

**FM 4-02.16 (FM 8-10-16)**

**ARMY MEDICAL  
INFORMATION  
MANAGEMENT**

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**TACTICS, TECHNIQUES, AND PROCEDURES**

**HEADQUARTERS, DEPARTMENT OF THE ARMY**

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# ARMY MEDICAL INFORMATION MANAGEMENT TACTICS, TECHNIQUES, AND PROCEDURES

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## **PREFACE**

This publication establishes Army medical information management (AMIM) procedures and discusses relevant terminology, information technology, and communication systems. These procedures, technology and systems are all a part of the delivery of health service support (HSS) operations. In theater, commanders, information managers, technology managers, HSS planners, surgeons, physician assistants (PAs), other medical officers, and medical enlisted personnel may use this publication. It supplements all Field Manual (FM) 4-02-series and FM 8-series publications but primarily FMs 4-02 and 8-55. It provides tactics, techniques, and procedures (TTP) for AMIM that supports all HSS operations.

Further, this publication establishes the foundation and architectural design for AMIM operations in a theater of operations (TO) at Levels I—IV, through the sustaining base Level V. It addresses a commander's critical information requirement (CCIR).

See Appendix A of this manual for information explaining the medical units/elements information management (IM) and communication capabilities throughout Levels I—IV under the Army of Excellence (AOE). It is also important that the reader become familiar with those communication capabilities, equipment, and the AOE information systems (INFOSYS). Information concerning the INFOSYS and their capabilities is in Appendix B.

This publication is in concert with offensive and defensive information operations (IO) discussed in Joint Publication (JP) 3-13, Army Regulation (AR) 25-1, and FMs 100-6 and 3-13. Further, this publication discusses the synergy of AMIM across the continuum of all military operations. This FM starts with the trauma specialist (formerly referred to as the combat medic) at Level I and discusses the trauma specialist's communication needs and information capabilities from his location with a maneuver element. Each successive chapter discusses what the HSS AMIM communication assets and capabilities are for all the medical units/elements at each level; what their requirements are; who manages the information data from one level to the next; and which INFOSYS is used to disseminate information data from each level. It discusses required procedures; who is responsible for ensuring that information is moved, and how information is passed vertically or horizontally in a TO. This publication identifies all of the medical INFOSYS used throughout all levels of care for AOE, Force XXI, and the Stryker Brigade Combat Team (SBCT) (Appendix A). The publication also discusses:

- Near term technology (Appendices B and C).
- Information management roles from the Office of The Surgeon General (OTSG) level down to the nondigitized and digitized units/elements (Appendix D).
- Enablers (signals and communications systems) that allow for communications for the nondigitized and digitized medical units (Appendix A and B).
- Theater Medical Information Program (TMIP) (Appendix C).

Medical IM is a command responsibility. It is executed under the direction of the organization's information manager as delegated by The Surgeon General (TSG) under the one-staff concept (see Appendix D). Information management procedures and INFOSYS collect, process, store, display, and disseminate data and information. Information management is the scientific portion of command and control (C2). It provides structure through which to communicate. Information management transforms raw information data into usable information so decision-making can occur. The INFOSYS allows for the implementation of those decisions, based on facts, into action using two forms of control—INFOSYS and relevant information.

While IM techniques may assist a commander in making decisions and leading, they are not sufficient to accomplish missions. Management, as stated above, is inherent in C2, but it lacks extensive authority and responsibility in command. Information management is essential to determining critical information, routing information rapidly and accurately, processing information to transform it into knowledge, and disseminating information in a timely manner to lessen confusion that can occur during operations. The Assistant Surgeon General (ASG) for Force Sustainment serves as the principal staff officer for information for HSS (see Appendix D for a complete review). Future INFOSYS ultimately interface with all command communications systems in the continuum of military operations in any environment. Digitization of the Army presents a unique challenge for the future force. The spiral-like development and streamlined acquisition of computer hardware and software have rapidly exceeded the Army Medical Department's (AMEDD's) ability to logistically support these systems. Not only is the AMEDD building the automation support for the fully digitized Force XXI and the SBCT, it is also designing the objective force for the future.

The proponent of this publication is the United States (US) AMEDD Center and School (AMEDDC&S). Comments and recommendations should be forwarded directly to **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052**, or at e-mail address: [Medicaldoctrine@amedd.army.mil](mailto:Medicaldoctrine@amedd.army.mil).

This publication implements or is in consonance with American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 2026, Principles and Procedures for Tracing and Tracking Personnel in an ABCA Coalition Force.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

The use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the Department of Defense (DOD).

The AMEDD is in a transitional phase with terminology. This publication uses the most current terminology; however, other FM 4-02-series and FM 8-series may use older terminology. Changes in terminology are a result of adopting the terminology currently used in the joint, and/or North Atlantic Treaty Organization (NATO), and ABCA Armies publication arenas. Therefore, the following terms are synonymous—

- Health service support and combat health support.
- Health service logistics (HSL) and combat health logistics.
- Levels of care, echelons of care, and roles of care.

## CHAPTER 1

**ARMY MEDICAL INFORMATION MANAGEMENT****1-1. General**

Advancements in technology have expanded the scope and capabilities of military forces. Information management and information technology (IT) are key elements for maintaining an effective medical force in a contiguous and noncontiguous area of operations (AO). Integrating both digital and analog medical units will be critical to the success of any HSS mission. Digital C2 systems bring a dramatic increase in the level of situational understanding (SU) units may achieve. They can significantly speed the process of creating and disseminating orders, allow for extensive databasing of information, and increase the speed and fidelity of coordination and synchronization of battlefield activities. At the same time, achieving the full potential of these systems requires extensive training, a high level of technical proficiency by both operators and supervisors, and the disciplined use of detailed standard operating procedures (SOPs). Communications planning and execution to support the digital systems is significantly more demanding and difficult than is planning for units primarily relying on frequency-modulated (FM) and mobile subscriber equipment (MSE) communications.

*a.* Whether to use FM radio or digital means for communications is a function of the situation and SOP. Even though both systems are critical for effective C2 at the battalion level, the FM radio remains the primary method for control at battalion level and below during operations, with additional support from the SU display provided by Force XXI Battle Command Brigade and Below System (FBCB2). There are limitations that commanders must recognize for units/elements not equipped with FBCB2, especially reserve and guard.

*b.* This chapter discusses the impact of these changes with regards to digitization, new technology and the integration of Army medical information with the Army's information operations; and briefly discusses how the AMEDD manages medical information in a global environment.

*c.* The remainder of this manual discusses the AMIM from Level I through Level V. It concentrates on two force structures: Force XXI and SBCT. Information networks are changing to pass medical information more efficiently. These systems allow the flow of medical information through various levels to be transmitted from the trauma specialist to continental United States (CONUS), if necessary.

**1-2. Army Medical Information Management**

In order to conduct full dimension operations, the processing of information and the INFOSYS used in the delivery of that information requires careful coordination and synchronization. The management of information takes on increasing importance in meeting challenges of global operations as IT continues to change and impact HSS in a global medical information environment (see FM 3-13).

*a.* Army medical information management is critical to the success of HSS operations. Information technology permits the horizontal (across a level of care) and vertical (between levels of care) movement of information. This information provides input to a commander's decision-making process, potentially improving C2. See Appendix B for a complete discussion of current INFOSYS (hardware and software) which will be used in achieving AMIM throughout all levels of care.