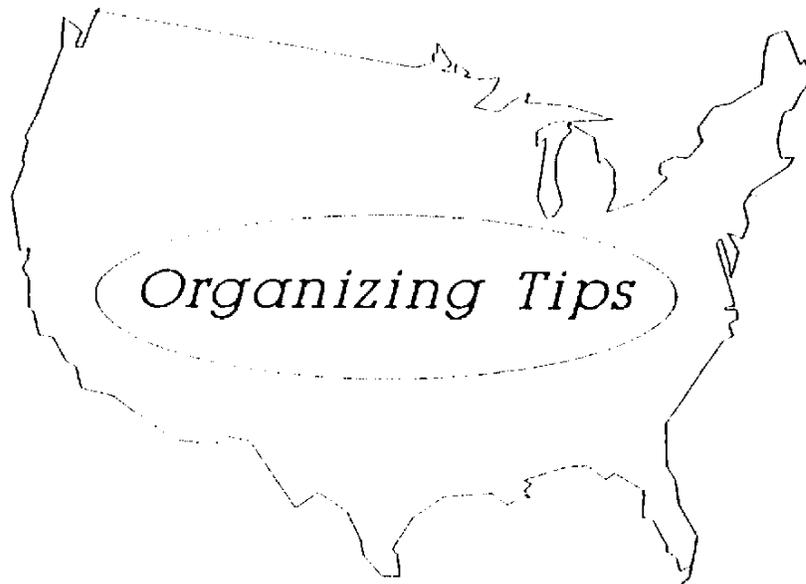


# DVA, DoD and NDMS Operational Planning

*Military Patient  
Administration Team (MPAT)*



*A Guide for Air Force  
Medical Treatment Facilities*

**April 1992**

Military Patient Administration Team  
Organizing Tips

For

Department of Veterans Affairs (DVA), Department of Defense (DoD)  
and the  
National Disaster Medical System (NDMS)

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## Military Patient Administration Team Organizing Tips

### INTRODUCTION

In any armed conflict or catastrophic disaster that generates overwhelming numbers of military casualties, there will be many inquiries on the status of people. Also, the victims will have questions and needs. A Method for aiding and managing casualties hospitalized in VA medical centers (VAMCs) or civilian hospitals participating in NDMS is needed. For military casualties, there are unique requirements for patient management that differ from those for civilian disaster victims. The local military NDMS Federal Coordinating Center (FCC) is responsible for providing this military patient administration support. Other military medical treatment facilities (MTFs) identified as MTF/medical liaison to a nearby VAMC also may provide this support.

For VA/DOD contingency planning and operations, VA has identified 77 VAMCs as PRIMARY RECEIVING CENTERS. Attachment 1 lists these VAMCs and the nearest military base/medical liaison. As a backup to their primary receiving centers, VA has identified 75 VAMCs as SECONDARY SUPPORT CENTERS. Attachment 2 lists VAMC PRIMARY RECEIVING CENTERS and SECONDARY SUPPORT CENTERS for which designated Air Force MTFs serve as the military medical liaison. VAMCs not listed at attachment 2 are supported by Army and Navy MTFs. Air Force MTF liaison activities include patient administration support for military patients hospitalized in the designated VAMCs.

For NDMS planning and operations, 14 Air Force MTFs are now NDMS Federal Coordinating Centers (FCCs). However, two of those facilities, Bergstrom and Carswell, will soon relinquish that responsibility due to base closure. These 14 FCCs (see attachment 3) have memoranda of understanding (MOU) with a combined total of 266 non-federal/civilian hospitals. One of the responsibilities of a FCC upon NDMS activation is patient administration support for military casualties hospitalized in area NDMS hospitals.

Air Force MTFs listed at attachment 3 have either VA/DOD contingency support responsibilities, NDMS responsibilities, or both. Whatever the case, all provide military patient administration support for VA/DOD contingency operations or NDMS operations.

This guide provides planning information to aid tasked MTFs with developing and implementing procedures for military patient administration team (MPAT) activities. Use it with other planning information and guidance, including: AFR 160-25, Medical Readiness Planning and Training, Chapters 2 and 5; AFR 168-4, Administration of Medical Activities, Chapter 12; and AFR 355-1, Disaster Preparedness Planning and Operations, Chapters 2 and 3.

### CONCEPT OF OPERATIONS

A military casualty management system should be developed in concert with local community agencies, consistent with State disaster plans (via Offices of Emergency Services) and American Red Cross procedures. Wherever possible, it should use existing automation capabilities. Patient management plans need to be simple, easy to use, compatible with existing local procedures, accessible to all authorized users, and reliable. The final written document(s) should fully explain who is responsible and how each task is done.

Patient tracking is identifying, locating, and following patients by name, social security number, or other identifiers, DVA, NDMS participating (civilian) hospitals, or non-NDMS civilian hospitals. Patient Administration provides information on the medical condition, prognosis and projected disposition of military patients to authorized personnel and agencies. Military casualty management, consistent with in AFR 168-4, Chapter 12, requires a broader application of this definition. Depending upon their needs and availability of that care, military casualties returning from a conflict could be hospitalized within any of three medical systems: DoD MTFs, VAMCs, or non-federal hospitals participating in the NDMS.

For military patients, patient management responsibilities significantly affect the ability to either return casualties to duty or process them out of the service. Accurate accounting of each military patient admission, transfer, discharge, and return to duty requires close coordination by many agencies. These include: medical, personnel, accounting and finance, services, transportation, and other support agencies at the local installation level.

To expedite the return of military personnel to duty, MTF plans must include procedures to maintain constant accountability for military casualties, provide necessary personnel and financial assistance, support current casualty reporting systems (e.g., Seriously Ill, Very Seriously Ill, etc.), and arrange for re-equipping and re-issuing of uniforms to patients released for duty. Those patients whose injuries preclude their return to active duty must be afforded efficient processing for disability retirement or separation through medical evaluation or physical evaluation board (MEB/PEB) procedures. Plans should delineate these procedures. How and to what extent local MTF plans address the above areas depends on the specific MTF and base taskings in support of VA/DOD or NDMS operations. These MTF plans include the Contingency Support Plan (CSP), Annex D and the Disaster Casualty Control Plan (DCCP), Annex T.

#### MILITARY PATIENT ADMINISTRATION TEAMS (MPATs) BACKGROUND

DOD Directive 6010.17, National Disaster Medical System, tasks the Military Departments to establish MPATs. These MPATs are to provide personnel, financial, and medical record support to military patients cared for in the three medical systems previously noted.

The VA/DOD Health Resources Sharing and Emergency Operations Act (P.L. 97-174) also established the DVA health care system as the primary backup to the DoD in time of war or national emergency. This law requires DVA and DOD to plan and establish procedures for implementation of joint contingency planning.

While the VA health care system is the PRIMARY backup to DOD, NDMS is the SECONDARY backup, providing medical care resources from the civilian sector. Therefore, patient tracking/ administration procedures must be addressed for patients hospitalized in VAMCs and those in civilian NDMS hospitals.

Given the projected casualty estimates used for VA/DOD planning purposes, certain military MTFs may need patient administration augmentation during a major military contingency. These MTFs, listed at attachment 3, include Air Force Federal Coordinating Centers and other AF facilities identified as the closest military MTF/medical liaison to specific VAMCs. Activation of VA/DOD contingency operations does not mean that NDMS will be activated. Planning for military patient administration support for either, however, is the same.

## MTF/MPAT RESPONSIBILITIES

FCCs and other AF MTFs listed at attachment 3 develop and implement of procedures for tracking and managing military patients admitted, transferred or discharged from VA and NDMS facilities. MTFs residing in NDMS areas where the DVA is the assigned FCC should help with the planning efforts. To that end, they can develop the chapter addressing procedures for military patient tracking and administration for the DVA contingency NDMS operations plan.

MPATs may be the "first line of defense" in the these responsibilities. Therefore, the procedures developed should be simple, easy to follow, and make extensive use of the resources of local participants. Ideally, specific military patient administration needs should fit into community plans and existing civilian hospital admission/disposition procedures. This will aid MPAT members in assimilating procedures that are already familiar to local community participants and practiced periodically. To help ensure "all the bases are covered," use the plans checklist at attachment 4.

## CONCLUSION

Military Patient Administration Teams augment AF MTFs (including FCCs) identified to support VA/DOD contingency and NDMS operations. MPAT support mechanisms ensure effective and efficient patient tracking/ administration capabilities.

HQ USAF/ARPC has identified Individual Mobilization Augmentees (IMAs) who will staff the MPATs. Each core team will consist of four IMAs: two Medical Service Corps officers (9025/9016) and two medical administrative specialists (906X0). The first three MPATs will support MTFs at Wright Patterson, Carswell and Dover AFBs. MPAT staffing for the other MTFs listed at attachment 3 will be based on the availability of IMAs for these locations.

This document is for helping designated Air Force MTFs and NDMS Federal Coordinating Centers in their efforts to strengthen local patient tracking procedures. It should be filed in the MTF/NDMS FCC "Red Binder," along with FCC Organizing Tips and Patient Reception Organizing Tips. These guides, developed by HQ USAF/SGHR, provide a management tool for MTFs that support VA/DOD and NDMS operations. These guides will be updated periodically as additional planning information becomes available. If you have any suggested changes or additions to this guide ... let us know!

The Air Force point of contact for MPATs is LL Col Ron Evans, HQ USAF/SGHR, Bolling AFB DC, 20332-6188, DSN 227-9077.

- 4 Atch
- 1. VA Primary Receiving Centers
- 2. Air Force MTF Support to VAMCs
- 3. Air Force MTFs Supporting VA/DOD and NDMS Operations
- 4. Plans Checklist

Department of Veterans Affairs (DVA)/Department of Defense (DOD)  
Contingency Planning and Operations

SUBJECT: 77 VA MEDICAL CENTERS (VAMCs) DESIGNATED AS PRIMARY RECEIVING CENTERS. The nearest military base/medical liaison is noted in parenthesis. Air Force bases are underlined.

1. ALBANY, NY (Griffiss AFB)
2. ALBUQUERQUE, NM (Kirtland AFB)
3. ALLEN PARK, MI (Wright Patterson AFB)
4. ANN ARBOR, MI (Wright Patterson AFB)
5. ATLANTA, GA (Ft Gordon/USA)
6. AUGUSTA, GA (Ft Gordon/USA)
7. BALTIMORE, MD (Walter Reed Med/USA)
8. BROCKTON, MA (Ft Devens/USA)
9. BILOXI, MS (Keesler AFB)
10. BIRMINGHAM, AL (Ft McClellan/USA)
11. BOSTON, MA (Ft Devens/USA)
12. BRONX, NY (West Point/USA)
13. BROOKLYN, NY (Ft Monmouth/USA)
14. BUFFALO, NY (Griffiss AFB)
15. CASTLE POINT, NY (West Point/USA)
16. CHARLESTON, SC (Charleston/USN)
17. CHICAGO-LAKESIDE, IL (Great Lakes/USN)
18. CHICAGO-WESTSIDE, IL (Great Lakes/USN)
19. CINCINNATI, OH (Wright Patterson AFB)
20. CLEVELAND, OH (Wright Patterson AFB)
21. COLUMBIA, SC (Ft Jackson/USA)
22. DALLAS, TX (To be determined)
23. DAYTON, OH (Wright Patterson AFB)
24. DENVER, CO (Fitzsimmons/USA)
25. DES MOINES, IA (Offutt AFB)
26. DURHAM, NC (Ft Bragg/USA)
27. EAST ORANGE, NJ (Ft Monmouth/USA)
28. FAYETTEVILLE, NC (Ft Bragg/USA)
29. HAMPTON, VA (Portsmouth/USN)
30. HINES, IL (Great Lakes/USN)
31. HOUSTON, TX (Wilford Hall Med Ctr)
32. INDIANAPOLIS, IN (Ft Ben Harrison/USA)
33. JACKSON, MS (Keesler AFB)
34. KANSAS CITY, KS (Ft Leavenworth/USA)
35. LEXINGTON, KY (Ft Knox/USA)
36. LINCOLN, NE (Offutt AFB)
37. LITTLE ROCK, AR (Little Rock AFB)
38. LOMA LINDA, CA (March AFB)
39. LONG BEACH, CA (Long Beach/USN)
40. LOUISVILLE, KY (Ft Knox/USA)
41. MARTINEZ, CA (Travis AFB)
42. MEMPHIS, TN (Millington/USN)
43. MIAMI, FL (Homestead AFB)
44. MILWAUKEE, WI (Gr Lakes/USN)
45. MINNEAPOLIS, MN (Gr Lakes/USN)
46. NASHVILLE, TN (Ft Campbell/USA)
47. NEW ORLEANS, LA (New Orleans/USN)
48. NEW YORK, NY (West Point/USA)
49. NORTH CHICAGO, IL (Gr Lakes/USN)
50. NORTHPORT, NY (Ft Monmouth/USA)
51. OKLAHOMA CITY, OK (Tinker AFB)
52. OMAHA, NE (Offutt AFB)
53. PALO ALTO, CA (Oakland/USN)
54. PHILADELPHIA, PA (Phila/USN)
55. PHOENIX, AZ (Luke AFB)
56. PITTSBURGH, PA (Phila/USN)
57. PORTLAND, OR (Ft Lewis/USA)
58. PROVIDENCE, RI (Newport/USN)
59. RICHMOND, VA (Ft Lee/USA)
60. SALISBURY, NC (Ft Bragg/USA)
61. SALT LAKE CITY, UT (Hill AFB)
62. SAN ANTONIO, TX (Brooke/USA)
63. SAN DIEGO, CA (San Diego/USN)
64. SAN FRANCISCO, CA (Letterman/USA)
65. SAN JUAN, PR (Roosevelt-Rds/USN)
66. SEATTLE, WA (Ft Lewis/USA)
67. SEPULVEDA, CA (Long Beach/USN)
68. SHREVEPORT, LA (Barksdale AFB)
69. ST. LOUIS, MO (Scott AFB)
70. SYRACUSE, NY (Griffiss AFB)
71. TAMPA, FL (MacDill AFB)
72. TUCSON, AZ (Davis Monthan AFB)
73. WASHINGTON, DC (Bethesda/USN)
74. W. HAVEN, CT (Groton/USN)
75. W. LOS ANGELES, CA (Long Beach/USN)
76. WICHITA, KS (McConnell AFB)
77. WILMINGTON, DE (Dover AFB)

Atch 1

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Department of Veterans Affairs (DVA)/Department of Defense (DoD)

Contingency Planning and Operations

SUBJECT: Air Force liaison/support for VA PRIMARY RECEIVING CENTERS and VA SECONDARY SUPPORT CENTERS.

Air Force installations indicated below are the nearest military medical treatment facilities (MTFs) to the VA medical centers (VAMCs) listed. VAMCs not listed here are supported by Army and Navy MTFs. Liaison activities include patient administration support for military patients hospitalized in the designated VAMCs. These tasks are accomplished by designated military patient administration teams (MPATs) or patient administration personnel from the military base indicated. VAMCs indicated by an asterisk (\*) have special response capabilities for current operations/contingencies.

<u>VAMC / PRIMARY RECEIVING CENTER</u>	<u>VAMC / SECONDARY SUPPORT CENTER(S)</u>	<u>AIR FORCE LIAISON / MTF</u>
ALBANY, NY		Griffiss AFB
ALBUQUERQUE, NM		Kirtland AFB
ALLEN PARK, MI		Wright Patterson AFB
ANN ARBOR, MI	BATTLE CREEK, MI SAGINAW, MI	Wright Patterson AFB
BILOXI, MS	MONTGOMERY, AL TUSCALOOSA, AL	Keesler AFB
BUFFALO, NY	BATAVIA, NY BATH, NY CANANDAIGUA, NY	Griffiss AFB
* CINCINNATI, OH	CHILLICOTHE, OH COLUMBUS, OH	Wright Patterson AFB
CLEVELAND, OH	CHILLICOTHE, OH COLUMBUS, OH	Wright Patterson AFB
DAYTON, OH	CHILLICOTHE, OH COLUMBUS, OH	Wright Patterson AFB
DES MOINES, IA		Offutt AFB
HOUSTON, TX	MARLIN, TX WACO, TX	Wilford Hall Med Ctr
JACKSON, MS		Keesler AFB
LINCOLN, NE		Offutt AFB

<u>VAMC / PRIMARY RECEIVING CENTER</u>	<u>VAMC / SECONDARY SUPPORT CENTER(S)</u>	<u>AIR FORCE LIAISON / MTF</u>
LITTLE ROCK, AR	FAYETTEVILLE, AR	Little Rock AFB
LOMA LINDA, CA		March AFB
MARTINEZ, CA	RENO, NV	Travis AFB
MIAMI, FL		Homestead AFB
OKLAHOMA CITY, OK	MUSKOGEE, OK	Tinker AFB
OMAHA, NE	GRAND ISLAND, NE IOWA CITY, IA KNOXVILLE, IA	Offutt AFB
PHOENIX, AZ	AMARILLO, TX BIG SPRING, TX PRESCOTT, AZ	Luke AFB
SALT LAKE CITY, UT	FT HARRISON, MT GRAND JUNCTION, CO HOT SPRINGS, SD MILES CITY, MT SHERIDAN, UT	Hill AFB
SHREVEPORT, LA		Barksdale AFB
ST. LOUIS, MO	COLUMBIA, MO MARION, IL POPLAR BLUFF, MO	Scott AFB
SYRACUSE, NY		Griffiss AFB
TAMPA, FL	GAINESVILLE, FL LAKE CITY, FL	MacDill AFB
TUCSON, AZ		Davis Monthan AFB
WICHITA, KS		McConnell AFB
* WILMINGTON, DE	PERRY POINT, MD	Dover AFB

Department of Veterans Affairs (DVA)/Department of Defense (DOD)  
and the  
National Disaster Medical System (NDMS)  
Contingency Planning and Operations

SUBJECT: Air Force Medical Treatment Facilities (MTFs) Supporting DVA/DOD and NDMS Operations.

Air Force installations listed below are tasked with supporting DVA/DOD contingency operations, NDMS, or both systems, as indicated (X). MTFs tasked with DVA/DOD support are the nearest military medical liaison to VA medical centers (VAMCs) identified as Primary Receiving Centers or Secondary Support Centers. Twelve (12) of the MTFs listed below are tasked as NDMS Federal Coordinating Centers (FCCs). All of the facilities listed below are to be prepared to provide patient administration support for military patients hospitalized in designated VAMCs or civilian/NDMS hospitals, depending on the particular contingency.

<u>MAJCOM</u>	<u>AIR FORCE BASE/MTF</u>	<u>VA/DOD CONTINGENCY SUPPORT</u>	<u>NDMS FCC</u>
<u>AFLC</u>			
	WRIGHT PATTERSON	X	X
	HILL	X	X
	TINKER	X	
<u>ATC</u>			
	KEESLER	X	X
	LACKLAND/WILFORD HALL	X	
<u>MAC</u>			
	SCOTT	X	X
	ANDREWS		X
	TRAVIS	X	X
	DOVER	X	X
	LITTLE ROCK	X	
	KIRTLAND	X	
<u>SAC</u>			
	MARCH	X	X
	OFFUTT	X	X
	BARKSDALE	X	
	GRIFFISS	X	
	McCONNELL	X	
<u>TAC</u>			
	LUKE	X	X
	MacDILL	X	X
	HOMESTEAD	X	X
	DAVIS MONTHAN	X	

CHECKLIST FOR VA/DOD CONTINGENCY and NDMS OPERATIONS PLANS

This is a management tool for evaluating local VA/DOD Contingency and NDMS operations plans on military patient tracking and administrative management. Since MPATs (including augmenting members) interface with other base support functions, local plans must address this interface. Establish liaison with the Consolidated Base Personnel Office (CBPO), Accounting and Finance Office (AFO), Public Affairs, Chaplains, Legal Office and other base support function needed for your patient population. Also, MTFs should develop procedures for transporting casualties to local VAMCs or civilian hospitals. This checklist will aid MTFs in addressing most possible contingencies and taskings they face.

Do the VA/DOD Contingency and NDMS Operations Plans:

- \_\_\_\_\_ Provide a Concept of Operations for military patient tracking/management?
- \_\_\_\_\_ Initiate patient tracking procedures at the Patient Reception location?
- \_\_\_\_\_ Use existing local participant hospital admissions, transfer, and disposition procedures?
- \_\_\_\_\_ Use existing local participant hospital personnel to help manage the patient tracking and administration activity?
- \_\_\_\_\_ Use and integrate existing local community participant automated capabilities, if possible? If not possible, are manual procedures for integrating various participant procedures addressed?
- \_\_\_\_\_ Provide instructions on reporting patient information to the FCC?
- \_\_\_\_\_ Identify a FCC focal point for patient tracking and administration (e.g., Director, Patient Administration)?
- \_\_\_\_\_ Detail how the FCC manages patient information (computerized Automated Quality of Care Evaluation Support System [AQCESS], admissions and disposition (A&D) sheet, or some alternate manual patient A&D system)?
- \_\_\_\_\_ Include requirements established by the State, American Red Cross, DVA, DOD, etc.? Are procedures compatible with those of existing emergency planning agencies?
- \_\_\_\_\_ Provide an adequate explanation of the role of each participant in assuring a reliable tracking and management system? Are these roles and procedures cross-referenced in each participant's disaster plan?
- \_\_\_\_\_ Address which individual patient data will be gathered, by whom and how (name, social security number, religious preference, etc.)?
- \_\_\_\_\_ Address how and by whom, health records will be established, maintained, accompany the patient, retrieved, and stored for financial and other administrative purposes?
- \_\_\_\_\_ Address responsibility for receiving, safeguarding and returning patients' valuables?

- \_\_\_\_\_ Instruct how to compile data and prepare recurring and special reports for admission, classification, transfer, and disposition of patients?
- \_\_\_\_\_ Instruct how to receive, review, correct, and process health records? Are appropriate responsible officials identified?
- \_\_\_\_\_ Instruct how to properly report and record vital statistical data consistent with State requirements?
- \_\_\_\_\_ Instruct civilian providers in military casualty reporting categories (Seriously Ill, Very Seriously Ill, Incapacitating Illness/Injury, etc.)?
- \_\_\_\_\_ Describe how to manage the administrative control of patients/beds in the NDMS area? Are specific responsibilities assigned? Will MPAT teams make daily contact with area hospitals?
- \_\_\_\_\_ Provide instructions for publishing a daily admission/disposition list and distributing it to appropriate agencies? Are those agencies identified and current addresses included?
- \_\_\_\_\_ Describe daily bed status reporting by NDMS participants to the FCC? Do NDMS participants have adequate reporting instructions on the thirteen (13) Armed Services Medical Regulating Office (ASMRO) bed regulating categories?

MM - Medical	SCI - Spinal Cord Injury
MP - Psychiatry	SSN - Neurosurgery
SS - Surgery	SSM - Maxillofacial
SO - Orthopedics	SSO - Ophthalmology
SG - OB/GYN	SSCT - Thoracic Surgery
MC - Pediatrics	SSU - Urology
SBN - Burns	

- \_\_\_\_\_ Delineate responsibilities in compiling, reporting and reconciling the daily NDMS area bed status/availability to ASMRO?
- \_\_\_\_\_ Acknowledge MOUs between the AF MTF/FCC and other installation support agencies needed for military patient administration responsibilities?
- \_\_\_\_\_ Show composition of the Military Patient Administration Team (MPAT)?
- \_\_\_\_\_ Address Consolidated Base Personnel Office (CBPO) role in accounting for military casualties, returnees to duty, reporting returnee availability for duty reassignment, disability retirement/separation, publishing orders (duty, convalescence, patient squadron, etc.), generating personnel reports, notification procedures for general/flag officer admissions? Do Personnel plans cross-reference these activities for Air Force and other military service patients?
- \_\_\_\_\_ Address the base Public Affairs role/interface with the MPAT in casualty and death reporting to the parent Service, release of medical information to next of kin (NOK), casualty assistance to NOK, in support of a base or local community Media Center? This will reduce workload caused by the local media and families. Do Public Affairs plans cross-reference these activities for Air Force and Sister Service patients?
- \_\_\_\_\_ Address visitors/relatives access/control and release of information?

- \_\_\_\_\_ Address base Chaplains' Office interface with the MPAT, involving local clergy in establishing a community focused pastoral role in VA/DOD and NDMS patient management. Do Chaplain plans cross-reference these activities?
- \_\_\_\_\_ Address base Accounting & Finance Office (AFO) role/interface with the MPAT for providing pay and allowances support for military patients hospitalized in military, VA or NDMS participating hospitals? Do Accounting & Finance plans cross-reference these activities?
- \_\_\_\_\_ List specific information needed by AFO when asking about a patient financial issue, including: patient's name, SSAN, transfer date (from the theater of operations), members organization, complete name and address of hospital, and the patient's mailing address at the hospital? For members not enrolled in SURE PAY, also obtain mailing address for pay check and leave and earnings statement (LES)).
- \_\_\_\_\_ Address the base Legal Office role in disaster activities, such as medical information release and protection, and other medico-legal or risk management considerations? Do Legal Office plans cross-reference these activities?
- \_\_\_\_\_ Address the base Services role/interface with the MPAT in supporting community medical disaster activities? This may include mortuary affairs support (coordination with local/county coroner and local/county morgue facilities), transport of remains support or coordination.
- \_\_\_\_\_ Address on a contingent basis other support needs for persons returning to duty, such as billeting, food service, linen/laundry support, and clothing resupply? Do logistics support plans cross-reference these activities?
- \_\_\_\_\_ Address Medical/Physical Evaluation Board (MEB/PEB) procedures for military patients in detail sufficient for team members to follow? Does the plan address individual Service differences in such proceedings?
- \_\_\_\_\_ Address assigning patients to the patient squadron?
- \_\_\_\_\_ Address use of convalescing patients (i.e., medical record filing, answering telephones, etc.)?
- \_\_\_\_\_ Address how and when patient tracking and administrative procedures are exercised, evaluated, modified, and retested? Do exercises realistically test the MPAT capabilities? Do you document exercises and distribute after action reports to all participating agencies? Are follow-up actions taken to correct deficiencies noted during exercises?
- \_\_\_\_\_ Include instructions for providing, as appropriate, copies of the VA/DOD and NDMS Operations Plan(s) to all involved agencies?
- \_\_\_\_\_ Provide references to responsibilities of involved agencies that may be delineated in state, community, or provider emergency planning documents? Does the FCC maintain copies of those pertinent documents?