



Department of Defense INSTRUCTION

NUMBER 6000.11

May 4, 2012

USD(P&R)

SUBJECT: Patient Movement (PM)

References: See Enclosure 1

1. PURPOSE. This Instruction:

a. Reissues DoD Instruction (DoDI) 6000.11 (Reference (a)) in accordance with the authority in DoD Directive (DoDD) 5124.02 (Reference (b)) to establish policy, define roles, and assign responsibilities for the implementation of the DoD global PM mission.

b. Implements policy established in DoDDs 4500.09E and 5158.04 (References (c) and (d)) governing the management and use of DoD conveyances for PM.

c. Designates the Commander, United States Transportation Command (CDRUSTRANSCOM) as the DoD single manager for PM/Patient Movement Items (PMI).

2. APPLICABILITY. This Instruction applies to:

a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD .

b. The Commissioned Corps of the Public Health Service, pursuant to an agreement with the Department of Health and Human Services, and the Commissioned Corps of the National Oceanic and Atmospheric Administration (NOAA), pursuant to an agreement with the Department of Commerce.

c. The Department of Veterans Affairs (VA) with respect to the movement of active duty personnel in accordance with the Memorandum of Agreement between the VA and the DoD (Reference (e)).

3. POLICY. It is DoD policy that:

a. A DoD PM system shall be established and maintained to safely transport uniformed services' casualties and other eligible beneficiaries in accordance with DoD 4515.13-R (Reference (f)), within and from a combat zone to the appropriate level of care, and to execute other PM missions in direct support of DoD missions as directed by the President or the Secretary of Defense.

b. DoD civilian employees who become ill, contract diseases, or who are injured or wounded while deployed in support of United States Military Forces engaged in contingency operations are eligible for medical evacuation and health-care treatment and services in overseas military treatment facilities (MTF) at no cost to the civilian employee and at the same level and scope provided to uniformed personnel in accordance with DoDD 1404.10 (Reference (g)).

c. Deployed DoD civilian employees who were treated in theater continue to be eligible for treatment in an MTF or civilian medical facility for compensable illnesses, diseases, wounds, or injuries pursuant to sections 8101 through 8173 of title 5, United States Code (U.S.C.) (also known and hereinafter referred to as "Department of Labor Office of Workers' Compensation Program (DOL OWCP)," (Reference (h)) upon their return at no cost to the civilian employee.

d. Contractor personnel who support U.S. forces in contingency operations or other military operations may be provided resuscitative care, stabilization, hospitalization at military MTFs (theater hospitals), and assistance with PM in emergencies where loss of life, limb, or eyesight could occur. All costs associated with treatment and transportation of contractor personnel to a selected civilian facility will be the responsibility of the contractor personnel, their employers, or their health insurance providers, in accordance with DoDI 3020.41 (Reference (i)).

e. DoD transportation resources may be used for patient movement to move non-DoD traffic only when the DoD mission will not be impaired, and when the movement is in response to an emergency of a lifesaving nature, specifically authorized by statute, in direct support of the DoD mission, or requested by the head of an Executive agency or Government department in accordance with sections 1535 and 1536 of title 31, U.S.C. (Reference (j)).

f. Other eligible or designated patients shall be provided PM on a non-interference basis if the medical condition, lack of local care, and PM costs warrant such movement.

g. Clinical considerations, effective resource utilization, and cost effectiveness are the deciding factors when determining a patient's hospital destination and mode of transport, which may include the use of commercial transportation when consistent with patient care requirements and in accordance with the Joint Federal Travel Regulations, Volume 1, and the Joint Travel Regulations, Volume 2 (References (k) and (l)).

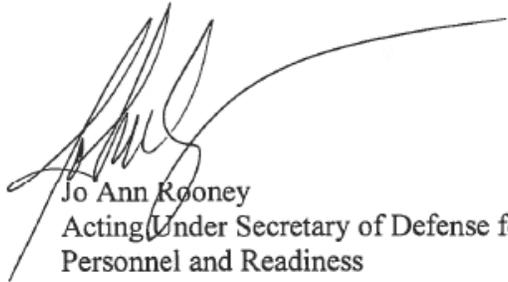
4. RESPONSIBILITIES. See Enclosure 2.

5. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

6. EFFECTIVE DATE

a. This Instruction is effective May 4, 2012.

b. This Instruction must be reissued, cancelled, or certified current within 5 years of its publication in accordance with DoD Instruction 5025.01 (Reference (m)). If not, this Instruction will expire effective May 4, 2022 and be removed from the DoD Issuances Website.



Jo Ann Rooney
Acting Under Secretary of Defense for
Personnel and Readiness

Enclosures

1. References
2. Responsibilities

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Instruction 6000.11, "Patient Movement," September 9, 1998 (hereby cancelled)
- (b) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (c) DoD Directive 4500.09E, "Transportation and Traffic Management," September 11, 2007
- (d) DoD Directive 5158.04, "United States Transportation Command (USTRANSCOM)," July 27, 2007
- (e) Memorandum of Agreement between Department of Veterans Affairs and Department of Defense, "Medical Treatment Provided to Active Duty Service Members with Spinal Cord Injury, Traumatic Brain Injury, Blindness, or Polytrauma Injuries," August 4, 2009¹
- (f) DoD 4515.13-R, "Air Transportation Eligibility," November 1, 1994
- (g) DoD Directive 1404.10, "DoD Civilian Expeditionary Workforce," January 23, 2009
- (h) Sections 8101 through 8173 of title 5, United States Code (also known as "The Department of Labor Office of Workers' Compensation Program (DOL OWCP)," as amended)
- (i) DoD Instruction 3020.41, "Contractor Personnel Authorized to Accompany the U.S. Armed Forces," October 3, 2005
- (j) Sections 1535 and 1536 of title 31, United States Code
- (k) Joint Federal Travel Regulations, Volume 1, "Uniformed Services Members," current edition
- (l) Joint Travel Regulations, Volume 2, "Department of Defense Civilian Personnel," current edition
- (m) DoD Instruction 5025.01, "DoD Directives Program," October 28, 2007
- (n) Department of Homeland Security, "National Response Framework," January 2008
- (o) DoD Directive 6010.22, "National Disaster Medical System (NDMS)," January 21, 2003
- (p) DoD Directive 3025.18, "Defense Support of Civil Authorities (DSCA)," December 29, 2011
- (q) Sections 101(a)(4), 101(a)(13), 688, 1580, 12301(a), 12302, 12304, and 12406, and Chapter 15 of title 10, United States Code

¹ Document is available upon request from Force Health Protection and Readiness, Civil-Military Medicine Program at (703) 575-2682.

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), shall:

a. Provide policy implementation guidance to the Military Services and TRICARE regional offices regarding the identification of PM destination facilities, to include readiness training and graduate medical education sites, centers of excellence, and other relevant program locations. Ensure that decisions concerning priorities for PM follow current DoD policy concerning the usage of either military MTFs or local contracted care as the primary treatment option.

b. Program, budget, and fund the United States Transportation Command (USTRANSCOM) Regulating and Command and Control Evacuation System (TRAC2ES) and other applicable portions of programs supporting PM, to include providing development operating funds for all current and future automated information systems (AIS) for PM.

2. UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)). The USD(AT&L) shall establish policies and provide guidance for efficient use of DoD and commercial transportation resources for PM.

3. UNDER SECRETARY OF DEFENSE (COMPTROLLER) (USD(C))/CHIEF FINANCIAL OFFICER (CFO), DEPARTMENT OF DEFENSE. The USD(C)/CFO shall review, coordinate, and publish reimbursable PM rates on the DoD Comptroller public website, <http://comptroller.defense.gov>. There are separate billing rates for transportation and en route medical care.

4. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments shall:

a. Ensure that Departmental issuances address standards for PM, to include providing qualified personnel and equipment for basic, intermediate, or advanced life support care within the scope of their respective PM responsibilities.

b. Ensure that qualified medical personnel accompany all patients for whom commercial movement is not medically appropriate.

c. Provide the USTRANSCOM Command Surgeon and the geographic patient movement requirements centers (PMRCs) with the information required to support PM functions and responsibilities.

d. Ensure that activities under their respective authorities comply with and provide assistance for the standardized implementation of policies, procedures, quality care standards, and AIS for PM, in accordance with References (b) through (l) and References (n) through (p).

e. Assign military and civilian personnel in sufficient numbers to ensure the ability to accomplish the PM mission in peacetime and during contingency operations.

f. Provide administrative support to DoD-sponsored patients moved into non-military MTFs within the TRICARE network and VA and National Disaster Medical System (NDMS) facilities.

g. Establish Departmental procedures for approving the return of patients and personnel who have completed treatment or who have recovered from illnesses or injuries consistent with guidance related to fitness for duty and overseas screening.

h. Equip deployable field assemblages with sufficient PMIs to support PM requirements according to joint policy and theater guidance regarding health services logistics support in a contingency.

i. Ensure that activities under their respective authorities comply with global PM/PMI procedures and quality care standards as established by CDRUSTRANSCOM in their role as DoD single manager for PM/PMI.

j. Develop procedures to determine eligibility of non-DoD sponsored persons as a Secretarial designee for the purpose of patient transport.

5. COMMANDERS OF THE GEOGRAPHIC COMBATANT COMMANDS (GCCs). The Commanders of the GCCs, through the Chairman of the Joint Chiefs of Staff, shall:

a. Assist the CDRUSTRANSCOM with intra-theater medical regulating and management of the theater PM requirements centers (TPMRCs) in each of their respective theaters.

b. Ensure that activities under their respective authorities comply with global PM/PMI procedures and quality care standards as established by CDRUSTRANSCOM in their role as DoD single manager for PM/PMI.

6. CDRUSTRANSCOM. The CDRUSTRANSCOM, through the Chairman of the Joint Chiefs of Staff, shall:

a. Serve as the DoD single manager for PM/PMI and, in coordination with the Secretaries of the Military Departments and GCCs, develop and publish PM/PMI procedures to implement this Instruction. These procedures will be in compliance with the World Health Organization International Health Regulations and other applicable international agreements.

b. In consultation with appropriate Federal agencies, develop and publish procedures concerning the movement of contagious patients.

c. Provide standardized processes for managing PM events, ensuring patient safety and quality of care, to include conducting any event reviews or investigations of PM activities from entry of the patient into the PM system to arrival at the destination facility.

d. Develop and publish standardized procedures for all AIS supporting PM/PMI.

(1) Coordinate the PMI tracking system used for PMI asset visibility and management with the ASD/HA and the Secretary of the Air Force.

(2) Coordinate with Secretary of the Air Force on specific items being tracked for asset visibility as requested by the Services.

(3) Serve as the global functional manager for maintaining, operating, and identifying requirements for PM AIS to include TRAC2ES. In cooperation with the ASD(HA) and the USD(P&R), develop and maintain current and future PM AIS to provide a global network to regulate and monitor in-transit visibility of patients, and medical and non-medical attendants within the DoD PM system.

e. Provide planning, programming, budgeting, and fiscal input to enable the USD(C)/CFO and the ASD(HA) to provide proper funding for PM/PMI functions.

f. Coordinate directly with the Secretaries of the Military Departments and the Secretary of VA for support and information required to maintain the global PM system.

g. In coordination with the GCC Commanders, be responsible for intra-theater medical regulating and for the TPMRCs in each of their respective theaters.

h. Analyze and advise the ASD(HA) on joint PMI with regard to global capacity and capability to respond to and sustain support of PM requirements including asset recycling.

i. Support Commander, U.S. Pacific Command, and Commander, U.S. Northern Command, with NDMS and Defense Support to Civil Authority PM in accordance with Department of Homeland Security National Response Framework, DoDD 6010.22, and DoDD 3025.18 (References (n) through (p)).

j. Establish and maintain the Global Patient Movement Requirements Center to oversee PM.

k. Serve as the only Third-party Collection and Revenue Reimbursable Collection manager for the worldwide patient movement system (to include CONUS, U.S. Pacific Command, U.S. European Command, U.S. Central Command, and U.S. Southern Command).

7. SECRETARY OF VA. In accordance with Reference (e), the Secretary of VA has agreed to:

a. Provide medical capability information and assistance to the CDRUSTRANSCOM Command Surgeon and the geographic PMRCs as required.

b. Share the appropriate VA and DoD patient medical information, medical support infrastructure, medical care system(s) and policies, and AIS capabilities.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AIS	automated information system
ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCMD	Combatant Command
CDRUSTRANSCOM	Commander, United States Transportation Command
DoDD	DoD Directive
DoDI	DoD Instruction
DOL OWCP	Department of Labor Office of Workers Compensation Program
GCC	geographic Combatant Command
ITV	in-transit visibility
MTF	medical treatment facility
NDMS	National Disaster Medical System
NOAA	National Oceanic and Atmospheric Administration
PM	patient movement
PMI	patient movement item
PMRC	Patient Movement Requirements Center
TPMRC	Theater Patient Movement Requirements Center
TRAC2ES	United States Transportation Command Regulating and Command and Control Evacuation System
U.S.C.	United States Code
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology and Logistics
USD(C)/CFO	Under Secretary of Defense (Comptroller)/Chief Financial Officer
USD(P&R)	Under Secretary of Defense for Personnel and Readiness
USTRANSCOM	United States Transportation Command
VA	Department of Veterans Affairs

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this Instruction.

AIS. Methodologies and automated data processing hardware and software designed to store, track, and manage incoming and outgoing information, or aid in decision support.

commercial air. Air transportation provided by non-DoD aircraft. This includes all commercial airlines as well as any commercial airline used in support of the Civil Reserve Air Fleet program.

contingency operation. A military operation that (a) is designated by the Secretary of Defense as an operation in which members of the armed forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force; or (b) results in the call or order to, or retention on, active duty of members of the uniformed services under section 688, 12301(a), 12302, 12304, 12406, or chapter 15 of Reference (q), or any other provision of law during a war or during a national emergency declared by the President or Congress.

contractor personnel. Defense contractors and employees of defense contractors and associated subcontractors, including U.S. citizens, U.S. legal aliens, third country national personnel, and citizens of host nations, who are authorized to accompany United States Armed Forces in contingency operations, other military operations, or exercises designated by the geographic CCMD. This includes employees of external support, systems support, and theater support contractors.

defense medical logistics standard support. The standard DoD medical logistics automated information system developed and deployed to enhance health-care delivery in peacetime and to promote wartime readiness and sustainability. It provides automation support of re-engineered medical logistics business practices and delivers a comprehensive range of materiel, equipment, and facilities management information systems.

defense support to civil authorities PM support. Movement of patients, medicine, or medical equipment to alleviate the effects of a life-threatening disaster in the United States. This applies to military casualties and civilian casualties when requested on a reimbursable basis to the DoD by the U.S. Government agency responsible for managing evacuation operations.

DoD civilian. A Federal civilian employee of the DoD directly hired and paid from appropriated or non-appropriated funds, under permanent or temporary appointment. Specifically excluded are contractors and foreign host nationals as well as third country civilians.

in-transit visibility (ITV). The ability to locate and track, by name or unique identifier, individual patients being medically evacuated from point of origin to final destination, while in the PM system. ITV starts at the originating facility and continues until the patient reaches final destination.

intra-theater PM. Moving patients within the theater of a CCMD or in the continental United States.

medical attendants. Medical personnel, in addition to medical aircrew, assigned to patient movement missions in support of a specific patient's medical requirements.

medical regulating. A process that selects destination MTFs for patients being medically evacuated. It provides identification of and assignment to MTFs capable of providing required definitive, recuperative, and restorative care to eligible beneficiaries.

MTF. A fixed or mobile facility established for the purpose of furnishing medical or dental care to eligible individuals.

NDMS. A coordinated partnership between the Departments of Homeland Security, Health and Human Services, Defense, and Veterans Affairs established for the purpose of responding to the needs of victims of a public health emergency.

nonmedical attendant. A person authorized to accompany a patient on a patient movement mission, based

Recommendation by the patient's attending physician that the person's presence is essential to the welfare of the patient.

Approval by the commander or director of the patient's MTF.

Concurrence of the applicable PMRC.

PM. The act or process of moving a sick, injured, wounded, or other person to obtain medical, dental, or other treatment. Decisions made in this process involve coordination among the referring MTF, the receiving MTF, and the PMRCs and movement control agencies. Movement may include dedicated or designated assets, use of multimodal uniformed services assets, and commercial assets if authorized by References (j) or (k).

PMI. Medical equipment and durable items required to conduct a PM. Medical equipment is certified for joint air worthiness on Army, Navy, and Air Force mobility, fixed- and rotary-wing aircraft.

PMI tracking system. An AIS that provides PMI asset visibility and management. The term includes the tracking system software and can include the hardware and database.

PM mission. Conveyance validated for PM by a PMRC for the movement of patients between MTFs. May include the use of DoD or non-DoD assets or any combination as required.

PMRC. The facility responsible for theater-wide PM (e.g., medical regulating and PM scheduling) and for coordinating with theater MTFs to allocate the proper treatment assets required for supporting its role. The primary role of the PMRC is to devise theater plans and schedules and monitor their execution. The PMRC is responsible to the geographic CCMD for all aspects of PM management for missions originating from, transiting through, or terminating in the CCMD area of responsibility..

Secretarial designee. A person not normally a DoD health-care beneficiary who is designated for care in a military MTF by the Secretary of the Military Department concerned or the Secretary of

Defense. PM shall not be provided unless specifically authorized by the Secretary and, except for Secretary of Defense designees, the designation document shall state that the sponsoring Secretary shall reimburse for PM costs.

Single manager. A Military Department or Agency designated by the Secretary of Defense to be responsible for management of specified commodities or common service activities on a Department of Defense-wide basis.

TRAC2ES. The single overall system that ties together patient accountability from and between the originating, destination, and en route MTFs. It maintains historical information and ITV on all patients moved in the PM system. TRAC2ES is used at global and theater levels for PM monitoring, forecasting, and planning, and supports fixed and deployable operations. TRAC2ES is used to provide ITV, transport to bed solutions, planning, coordination, allocation, data analysis, and decision support. It meets patient medical treatment needs by matching medical treatment capabilities and beds to available transport.

TRICARE regional offices. The TRICARE offices that manage regional contractors and oversee an integrated health-care delivery system in the three U.S.-based TRICARE regions.

uniformed services. The Army, Navy, Air Force, Marine Corps, Coast Guard, Comissioned Corps of the NOAA and the Commissioned Corps of the U.S. Public Health Service.