

2012 Military Health System CONFERENCE



Patient Safety Case Studies of Preventive Health Assessment and Individual Medical Readiness (PIMR) Information Errors

The MHS: Healthcare to Health

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Previous 460 Profile Worksheet



- Form contributing to errors in data entry

Name: _____
20/ _____
Length of Profile: _____
Diagnosis (ICD 9): _____
Restrictions
1. No Running greater than _____ yards
2. No heavy lifting, pushing, pulling, carrying over _____ lbs
3. No repetitive bending at the waist
4. No walking greater than _____ miles

Form lacking complete identification indicators:
Full name and date of birth

New 460 Profile Worksheet



- New form developed after errors discovered.

15 MDG 469 Profile Checklist

<i>Patient fill in this section:</i>	
Full Name: _____	Last 4 SSN: _____ Treatment Date: _____
Date of Birth: _____	<input type="checkbox"/> 1st visit for this condition*
	<input type="checkbox"/> 2nd or later visit for this condition
DIAGNOSIS and ICD-9 CODE:	Provider: _____
<input type="checkbox"/> Duty restriction (can be deployed)	<input type="checkbox"/> Mobility restriction (cannot be deployed)
	<input type="checkbox"/> Not WWQ, under medical evaluation
	<input type="checkbox"/> Not WWQ, under medical treatment
<input type="checkbox"/> Shaving waiver (please use the template, require annual renewal) Date started: _____	<input type="checkbox"/> NO CONUS / Overseas TDYs
	<input type="checkbox"/> NO WEAPONS
	<input type="checkbox"/> NO access to Secret/Top secret materials
	<input type="checkbox"/> Exempt from wearing required military uniform: _____
Upper Limb <input type="checkbox"/> No lifting, pushing/pulling greater than 40 lbs <input type="checkbox"/> No use of shoulder <input type="checkbox"/> No use of hand	Upper Limb <input type="checkbox"/> No lifting, pushing/pulling greater than 10 lbs
Lower Limb <input type="checkbox"/> No running > yards <input type="checkbox"/> No walking greater than 1/2 mile <input type="checkbox"/> No impact activity with the feet <input type="checkbox"/> No jumping	Lower Limb <input type="checkbox"/> No running > 10 yards <input type="checkbox"/> No walking greater than _____
Back <input type="checkbox"/> No lifting, pushing/pulling greater than 40 lb <input type="checkbox"/> No repetitive flexion/extension of neck <input type="checkbox"/> No repetitive flexion/extension of the waist	Back <input type="checkbox"/> No lifting, pushing/pulling greater than 10 lb
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Length/Expiration date: _____	

New form added:
directions
two patient identifiers
check off blocks

Profile entered and forwarded to: _____ Tech Initials: _____

⊗ If fitness related restriction > 30 days, member needs to go to HPARC for exercise prescription and fitness exemption.

*Provider: Use ICD-9 800-900 codes for 1st office visit for physical injury conditions, and also use E-codes for location and how it happened.

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Lessons Learned



- A better designed worksheet reduces patient identification errors
- Future design of the electronic health record needs to include direct transfer of information from the provider documentation. The direct transfer of information would improve efficiency by reducing work for the providers and the technicians.