

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

59TH MEDICAL WING INSTRUCTION 41-219

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Health Services

THE PATIENT SQUADRON



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This instruction implements Air Force Policy Directive 41-2, *Medical Support*. This publication provides guidance, establishes policies and assigns responsibilities for management of active duty personnel who are attached on temporary duty (TDY) or assigned to the Patient Squadron at the 59th Medical Wing (59 MDW) in accordance with (IAW) AFI 41-210, *TRICARE Operations and Patient Administration Functions*. This publication applies to all military, civilian and contract personnel assigned to or under contract with Wilford Hall Ambulatory Surgical Center (WHASC) involved with the medical management, care, treatment and disposition of Patient Squadron personnel. This instruction does not apply to the Air National Guard or Air Force Reserve, the 359th Medical Group, or the 959th Medical Group. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

The publication has been revised. This rewrite of 59 MDWI 41-219 includes updated Medical Care Case Management responsibilities; updated Recovery Care Coordinator responsibilities, and updated Non-medical Care manager responsibilities.

1. Policies.

1.1. This serves as guidance on managing Air Force active duty, activated Air Force Reserve and activated Air National Guard personnel referred to WHASC, the San Antonio Military Medical Center (SAMMC) or local area medical facilities for evaluation and treatment for periods greater than 14 days:

1.1.1. Personnel in outpatient status who are TDY (attached) to Joint Base San Antonio must report to the Patient (Pt) Squadron (Sq) at WHASC within one duty day of their arrival. Pt Sq staff will collect a copy of orders, lodging information and provide further instruction.

1.1.2. Personnel who receive permanent change of station (PCS) orders are assigned to the Pt Sq and will report to the Pt Sq office within one duty day of their arrival. Pt Sq staff will obtain a copy of orders, initiate in-processing, obtain all contact information and provide further instruction.

1.1.3. The Aeromedical Staging Facility (ASF) will coordinate transportation and transfer of deployed personnel returning from the Area of Responsibility (AOR) through the Aeromedical Evacuation System or commercial air transport. Personnel moving via the aeromedical evacuation system are tracked through the US Transportation Command Regulating and Command & Control Evacuation System. ASF and SAMMC Patient Administration will communicate pertinent clinical and administrative information to the Pt Sq through the appropriate channels to ensure proper tracking and accountability of inbound personnel. Pt Sq staff will populate the Pt Sq databases with the information, obtain lodging information and give further instruction if applicable.

2. Responsibilities.

2.1. 59 MDW Commander.

2.1.1. Holds the authority for assigning patients to the Pt Sq. Patients can only be assigned to the Pt Sq with permission from the 59 MDW/CC or his/her delegated authority. Official PCS orders to the Pt Sq must originate from the patient's losing location upon request from the Pt Sq.

2.1.2. The 59 MDW Commander may appoint the 59th Medical Support Squadron Commander (59 MDSS/CC) as the Pt Sq Commander.

2.2. 59 MDSS/CC.

2.2.1. Assumes all command responsibilities for the Pt Sq and all personnel assigned. The 59 MDSS/CC has G-Series orders and Uniform Code of Military Justice (UCMJ) authority over all patients assigned to the Pt Sq.

2.2.1.1. Ensures patients are assigned with official orders in a PCS or permanent change of assignment status and in accordance with AFI 41-210, *TRICARE Operations and Patient Administration Functions*.

2.2.2. Exercises administrative oversight and management of all patients attached (TDY) to the Pt Sq. UCMJ authority for attached patients remains with their home unit commander.

2.2.3. Maintains accountability of all assigned patients and ensures adherence to all Department of Defense and Air Force directives, as well as those outlined in the UCMJ.

2.2.4. Ensures all patients assigned or attached are educated on the chain of command.

2.2.4.1. The rank of the patient will determine the appropriate chain of command e.g. officers would report to the Patient Squadron Section Commander or above depending on their rank. Regardless of whether a patient is "attached" or "assigned" to the Patient Squadron the chain of command is as follows:

2.2.4.1.1. Noncommissioned Officer in Charge (NCOIC), Patient Squadron.

2.2.4.1.2. Section Chief, Patient Squadron.

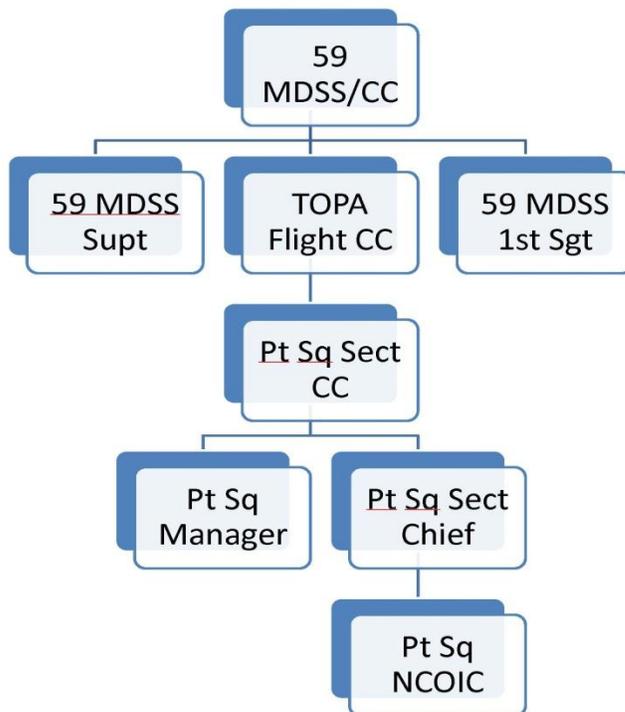
2.2.4.1.3. Pt Sq Section Commander.

2.2.4.1.4. TRICARE Operations & Patient Administration (TOPA) Flight Commander.

2.2.4.1.5. Commander, 59th Medical Support Squadron.

2.2.4.1.6. Commander, 59th Medical Support Group.

Figure 2.1. Patient Squadron Structure.



2.2.5. Ensures a message is sent to each Military Treatment Facility (MTF) annually (via Air Force Medical Operations Agency) describing the procedures to follow when sending a patient TDY for care to the 59 MDW (Attachment 2). The Pt Sq brochure should accompany this message as an attachment.

2.2.6. Appoints a Special Duty Officer (SDO) to assist family members and Casualty Affairs with administrative needs should a death occur. If necessary, the SDO may be assigned from outside the Pt Sq.

2.3. Pt Sq Section Commander.

2.3.1. Pt Sq Section Commander will be an Air Force Medical Service officer from any corps equal to or junior in grade to the 59 MDSS/CC.

2.3.2. May also serve in an additional official capacity (e.g., TOPA Flight Commander, clinical provider).

2.3.3. Establishes unit-specific policies and communications.

2.4. Chief of Medical Staff (SGH).

2.4.1. Ensures proper medical management, care, treatment and disposition of patients permanently assigned or attached to the Pt Sq for the purpose of medical evaluation and treatment.

2.4.2. Reviews patient's medical history makes recommendations regarding assigning personnel to the Pt Sq. Member's status in Pt Sq may change from attached to assigned at any time based on changes in patient's medical condition or required treatment plan. Generally, personnel are considered for possible assignment to the Pt Sq if (1) they are likely to be hospitalized 90 calendar days or more, (2) they are unlikely to return to their unit, (3) they are hospitalized while en route to a PCS or (4) otherwise separated from their unit and assignment to the MTF is necessary to ensure effective personnel management.

2.4.3. When required, ensures eligible patients undergo Medical Evaluation Board (MEB) consideration IAW AFI 48-123, *Medical Examinations and Standards*, and AFI 41-210.

2.4.4. Ensures a medical case manager is assigned to patients that require assistance with complex medical and social issues.

2.5. Section Chief and NCOIC, Patient Squadron.

2.5.1. Verifies TDY and PCS orders and duty status of each patient to ensure proper assignment and attachment to the Pt Sq via 59 MDW Personnel Center and Military Personnel Section (MPS).

2.5.2. Notifies Pt Sq Section Commander of newly assigned personnel and assists with unit, group and wing in-processing requirements.

2.5.3. Refers patients to case management office and other departments, as appropriate.

2.5.4. Ensures all patients are briefed on entitlements by responsible base support agencies.

2.5.5. Maintains accurate rosters of all assigned patients.

2.5.6. Organizes, schedules, and creates agenda for the biweekly Pt Sq inter-professional crosstalk meetings. Discusses and updates information on each patient who is assigned or attached to the Pt Sq. Records minutes and provides sign-in sheet to annotate

attendance by all key players to include, but not limited to, the following: 59 MDW/SGH; 59 MDSS/CC; 59 MDSS/CCF; TOPA Flight Commander; Pt Sq Section Commander; Medical Care Case Managers (MCCM); Recovery Care Coordinators (RCC), Nonmedical Care Managers (NMCM), Internal Medicine representative, Medical Management Branch Chief, and Physical Evaluation Board Liaison Officers.

2.5.7. Updates Patient Squadron rosters after notification from MEB office.

2.6. Medical Care Case Manager.

2.6.1. Ensures AD patients assigned to Case Management Services check-in with the Pt Sq upon arrival.

2.6.2. Attends the biweekly Patient Squadron cross-talk meetings. Discusses and updates information on each patient who is assigned or attached to the Pt Sq and being followed by Case Management Services.

2.6.3. Support injured personnel returning from the AOR via Aeromedical Evacuation and/or commercial air, and their families, as necessary. Notifies Pt Sq staff of patients coming to the SAMMC or WHASC.

2.7. Recovery Care Coordinator.

2.7.1. RCCs work for the Recovery Care Coordination Branch of the Warrior & Survivor Care Division of the Air Force Wounded Warrior Program (AFW2). They ensure the development, implementation and oversight of the Comprehensive Recovery Plan (CRP) which includes the following:

2.7.1.1. Establishes career goals and timelines for accomplishment and documents nonclinical support provided to recovering Airmen.

2.7.1.2. Consults and collaborates with multidisciplinary teams during the initial treatment phase and continuing throughout the continuum of care, including support during the disability evaluation system process.

2.7.1.3. Provides assistance to the Airmen, family and extended family members to navigate through the continuum of care which involves initial assessment, comprehensive assessment, linkage to family support programs, and ongoing follow up.

2.7.1.4. Facilitates an efficient, effective and smooth rehabilitation and transition back to active duty or civilian life as a veteran through coordination with appropriate personnel (Military Service Coordinators/Veterans Affairs Liaisons and other agencies).

2.7.1.5. Ensures that the Airmen and family have access to all medical and non-medical care management services including, but not limited to medical care, rehabilitation, education, employment-related programs, and disability benefits.

2.7.1.6. Assists in coordinating local and state resources, including referral to governmental and non-governmental agencies as appropriate, where the Airmen and family will reside.

2.8. Non-medical Care Manager.

2.8.1. NMCMS work for the Warrior Care Support Branch of the Warrior & Survivor Care Division of the AFW2 program. They ensure service members and family or designated caregivers get needed non-medical support such as assistance with resolving financial, administrative, personnel, and logistical problems.

2.8.2. Provides feedback on the effectiveness of the CRP in meeting the service member's personal goals.

2.8.3. Communicates with the service member and family or designated caregiver regarding non-medical matters that arise during care, management, and transition; assist the member in resolving non-medical issues.

2.8.4. Assists the service member with finding the resources to maintain or improve his or her welfare and quality of life.

2.9. Pt Sq Administrative Staff.

2.9.1. Complete an initial intake on personnel here TDY for greater than 14 days.

2.9.2. Will complete a follow-up intake and establish a 6-part folder for tracking and updating administrative issues and concerns related to the care of all personnel who PCS to this location.

2.9.3. Will assist with in-processing all Air Force personnel reporting from their primary duty location.

3. Pt Sq Personnel Responsibilities.

3.1. All patients will adhere to AF standards, to include:

3.1.1. Compliance with all Air Force Instructions (AFI), to include, but not limited to AFI 1-1, *Air Force Standards*, AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, and AFI 36-3003, *Military Leave Program*.

3.2. Report to all appointments, both medical and non-medical, on time and in uniform (Air Force Physical Training gear is appropriate for situations where other duty uniforms would not be practical).

3.2.1. If for any reason a patient cannot make a scheduled appointment, he or she must contact his or her MCCM prior to the appointment to reschedule.

3.2.2. Failing to attend scheduled appointments is a UCMJ violation and may result in an administrative or disciplinary action.

3.3. Patients must keep the Pt Sq chain-of-command informed of all movements outside of the local area. All TDYs and leaves must be approved by the Pt Sq chain of command prior to departure.

4. Procedures for Initial Reporting.

4.1. All Air Force personnel are required to report to the Pt Sq section for in-processing and mandatory briefings upon arrival to the San Antonio area. The only deviation is if the individual arrives during non-duty duty hours between 1630 Friday and 0730 Mondays or Federal holidays as applicable. These individuals must report to the Pt Sq on the next duty day.

4.1.1. Active Duty personnel in a medical TDY greater than 14 days or PCS status may be assigned a MCCM based on their specific medical needs.

4.1.2. Personnel arriving via aeromedical evacuation (from AOR or other location) or commercial flight and subsequently admitted to SAMMC will have a MCCM and possibly a RCC and NMCM assigned to assist them as necessary.

4.1.2.1. The patient may be assigned a Family Liaison Officer (FLO) to assist with any day-to-day requirements.

4.1.2.2. FLOs are generally assigned when patients are wounded in action, or in a seriously ill/injured, or very seriously ill/injured status. In these cases, the AFW2 program is responsible for appointing, assigning and training the FLO. FLOs, RCCs, NMCMs and MCCMs will work closely in these cases to decrease duplication of services.

4.2. Personnel who are aeromedically evacuated and admitted to SAMMC will have a MCCM and RCC to assist them with lodging and orders extensions.

4.2.1. Personnel who are aeromedically evacuated from the AOR for outpatient treatment will have lodging and transportation arranged by the 559th Aeromedical Squadron Patient Movement office. Pt Sq administrative personnel and RCC may assist as necessary.

4.2.2. If admitted to SAMMC, a RCC will assist with lodging, transportation and orders extensions. Pt Sq administrative personnel may assist as required.

4.3. Personnel who PCS to the Pt Sq must have an accepting physician for their continued care. They will, in most cases, have been evaluated by a specialty service at either WHASC or SAMMC. In rare occasions, that PCS determination will be coordinated via telephone or e-mail due to the severity of illness/disease.

4.3.1. When PCS is required, the Pt Sq will generate a MPS message; the Military Personnel Flight Message (MPFM) assignment request will be forwarded to the member's servicing MPS, Unit CSS and First Sergeant.

4.3.1.1. There is an initial 14-day suspense for a response to the MPFM.

4.3.1.2. The projected assignment is approximately 45 days for the date on the MPFM.

4.3.1.3. Special circumstances may require a modification to this time table; this will normally require a shorter suspense on the aforementioned time table.

4.4. Personnel who remain overnight in the San Antonio area will only need to be tracked if their status changes; they should check-in with their unit of assignment upon return to home station. Should status change for the member and they require case management or attachment to the Pt Sq, the Pt Sq staff will coordinate this with the individual's home unit.

5. Disposition.

5.1. TDY personnel (attached) will sign out with the Pt Sq the day of but no earlier than 1 day prior to the departure date. This allows the member to schedule a return flight and report to the airport for check-in and departure prior to the start of the duty day and also weekends.

5.2. PCS personnel (assigned) will out-process using the standard 59 MDW Out-processing Checklist, the Virtual Military Personnel Flight Out-processing Checklist and attend at minimum, a one-hour Transitional Assistance Program briefing for short-notice medical retirements/separations. This will be completed prior to beginning permissive TDY to ensure all military requirements have been met.

6. Employment.

6.1. One of the goals of the Pt Sq is to ensure all assigned personnel are placed in a work program that is conducive to their treatment and beneficial to the United States Air Force.

6.2. Upon arrival to the Pt Sq, the Pt Sq Section Commander and staff will coordinate with members of the healthcare team to determine the best placement for each individual. This is a cooperative effort and assigned personnel will have input to ensure they are in a work environment that is the right fit for them and the Air Force.

6.3. The Pt Sq will make every effort to place assigned personnel in jobs pertaining to their Air Force Specialty Code if medically cleared to do so.

7. Patient Squadron Members Geographically Separated.

7.1. At any given time, attached or assigned Pt Sq personnel may be geographically separated from the 59 MDW and San Antonio. It is the responsibility of the Pt Sq Section Commander, with the assistance of the Section Chief or NCOIC, to ensure these personnel are cared for, both medically and administratively. Pt Sq staff will continue tracking these personnel and communicating their status during inter-professional crosstalk meetings.

7.2. MCCM services will continue until personnel return to their home unit or under the care of another Pt Sq. RCC, NMCM and FLO services will continue as required.

7.3. Pt Sq staff may visit these personnel at their care locations when practical. Pt Sq staff will coordinate these visits through the MCCM, RCC or FLO to ensure the appropriate coordination between the care facility and the patient being seen.

8. SAMMC AF Liaison/Case Manager.

8.1. The SAMMC AF Liaison/Case Manager is a vital link between the Pt Sq and personnel who receive inpatient care at SAMMC.

8.2. Pt Sq staff should discuss the geographically separated patients receiving care at SAMMC or the Center for the Intrepid with the SAMMC AF/Liaison Case Manager on a regular basis. The conversation should, at a minimum, include the following:

8.2.1. Synopsis of those patients who are missing scheduled appointments.

8.2.2. Review of personnel who require assistance from Pt Sq staff.

8.2.3. Listing of those patients who need employment and recommendations for employment.

8.2.4. Any other pertinent information that the SAMMC Air Force Case Manager deems necessary to provide better care for the patients medically and administratively.

GLENN A. YAP, Colonel, USAF, MSC
Administrator, 59th Medical Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 1-1, *Air Force Standards*, 7 August 2012

AFI 41-210, *TRICARE Operations and Patient Administration Functions*, 6 June 2012

AFI 36-2903, *Dress and Personal Appearance for Air Force Personnel*, 18 July 2011

AFI 36-3003, *Military Leave Program*, 26 October 2009

AFI 48-123, *Medical Examinations and Standards*, 5 November 2013

AFI 90-201, *The Air Force Inspection System*, 2 August 2013

AFPD 41-2, *Medical Support*, 28 June 2013

59 MDWI 41-122, *Patient Transfers*, 23 June 2009

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFW2—Air Force Wounded Warrior

AOR—Area of Responsibility

ASF—Aeromedical Staging Facility

CRP—Comprehensive Recovery Plan

FLO—Family Liaison Officer

IAW—In Accordance With

MCCM—Medical Care Case Manager

MDW—Medical Wing

MEB—Medical Evaluation Board

MPFM—Military Personnel Flight Message

MPS—Military Personnel Section

MTF—Military Treatment Facility

NCOIC—Noncommissioned Officer in Charge

NMCM—Nonmedical Care Manager

PCS—Permanent Change of Station

PT—Patient

RCC—Recovery Care Coordinator

SAMMC—San Antonio Military Medical Center

SDO—Special Duty Officer

SGH—Chief of the Medical Staff

SQ—Squadron

TDY—Temporary Duty

TOPA—TRICARE Operations & Patient Administration

UCMJ—Uniform Code of Military Justice

WHASC—Wilford Hall Ambulatory Surgical Center

Attachment 2

PATIENT SQUADRON ASSIGNMENT CHECKLIST

Figure A2.1. Patient Squadron Assignment Checklist.

ALL PURPOSE CHECKLIST		PAGE 1	OF 2	PAGES
TITLE/SUBJECT/ACTIVITY/FUNCTIONAL AREA		OPR	DATE	
Patient Squadron Assignment Checklist		59 MDW/ SGSBTA		
NO.	ITEM <i>(Assign a paragraph number to each item. Draw a horizontal line between each major paragraph.)</i>	Yes	No	N/A
	Indications for assignment to a Patient Squadron (Pt Sq) are as follows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Required medical care is NOT available at the MTF or reasonably available in the local or regional areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	There is overwhelming medical evidence that suggests a SM is not expected to return to active duty (able to perform reasonable duties).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hospitalization beyond the SM's Date of Separation is expected (AFPC/DPANM – Medical Hold).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	OCONUS: When required medical care is not available in the overseas area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	OCONUS: When hospitalization beyond the member's DEROS is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	When AFPC/DPANM directs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contraindications for assignment to a Pt Sq are as follows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Losing unit has a member who is a burden due to medical problems, but care IS available in the local area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Member has a problem that can be resolved/stabilized in less than 60-90 days and the home base can safely monitor after that time period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Member has a problem that is elective in nature and desires care at another MTF (i.e., in-vitro fertilization, cosmetic surgery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PROCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has conversation between losing and gaining SGH taken place regarding attachment/assignment to Pt Sq? If "no," Pt Sq cannot accept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has losing SGH consulted with losing MTF care team, MTF Commander and TOPA representatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the appropriate level of medical care (MTF and civilian) available at the gaining location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does patient have family near gaining location that can assist with his/her recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Will member require assistance getting to/from appointments, providing self-care? If "yes," ensure nonmedical attendant (NMA) authorization paperwork is completed prior to travel and send member with NMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	If applicable, is a line of duty (LOD) determination in progress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Should patient be sent TDY (attached) or PCS (assigned)?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.a	Is care expected to take <90 days? If "yes," send TDY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.b	Does member have a temporary condition (e.g., high risk pregnancy) that will likely resolve naturally? If "yes," send TDY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.c	Is member in a CAT II (care expected to last >180 days) or CAT III (not expected to return to active duty) status? If "yes," send TDY but begin PCS process.**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

