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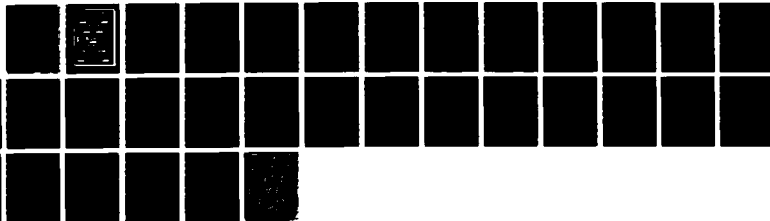
MEDREG (MEDICAL REGULATING SYSTEM) AND MEDPAR (MEDICAL
PATIENT ACCOUNTING... (U) ACADEMY OF HEALTH SCIENCES
(ARMY) FORT SAM HOUSTON TX R L KELLER 22 JUL 87

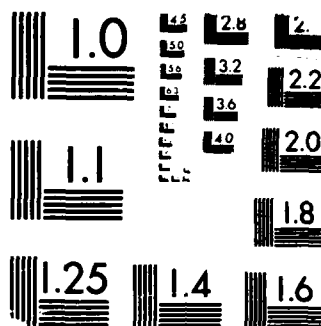
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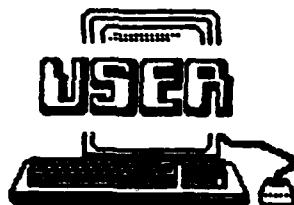
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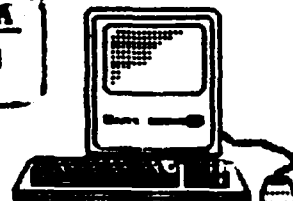
INTERFACE



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19. ABSTRACT (Continue on reverse if necessary and identify by block number) This User Interface Requirement (UIR) discusses the volume of information that must be exchanged between the MEDREG and MEDPAR systems. The Medical Regulating System (MEDREG) and the Medical Patient Accounting and Reporting System (MEDPAR) are subsystems of the Theater Army Medical Management Information System (TAMMIS). This interface exchanges data over common user circuits or radio between two computers. Data is generally exchanged between hospitals and medical elements. This interface identifies patients requiring special services and facilities, assigns them to the facility, coordinates transportation for their evacuation, and notifies the gaining and losing medical facilities of all arrangements. The system is a computer system that will be used by medical personnel to exchange information between the medical facilities and the medical elements. The system will be used by medical personnel to exchange information between the medical facilities and the medical elements. The system will be used by medical personnel to exchange information between the medical facilities and the medical elements.					
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U.S. ARMY

AE19A - AE18A

USER INTERFACE REQUIREMENTS
FOR

UIR NAME: MEDREG - MEDPAR

LEAD SYSTEM: Theater Army Medical Management
Information System - Medical Regulating System

SECOND SYSTEM: Theater Army Medical Management
Information System - Patient Accounting and Reporting
System

22 July 1987

PREPARED BY: TAMMIS Project Office
Academy of Health Sciences, US Army
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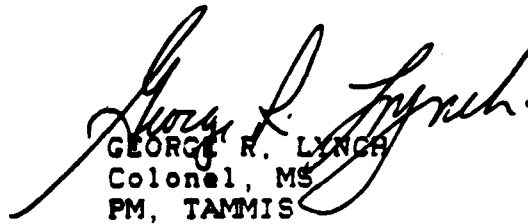


RAYMOND L. KELLER
Lieutenant Colonel, MS
Project Officer, TAMMIS

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UIR COORDINATION SHEET

1. This MEDREG - MEDPAR User Interface Requirements document, dated 22 July 1987, is hereby agreed to by the undersigned, Product Manager for both Lead and Second Systems.



GEORGE R. LYNCH
Colonel, MS
PM, TAMMIS
FT. Sam Houston, TX
78234-6100

INTERFACE SUMMARY

This UIR Addresses the Following Interface:

OBJECTIVE INTERFACE

NAME	TYPE	NUMBER
MEDREG - MEDPAR	Automated	AE19A - AE18A

INTERIM INTERFACES

NONE

TABLE OF CONTENTS

Para.	Name.....	Page
Section I, Introduction and Operational Concept		
1.1	Introduction	
	Responsible Activity.....	1-1
	Reference Documentation.....	1-1
	Standards.....	1-1
	Requirements.....	1-1
	General.....	1-1
1.2	Operational Concept	
	Current Capabilities.....	1-3
	Interim Capabilities.....	1-3
	Objective Capabilities.....	1-4
	Configuration Graphics.....	1-8
Section II, Information Exchange		
2.1	Messages.....	2-1
2.2	Rationale.....	2-1
2.3	Information Exchange Tables.....	2-2
2.4	Special Messages.....	
	Facility Status Report.....	2-3
	Individual Evacuation Request.....	2-4
	Bed Designation Messages.....	2-6
	Patient Movement Instructions.....	2-8
	Evacuation Request Denial Messages.....	2-12
	Evacuation Request Delay Messages.....	2-14

LIST OF ILLUSTRATIONS

FIG.	Name.....	PAGE
1.1	Interim Configuration.....	D-1
1.2	Objective Configuration.....	D-2
Appendix E: Distribution.....		E-1

MEDREG - MEDPAR

UIR DOCUMENT

SECTION I

1.1 INTRODUCTION:

A. RESPONSIBLE ACTIVITY

1. Academy of Health Sciences, U.S. Army
ATTN: HSHA-CTT
Ft. Sam Houston, Texas 78234-6100

B. REFERENCE DOCUMENTATION: There are no extracts from the below references attached to this UIR.

1. Army Battlefield Interface Concept, (U), APPENDIX F, Combat Service Support (1987).
2. Functional Description (FD), Theater Army Medical Management Information system (TAMMIS).
3. Mission Element Needs Statement (MENS) for Theater Army Medical Management Information System (TAMMIS), 25 June 1981, ASA (IL&FM).
4. Operational and Organizational (O & O) Plan, Theater Army Medical Management Information System, Annex H to the Operational and Organizational (O & O) Plan, Tactical Army Combat Service Support Computer System, 5 September 1984, USALOGCEN.

C. STANDARDS:

1. TAMMIS Functional Description, NDC/FSI, 9 January 1987.
2. TAMMIS Data Base Specifications, NDC/FSI, 30 September 1986.
3. DoD 7935.15, (Automated Data Systems Documentation Standards), OSD, 15 February 1976.
4. DoD 5000.12, (Catalog of Standard Data Elements and Codes), OSD, October 1986.
4. JCS PUB 25, (US Message Text Formatting Program), JTC3A, 25 July 1986.
5. AR 18-12, (Catalog of Standard Data Elements and Codes), HQDA, 1 April 1984.

D. REQUIREMENTS: Deficiencies listed in the Army Command and Control System Development Plan. ACR Reference: S0001, S0002, S0003, S0004, S0005, S0006. Battlefield Development Plan (BDP) - CS058 and CC001 (proposed).

E. GENERAL: The interface objective between Patient Accounting and Reporting and Medical Regulating is to identify those patients requiring evacuation to a more capable health care

echelon, to assign the patients to medical treatment facilities capable of meeting the patient's specific medical requirements, to coordinate transportation of the patients to the selected destination, and to notify the gaining and losing medical facilities of the patients' assignment and transportation arrangements. The Medical Regulating and Patient Accounting and Reporting Systems operate in a dynamic environment; the availability and location of medical treatment resources constantly change with the ebb and flow of the battle. Numbers of patients and their locations are subject to the tactical situation and the availability of transportation. Patient needs must be subordinated to the mission requirement of a total health care plan in support of the tactical commander's scheme of maneuver. To facilitate patient evacuation the medical regulator requires information on the availability of specialty beds, special medical and surgical capabilities as well as any treatment facility conditions or constraints that would effect the regulating process. The information exchange between the Medical Regulating System (MEDREG) and the Patient Accounting and Reporting System (MEDPAR) automates and accommodates the requirements for Theater Medical Regulating as specified in DoD Directive 5154.6, AR 40-350, FM 8-8, and FM 8-21. These systems will also accommodate the concepts and force structure in the emerging Health Service Support to the AirLand Battle (HSSALB) Concept, TRADOC PAM 525-50.

1.2 OPERATIONAL CONCEPT:

A. CURRENT CAPABILITIES:

1. Systems: The current Theater Medical Regulating System and Patient Accounting System are manual systems. The only currently active theater medical regulating agencies are the PACOM and EUCOM JMRO's. Their mission is to process requests for patient transfers between the theater and CONUS and among the specialty centers within the forward deployed theaters. During non-garrison operations, contingency or field, the medical regulating offices of the Theater Medical Command tactical medical command and control headquarters would be activated to provide control and coordination of patient movement within the theater and to coordinate movement of patients to Zone Interior. Patient administration activities of each tactical medical treatment facility would be deployed or activated to provide patient accounting and reporting functions for the Theater.

2. Interfaces: Current interfaces use manual transfer and input to manual records keeping systems. Transmission means consist of available non-data communication media; communications means is via the theater common user system, message or record transmission, and augmented by use of Combat Net Radio (CNR). Primary CNR requirements are organic AM radio.

3. Constraints: The current manual information exchange does not allow the rapid and accurate exchange of medical information that will be required to support the intensity expected on the modern battlefield. These manual systems will not support or conform to the ATCCS architecture or allow automation of future interface requirements. The advent of the Defense Medical Regulating Information System (DMRIS) and the Composite Health Care System (CHCS) will require automated input to maximize the use CONUS medical resources.

B. INTERIM CAPABILITIES:

No Interim configuration for the MEDREG - MEDPAR interface is planned. These systems are integral parts of the Theater Army Medical Management Information System (TAMMIS) and have been adopted as the baseline Quad-Service tactical Medical Systems. These closely related systems will be extended together with the other systems of TAMMIS; normal Post Deployment Software Support (PDSS) is expected to add change packages subsequent to system deployment.

C. OBJECTIVE CAPABILITIES:

1. Systems:

a. The Medical Regulating System (MEDREG) and Patient Accounting and Reporting System (MEDPAR) of the Theater Army Medical Management Information System (TAMMIS) are designed to replace the current manual systems of Medical Regulating and Patient Administration for the Theater. The MEDREG to MEDPAR interface will provide the information necessary for the medical regulator at each theater echelon to coordinate and control the evacuation of patients and to maximize patient care and patient evacuation resources; patient administrators will be notified of the status of evacuation requests and will receive advance notification of patient gains and losses. The MEDREG system will interface electronically with the MEDPAR system at medical treatment facilities of either higher or lower echelons. Each system node is designed as a "stand alone" system; files updates, reports, and messages are transmitted electronically between the MEDREG and MEDPAR nodes on a periodic basis, as requested, or as conditions and communications allow. Daily operations include: transfer and updating medical facility status, the receiving, processing, and forwarding of patient evacuation requests, arranging transportation for the patients, processing evacuation request denials or delays, providing notification to both sending and receiving medical treatment facilities, and the providing of management information for the system users and to Medical, Logistical, and Tactical Commanders.

b. The MEDREG system acts as a decision support system to assist medical regulators in the collection and processing of patient evacuation requests received from the MEDPAR system. The systems assist in the making of medical regulating decisions and bed assignments, and performs the notification and record keeping required by the medical regulator and the patient administrator. The interfaces between the medical regulator and the patient administrator are usually considered to occur at Corps, EAC, between Corps and EAC, and between Theater and ZI. The MEDREG and MEDPAR systems operate at and between these several levels. In the Corps MEDREG operates at and between Medical Groups and Medical Brigades; at EAC it operates at and between Medical Groups, Medical Brigades, Hospital Centers, and the Medical Command. In the Corps MEDPAR operates at Corps Level medical treatment facilities, Mobile Army Surgical, Combat Support and Evacuation Hospitals; at Echelons above Corps it operates at Field, Station, and General Hospitals. Coordination and control of evacuation to ZI is effected by the Defense Medical Regulating Information System (DMRIS) operating at the JMRO of a fully deployed Theater and by the MEDREG system in deploying theaters. In any specific theater of operations it is possible that not all of these operating levels, command and control headquarters, or hospitalization assets may be established. The systems are capable of interface without the establishment of all of the levels normally found in a fully evolved Theater.

c. The systems will be employed and will interface in all geographical areas, climate and terrains in which Army units operate or can be expected to operate. The systems will be employed by Active, Reserve, and National Guard organizations.

d. The MEDREG and MEDPAR systems are currently scheduled for fielding on the Tactical Army Combat Service Support Computer System (TACCS) [AN / TYQ33 (V)]. The TACCS computer will communicate directly with other TACCS, DAS3, VIABLE, TCT, or TCS over unconditioned two-wire and four-wire circuits, using circuit switching, US or NATO host national communications systems, standard military strategic/tactical telephone systems, or military field wire/cable systems (up to a distance of two kilometers). TACCS provides three general kinds of data communications, direct Teletype mode, a file transfer mode, and as a terminal on the DDN system.

2. Interfaces: The interfaces between the MEDREG and MEDPAR systems are capable of character oriented message (COM) or asynchronous ASCII file transfer using the UUCP utility at rates provided by the objective TACCS hardware. The TACCS baseline electronic communications capability includes several logical categories; the common-user interface, additional device channels, the TACCS/TRI-TAC/DSVT interface and Combat Net Radio.

a. The Common User (Dial-Up) Interface. An interface is provided for communications over the United States commercial and Army strategic/tactical commo-user systems.

1. Spring loaded binding posts, modular telephone jacks, and external push buttons are provided on the TACCS logic block to allow connection/selection and use of either 2- and 4-wire telephone systems.

2. A modem board is provided to interconnect to the 2-wire and 4-wire systems. Either half and full duplex operations are supported. The TACCS dialer/modem PCB includes a Bell 212 compatible modem that provides low speed (150 and 300 bps) 103/113 compatibility and 212A compatibility at 1200 bps. Automatic tone or pulse dialing capability is provided by the dialer/modem in addition to V.23 modem capability.

3. TACCS to TACCS over field wire. Communications between MEDREG and MEDPAR systems operating on TACCS over field wire/cable, i.e. types WD-1 and WF-16, at distances up to 2 KM are accommodated using V.23 modem interface. Data rate selections of 600 and 1200 bps are supported by this modem. The 212A modem provides the same field wire capability at rates of 150, 300, and 1200 bps.

4. Defense Data Net (DDN) Interface. TACCS provides the capability to interoperate with DDN as a terminal over common-user 2-wire military and commercial circuits. This interface is effected by using the TACCS dialer to initiate the connection and then using the modem to transfer data at a selected rate. The File Transfer Protocol (FTP), when provided by PM, TACCS, will transmit data at either 150, 300, or 1200 bps.

5. Mobile Subscriber Equipment Interface. The MSE system will provide secure voice and data communications on an automatic, self-organizing, discrete address basis. The system will provide encryption equipment and techniques to meet NSA standards. The digital interface will meet STANAGS 4206 and 4214. This system will be the primary telecommunications system used to transfer data between the MEDREG and MEDPAR systems.

b. Additional Device Channels: Four additional fully-capable RS-232 channels are supplied in each master workstation. The TACCS also provides portable magnetic media in the form of floppy disk and streaming magnetic tape. This portable magnetic media capability will be used by the MEDREG and MEDPAR systems as an alternate communications method to transfer information when other communications channels are unavailable.

c. TACCS/TRI-TAC Interface: The TRI-TAC interface implements the non-Data Adapter Control Block (DACE), non-Forward Error Correction (FEC) Data Adapter Functions for communications with other TACCS, DAS3, or TCT/TCS in those areas of the theater where the Mobile Subscriber System is not available.

d. Continuity of Operations (CONOPS): CONOPS for the MEDREG or MEDPAR systems will be primarily through use of alternate systems located at respective system nodes. Loss of the computer system or systems at a single headquarters or medical treatment facility will result in the reprioritization of use of other computer assets at that headquarters and the use of alternate computers to replace the lost computer(s). Manual systems will be used if the transfer of functions is not possible. In the event that the medical command and control headquarters is destroyed the alternate designated headquarters will assume its duties and become the alternate MEDREG site; destruction or significant disruption of a medical treatment facility will obviate the requirement for a computer until reconstitution can take place. In the event of system link loss, information exchange will be by manual transfer of portable magnetic media or by voice information transfer via common-user voice or CNR circuits; voice transferred data will be manually entered into the receiving system for processing.

3. Constraints: The scheduled fielding of the MEDREG and MEDPAR systems will extend over two years; during that period the systems and the interface will not be fully operational. Many of the deploying medical command and control headquarters

and medical treatment facilities would have neither the hardware or functional software. Until the completion of fielding of the new family of communications systems the MEDREG - MEDPAR system interface will be severely hampered in its ability to function in a timely fashion. The use of voice information transfer will continue to contribute to an unnecessarily high error rate. The new capabilities of the new communications systems should be sufficiently robust to allow optimum data communications throughout the Theater of Operations and provide maximum benefit from the use of these systems.

D. Configuration Graphics

MEDREG - MEDPAR

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SECTION II

2.1 MESSAGES: A summary of the Message text formats used by the MEDREG - MEDPAR Interface is as follows:

Special Message Formats

RZE-P11	Bed Status Report
RZE-R09	Individual Evacuation Requests
RZE-R15	Bed Designation Messages
RZE-R11	Individual Bed Designations
	Group Bed Designations
RZE-R35	Patient Movement Instructions
RZE-R14	Individual Movement Instructions
	Group Movement Instructions
RZE-R04	Evacuation Request Denial Message
	Individual Evacuation Request
	Denial Message
	Group Evacuation Request Denial
	Message
RZE-R05	Evacuation Request Delay Message
	Individual Evacuation Request
	Delay Message
RZE-R03	Group Evacuation Request Delay
	Message

2.2 RATIONALE: The Medical Regulating and Patient Accounting and Reporting Systems were designed to provide "hands-on" day to day management of hospitalization and evacuation assets by functional tactical patient administrators and medical regulators. MEDREG and MEDPAR were designed to provide information management support to health care on the battlefield as the tactical portion of the Defense Medical Systems Support Center's Health Care Automation Architecture and as such are required to adhere to DoD standards. The JINTACCS Combat Service Support Medical Message Text Formats in development provide the absolute minimum

information required to provide health service support when the more detailed functional systems fail and not the detailed information required to provide optimal regulating decisions. JINTACCS MTF D913 provides for facility status reporting, medical regulating and reporting of patients in the contingency categories specified by ASMRO; it does not support the regulating and reporting of individual patients, the MEDREG -MEDPAR system interface provides both capabilities. The TMMIS Office is currently working with the Army Institute for Research in Management Information and Computer Sciences (AIRMICS) in the development of a JINTICCS/MEDREG parser to allow transfer of MEDREG data to the CSSCS system using JINTACCS Message Text Formats. The DoD Data Element Dictionary referenced is DoD 5000.12 and the Composite Health Care System (CHCS) Data Element Dictionary. Data Element Dictionary indicated as "NEW" indicates a Theater Army Medical Management Information System (TMMIS) developed data element found in the TMMIS Data Base Specifications and submitted for inclusion within the DoD Data Element Dictionary.

2-3 INFORMATION EXCHANGE TABLES: To be provided to the Communications Requirements Data Base (CRDB) at a later date.

2.4 SPECIAL MESSAGES:

A. FACILITY STATUS REPORT

1. This message is used to forward to the Medical Regulator the status of all medical treatment facilities reporting to or supported by the regulator. The message provides the current bed status and surgical capabilities of the reporting medical treatment facility. The message serves as a basis for regulating decisions by the medical regulator; it contains for each medical treatment facility the surgical backlog (in hours), the surgical capability, and number of beds operating, occupied, and availability for each medical speciality.

2. Format: This data is in record layout format. Maximum record size is 160 characters for a Facility Status Report.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Originating MTF Code	DoD CO-HJ	
Originating MTF Name	CHCS 760	
Bed Status Date	DoD 10-TT-03	
Bed Status Time	DoD 10-TT-13	
Surgical Backlog (Hrs)	DoD 10-TT-13	
Number of OR Suites	New PAR-aa	
Number of Beds Operating	DoD PA-BE	
Number of Beds Occupied	DoD PA-BE	
Number of Beds Available	DoD PA-BE	

3. Remarks: A single Bed Status Report is received from each medical treatment facility on a scheduled periodic basis; usually every 6 hours.

B. INDIVIDUAL EVACUATION REQUEST

1. This message forwards requests for the evacuation of those patients whose medical condition indicates that they cannot be returned to duty within the evacuation policy or who require specialized medical care or equipment not available at the health care facility where they are currently being treated. This is a consolidated request and includes all individual evacuation requests originating facility, by patient category and medical specialty category. Included in the request is all the information on the individual evacuation requests received from the originating facility to include movement precedence, special medical or transportation requirements, and patient identification.

2. Format: This data is in record layout format. Maximum record size is 400 characters for an Individual Evacuation Request containing one patient; 240 characters are required for each additional patient reported by the facility for evacuation.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Requestor Validation Code	DoD CO-HJ	*
Requestor Unit Information Address (PLAD)	NEW ALL-aa	*
Evacuation Request Date/Time	NEW REG-ab	*
Medical Regulator Validation Code	DoD CO-HJ	*
Medical Regulator Unit Information Address (PLAD)	NEW ALL-aa	*
Origin MTF Validation Code	DoD CO-HJ	
Patient Category Code	DoD PA-CA	
Medical Specialty Code	NEW REG-ac	
Patient Identification	NEW REG-af	
MOS	CHCS 722	
Military Grade	DoD PA-SN	
Patient Name	DoD NA-RG	
Special Requirements	NEW ALL-aa	
Litter/Ambulatory Classification	NEW REG-ag	

B. INDIVIDUAL CONSOLIDATED EVACUATION REQUEST (CONT'D)

3. Remarks: (*) Message Header, a single entry for each Evacuation Request; remaining fields are repeated for each patient for which evacuation is requested.

C. INDIVIDUAL BED DESIGNATION MESSAGES

1. This message notifies the losing medical treatment facility of the selected destination of the patients for which evacuation has been requested. The message contains the bed designations for each receiving facility grouped by patient category; each patient is identified and any special requirements listed.

2. Format: This data is in record layout format. Maximum record size is 372 characters are required for a single Individual Bed Designation Message; 240 characters are required for each additional patient reported.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Requestor Validation Code	DoD CO-HJ	*
Requestor Unit Information Address (PLAD)	NEW ALL-aa	*
Medical Regulator Validation Code	DoD CO-HJ	*
Medical Regulator Unit Information Address (PLAD)	NEW ALL-aa	*
Origin MTF Validation Code	DoD CO-HJ	*
Destination Validation Code	DoD CO-HJ	
Patient Identification	NEW REG-af	
Medical Specialty Code	NEW REG-ac	
Patient Name	DoD NA-RG	
Litter/Ambulatory Classification	NEW REG-ag	
Patient Category Code	DoD PA-CA	
Movement Precedence	NEW REG-ai	
Military Grade	DoD PA-SN	
Treatment Class	NEW ALL-aa	
MOS	CHCS 722	
Special Requirements	NEW ALL-aa	

3. Remarks: (*) Message Header; a single entry for each Individual Bed Designation Message; remaining fields are repeated for each patient for which a destination bed is being reported.

D. GROUP BED DESIGNATION MESSAGES

1. This message notifies the losing medical treatment facility of the selected destination of the patients for which evacuation has been requested. The message contains the bed designations for each receiving medical treatment facility grouped by patient category and medical speciality.

2. Format: This data is in message text format. Maximum message size is 291 characters for a single Group Bed Designation Message; 83 additional characters are required for each additional Destination Medical Treatment Facility to which patients are regulated.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Medical Regulator Name	NEW ALL-aa	*
Medical Regulator Unit	NEW ALL-aa	*
Information Address (PLAD)		
Requestor Name	NEW ALL-aa	*
Requestor Unit Information	NEW ALL-aa	*
Address (PLAD)		
Origin MTF Validation Code	DoD CO-HJ	*
Destination Validation Code	DoD CO-HJ	
Patient Category Code	DoD PA-CA	
Medical Specialty Code	NEW REG-ac	**
Number of Beds Designated	DoD PA-BE	**
Total Number of Beds	DoD PA-BE	**
Designated		
Summary Number of Beds	DoD PA-BE	*
Designated by Specialty		
Summary Total Number of Beds	DoD PA-BE	*
Designated		

3. Remarks: (*) Single entry for each Group Bed Designation Message; remaining fields are repeated for each Medical Treatment Facility (MTF) requesting Evacuation. (**) Repeated for each of the 11 Contingency Medical Regulating Code established by ASMRO.

E. INDIVIDUAL PATIENT MOVEMENT INSTRUCTIONS

1. This message notifies the losing medical treatment facility of the transportation coordinated or arranged by the medical regulator. Information copies of the message may be sent to the transportation unit conducting the patient movement. Receipt of this message is the authority to evacuate the patient(s).

2. Format: This data is in record layout format. Maximum record size is 532 characters for a single Patient Movement Instruction Message; 388 characters are required for each additional patient reported.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Medical Regulator Validation Code	DoD CO-HJ	*
Medical Regulator Unit Information Address (PLAD)	NEW ALL-aa	*
Requestor Validation Code	DoD CO-HJ	*
Requesting Unit Information Address (PLAD)	NEW ALL-aa	*
Evacuation Request Date/Time	NEW REG-ab	
Origin MTF Validation Code	DoD CO-HJ	
Destination MTF Validation Code	DoD CO-HJ	
Patient Identification	NEW REG-af	
Medical Specialty Code	NEW REG-ac	
Patient Name	DoD NA-RG	
Litter/Ambulatory Classification	NEW REG-ag	
Patient Category Code	DoD PA-CA	
Movement Precedence	NEW REG-ai	
MOS	CHCS 722	
Treatment Class	NEW ALL-aa	
Military Grade	DoD PA-SN	
Special Requirements	NEW ALL-aa	
Transportation Unit Validation Code	DoD CO-HJ	
Estimated Time of Arrival	NEW REG-ab	
Estimated Time of Departure	NEW REG-ab	
Movement Instructions Text	NEW ALL-aa	

E. INDIVIDUAL PATIENT MOVEMENT INSTRUCTIONS (CONT'D)

3. Remarks: (*) Message Header; a single entry for each Individual Patient Movement Instruction; remaining fields are repeated for each patient being transported.

F. GROUP PATIENT MOVEMENT INSTRUCTIONS

1. This message notifies the losing medical treatment facility the transportation coordinated or arranged by the medical regulator. Information copies of the message may be sent to the transportation unit conducting the patient movement. This message form is used when patient numbers or communications constraints preclude the use of Individual Patient Movement Instructions. Receipt of this message is the authority to evacuate the patients.

2. Format: This data is in message text format. Maximum message size is 400 characters for a single Group Patient Movement Instruction Message; 50 characters are required for each additional patient category reported.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Medical Regulator Name	NEW ALL-aa	*
Medical Regulator Unit	NEW ALL-aa	*
Information Address (PLAD)		
Requestor Name	NEW ALL-aa	*
Requesting Unit Information	NEW ALL-aa	*
Address (PLAD)		
Origin MTF Name	DoD CO-HJ	*
Transportation Agent Name	DoD CO-HJ	
Estimated Time of Departure	NEW REG-ab	
Estimated Time of Arrival	NEW REG-ab	
Movement Instructions	NEW ALL-aa	
Destination MTF Name	NEW ALL-aa	
Patient Category Code	DoD PA-CA	**
Number of Patients	DoD PA-BE	**
Litter		
Number of Patients	DoD PA-BE	**
Ambulatory		
Total Number of Patients	DoD PA-BE	**
Total Number of Litter	DoD PA-BE	**
Patients for Destination		
Total Number of Ambulatory	DoD PA-BE	**
Patients for Destination		
Total Number of Patients	DoD PA-BE	**
for Destination		

3. Remarks: (*) Message Header; a single entry for each Group Patient Movement Instruction Message; remaining fields are repeated for each patient category and set of movement instructions(**).

G. INDIVIDUAL EVACUATION REQUEST DENIAL MESSAGES

1. This message is used to inform evacuation request originators that a request or requests for the medical evacuation of individual patients cannot be processed by the medical regulator. This condition is normally a result of the non-availability of transportation or hospitalization assets. This message provides the identification of the patient(s) by patient ID number and name. This message serves to notify the requestor that the evacuation request must be resubmitted at some later time when the constraint no longer exists.

2. Format: This data is in record layout format. Maximum record size is 192 characters for a single Individual Evacuation Request Denial Message; for each additional patient 40 characters are required.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Evacuation Request Date/Time	NEW REG-ab	*
Medical Regulator Validation Code	DoD CO-HJ	*
Medical Regulator Unit Information Address (PLAD)	NEW ALL-aa	*
Requestor Validation Code	DoD CO-HJ	*
Requesting Unit Information Address (PLAD)	NEW ALL-aa	*
Origin MTF Validation Code	DoD CO-HJ	
Patient Identification	NEW REG-af	
Patient Name	DoD NA-RG	

3. Remarks: (*) Single entry for each Individual Evacuation Request Denial Message; remaining fields are repeated for each patient denied evacuation.

H. GROUP EVACUATION REQUEST DENIAL MESSAGES

1. This message is used to inform evacuation request originators that a request or requests for the evacuation of a group of patients cannot be processed by the medical regulator. This condition is normally the result of the non-availability of transportation or hospitalization assets. This message identifies the patients by medical speciality and patient category. This message serves to notify the requestor that the evacuation request must be resubmitted at some later time when the constraint no longer exists.

2. Format: This data is in message text format. Maximum message size is 230 characters for a single Group Evacuation Request Denial Message with a single Medical Speciality; each additional Medical Speciality requires 25 characters.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Medical Regulator Name	DoD CO-HJ	
Medical Regulator Unit	NEW ALL-aa	
Information Address (PLAD)		
Requestor Name	DoD CO-HJ	
Requesting Unit Information	NEW ALL-aa	
Address (PLAD)		
Origin MTF Name	DoD CO-HJ	
Evacuation Request Date/Time	NEW REG-ab	
Patient Category Code	DoD PA-CA	
Medical Specialty Code	NEW REG-ac	*
Number Requested Litter	DoD PA-BE	*
Number Requested Ambulatory	DoD PA-BE	*
Total Number Requested	DoD PA-BE	*
Number Denied Litter	DoD PA-BE	*
Number Denied Ambulatory	DoD PA-BE	*
Total Number Denied	DoD PA-BE	*
Total Requested Litter and Ambulatory	DoD PA-BE	
Total Denied Litter and Ambulatory	DoD PA-BE	

3. Remarks: Fields (*) are repeated for each of the eleven (11) contingency medical regulating categories for which evacuation will be denied.

I. INDIVIDUAL EVACUATION REQUEST DELAY MESSAGES

1. This message is used to inform evacuation request originators that a request or requests for the evacuation of individual patients being coordinated by a higher echelon regulator cannot be processed by the medical regulator temporarily. This condition is normally due to the temporary non-availability of transportation or hospitalization assets. This message provides the identification of the patient(s) by patient ID number and name. This message serves to notify the requestor that the evacuation request is still active and there is no need to resubmit the request. This message is not normally transmitted if the expected delay is short and will not otherwise effect normally scheduled evacuation.

2. Format: This data is in message text format. Maximum record size is 192 characters for a single Individual Evacuation Request Delay Message; 40 characters are required for each additional patient for which evacuation is to be delayed.

INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Medical Regulator Name	DoD CO-HJ	*
Medical Regulator Unit	NEW ALL-aa	*
Information Address (PLAD)		
Requestor Validation Name	DoD CO-HJ	*
Requesting Unit Information	NEW ALL-aa	*
Address (PLAD)		
Evacuation Request Date/Time	NEW REG-ab	*
Origin MTF Validation Name	DoD CO-HJ	
Patient Identification	NEW REG-af	
Patient Name	DoD NA-RG	

3. Remarks: (*) Single entry for each Individual Evacuation Request Delay Message; remaining fields are repeated for each patient whose evacuation will be delayed.

J. GROUP EVACUATION REQUEST DELAY MESSAGES

1. This message is used to inform evacuation request originators that a request or requests for the evacuation of groups of patients being coordinated by a higher echelon medical regulator cannot be processed by the medical regulator temporarily. This condition is normally due to the temporary non-availability of transportation or hospitalization assets. This message identifies the patients by medical speciality and patient category. This message serves to notify the requestor that the evacuation request is still active and there is no need to resubmit the request. This message is not normally transmitted if the expected delay is short and will not otherwise effect normally scheduled evacuation.

2. Format: This data is in message text format. Maximum message size is 230 characters for each Group Evacuation Request Delay Message; an additional 25 characters is required for each additional Medical Speciality reported as delayed.

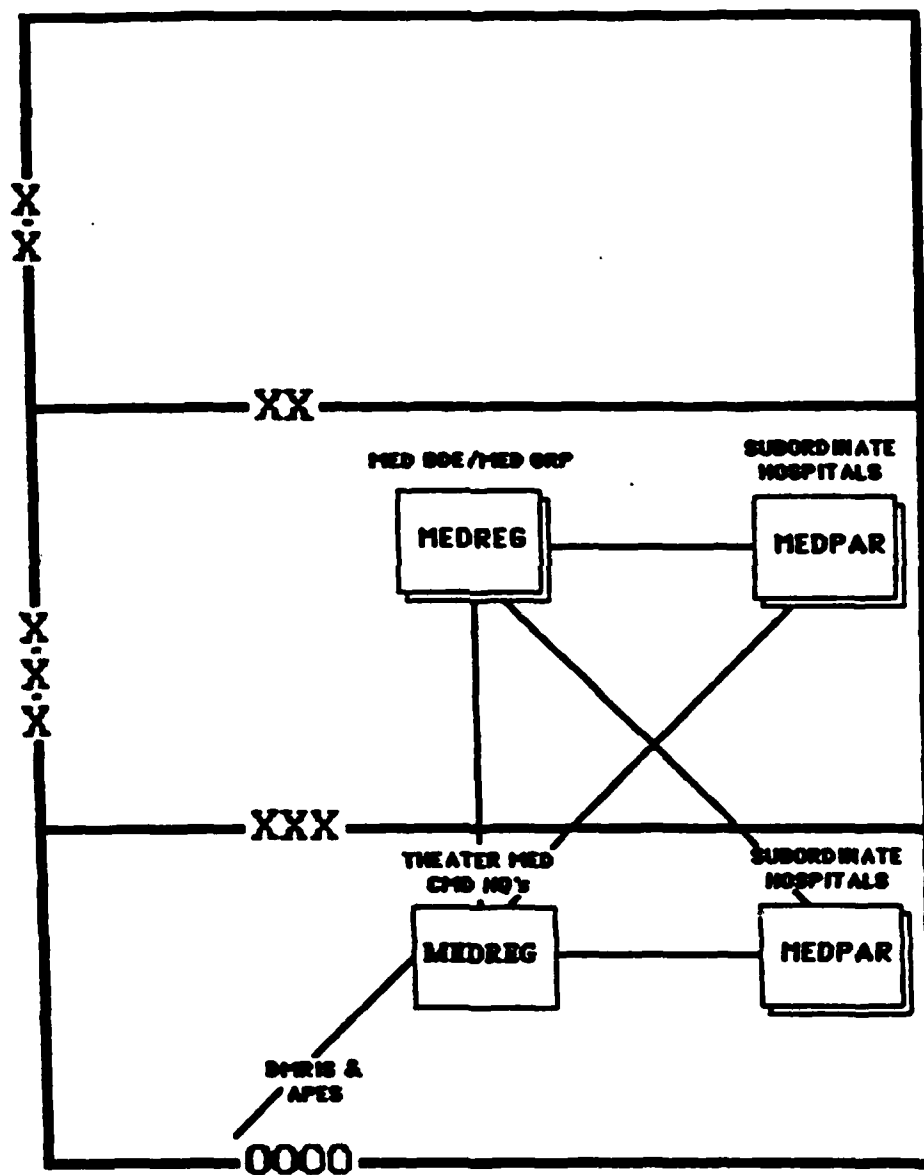
INFORMATION SUB-UNIT	DATA ELEMENT DICTIONARY	REMARKS
Medical Regulator Name	DoD CO-HJ	
Medical Regulator Unit	NEW ALL-aa	
Information Address (PLAD)		
Requestor Name	DoD CO-HJ	
Requesting Unit Information	NEW ALL-aa	
Address (PLAD)		
Origin MTF Name	DoD CO-HJ	
Evacuation Request Date/Time	NEW REG-ab	
Patient Category Code	DoD PA-CA	
Medical Specialty Code	NEW REG-ac	*
Number Requested Litter	DoD PA-BE	*
Number Requested Ambulatory	DoD PA-BE	*
Total Number Requested	DoD PA-BE	*
Number Delayed Litter	DoD PA-BE	*
Number Delayed Ambulatory	DoD PA-BE	*
Total Number Delayed	DoD PA-BE	*
Total Requested Litter and Ambulatory	DoD PA-BE	
Total Delayed Litter and Ambulatory	DoD PA-BE	

3. Remarks: (*) Fields are repeated for each of the eleven (11) contingency medical regulating categories for which evacuation will be delayed.

1. Interim System Interface Configuration

No Interim Systems

2. Objective System Interface Configuration



APPENDIX E
DISTRIBUTION

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