)
1 (1)	K (K)
2 (2)	L (L)
3 (3)	M (M)
4 (4)	N (N)
5 (5)	O (O)
6 (6)	P (P)
7 (7)	Q (Q)
8 (8)	R (R)
9 (9)	S (S)
0 (0)	T (T)
1 (1)	U (U)
2 (2)	V (V)
3 (3)	W (W)
4 (4)	X (X)
5 (5)	Y (Y)
6 (6)	Z (Z)

APPOINTMENT STATUS
☐ Scheduled
☐ Unscheduled
☐ Cancelled
☐ Missed

PATIENT STATUS
☐ In Patient
☐ Out Patient

INSTRUCTIONS

- Please use No. 2 Pencil only.
- Fill ovals completely.
- Erase mistakes cleanly.
- Do not make stray marks on this form.



PATIENT DATA

PROVIDER

#1 CARE PROVIDER	#2 CARE PROVIDER
0 (0)	0 (0)
1 (1)	1 (1)
2 (2)	2 (2)
3 (3)	3 (3)
4 (4)	4 (4)
5 (5)	5 (5)
6 (6)	6 (6)
7 (7)	7 (7)
8 (8)	8 (8)
9 (9)	9 (9)

#1	TIME SPENT	#2
Less than 5 minutes		
6-15 minutes		
16-30 minutes		
31-45 minutes		
46-60 minutes		
Greater than 60 minutes		

INITIAL VISIT FOR THIS PROBLEM?
☐ Yes ☐ No

JOB RELATED DIAGNOSIS?
☐ Yes ☐ No

EXAMS
☐ Abdominal
☐ Chest
☐ Complete P.E.
☐ Ear
☐ Eye
☐ Flight
☐ History w/o P.E.
☐ Partial P.E.
☐ Pelvic/Pap
☐ Rtn to Work
☐ Visual Acuity

PROCEDURES/SERVICES

- | | |
|--|---|
| ☐ ANTIBIOTIC
☐ AUDIOMETRY
☐ BIOPSY
☐ CAST APPLICATION
☐ CAST REMOVAL
☐ DIAPHRAGM FITTING
☐ DIETARY COUNSELING
☐ DRESSING CHANGE
☐ EAR IRRIGATION
☐ EKG
☐ EKG ORDER FORM
☐ ENDOMETRIAL BIOPSY
☐ HEARING CONSV
☐ HEMOCULT
☐ HOME VISIT
☐ I & D
☐ IMMUNIZATIONS
☐ INJECTION/OBSERV
☐ IUD
☐ KOH PREP/WET MOUNT
☐ LETTERS, FORMS
☐ LIQUID NITROGEN
☐ MANIPULATION
☐ MINOR SURGERY
☐ MYRINGOTOMY
☐ NASAL SMEAR
☐ OB WORKUP
☐ OT SERVICES
☐ PATIENT CONSULTATION
☐ PHYS THERAPY
☐ PREG DETERMINATION | ☐ PRESCRIPTION REFILL W/O EXAM
☐ PROCTOSCOPY/SIGMOID
☐ SHOT RECORD REVIEWED
☐ SOC WRK SVCS
☐ SPINAL TAP
☐ SPIROMETRY
☐ SPLINTING
☐ STRESS TEST
☐ SUTURE
☐ SUTURE REMOVAL
☐ TEE CONSULT
☐ THROAT CULTURE
☐ TUNOMETRY
☐ TYMPANOMETRY
☐ VASECTOMY |
|--|---|

ADDITIONAL PROCEDURES

1	2	3
0 (0)	0 (0)	0 (0)
1 (1)	1 (1)	1 (1)
2 (2)	2 (2)	2 (2)
3 (3)	3 (3)	3 (3)
4 (4)	4 (4)	4 (4)
5 (5)	5 (5)	5 (5)
6 (6)	6 (6)	6 (6)
7 (7)	7 (7)	7 (7)
8 (8)	8 (8)	8 (8)
9 (9)	9 (9)	9 (9)

APPT CONTROL NO

DO NOT WRITE IN THIS AREA

PRIMARY DX

ICHPPC-2 DIAGNOSIS

MARK ONE PERTINENT DIAGNOSIS FOR THIS VISIT

SKIN	CV (continued)	EXTREMITIES/MS	ENDOCRINE/METABOLIC																																																																																																				
☐ 118 ABRASION ☐ 1001 ALBINO ☐ 8010 ATOPIC ECZEMA ☐ 940 BURN ☐ 8001 CELLULITIS ☐ 052 EMERGEN PILLS ☐ 802 LENTIGES ☐ 000 LUPUS ☐ 8010 DIAPER RASH ☐ 110 DENTAL INFECTION ☐ 800 FURUNCLE ☐ 809 LACERATION ☐ 1821 OTHER RASH ☐ 800 PRURITIS ☐ 8001 PSORIASIS ☐ 8002 VIRAL ☐ 0701 WARTS	☐ 422 MITRAL VALVE PROLAPSE ☐ 424 OTHER VALVULAR DISEASE ☐ 390 RHD RESPIRATORY ☐ 780 ANTIMINAI PAIN ☐ 518 ACID PEPTIC DISEASE ☐ 151 CANCER COLON ☐ 151 CANCER GASTRIC ☐ 151 CANCER OTHER ☐ 578 EMPHYSEMA ☐ 571 EMPHYSEMA ☐ 580 CONSTIPATION ☐ 550 DIARRHEA ☐ 582 DIVERTICULITIS DIVERTICULOSIS ☐ 1009 DYSPHAGIA ☐ 5511 ESOPHAG. HIATUS HERNIA ☐ 0090 GASTROENTERITIS ☐ 5691 HEMATOPIEZIA ☐ 571 HEPATITIS ACUTE ☐ 551 HERNIA ABDOMINAL ☐ 5501 INFLAMMATORY BOWEL DISEASE ☐ 5502 IRRITABLE BOWEL SYNDROME ☐ 571 LIVER DYSFUNCTION ☐ 822 MASS ☐ 1810 NAUSEA VOMITING ☐ 578 RECTAL BLEEDING ☐ 578 PANCREATIC DISEASE ☐ 0000 OTHER GU ☐ 0501 ABNORMAL PAP SMEAR ☐ 585 ANAL FISSURE ☐ 0000 BPH ☐ 622 CERVICITIS VAGINITIS ☐ 598 CHRONIC RENAL DISEASE ☐ V56 CONTRACEPTION ☐ 6209 DISORDERED MENSTRUATION ☐ 1801 DYSURIA UTI ☐ 808 FERTILITY PROBLEM ☐ 109 GONORRHEA ☐ 1056 URIN MASS ADENOPATHY ☐ 5991 HEMATURIA ☐ 455 HEMORRHOID ☐ 803 HYDROCELE ☐ 550 INGUINAL HERNIA ☐ 210 LEIOMYOMATA UTERI ☐ 627 MENOPAUSAL SYNDROME ☐ 0994 NON GONOCOCCAL URETHRITIS ☐ 1099 OTHER VENEREAL DISEASE ☐ 18141 PELVIC PAIN ☐ 18258 PELVIC RELAXATION/STRESS INCONTINENCE ☐ 814 PID ☐ 600 PROSTATITIS ☐ 181 PROTEINURIA ☐ 5939 RENAL INSUFFICIENCY ☐ 4504 SCROTAL MASS ☐ 1310 TRICHOMONIOSIS ☐ 1121 UROGENITAL CANDIDIASIS ☐ 592 UROLITHIASIS ☐ 610 UTEROVAGINAL PROLAPSE ☐ 6250 VAGINISMUS ☐ 598 OTHER OBSTETRICS ☐ V24 FULL NATAL CHILD ☐ V210 PRE NATAL CARE ☐ 842 TOXEMIA PRE ECLAMPSIA ☐ 870 OTHER	☐ 2194 ARTHRALGIA ☐ 7242 BACK PAIN ☐ 7283 BURSITIS PARIETICULAR DISEASE ☐ 7297 CERVICAL PAIN RADICULOPATHY ☐ 725 OJD OSTEOARTHRITIS ☐ 829 FRACTURE ☐ 550 INGUINAL HERNIA ☐ 7194 KNEE PAIN TRAUMA ☐ 728 MYALGIA ☐ 725 OTHER COLLAGEN DISEASE ☐ 1020 PAROSISIAS ☐ 454 PEDAL EDEMA VENITIS INSUFFICIENCY ☐ 451 PHLEBITIS ☐ 714 RHEUMATOID ARTHRITIS ☐ 7221 SCIATICA ☐ 7280 SHOULDER SYNDROME ☐ 848 STRAIN SPRAIN JOINT ☐ 7295 OTHER NEURO ☐ 115 ATTENTION DEFICIT DISORDER ☐ 355 CEREBRAL PALSY ☐ 430 CEREBROVASCULAR INSUFFICIENCY ☐ 298 DEMENTIA ☐ 3419 DEMENTIATING DEGENERATION DISORDER ☐ 794 EEG ABNORMALITY ☐ 740 HEADACHE MIGRAINE ☐ 7841 HEADACHE MIXED ☐ 1078 HEADACHE MUSCLE CONTRACTION ☐ 7840 HEADACHES NOS ☐ 430 HEMIPARESIS-STROKE (LVA) ☐ 355 MINIMAL BRAIN DYSFUNCTION ☐ 132 PARKINSON'S DISEASE ☐ 355 PERIPHERAL NEUROPATHY ☐ 7803 SEIZURE DISORDER NOS ☐ 7803 SEIZURE FEBRILE ☐ 3451 SEIZURE GRAND MAL ☐ 345 SEIZURE PETIT MAL ☐ 3001 SEIZURE PSYCHOMOTOR ☐ 780 STUPOR/COMA ☐ 7435 TIA ☐ 7810 TREMOR ☐ 388 VERTEBRO BASILAR SYNDROME ☐ 355 OTHER PSYCHIATRIC ☐ 3031 ALCOHOL ABUSE ☐ 3000 ANXIETY DISORDER ☐ 9812 CHILD ABUSE-NEGLECT ☐ 3074 INSOMNIA ☐ 9811 MARITAL PROBLEMS ☐ 3004 MOOD DISORDER-MILD DEPRESSION ☐ 294 ONIACNE MENTAL DISORDER-ACUTE BRAIN SYNDROME ☐ 3048 OTHER SUBSTANCE ABUSE ☐ 977 OVERDOSE-INGESTION ☐ 301 PERSONALITY DISORDER ☐ 3001 PSYCHOPHYSIOLOGIC DISORDER ☐ 298 PSYCHOTIC DISORDER ☐ 295 SCHIZOPHRENIA ☐ 9813 SCHOOL PROBLEMS ☐ 308 SITUATIONAL ADJUSTMENT REACTION ☐ 400 SUICIDE ATTEMPT ☐ 316 OTHER	☐ 250 AMENORRHEA ☐ 250 DIABETES MELLITUS ☐ 274 GOUT HYPERURICEMIA ☐ 242 GRAVE'S DISEASE HYPERTHYROID ☐ 274 HYPERLIPIDEMIA ☐ 244 HYPOHYPOTISM ☐ 807 IMPOTENCY ☐ 808 INFERTILITY ☐ 278 OBESITY ☐ 274 PANATYROID DISORDER ☐ 2791 OTHER GENERAL ☐ 9804 ADVISE HEALTH INSURANCE ☐ 254 CONFINED ANIMAL ☐ 780 FEVER ☐ 812 HYPERACTIVITY ☐ 9803 IMMUNIZATION ☐ 80 MALNUTRITION ☐ 980 MEDICAL TEAM ☐ 980 MEDICAL STATEMENT ☐ 260 NUTRITION PROBLEM ☐ 980 REFILL MEDICATION ☐ 1051 SMOKING EXCESS ☐ 7801 WEARINESS ☐ 7802 WEIGHT LOSS LABORATORY ABNORMALITY ☐ 981 ABNORMAL LAB ☐ 981 ABNORMAL LAB TEST ☐ 285 ANEMIA ☐ 783 OTHER PRIMARY DIAGNOSIS IF NOT ON ABOVE LIST <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>0</td> </tr> </table> TYPE OF VISIT (MARK ONLY ONE) ☐ ACUTE PROBLEM-MINOR ☐ ACUTE PROBLEM-COMPLEX ☐ CHRONIC PROBLEM-ROUTINE ☐ MULTIPLE CHRONIC PROBLEMS-ROUTINE ☐ CHRONIC PROBLEM-FLARE UP ☐ POST SURGERY-INJURY ☐ NON ILLNESS CARE DISPOSITION ☐ NO FOLLOWUP PLANNED ☐ WORK WITH LIMITATION ☐ RETURN TO CLINIC ☐ COMPLETE ☐ HAMPUS REFERRAL ☐ ADMITTED ☐ CHARTERS ☐ DIED ☐ OTHER	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
1	2	3	4	5	6	7	8	9	0																																																																																														
1	2	3	4	5	6	7	8	9	0																																																																																														
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DO NOT WRITE IN THIS AREA

APPENDIX J-J

CHN-OHS OUTPATIENT ENCOUNTER FORM

PATIENT DATA

CLINIC
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1 (1)
2 (2)
3 (3)
4 (4)
5 (5)
6 (6)
7 (7)
8 (8)
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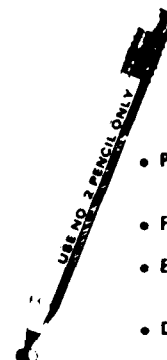
TODAY'S DATE		
DAY	MONTH	YEAR
0 (0)	JAN	0 (0)
1 (1)	FEB	1 (1)
2 (2)	MAR	2 (2)
3 (3)	APR	3 (3)
4 (4)	MAY	4 (4)
5 (5)	JUN	5 (5)
6 (6)	JUL	6 (6)
7 (7)	AUG	7 (7)
8 (8)	SEP	8 (8)
9 (9)	OCT	9 (9)
0 (0)	NOV	0 (0)
1 (1)	DEC	1 (1)

SPONSOR'S SSN									
0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
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3 (3)	4 (4) C C C
4 (4)	5 (5) D D D
5 (5)	6 (6) E E E
6 (6)	7 (7) F F F
7 (7)	8 (8) G G G
8 (8)	9 (9) H H H
9 (9)	0 (0) I I I
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	3 (3) L L L
	4 (4) M M M
	5 (5) N N N
	6 (6) O O O
	7 (7) P P P
	8 (8) Q Q Q
	9 (9) R R R
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	1 (1) T T T
	2 (2) U U U
	3 (3) V V V
	4 (4) W W W
	5 (5) X X X
	6 (6) Y Y Y
	7 (7) Z Z Z

INSTRUCTIONS

- Please use No. 2 Pencil only.
- Fill ovals completely.
- Erase mistakes cleanly.
- Do not make stray marks on this form.



PROVIDER

#1 CARE PROVIDER	#2 CARE PROVIDER
0 (0)	0 (0)
1 (1)	1 (1)
2 (2)	2 (2)
3 (3)	3 (3)
4 (4)	4 (4)
5 (5)	5 (5)
6 (6)	6 (6)
7 (7)	7 (7)
8 (8)	8 (8)
9 (9)	9 (9)

#1 TIME SPENT	#2
Less than 5 minutes	0 (0)
6-15 minutes	1 (1)
16-30 minutes	2 (2)
31-45 minutes	3 (3)
46-60 minutes	4 (4)
Greater than 60 minutes	5 (5)

EXAMS/EVALUATIONS
☐ Placement Complete
☐ Placement Limited
☐ Periodic Complete
☐ Periodic Limited
☐ Fitness for Duty
☐ Disability Retirement
☐ Termination
☐ Complete Medical Exam
☐ Nursing Health Appraisal
☐ Abdominal
☐ Chest
☐ Complete PE
☐ Ear
☐ Eye
☐ History
☐ Partial PE
☐ Return to Work

INITIAL VISIT FOR THIS PROBLEM
☐ Yes ☐ No

JOB RELATED DIAGNOSIS
☐ Yes
☐ No
☐ To be determined

DISPOSITION
☐ Home
☐ Duty
☐ Return to clinic
☐ Consult
☐ Work with limitations
☐ Other

TYPE OF CHN VISIT
☐ Ward
☐ Home
☐ Clinic/office
☐ Telephone

SPECIAL CODES		
A	B	C
0 (0)	0 (0)	0 (0)
1 (1)	1 (1)	1 (1)
2 (2)	2 (2)	2 (2)
3 (3)	3 (3)	3 (3)
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7 (7)	7 (7)	7 (7)
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9 (9)	9 (9)	9 (9)

PROCEDURES/SERVICES		
☐ 1. ADVICE/HEALTH INSTR	☐ 17. SUTURE REMOVAL	
☐ 2. AUDIOMETRY	☐ 18. TELE CONSULT	
☐ a. Preplacement	☐ 19. TONOMETRY	
☐ b. Periodic	☐ 20. VISUAL ACUITY	
☐ c. Earplug Fitting	☐ a. Preplacement	
☐ d. Hearing Conservation	☐ b. Periodic	
☐ e. Reportable Threshold Shift	☐ c. Safety Glasses Issues	
☐ 3. BLOOD PRESSURE	☐ 21. OTHER PROCEDURES	
☐ 4. DRESSING CHANGE		
☐ 5. EAR IRRIGATION		
☐ 6. EKG		
☐ 7. IMMUNIZATIONS		
☐ 8. INJECTION/ALLERGY		
☐ 9. INJECTION/OBSERV		
☐ 10. EYE INJURY		
☐ a. Chemical		
☐ b. Foreign Body		
☐ c. Trauma		
☐ 11. LETTERS FORMS		
☐ 12. PATIENT CONSULTATION		
☐ 13. PREGNANCY SURVEILLANCE		
☐ 14. SHOT RECORD REVIEWED		
☐ 15. SPIROMETRY		
☐ 16. SPLINTING		
☐ 17. SUTURE		

ADDITIONAL PROCEDURES		
1	2	3
0 (0)	0 (0)	0 (0)
1 (1)	1 (1)	1 (1)
2 (2)	2 (2)	2 (2)
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APPT CONTROL NO

DO NOT WRITE IN THIS AREA

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DISORDER 301 HYSTERIC & HYPOCHONDRIAC DISORDER 302 DEPRESSIVE DISORDER 303 NEUROSIS OTHER UNSPECIFIED OTHER MENTAL & PSYCHOLOGICAL DISORDERS 310 BEHAVIOR DISORDERS NEC 303 ALCOHOL ABUSE & ALCOHOLIC PSYCHOSIS 304 ACUTE ALCOHOLIC INTOXICATION 305 OTHER DRUG ABUSE HABIT ADDICTION 306 PERSONALITY & CHARACTER DISORDERS 307 MENTAL RETARDATION 310 OTHER MENTAL & PSYCHOLOGICAL DISORDER HEAD SYSTEM, SENSE ORGAN DISEASES NERVOUS SYSTEM DISEASES 320 PARKINSONISM 340 EPILEPSY ALL TYPES 345 MIGRAINE EYE DISEASES 370 CONJUNCTIVITIS & OPHTHALMIA 371 EYE INFECTIONS CHALAZION 380 REFRACTIVE ERRORS 381 CATARACT 385 GLAUCOMA EAR DISEASES 390 OTITIS EXTERNA 391 ACUTE OTITIS MEDIA 392 ACUTE & CHRONIC SUPPURATIVE OTITIS MED 393 EUSTACHIAN TUBE OR CATARRH 394 VERTIGINOUS SYNDROMES 395 DEAFNESS PARTIAL OR COMPLETE 396 WAX IN EAR RESPIRATORY SYSTEM DISEASES HEART DISEASES 400 RHEUMATIC FEVER HEART DISEASE 410 AC MYOCARD INFARCT/STAB ISCHEMIA 412 CHRONIC ISCHEMIC HEART DISEASE 420 HEART FAILURE RIGHT LEFT 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HEMATEMESIS MELENA GEMORRHOAGE 462 GALLBLADDER & BILIARY TRACT DISEASE GENITOURINARY SYSTEM DISEASES URINARY SYSTEM DISEASES 500 CYSTITIS & URINARY INFECTION NOS 502 URINARY SYSTEM CALCULUS ALL TYPES 503 HEMATURIA NOS MALE GENITAL ORGAN DISEASES 601 PROSTATITIS & SEMINAL VESICULITIS 602 HYDROCELE 603 ORCHITIS & EPIDIDYMITIS 604 OTHER MALE GENITAL ORGAN DISEASES BREAST DISEASES 610 OTHER BREAST DISEASES SKIN, SUBCUTANEOUS TISSUE DISEASES 620 HIDE & FLEETINGS EXCEPT UNDER THE 621 LYMPHADENITIS ACUTE 622 IMPETIGO 625 OTHER INFECTIONS SKIN/SUBCUTANEOUS 626 SEBORRHEIC DERMATITIS 627 ECZEMA & ALLERGIC DERMATITIS 628 CONTACT & OTHER DERMATITIS NEC 629 PSORIASIS WITH ARTHROPATHY 630 PRURITIS & RELATED CONDITIONS 631 SEBACEOUS CYST 632 INGROWN TOENAIL & NAIL DISEASE NEC 633 ACNE 634 CHRONIC SKIN ULCER 635 URTICARIA MUSCULOSKELETAL, CONNECTIVE TISSUE DISEASES ARTHRITIS & ARTHROSIS 710 RHEUMATOID ARTHRITIS & ALLIED CONDITIONS 715 OSTEOARTHRITIS & ALLIED CONDITIONS 716 TRAUMATIC ARTHRITIS 717 PAIN OR STIFFNESS IN JOINT 718 SWELLING OR EFFUSION OF JOINT 720 ARTHRITIS NEC EXCEPT GOUTY OR NONARTICULAR RHEUMATISM 720 SHOULDER SYNDROMES NONARTICULAR RHEUMATISM (continued) 723 OTHER BURSITIS & SYNOVITIS 724 OTHER NONARTICULAR RHEUMATISM 725 OTHER OTHER LIMB SYMPTOMS VERTEBRAL COLUMN SYNDROMES 726 BACK PAIN WITH RADIATING SYMPTOMS 727 BACK PAIN WITH RADIATING SYMPTOMS OTHER MUSCULOSKELETAL CONNECTIVE TISSUE DISORDER 728 LAMENATION OF JOINT & TENDON GENERAL SIGNS & SYMPTOMS CENTRAL & PERIPHERAL NERVOUS SYSTEM 800 CONVULSIONS 801 ABNORMAL INVOLUNTARY MOVEMENT 802 DIZZINESS & GIDDINESS 803 DISTURBANCE OF SLEEP 804 HEADACHE 805 DISTURBANCE OF SENSATION CARDIOVASCULAR & LYMPHATIC SYSTEM 806 CHEST PAIN 807 PALPITATIONS 808 SYNCOPE FAINT BLACKOUT 809 HEART MURMUR NOT NYD 810 EDEMA 811 ENLARGED LYMPH NODES NOT INFECTED RESPIRATORY SYSTEM 812 EPISTAXIS 813 HEMOPTYSIS 814 DYSPNEA 815 COUGH GASTROINTESTINAL SYSTEM & ABDOMEN 816 ANOREXIA 817 NAUSEA/VOMITING 818 HEARTBURN 819 ABDOMINAL PAIN GENITOURINARY SYSTEM 820 DYSURIA 821 INURISIS 822 FREQUENCY OF URINATION GENERAL SIGNS & SYMPTOMS 823 EXCESSIVE SWEATING 824 FEVER OF UNDETERMINED CAUSE 825 RASH & OTHER NONSPECIFIC SKIN ERUPTION 826 WEIGHT LOSS 827 MALAISE FATIGUE TIREDNESS 828 MASS & LOCALIZED SWELLING NOS NYD UNEXPLAINED ABNORMAL RESULTS 829 ABNORMAL URINE TEST NEC 830 HEMATOLOGICAL ABNORMALITY NEC 831 ABNORMAL UNEXPLAINED BIOCHEM TEST 832 ELEVATED BLOOD PRESSURE 833 OTHER UNEXPLAINED ABNORMAL RESULTS ALLERGIC & ADVERSE EFFECTS 834 FRACTURE ALL SITES 835 ACUTE DAMAGE KNEE MENISCUS 836 DISLOC SUBLUX OTHER SITES NEC 837 SPRAIN STRAIN ANKLE 838 SPRAIN & STRAIN ALL OTHER SITES OTHER TRAUMAS 839 CONCUSSION & INTRACRANIAL INJURY 840 LACERATE OPEN WOUND TRAUMA AMPUTATE 841 INSECT BITE & STINGS 842 ABRASION SCRATCH BRUISE 843 BRUISE CONTUSION BRUISING 844 BURNS & SCALDS ALL DEGREES 845 FOREIGN BODY IN TISSUES 846 FOREIGN BODY IN EYE 847 FOREIGN BODY ENTERING THRU ORIFICE 848 LATE EFFECT OF TRAUMA 849 OTHER INJURIES & TRAUMA ADVERSE EFFECTS 850 OVERDOSE MEDICINE APPLIED OR DELIBERATE 851 ADVERSE EFFECT MEDICINE PROPER DOSE 852 ADVERSE EFFECTS OF OTHER CHEMICALS ADVERSE EFFECTS (continued) 853 SURGERY & MEDICAL CARE COMPLICATION 854 ADVERSE EFFECTS OF PHYSICAL FACTORS SUPPLEMENTARY ELABORATION 855 SKIN DISEASE DISORDERS 856 DUST DISORDERS OF LUNG 857 RESPIRATORY CONDITIONS TOXIC AGENTS 858 SYSTEMIC POISONING TOXIC AGENTS 859 DISORDERS DUE TO PHYSICAL AGENTS 860 DISORDERS DUE TO REPEATED TRAUMA 861 OTHER OCCUPATIONAL ILLNESSES 862 NON OCCUPATIONAL INJURY SUPPLEMENTARY ELABORATION 863 POSTNATAL CARE 864 PRENATAL CARE 865 PROPHYLACTIC IMMUNIZATION 866 PROBLEMS NEC ADVERSE EFFECTS PRIMARY DIAGNOSIS NOT ON ABOVE LIST <table border="1"> <tr> <td>(V)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>(5)</td> <td>(6)</td> <td>(7)</td> <td>(8)</td> <td>(9)</td> </tr> <tr> <td>(10)</td> <td>(11)</td> <td>(12)</td> <td>(13)</td> <td>(14)</td> </tr> <tr> <td>(15)</td> <td>(16)</td> <td>(17)</td> 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928 J TB SURVEILLANCE 929 K VENEREAL (STD) Gon 930 L VENEREAL (STD) Syph 931 N MENINGITIS 932 OTHER COMMUNICABLE 933 PREGNANCY SURV 934 DISCHARGE PLANNING 935 BLOOD PRESSURE SCREENING		(V)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)	(81)	(82)	(83)	(84)	(85)	(86)	(87)	(88)	(89)	(90)	(91)	(92)	(93)	(94)	(95)	(96)	(97)	(98)	(99)
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