



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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Canc: Oct 2019
IN REPLY REFER TO
BUMEDNOTE 6150
BUMED-M3
12 Oct 2018

BUMED NOTICE 6150

From: Chief, Bureau of Medicine and Surgery

Subj: SERVICE AND NON-SERVICE TREATMENT RECORDS – INTERIM DIGITAL
TRANSITION POLICY

Ref: (a) DoD Instruction 6040.45 of 11 April 2017
(b) DoD Instruction 8580.02 of 12 August 2015
(c) NAVMED P-117
(d) BUMEDINST 6320.81A

Encl: (1) Definition of Terms
(2) Deployment Health Record Medical Documents

1. Purpose. To provide interim digital transition policy guidance for the management and disposition of Service treatment record (STR) and non-STR (NSTR) documentation scanned or uploaded into the Health Artifact Image Management Solution (HAIMS) system and to provide guidance for handling medical treatment records of active duty Service members transferring to and from operational units. The dental treatment record must remain hardcopy “paper” only, until the full rollout of Military Health System (MHS) GENESIS. Enclosure (1) contains key terms and definitions associated with the management of the STR and NSTR.
2. Cancellation. BUMEDNOTE 6150 of 16 January 2018.
3. Scope and Applicability. This notice applies to all ships and stations with Medical Department Personnel.
4. Discussion. Reference (a) provides guidance for the use of HAIMS and procedures pertaining to the disposition of artifacts that have been scanned or uploaded into HAIMS. This notice provides new STR and NSTR guidance and standardizes the documentation required to be made available to operational platforms during the suitability screening process. This guidance will support Navy Medicine in the transition to the MHS GENESIS electronic health record and prepare for the eventual elimination of the paper medical treatment record, while maintaining optimal readiness, continuity of care, and ensuring appropriate medical documentation is available in an accurate and timely manner.

5. Policy

a. HAIMS as Official Record. Per reference (a), HAIMS may be used as the official medical record copy for medical documentation only after paper STR and NSTR documents have been uploaded electronically into HAIMS and images have been verified to ensure integrity and legibility.

(1) Scan Clear and Legible Reports. All Navy medical treatment facilities (MTF) are directed to scan and upload all clear and legible reports (specialty care consultations, as defined by reference (a)) into HAIMS for both the STR and NSTR. This applies to paper documents for care provided by network healthcare providers.

(2) Scan Loose and Late Flowing Documents. All Navy MTF medical record offices are directed to scan and upload all late flowing documents (paper documents) into HAIMS for both the STR and NSTR. Additionally, Navy medical personnel must ensure all paper medical treatment records or deployment health record documentation generated during the active duty Service member's operational tour is uploaded into HAIMS upon the active duty Service member's return to a shore-based command that utilizes an electronic medical record. Late flowing documents must be scanned and uploaded by the MTF in possession and not forwarded to the Navy Medicine Records Activity, contracted STR scanning and digitization company, or any other MTF.

(3) Provide Quality Assurance. Verification of scanned documents must take place and be implemented into a quality assurance process to validate legibility, correct naming convention, and correct medical record placement prior to being discarded. All MTFs must establish local policy with approval authority for removal of records that have been erroneously scanned into an incorrect patient record. The policy must require that the Health Insurance Portability and Accountability Act privacy officer be notified when records are erroneously uploaded to an incorrect patient's record.

(4) Destruction of Paper Medical Documentation. All paper documentation generated or received by an MTF may be destroyed only after the scan and upload into HAIMS process is completed (including 100 percent verification of required HAIMS document attribute completion) and a HAIMS system back-up has occurred (minimum 24 hours if not stated otherwise). MTF medical record department supervisors will ensure the manner of destruction is consistent with reference (b) and renders paper documentation "unusable, unreadable, or indecipherable," preferably by shredding or burning.

b. Deployment Health Record

(1) Upon approval for operational assignment during the suitability screening process, MTFs must ensure current paper copies of the medical documents outlined in enclosure (2) are

placed in the existing paper medical treatment record. In the absence of a paper medical treatment record, MTFs will create a deployment health record containing current copies of the medical documents outlined in enclosure (2).

(2) Active duty Service members must have a copy of their existing paper STR or deployment health record to hand carry to their prospective gaining operational unit or platform.

(3) All paper medical documentation generated during the active duty Service member's operational assignment must be placed in the existing paper STR or deployment health record. Upon completion of the operational assignment and return to shore duty, the active duty Service member will hand carry the paper STR or deployment health record to their assigned MTF medical records department.

(4) The MTF medical records department will scan and upload into HAIMS new documentation accumulated in the deployment health record during the previous operational assignment that is not already part of the electronic health record and destroy the paper deployment health record in compliance with this notice.

(5) Upon subsequent operational assignments, the process as defined in subparagraphs 5b(1) through 5b(4) of this notice, will be repeated.

c. Non-Service Treatment Record Jackets. NSTR medical record jackets will no longer be created for newly established patients. Newly established patients are defined as retirees, family members, civilian emergencies, or any non-Service member who does not have a record jacket created prior to the effective date of this notice. Patients with a medical record jacket prior to the effective date of this guidance will be maintained per reference (c), Manual of the Medical Department, chapter 16.

(1) Existing paper NSTRs will continue to be retired to the National Personnel Records Center via the Archives and Records Centers Information System. MTF medical records custodians must ensure all Armed Forces Health Longitudinal Technology Application (AHLTA) notes and documents within HAIMS are included in the paper jacket prior to being archived to National Personnel Records Center.

(2) Patients may still request and must be provided a copy of their medical documentation upon completion of a DD Form 2870 Authorization for Disclosure of Medical or Dental Information.

d. Referrals Outside the Direct Care System. This applies to active duty Service members with medical treatment records and deployment health records maintained outside of an MTF (e.g., operational platform, deployable unit, aid station, and remote or geographically isolated personnel). Whenever a Service member is seen for referral services outside the direct care

system, the Service member is responsible for returning all documentation of care provided by the network healthcare providers to the senior medical department representative (SMDR) of the operational platform for inclusion into his or her paper medical treatment record or deployment health record. The SMDR should ensure the active duty Service member is aware of this requirement. For active duty Service members stationed remotely from any MTF and without direct military medical support, the MTF with medical cognizance, as defined in reference (d), is responsible for scanning and uploading the documents obtained from network and non-network healthcare providers into HAIMS.

e. Inpatient Medical Records. Per current practice, inpatient records are not included in the paper medical treatment record, paper NSTR, or scanned into HAIMS.

6. Action. Senior market managers; Commanders, Navy Medicine East and Navy Medicine West; and MTF commanding officers and officers in charge; and operational platform SMDRs must ensure compliance with the requirements of this notice and reference (a) during transition from paper STRs. Chapter 16 of reference (c) is being updated to reflect policy of this notice and reference (a).

7. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at

<https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

8. Forms and Information Management Control

a. Forms. DD Form 2870 Authorization for Disclosure of Medical or Dental Information is available at <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2870.pdf>.

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b. Information Management Control. Reports required in subparagraphs 5a and 5b of this notice are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.


TERRY J. MOULTON
Acting

Releasability and distribution:

This notice is cleared for public release and is available electronically only via Navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>.

DEFINITION OF TERMS

1. Dental Treatment Record. The chronologic record of dental care received by Service members during the course of their military career.
2. Deployment Health Record. A temporary paper record created for a Service member prior to deployment when access to an electronic medical record is not possible. A deployment health record is created to provide operational platforms with select medical documents required to maintain optimal readiness, continuity of care, and ensure medical documentation is available in an accurate and timely manner.
3. HAIMS. Provides an enterprise-wide data sharing capability for all types of artifacts and images, including radiographs, clinical photographs, electrocardiograph, waveforms, audio files, video, and scanned documents. It interfaces with local repositories and shares data not previously globally accessible. HAIMS also makes available an electronic version of the Service STR to the U.S. Department of Veterans Affairs.
4. Medical Treatment Record. The chronologic record of medical and mental health care received by Service members during the course of their military career. It includes documentation of all outpatient care and services (i.e., without overnight admittance to a hospital, clinic, or treatment facility), as well as narrative summaries of any inpatient care and operative reports, documentation of all shipboard care, and care received while deployed.
5. NSTR. Chronology of outpatient medical, dental, and mental health care received by non-Service members and applies to anyone that does not meet the criteria for STR.
6. STR. The chronologic record of medical, dental, and mental health care received by Service members during the course of their military career. The combined dental treatment record and medical treatment record are considered a complete STR. It includes documentation of all outpatient care and services (i.e., without overnight admittance to an MTF), inpatient care summaries and operative reports, operational platform care, and care received in a military theater of operations. The STR is the official record used to support continuity of clinical care and the administrative, business-related, and evidentiary needs of the Department of Defense, the U.S. Department of Veterans Affairs, and the individual. Per reference (a), the STR components are media neutral.

DEPLOYMENT HEALTH RECORD MEDICAL DOCUMENTS

<u>Mandatory Medical Documents</u> <u>Current copy</u>	<u>Additional Medical Documents (As Required)</u> <u>Current copy</u>
<ul style="list-style-type: none"> • AHLTA Web Print • DD 2766 Adult Prevention and Chronic Care Flowsheet • DD 2215 Reference Audiogram • DD 2216 Hearing Conservation Data • DD 2807-1 Report of Medical History • Individual Medical Readiness Report from Medical Readiness and Reporting System (MRRS) • SF600's Chronic conditions (Provider screened) 	<ul style="list-style-type: none"> • NAVMED 1300/4 Expeditionary Medical and Dental Screening For Individual Augmentee (IA) and Support Assignments to Overseas Contingency Operations (OCO) • DD 2795 Pre-Deployment Health Assessment • DD 771 Eyewear Prescription • NAVMED 6470/10 Record of Occupational Exposure to Ionizing Radiation • NAVMED 6470/11 Record Of Occupational Exposure To Ionizing Radiation From Internally Deposited Radionuclides • NAVMED 6470/13 Ionizing Radiation Medical Examination • Well Woman examination • Deployment medical waiver approval from Combatant Command (CCMD) Component Surgeon