AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

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BETHESDA, MARYLAND

AN ANALYSIS OF NAVY OUTPATIENT MORBIDITY REPORTING

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SUMMARY

The Navy Medical Services and Outpatient Morbidity Reporting system (NAVMED 6300/1) is described. An alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during earlier studies is presented. Potential uses of the medical data captured using the alternative system are described.

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Introduction

Navy-wide outpatient morbidity information is currently captured through the use of the Medical Services and Outpatient Morbidity Report. This report is prepared by all ships and stations of the Navy and Marine Corps staffed with Medical personnel, providing inpatient and/or outpatient care. These reports are used in the preparation of budget estimates, in programming, in analysis of personnel authorizations and requirements, in determining the size of replacements or additions to existing facilities, and in the evaluation of selected morbidity levels. They also provide a method for directing and measuring the results of preventative medicine programs.

Earlier reports from the Naval Health Research Center[1-2] noted the need for an updated medical reporting system for the Navy to meet the increasing demand for accurate medical treatment information. Specifically the need for more efficient procedures and more appropriate reporting categories was identified. The alternative reporting systems tested in these previous studies utilized a standardized checklist reporting format to capture all data necessary for morbidity reporting. The demonstrated viability of these systems was considered encouraging.

This report describes the Navy Medical Services and Outpatient Morbidity Reporting System and presents an alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during these earlier studies.

Current Reporting Procedures

All Navy facilities and ships staffed with medical personnel are required to mail a completed Medical Services and Outpatient Morbidity Report (see figures 1 & 2) at the end of each month to the Naval Medical Data Services Center in Bethesda, Maryland. These reports must be mailed before the end of the fifth working day following the end of the report month.

Feeder data necessary for the report are submitted by clinic personnel to the designated individual who is responsible for compiling and submitting the report. The information compiled each month includes: number of visits (inpatient and outpatient), number and types of laboratory tests performed, number of prescriptions dispensed, number of spectacles ordered, number of physical examinations performed, number of immunizations administered, average number of active duty personnel served by the reporting facility or ship, number of visits to individual clinics (if they are separately organized), and finally, the number of new cases and revisits for 70 specific diagnostic categories.

The task of gathering all this information can take anywhere from one to five days, depending on the size of the facility and the methods used to retrieve the data. Some facilities use logs or tally sheets to keep track of the data while others sift through individual health records at the end of each month in order to achieve their final counts. These present methods tend to be cumbersome, making it difficult to verify the accuracy of reported data. Finally, in terms of data utilization, cross tabular reports are not currently possible since morbidity data are reported as group totals.

Proposed Alternative Method for Capturing Medical Data

Since almost all the information needed for the Medical Services and Outpatient Morbidity Report can be derived from one basic unit of observation, a record of the patient visit, it is suggested that all pertinent data for the report be captured at that point. An instrument capable of capturing the required data has been developed by NHRC and is currently in the testing phase.

This instrument, the Patient Encounter Form, is a one-page, two-sided, standardized checklist that can be completed during or immediately following each patient visit. The standardized checklist format is incorporated into this form to allow for quick and easy capture of all information required for preparation of the Monthly Morbidity Report.

Furthermore, capturing complete Patient Encounter data on a per-visit basis allows for greater flexibility in generating summary reports and in tracking individual cases. Once the data are entered into the system, they can be processed to rapidly generate counts necessary for completion of the Monthly Morbidity Report. In addition, the computerized data can be used to compute other counts and cross tabulations, such as diagnoses by disposition, or number and type-of-accidents by paygrade or branch-of-service. An individual's medical history can also be generated, in summary form, for review by the treating corpsman or physician. Finally, because personnel strength statistics are available for each Navy command, illness rates by command can be easily computed by dividing the total number of visits for personnel from a command by the Unit Identification Code (UIC) strength data.

Use of the Patient Encounter Form

The proposed form (see figures 3 and 4) can be used at all facilities monitored by the Naval Medical Command (NAVMEDCOM) and will provide a uniform method of collecting monthly morbidity data. The form should be filled out for each patient visiting a patient care unit.

Patient information in Section I is normally filled in by the patient. Here, the patient is identified by Name and Social Security Number. Branch of service, pay grade, and sex are indicated by checking appropriate boxes as are the unit number and information regarding injuries. A short explanation may be required if an injury has occurred. A special section on the form is provided to specify the type of injury and injury location.

Section II provides checklists for various signs, symptoms and diagnoses. The checklists cover the areas which are needed to complete the Medical Services and Outpatient Morbidity Report. In addition, data gathered in previous studies [3,4], were analyzed and those illness categories that occurred most frequently were added to the list. If a diagnosis other than one listed is reported, it must be specified on the line provided. The health care provider checks the appropriate box or boxes and then, specifies the patient's disposition (limits of duty, evacuation or hospitalization) in Section III. The backside of the form, Sections IV through VIII, contains several checklists indicating treatment provided, patient status, along with the services and testing provided.

These sections would again be checked off by the health care provider as appropriate. Once a month, the forms are to be mailed, along with a cover sheet (identifying the treatment facility and conditions during that period) to an appropriate Data Collection Center for processing.

Computer Assisted Data Collection

The Patient Encounter Form has been designed to facilitate the automatic processing of these data. To demonstrate this capability, computer software was developed which captures illness visit data with a microcomputer. After the encounter data has been entered into the microcomputer, the set of monthly encounters can then be sent via a floppy disk to the Data Center for easy uploading into the computer used to generate the Monthly Morbidity Reports. This would eliminate many data entry problems at the Data Collection Center. The primary benefit of this procedure, however, is that the local facility can retain all of its data in electronic form and utilize that information through the use of accompanying report generating programs. Patient Summary reports could be used locally or could be included as tables or attachments in outgoing reports. This data would provide facility commanders with information regarding types and extent of medical problems, lost man hours, and consumption of medical resources. Computer assisted data collection would require the facility to have a computer or computer terminal but would not require the data entry person to have more than a basic understanding of some simple keyboard functions. The Medical Encounter Report could potentially be used as a data capture instrument upon deployment of the SNAP Automated Medical System (SAMS).

In summary, the Patient Encounter Report serves to capture the pertinent medical information. Data from the report are entered into a computer and the original form can be filed in an individual medical folder as a hard copy record of the visit. The data in the computer can then be used to generate the Monthly Morbidity Report, a sick call log, and a variety of reports that the local command may find useful. Further, combining the illness data with command strength data allows illness rates to be computed for separate Navy commands. These data, in turn, can be aggregated according to type of operation or area of operation.

REFERENCES

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2. Hermansen, L.A., Jones, A.P., and Butler, M.C.,: Development of an Outpatient Medical Treatment Reporting System for Shipboard Use. U.S. Navy Medicine, 71: 16-21, 1980.

3. Gunderson, E.K.E., Rahe, R.H., Arthur, R. J., The Epidemiology of Illness in Naval Environments. II. Demographic, Social Background, and Occupational Factors, Military Medicine. 135, 453-458, 1970.

4. Pugh, W.M., and Gunderson, E.K.E., Individual and Situational Predictors of Illness. Tech Report No. 75-20, San Diego, Naval Health Research Center, 1975.

MEDICAL SERVICES AND OUTPATIENT MORBIDITY REPORT
NAVMED 6300/1 (Rev. 1-80) S/N 0105-LF-206-3006

REPORT SYMBOL MED 6300.1

NAME, ADDRESS, ZIP CODE OF FACILITY	FACILITY AND LOCATION CODE	REPORT PERIOD
	F F R F S S L L	Y Y M M

SECTION I – GENERAL WORKLOAD

LINE NO		ACTIVE DUTY – U.S. UNIFORMED SERVICES					DEPENDENTS	
		A NAVY	B MARCORPS	C ARMY	D AIR FORCE	E OTHER U.S.	F NAVY	G MARCORPS
01	OUTPATIENT VISITS							
02	INPATIENT VISITS							
03	ADMITTED TO QUARTERS							
04	QUARTERS PATIENT DAYS							
		DEPENDENTS				SPECIAL CATEGORIES		
		A ARMY	B AIR FORCE	C OTHER U.S.	D RET DEC	E RETIREE	F U.S. CIV	G OTHER
05	OUTPATIENT VISITS							
06	INPATIENT VISITS							

SECTION II – ADJUNCT SERVICES

		A OUTPATIENT	B INPATIENT		C OUTPATIENT	D INPATIENT
07	LABORATORY TESTS			PHARMACY UNITS		
08	PULMONARY FUNCTION STUDIES			X-RAY FILM EXPOSURES		
09	AUDIOGRAMS			DIALYSIS PROCEDURES		
10	COBALT/CESIUM			EEGs		
11	ECGs			FLUOROSCOPIC EXAMS		
12	RADIOISOTOPE STUDIES			RADIUM & RADIOISOTOPE THERAPY		
13	OTHER DEEP THERAPY					

SECTION III – OTHER SERVICES

	OPHTHALMOLOGY					MISCELLANEOUS			
	A REFRACTION MC	B REFRACTION MSC	SPECTACLES ORDERED C SINGLE	SPECTACLES ORDERED D BIFOCAL	E FABRICATED SINGLE VIS	F FLIGHT PHYS EXAM	G OTHER COMP PHYS EXAM	H IMMUNIZATIONS	I LIMITED SERVICES
14									

SECTION IV – SELECTED DATA

	A FETAL DEATH	VASECTOMIES AC N&MC	VASECTOMIES OTHER	D PEAK CENSUS
15				

SECTION V – ACTIVE DUTY AVERAGE STRENGTH

E NAVY	F MARCORPS	G ARMY	H AIR FORCE	

SECTION VI – INDIVIDUAL CLINIC/SERVICE WORKLOAD

		A LIMITED SERVICES	VISITS B OUTPATIENT	VISITS C INPATIENT		D LIMITED SERVICES	VISITS E OUTPATIENT	VISITS F INPATIENT
16	ALLERGY				ANESTHESIOLOGY			
17	CARDIOLOGY				CHEST DISEASE			
18	DERMATOLOGY				EMERGENCY ROOM			
19	ENDOCRINOLOGY				GASTROENTEROLOGY			
20	GENERAL INTERNAL MED				GENERAL PRACTICE			
21	GENERAL SURGERY				GYNECOLOGY			
22	HEMATOLOGY				NEUROLOGY			
23	NEUROSURGERY				OBSTETRICS			
24	OCCUPAT THERAPY				OPHTHALMOLOGY			
25	ORTHOPEDICS				OTORHINOLARYNGOLOGY			
26	PEDIATRICS				PHYSICAL THERAPY			
27	PLASTIC SURGERY				PODIATRY			
28	PROCTOLOGY				PSYCHIATRY			
29	PSYCHOLOGY				THORACIC SURGERY			
30	UROLOGY				OTHER			
31	FAMILY PRACTICE							

★ G.P.O. : 1980-689-120/1097

Figure 1.

SECTION VII – OUTPATIENT MORBIDITY–ACTIVE DUTY NAVY AND MARINE CORPS PERSONNEL

LINE NO	ITEM	NEW CASES A	REVISITS B	ITEM	NEW CASES C	REVISITS D	ITEM	NEW CASES E	REVISITS F
33	Infective and Parasitic Diseases			Respiratory System Diseases			Accidents, Poisonings, and Violence		
34	Acute Gastroent, Diarrhea, Dysentery			Acute Respiratory Diseases, Incl URI			Battle Casualties (BI)		
35	Gonorrhea			Influenza Syndrome			Adverse Effects of Noise		
36	Syphilis			Occupational Inhalation Diseases			Adverse Effects of Heat, Local		
37	Genital Herpes Virus			All Other Respiratory Diseases			Adverse Effects of Heat, Systemic		
38	Nongonococcal Urethritis						Adverse Effects of Cold		
39	Other Sexually Transmitted Diseases			Digestive System Diseases			Motion Sickness		
40	External Parasites						Motor Vehicle Accidents		
41	Fungal Diseases, Athlete's Foot			Genitourinary System Diseases			Occupational Injuries		
42	All Other Infective & Parasitic Diseases						Occupational Poisoning		
43				Comp of Pregnancy, Childbirth, Puerperium			Nonoccupational Injuries		
44	Neoplasms						Adverse Effects of Medication		
45				Skin and Subcutaneous Diseases			All Other Accidents, Poison, & Viol		
46	Endocrine, Nutr, & Metabolic Diseases			Cellulitis, Pyoderma, and Abscess					
47				Occupational Dermatitis			Family Planning, Contraception		
48	Blood Diseases			Heat Rash			Female		
49				Nonoccupational Allergic Dermatitis			Male		
50	Mental Disorders			Moles, Warts, and Cysts					
51	Alcoholism			All Other Skin Diseases			Supplementary Classifications		
52	Marijuana								
53	Narcotic Drugs			Musculoskeletal System Diseases			TUBERCULIN TESTING	NUMBER	
54	Non-narcotic Drugs						Skin Tests Read		
55	Combination			Congenital Anomalies			Skin Tests Reactive		
56	All Other Mental & Behavioral Diseases						Skin Tests Convertors		
57				Signs, Symptoms, & Ill-defined Conditions			Skin Tests Nonreactive		
58	Nervous System & Sense Organ Diseases			General Malaise, Fatigue			Screening X rays		
59				Headache			Screening X rays Abnormal		
60	Circulatory System Diseases			Fever of Undetermined Origin			Patients Placed on INH		
61				All Other Signs and Symptoms			Reactions to INH		

REMARKS

SIGNATURE AND TITLE	DATE SUBMITTED

NAVMED 6300/1 (Rev 1-80) Back

Figure 2.

№ 00091

PATIENT ENCOUNTER REPORT

I PATIENT INFORMATION

TODAY'S DATE (MM DD YY) _____ NAME (LAST FIRST M.I.) _____ SOCIAL SECURITY NUMBER _____

BIRTHDATE (MM DD YY) _____ BRANCH OF SERVICE ☐ NAVY ☐ MARINE CORPS ☐ OTHER _____ PAY GRADE E-__ O-__ W__ SEX ☐ MALE ☐ FEMALE

ASSIGNED TO

SHIP NAME _____ **OR** (if SHORE COMMAND) BATTALION SQUADRON UNIT _____

VISIT NUMBER FOR PRESENT PROBLEM ☐ 1 ☐ 2 ☐ 3 ☐ 4 OR MORE

IF INJURED ☐ ON DUTY ☐ OFF DUTY WHERE? ☐ ASHORE ☐ AFLOAT

WAS INJURY CAUSED BY
☐ MOTOR VEHICLE ☐ BATTLE CASUALTY ☐ OTHER BRIEFLY DESCRIBE CAUSE (more space on back of form if needed)

II SIGNS, SYMPTOMS, AND DIAGNOSES

RESPIRATORY

☐ 460 URI
☐ 462 PHARYNGITIS
☐ 463 TONSILLITIS
☐ 487 INFLUENZA
☐ 466 BRONCHITIS
☐ 493 ASTHMA
☐ 473 SINUSITIS
☐ 483 OCCUPATIONAL INHALATION DISORDER
☐ 486 PNEUMONIA
☐ 474 RHINITIS

☐ OTHER SPECIFY _____

GASTROINTESTINAL

☐ 558 ACUTE GASTROENTERITIS COLITIS
☐ 531 ULCER
☐ 787 DIARRHEA
☐ 564 CONSTIPATION
☐ 540 APPENDICITIS
☐ 004 ACUTE BACILLARY DYSENTERY
☐ OTHER SPECIFY _____

MUSCULOSKELETAL

☐ 726 TENDONITIS
☐ 718 JOINT DERANGEMENT
☐ 722 INTERVERTEBRAL DISC DISORDER

☐ OTHER SPECIFY _____

BEHAVIORAL

☐ 30000 ANXIETY
☐ 309 SITUATIONAL DISTURBANCE
☐ 304 DRUG ABUSE
☐ 305 ALCOHOL ABUSE
☐ 27407 DEPRESSION

☐ OTHER SPECIFY _____

EYE EAR

☐ 380 OTITIS EXTERNA
☐ 382 OTITIS MEDIA
☐ 372 CONJUNCTIVITIS

☐ OTHER SPECIFY _____

SKIN

☐ 110 FUNGAL INFECTION TINEA
☐ 686 PYODERMA BOIL ABSCESS CARBUNCLE
☐ 706 ACNE
☐ 692 DERMATITIS RASH
☐ 133 SCABIES
☐ 682 CELLULITIS
☐ 704 FOLLICULITIS
☐ 132 PEDICULOSIS
☐ 706 CYST
☐ 06902 WART
☐ 69275 HEAT RASH
☐ 691 [illegible]

☐ OTHER SPECIFY _____

VD/GU

☐ 098 GONORRHEA
☐ 538 NON SPECIFIC URETHRITIS
☐ 04716 GENITAL HERPES VIRUS
☐ 086 SYPHILIS
☐ 08801 CHANCROID

☐ OTHER SPECIFY _____

OTHER MEDICAL PROBLEMS

☐ 012 ACTIVE CLINICAL TUBERCULOSIS
☐ 73710 FEVER OF UNDETERMINED ORIGIN
☐ 30505 GENERAL MALAISE/FATIGUE
☐ 739 HEADACHE
☐ 442 HEMORRHOIDS
☐ 553 HERNIA
☐ 047 HERPES SIMPLEX VIRUS
☐ 382 HYPERTENSION
☐ 917 IMMUNOLOGICAL REACTION
☐ 94209 MOTION SICKNESS
☐ 249 OVERWEIGHT

☐ DENTAL SPECIFY _____

☐ OTHER SPECIFY UNLISTED CONDITION _____

ACCIDENTS TRAUMA

Show **TYPE OF INJURY** and **INJURY LOCATION** by [illegible] to the left to the appropriate LETTER CODE from Location Letter Code list

CODE	TYPE OF INJURY
____ 11	ABRASION
____ 12	BRUISE
____ 13	BURN CHEMICAL
____ 14	BURN HEAT
____ 15	FOREIGN BODY
____ 16	FRACTURE
____ 17	HEAT EXHAUSTION
____ 18	HEAT STROKE
____ 19	LACERATION
____ 20	POISONING
____ 21	PUNCTURE WOUND
____ 22	STRAIN SPRAIN

LOCATION LETTER CODES

A SCALP	N HAND
B FACE	O FINGER
C EYE	P BACK
D EAR	Q ABDOMEN
E MOUTH	R HIP BUTTOCK
F NECK	S GROIN GENITA
G CHEST	T UPPER LEG
H RIB	U KNEE
I SHOULDER	V SHIN CALF
J UPPER ARM	W ANKLE
K ELBOW	X FOOT
L FOREARM	Y TOE
M WRIST	Z DOES NOT APPLY

☐ OTHER SPECIFY _____

III DISPOSITION

☐ 1 FULL DUTY
☐ 2 LIGHT DUTY (# days _____)
☐ 3 NO DUTY (# days _____)
☐ 4 [illegible]
☐ 5 [illegible]

PLEASE TURN PAGE - MORE ON OTHER SIDE

Figure 3.

IV TREATMENT PROVIDED

- ☐ 01 NO TREATMENT PROVIDED
- ☐ 02 EARPLUGS
- ☐ 03 PHYSICAL/EYE/HEARING EXAM
- ☐ 04 SURGERY/SUTURE PROCEDURES
- ☐ 05 DRESSING
- ☐ 06 EYEGLASSES
- ☐ 07 PRESCRIPTION(S) (# _____)
- ☐ 08 X-RAY(S) (# _____)
- ☐ 09 REFERRAL
- ☐ 10 COUNSELING

V PATIENT STATUS (CHECK ONLY ONE)

OUTPATIENT	☐ 1 ACTIVE DUTY	☐ 2 DEPENDENT	☐ 3 OTHER SPECIFY _____
INPATIENT	☐ 4 ACTIVE DUTY	☐ 5 DEPENDENT	☐ 6 OTHER SPECIFY _____

VI SERVICES (CHECK ANY THAT APPLY)

- ☐ 01 LAB TEST(S) (# _____)
- ☐ 02 PFT
- ☐ 03 AUDIOGRAM
- ☐ 04 COBALT/CESIUM
- ☐ 05 ECG
- ☐ 06 RADIOISOTOPE STUDY
- ☐ 07 OTHER DEEP THERAPY
- ☐ 08 REFRACTION MC
- ☐ 09 REFRACTION MSC
- ☐ 10 ORDER SPECTACLES (SINGLE)
- ☐ 11 ORDER SPECTACLES (BIFOCAL)
- ☐ 12 FABRICATE SINGLE VISION
- ☐ 13 PHARMACY UNIT(S) (# _____)
- ☐ 14 X-RAY (# exposures _____)
- ☐ 15 DIALYSIS
- ☐ 16 EEG
- ☐ 17 FLUOROSCOPIC EXAM
- ☐ 18 RADIUM/RADIOISOTOPE THERAPY
- ☐ 19 FLIGHT PHYSICAL EXAM
- ☐ 20 OTHER COMPREHENSIVE PHYS EXAM
- ☐ 21 IMMUNIZATION(S) (# _____)
- ☐ 22 LIMITED SERVICE
- ☐ 23 FETAL DEATH
- ☐ 24 FAMILY PLANNING/CONTRACEPTION
- ☐ 25 VASECTOMY
- ☐ 26 OTHER SPECIFY _____

VII IF THIS IS A SPECIALIZED CLINIC, CHECK TYPE OF CLINIC AND VISIT TYPE

- ☐ 01 ALLERGY
- ☐ 02 ANESTHESIOLOGY
- ☐ 03 CARDIOLOGY
- ☐ 04 CHEST DISEASE
- ☐ 05 DERMATOLOGY
- ☐ 06 EMERGENCY ROOM
- ☐ 07 ENDOCRINOLOGY
- ☐ 08 FAMILY PRACTICE
- ☐ 09 GASTROENTEROLOGY
- ☐ 10 GENERAL INTERNAL MEDICINE
- ☐ 11 GENERAL PRACTICE
- ☐ 12 GENERAL SURGERY
- ☐ 13 GYNECOLOGY
- ☐ 14 HEMATOLOGY
- ☐ 15 NEUROLOGY
- ☐ 16 NEUROSURGERY
- ☐ 17 OBSTETRICS
- ☐ 18 OCC THERAPY
- ☐ 19 OPHTHALMOLOGY
- ☐ 20 OPTOMETRY
- ☐ 21 ORTHOPEDICS
- ☐ 22 OTORHINOLARYNGOLOGY
- ☐ 23 PEDIATRICS
- ☐ 24 PHYSICAL THERAPY
- ☐ 25 PLASTIC SURGERY
- ☐ 26 PODIATRY
- ☐ 27 PROCTOLOGY
- ☐ 28 PSYCHIATRY
- ☐ 29 PSYCHOLOGY
- ☐ 30 THORACIC SURGERY
- ☐ 31 UROLOGY

VISIT TYPE

- ☐ 1 LIMITED SERVICE
- ☐ 2 OUTPATIENT
- ☐ 3 INPATIENT

VIII TUBERCULIN TESTING (CHECK ANY THAT APPLY)

- ☐ 1 REACTIVE SKIN TEST
- ☐ 2 CONVERTER
- ☐ 3 NONREACTIVE SKIN TEST
- ☐ 4 X-RAY SCREEN
- ☐ 5 X-RAY SCREEN ABNORMAL
- ☐ 6 PLACED ON INH
- ☐ 7 REACTION TO INH

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION COMMENT REMARKS

FOR OFFICIAL USE ONLY

DATA CONTAINED HEREIN IS [illegible]

NHRC [illegible]

Figure 4.

UNCLASSIFIED
SECURITY CLASSIFICATION OF THIS PAGE

REPORT DOCUMENTATION PAGE

1a. REPORT SECURITY CLASSIFICATION UNCLASSIFIED	1b RESTRICTIVE MARKINGS NONE
2a. SECURITY CLASSIFICATION AUTHORITY N/A	3 DISTRIBUTION/AVAILABILITY OF REPORT Approved for public release, distribution unlimited
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19 ABSTRACT (Continue on reverse if necessary and identify by block number)

The Navy Medical Services and Outpatient Morbidity Reporting System (NAVMED 6300/1) is described. An alternative system utilizing an updated Medical Encounter Report designed with input from the Medical Doctrine Center and analyses of injury and illness data collected during earlier studies is presented. Potential uses of the Medical data captured using the alternative system are described.

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