OFMLS PMMR (Personnel Movement for Medical Reasons) CHECKLIST - (1/2)
(TO BE COMPLETED BY OFMLS FOR SHIPS AT SEA OR IN PORT FOR UNREGULATED URGENT OR PRIORITY PMMRs ONLY)

☐ 1. Patient Last Name, First Name, Middle Initial:
_____

Rank: _____ Service: _____

DODID#: _____ Date of Birth: _____

☐ 2. Point of origin Provider contact information
    a) Initial Notification Date/Time: _____
    b) Provider Name/Rank/Position: _____
    c) Provider Contact Number: _____
    d) Provider Command/Location: _____

☐ At Sea/☐ In Port; Mode of Transport: ☐ Helo/☐ Ambulance/☐ Other: _____

☐ 3. Date/Time of PMMR departure from origin: _____, Inbound to: _____ ☐ MTF/☐ CTF

☐ 4. Provisional Diagnosis: _____

☐ 5. Estimated Date/Time of Arrival (ETA) to MTF/CTF: _____

☐ 6. Confirm Doc to Doc warm hand off occurred **(KPI)**. If not, describe in Join Patient Safety Report (JPSR) and item 19 of this checklist.

☐ 7. Create GTP entry if not already done so. Record GTP Case Number **(KPI)**:_____

☐ 8. If arriving at Military Treatment Facility (MTF), notify the following per OFMLS Smart Pack:

  ☐ a) Region Dispatch/Transfer Center, Full Name: _____, Date/Time contacted: _____
  ☐ b) Command Duty Officer (CDO), Full Name: _____, Date/Time contacted: _____
  ☐ c) Receiving Provider/POC, Full Name: _____, Date/Time contacted: _____
  ☐ d) Nurse of the Day (NOD), Full Name: _____, Date/Time contacted: _____
  If arriving at Civilian Treatment Facility (CTF), notify the following:

  ☐ e) During normal working hours, notify MTF Case Manager to facilitate communication to OFMLS.
  ☐ f) If outside of normal working hours, contact the CTF directly as a Case Management Representative and email Case Management.

☐ 9. NMA to establish contact with OFMLS, NMA Name: _____, Contact Number: _____
   *If PMMR is not assigned an NMA, patient is required to collect and execute NMA checklist items.

☐ 10. Record Actual Date/Time of Arrival (ATA) to MTF/CTF **(KPI)**: _____

☐ 11. OMFLS to verify the following Fleet/NMA items:
      a)   Yes/ No - Fleet checklist was utilized during the movement to MTF/CTF? **(KPI)**
      b) ☐ Yes/ ☐ No - Did medical documentation accompany the movement? **(KPI)**
      c) ☐ Yes/ ☐ No/ ☐ n/a - NMA is in possession of patient's 30 day funded orders? **(KPI)**
      d) ☐ Yes/ ☐ No/ ☐ n/a - NMA is in possession of NMA 30 day funded orders?
      e) ☐ Yes/ ☐ No/ ☐ n/a - NMA is in possession of the patient's GTCC (Gov. Travel Charge Card)? **(KPI)**
      f) ☐ Yes/ ☐ No/ ☐ n/a - NMA is in possession of the NMA GTCC?
      g) ☐ Yes/ ☐ No - NMA stayed with the patient until properly relieved by OFMLS? **(KPI)**

☐ 12. Notify SMDR of arrival to MTF/CTF, Full Name:_____, Date/Time contacted: _____
  *If arriving at CTF, NMA to establish contact with SMDR
  *If command POC not available, notify ISIC/Beach Det. POC, Full Name:_____, Date/Time contacted: _____

☐ 13. Notify Fleet Battle Watch Captain of arrival to MTF/CTF, Full Name: _____, Date/Time contacted **(KPI)**: _____

☐ 14. Update GTP case to include arrival at MTF/CTF, along with other movement details.

☐ 15. Final diagnosis: _____, Date/Time: _____
    a) DNBI (Disease Non-Battle Injury) Category: ☐ Admin/☐ COVID/☐ Dental/☐ Illness/☐ Injury/☐ Mental Health
    b) ICD-10 (International Classification of Diseases and Related Health Problems - Tenth Revision) Code: _____

☐ 16. Patient disposition, i.e. admission/discharge plan. **(KPI)**:_____
_____, Date/Time **(KPI)**: _____

☐ 17. Update GTP to include final diagnosis, disposition, and other clinical/administrative updates.

☐ 18. Notify the following with final movement communications, i.e. final diagnosis and disposition:
  ☐ a) Originating SMDR, Full Name: _____, Date/Time contacted **(KPI)**: _____
  ☐ b) Fleet Surgeon, Full Name: _____, Date/Time contacted: _____
  ☐ c) MTF Case Manager (if applicable), Full Name: _____, Date/Time contacted: _____

Version: 20 MAY 2022

OFMLS PMMR (Personnel Movement for Medical Reasons) Checklist - (2/2)

(TO BE COMPLETED BY OFMLS FOR SHIPS AT SEA OR IN PORT FOR UNREGULATED URGENT OR PRIORITY PMMRs ONLY)

Patient Last Name, First, Middle: _____ DODID#: _____ DOB: _____

☐ 19. Were there any significant medical treatment concerns from point of origin medical treatment requiring a Joint Patient Safety Report (JPSR)? **(KPI)** ☐ Yes/☐ No If yes, please briefly describe concern: _____
_____
_____
_____
_____
_____

☐ 20. Was this movement a result of LIMDU or Sea Duty Screen failure? If so, describe scenario:_____
_____
_____
_____
_____
_____

☐ 21. Other Comments/Concerns/Lessons Learned: _____
_____
_____
_____
_____
_____

☐ 22. Complete the following PMMR administrative tasks:
    ☐ a) Enter movement into the PMMR SharePoint database and record PMMR-ID: _____
    ☐ b) Email GTP Case Number to Fleet Surgeon, Email:_____, Date/Time emailed: _____
    ☐ c) Upload Fleet/NMA and OFMLS PMMR checklists to GTP (if not already completed), and update GTP with final notes.

| Version: 20 MAY 2022 |

This product was curated by NAVMED Improvement Sciences (IS) Knowledge Management Team.