

PERSPECTIVES OF A DEPLOYED COMBAT HOSPITAL COMMANDER



Presented to Defense Health Board, 10Feb16
Commanding Officer, NATO Role 3 MMU
Kandahar Airfield Afghanistan
Mike Rotation, 30 Mar - 9 Oct 2015



Disclaimer

The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.



AOR Roles (Echelons) of Care

Role 1, Point of Injury Care: First aid, buddy aid, Combat Medic; first aid, triage, resuscitation, and stabilization

Role 2, Damage Control Surgery: 100% mobile, 72 hr ops (30 surg max), hold/manage 8 intensive care pts for 6 hrs

- Army FST: 1 Ortho/3 Gen Surg, 2 CRNAs, CCRNs, Surg Techs
- Can deliver packed RBCs, limited x-ray/lab
- Role 2E – basic secondary health care built around primary surgery, intensive care units and ward beds. Able to stabilize post surgical cases for evac to Role 4 without the requirement to first route them through a Role 3

Role 3, All Patient Categories: resuscitation, initial wound surgery, damage control surgery, postoperative treatment, Intensive Care Unit

- Others: Army Combat Support Hospital, Navy Hospital Ships/EMFs
- Neurosurgery, Ophthalmology, ENT, Urology, OMFS can be included
- Advanced Imaging (CT), Comprehensive Lab & Pharmacy

Role 4: CONUS or other safe haven based hospital (Landstuhl Reg Med Ctr)



Historical Background

Kandahar Airfield (Joint Mil/Civ Airport)

- Built as US refueling base to SWA late 50s
- Soviet air base during occupation
- US airstrikes began Oct 01
- Facility taken by 26th MEU, Dec 01



Kandahar City ~8 miles

- 5th largest city in Afghanistan, ~1M
- Founded by Alexander the Great ~330 BC



US Army, 48th Combat Support Hospital Role 2E, 2002-2006





PFC Jerod Dennis



- **82nd Airborne Paratrooper killed in action near Neshkin AFG on 25 April 2003**
- **Awarded a Silver Star for the action in which he rescued multiple fellow soldiers under fire following an enemy ambush**



Canada was Assigned as Lead Nation in 2005 for a New Role 3 Capability

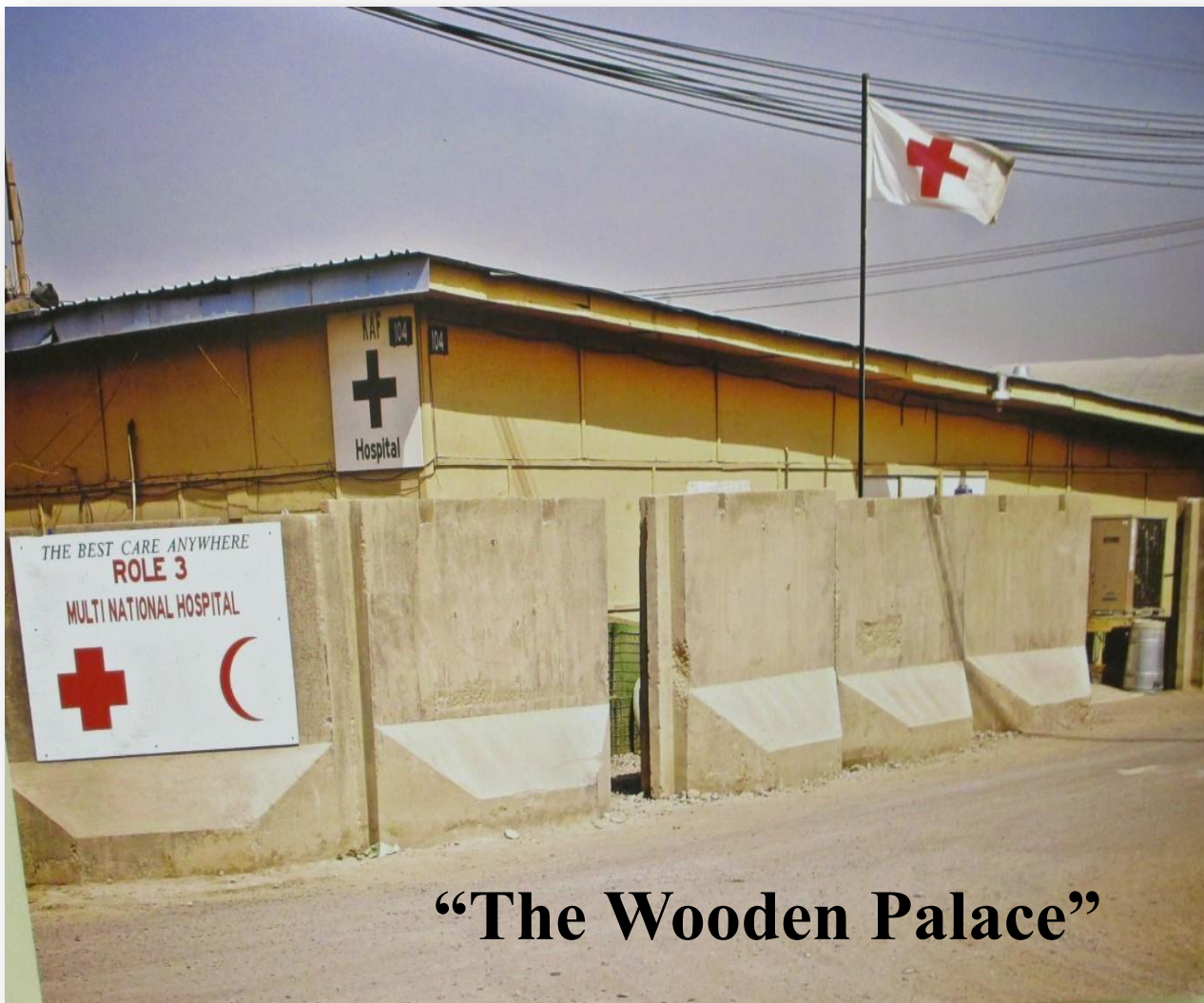


**Initial assistance from US,
UK, Denmark, Netherlands
and New Zealand**





Feb 2006: Canada takes possession of the PFC Jerod Dennis Hospital



“The Wooden Palace”



October 15, 2009: US Navy Assumes Lead

- **CT scanner x2**
- **OR x3**
- **Digital Radiography**
- **5-8 ICU beds**
- **20-30 Inpt beds**





May 23, 2010: NATO Role 3 MMU Opens





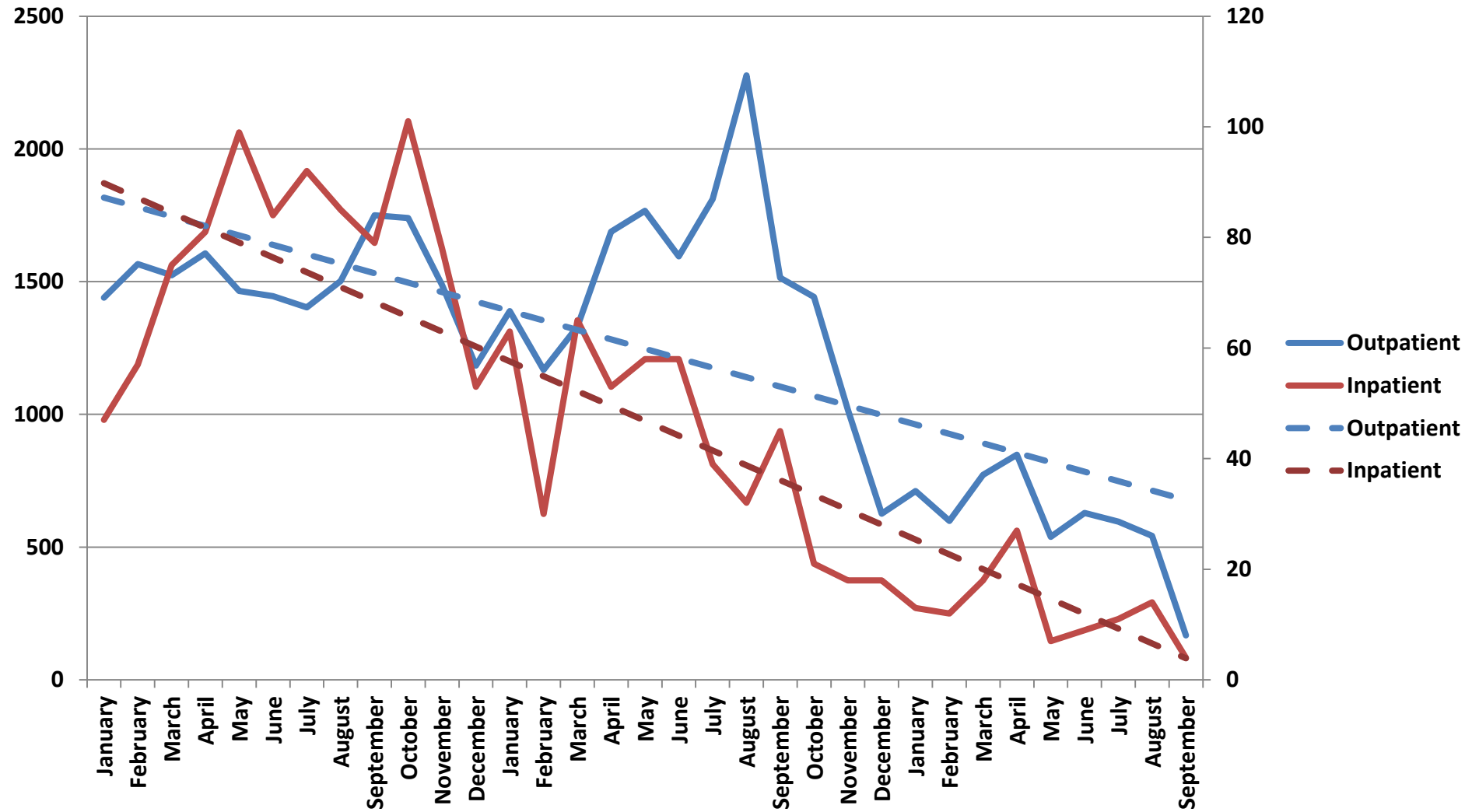
Facility Data

- **Planning & Construction (NATO)**
 - 3.5 years to plan; 18 mths to build
 - German engineered and designed
 - 70,000 sq ft
 - Cost estimated at \$39M
- **NATO Support Agency (NSPA)**
 - NATO Version of NMLC
 - Facility/Physical Plant maintenance
 - Housekeeping
- **Up to FY 15 Role 3 Budget**
 - OPTAR - \$2.0M allocation
- **FY 15 Medical Equipment**
 - 655 items, Current Value = \$4.7M
 - Acquisition Costs = \$8.4M
- **Mortar/Rocket resistant exterior**
- **Advanced physical plant**
 - Oxygen generation, air filtration
 - Power generation / UPS
 - Zoned controlled HVAC and Fire Suppression





Outpatient & Inpatient Data CY 2013 - September 2015





Emergency Department MIKE Rotation



**4 Full Scope Trauma Bays
+8 ER Beds w/ Portable Trauma Configuration**



Emergency Department MIKE Rotation

	PATIENTS	BATTLE INJURIES	ADMISSIONS
MARCH	17	0	0
APRIL	79	7	16
MAY	61	5	8
JUNE	63	1	8
JULY	71	3	11
AUGUST	81	6	12
SEPTEMBER	50	1	3
TOTALS	422	23	58

86% Return to Unit (RTU) Rate
14% Admission Rate



Forward MEDEVAC to Role 3

Airlift for patients to an initial MTF – Conducted by rotary assets in the forward area

CAT A

- **Urgent transport to save life, limb, or eyesight (LLE) within 60 minutes**

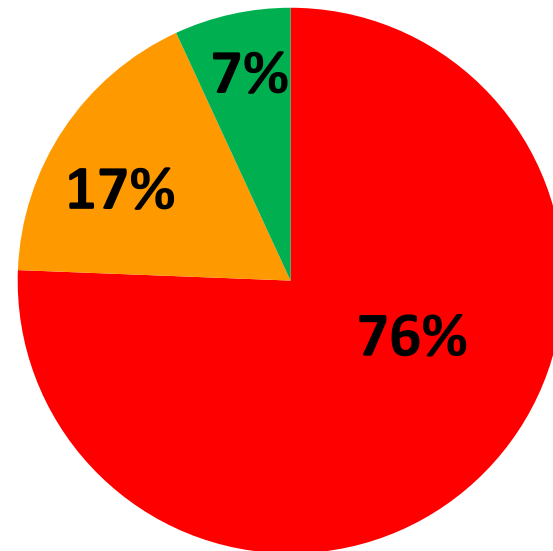
CAT B

- **Priority transport needed for trauma patients requiring surgical evaluation within 4 hours**

CAT C

- **Routine transport for patients requiring treatment from a MTF with greater than Role 1 capabilities within 24 hours**

■ **Alpha** ■ **Bravo** ■ **Charlie**





MIKE Rotation Medical Assets

Role 3 Navy Providers (Total Staff = 87)

- Emergency Medicine - 3
- Critical Care Medicine - 3
- Anesthesiologists - 3
- Trauma Surgeons - 2
- General Surgeon - 1
- Orthopedic Surgeon - 1
- Neurosurgeon - 1
- Radiologist - 1
- Psychiatrist - 1
- Physical Therapist - 1

Role 1 Army Providers

- Family Medicine - 1
- Dentist - 1
- Psychologist - 1
- Social Worker - 1



Nurses, Corpsmen, & Support Staff

- **Emergency/Trauma Nurses - 6**
- **Perioperative Nurses - 4**
- **Intensive/Critical Care Nurses -12**
- **Enlisted Corpsmen/Support Staff - 36**

General Duty HMs - 12

Surgery Technicians - 5

Laboratory Techs - 3

Radiology Techs - 3

Pharmacy Techs - 3

BioMed Repair Techs - 3

Physical Therapy Tech - 1

Psychiatry Tech - 1





Surgery & Operating Room

- **Major trauma**
 - Neck, chest, abdomen, pelvis
 - Vascular
- **Neurosurgical**
 - Emergency brain operations
 - Intracranial pressure monitoring
 - Spine stabilization
- **Orthopedics**
 - Stabilization – external fixation
 - Internal fracture repair
 - Wound debridement
 - Negative pressure dressings



- **Main ORs - 3**
- **Minor Procedure Room - 1**
- **Laparoscopic equipment - 3**
- **Orthopedic Fluoroscopy C-arms - 2**
- **Upper Endoscopy - 2**
- **Colonoscopy - 1**
- **Pulmonary Bronchoscopy - 2**



Intensive Care Unit

- **Critical Care Physicians - 3**
- **Critical Care Nurses - 9**
- **Respiratory Therapists - 2**
- **Beds - 12**
- **Bedside Monitors - 12**
- **Mechanical Ventilators - 14**





Inpatient Wards



- **Wards - 2**
- **Beds - 16**
- **Isolation beds - 4**
- **Medical Hold (Cots) - 6**
- **Hospital-wide bed expansion (Cots) - 24**





Trauma Response Plan

Tier	Patient Load	Resources
I	<4	<ul style="list-style-type: none">• Trauma Teams - 3
II	4-7	<ul style="list-style-type: none">• Trauma Teams - 3• Navy Auxiliary Trauma Team - 1• TMC Auxiliary Trauma Team - 1• <i>Forward Surgical Team - 1</i>• Walking Blood Bank
III	8+	<ul style="list-style-type: none">• Trauma Teams - 3• Navy Auxiliary Trauma Team - 1• TMC Auxiliary Trauma Team - 1• <i>Forward Surgical Team - 1</i>• Walking Blood Bank• Base Security• Non-Role 3 Medical Assets• Logistics/Patient Movement• External Resources (BAF)



Historical Summary

Canadian Era: 2006-2009 (44 mths)

- 4134 pts, 6735 procedures
- 25% NATO, remainder = ANSF/civ



USN Era:

Awarded Navy Unit Commendation

- 15 Oct 2009 to 30 April 2012
- 2100 pts treated per year.



**MISSION SUCCESS IS DUE TO THE EFFORTS OF
87 DEDICATED AND MOTIVATED
PROFESSIONALS SERVING WITH HONOR**



MIKE ROTATION: 30 MAR - 09 OCT 2015
US NAVY RESERVE COMPONENT: 48/87, 55%
US NAVY ACTIVE COMPONENT: 39/87, 45%



Questions?