

## TALKING PAPER

### ON

## SJAFB FAMILY MEDICINE CLINIC SICK CALL

### PURPOSE

- To provide timely and high quality medical care to all AD members and increase access for dependents
- To enable supervisors to more easily allocate their troops for the day
- To manage appointment demand and appropriately manage patients within the MTF

### ANTICIPATED EFFECTS OF SICK CALL:

- Eliminate the need for our AD members as well as dependents to be seen off base for acute medical issues
- Cost savings. The cost to the MTF for an Urgent Care visit off base is nearly \$200/patient
- Decrease administrative workload associated with off base care and improve care coordination
- Offer easier access for AD members
- Provide education to patients so they are better able to take care of themselves, thereby decreasing the need for clinical services which will result in an increase in appointment availability
- Of note, there are other options that are already in effect to help meet our patient care demand
  - o FMC Walk In protocols; hours: 0830-1030 & 1300-1500
    - Sore throat
    - STD (males)
    - Shaving Waiver renewals
    - Pregnancy tests
    - Urinary tract infections
    - Warts
    - Suture (stitches) removal / wound care

### SICK CALL PROCEDURES

- Sick call show time is 0730-0800 Monday – Friday
- AD in uniform – Blues, ABUs, or PT
- Sick call is for ACUTE illness or injury or re-injury only
- When patients arrive – they will be checked in at the front desk then triaged according to the severity of the illness/condition and to their respective PCM teams
  - o Walk-in protocols will be used
  - o Nurses will assess patients and determine if they need to be seen by a provider or if the patient needs education and home care instructions
  - o If the patient is seen for a medical evaluation and it is determined that quarters is not necessary, the supervisor may send the member home at their discretion depending on mission requirements.
- Examples of appropriate sick call conditions:
  - o Upper respiratory issues, nausea/vomiting, headaches, new injury/re-injury of musculoskeletal conditions, sprains, strains, hives, wounds/lacerations, boils etc. Also the nurse may instruct a patient to be seen in sick call.
- Inappropriate use of sick call:
  - o Chronic injuries, ER follow ups, Specialty care follow ups, Medication refills/problems, DLC/422 updates, Form 108 signatures, to get quarters or to get over-the-counter medications.

### RECOMMENDATIONS

- Education about proper use of sick call is KEY
- Minor illnesses/injuries such as colds, tummy bugs, scrapes, sprains cuts/bruises can be self –managed without a medical evaluation.
- Supervisors are encouraged to utilize their authority to send AD members home for self-limited illnesses  
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  - o “3.6.4. Unit commanders and supervisors have the authority to grant up to 24 hours sick status at their discretion if a members illness/injury does not require MTF intervention. If the illness/injury persists beyond 24 hours, then the commander or supervisor must refer the member to the MTF for treatment and subsequent quarters authorization.”
- Impart to AD members that they will not be seen in sick call if they arrive after 0800 or fail to wear an authorized USAF uniform.
- Stress that sick call is a resource for AD patients not their supervisors.
- Stress to service member it is to their benefit that they show up early to sick call.