

# Prolonged Theater Care, Part 2

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Chair, Trauma & Injury Subcommittee

September 5, 2024



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## Overview / Agenda



- Membership
- Tasking Review
- Objectives and Scope
- Background
- Brief Review: Prolonged Theater Care, Part 1
- Prolonged Theater Care, Part 2
  - Findings & Recommendations

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## Trauma and Injury Subcommittee Membership



Carla Pugh, MD, PHD



CHAIR  
John Armstrong, MD\*



Gary Timmerman, MD



Odette Harris, MD, MPH



Lenworth Jacobs, Jr, MD, MPH\*

\*Board Member

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## Tasking



On September 28, 2023, the Assistant Secretary of Defense for Health Affairs directed the Defense Health Board to **recommend guidance on better integrating military-civilian training partnerships to improve prolonged field/in-theater care.**

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## Objectives and Scope



- **Review the curriculum and experience** of current military-civilian trauma training partnerships.
- **Provide recommendations to best prepare DoD personnel** at military-civilian trauma training partner sites for prolonged field care in near-peer conflicts. Comment on the curriculum [program of instruction], locations, frequency of training, occupational specialties of participating DoD personnel, and best use of selection and performance criteria outlined in the *American College of Surgeons Blue Book*.
- **Provide recommendations to better integrate military-civilian partnerships** with attention to direct care military treatment facility staffing and Regional Medical Operations Centers.

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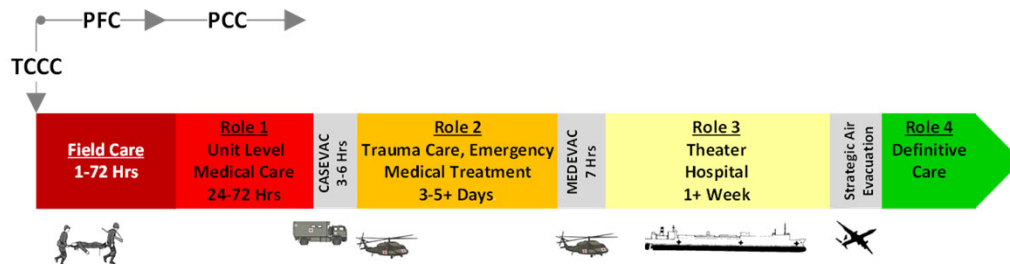
## Background – Legacy versus Future Planning



### Legacy Planning



### Future Planning



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## Findings, Prolonged Theater Care, Part 1



- A registry of military-civilian and Department of Veterans Affairs partnerships has not been fully established or sustained.
- Current active duty military medical forces may be insufficient to meet the requirements of large-scale combat operations.
- The Department has not tracked wartime medical skills training for enlisted personnel at military-civilian trauma training sites.

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## Findings (2) Prolonged Theater Care, Part 1



- There are no plans to develop just-in-time training for non-credentialed medical personnel in the event that the demand for medical forces exceeds supply.
- Readiness gaps accrued by working at military treatment facilities are not systematically assessed or tracked.
- The Defense Health Agency is unable to aggregate data from military treatment facilities and military-civilian trauma training sites to provide a composite view of the readiness of the military medical forces.

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## Recommendations, Prolonged Theater Care, Part 1



- Assistant Secretary of Defense for Health Affairs should review and report findings to the Secretary of Defense annually from the Joint Trauma System Military-Civilian Training Partnership Registry (Section 708 NDAA 2017).
- DoD should urgently update casualty flow models to determine the optimum size and structure of the active duty medical forces and rapidly recruit military personnel to meet these requirements.
- Under Secretary of Defense for Personnel and Readiness, in conjunction with the Services, should oversee standardization of enlisted essential wartime medical skills.

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## Recommendations (2) Prolonged Theater Care, Part 1



- Under Secretary of Defense for Personnel and Readiness, in conjunction with the Services, should develop standardized just-in-time programs of instruction for scaling the training of Army combat medics, Navy corpsmen, and Air Force medical service specialists to meet force flow.
- Director, Defense Health Agency, should develop a system to track skills related to combat casualty medical care acquired by credentialed and non-credentialed military medical personnel at military treatment facilities and support Service goals to guide military-civilian trauma training partnerships.
- Under Secretary of Defense for Personnel and Readiness should direct development of a system to track individual knowledge, skills, and abilities related to combat casualty care acquired by credentialed and non-credentialed personnel to inform the overall military medical readiness.

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## Activities



| Date           | Meeting    | Discussion Topics   |
|----------------|------------|---|
| March 20, 2024 | Virtual    | Draft outline and work plan   |
| April 3, 2024  | Virtual    | Work plan, MCP maps, site visits  |
| April 12, 2024 | Site Visit | Oregon Health and Sciences University, Portland, OR   |
| April 17, 2024 | Virtual    | Army military-civilian trauma training partnerships<br>Military Health System Strategic Partnership American College of Surgeons<br>Southwest Texas Regional Advisory Committee |
| May 8, 2024    | Site Visit | University of Maryland/Baltimore Shock Trauma, Baltimore, MD  |
| May 15, 2024   | Virtual    | Joint Trauma System Overview  |

MCP – Military-civilian trauma training partnership

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## Activities (2)



| Date            | Meeting    | Discussion Topics  |
|-----------------|------------|--|
| May 22-23, 2024 | Site Visit | Hartford Hospital, Hartford, CT  |
| May 29, 2024    | Virtual    | Command Surgeons, U.S. Indo-Pacific and U.S. European Commands   |
| June 4, 2024    | Virtual    | Report Development   |
| June 12, 2024   | Virtual    | DoD Inspector General<br>Government Accountability Office<br>MHS Strategic Partnership with the American College of Surgeons |
| June 26, 2024   | Virtual    | Joint Knowledge, Skills, and Abilities Program Management Office   |
| July 1, 2024    | Site Visit | Brooke Army Medical Center, San Antonio, TX  |
| July 2, 2024    | Site Visit | Navy Trauma Training Center, Los Angeles, CA   |

MCP – Military-civilian trauma training partnership; MHS – Military Health System

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## Activities (3)



| Date            | Meeting | Discussion Topics  |
|-----------------|---------|--|
| July 10, 2024   |         | Joint Trauma System Update   |
| July 12, 2024   |         | West Virginia University, Morgantown, WV   |
| July 17, 2024   | Virtual | Acting Surgeon General, U.S. Air Force<br>Executive Director, Navy Bureau of Medicine and Surgery  |
| July 31, 2024   |         | Jeff Kerby, MD, Chair, Committee on Trauma, American College of Surgeons and<br>Warren Dorlac, MD, Vice Chair, Committee on Trauma, American College of Surgeons |
| August 7, 2024  |         | Report development   |
| August 15, 2024 |         | University of Las Vegas, Nevada Military-Civilian Partnership, Las Vegas, NV   |
| August 27, 2024 | Virtual | Report Development   |

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## Definitions



### **Military-Civilian Partnership (MHS)**

Agreement between the DoD and a civilian medical institution for the purposes of training and sustaining individual and team expeditionary (combat casualty care) scope of practice

### **Military-Civilian Trauma Training Partnership (Suggested)**

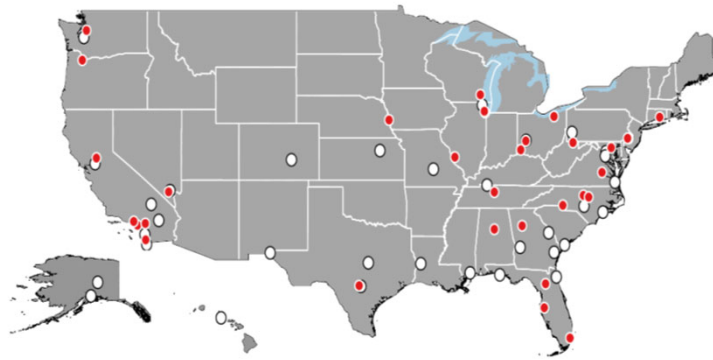
Structured collaborative agreement between military and civilian organizations that provides training to enhance the trauma clinical readiness of military medical personnel and exchange best trauma clinical practices. Training occurs after military occupational specialty requirements are met.

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# Military Hospitals and Select Military-Civilian Trauma Training Partnerships



- Select Military-Civilian Trauma Training Partnership
- Military Hospital

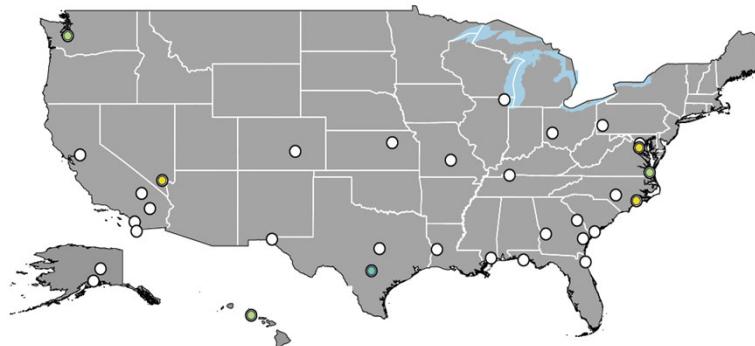
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# Military Hospitals and Military Trauma Centers



- Military Hospital
- Military Trauma Centers
  - Level I
  - Level II
  - Level III

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## Objective 1, Finding 1



Persistent ambiguities related to the Defense Health Agency's role in establishing military-civilian trauma training partnerships have resulted in failure to identify a single entity within the DoD that has awareness and oversight of military-civilian training partnerships.

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## Recommendation 1



The Assistant Secretary of Defense for Health Affairs should resolve ambiguities and clarify responsibilities pertaining to oversight, selection, development, and evaluation of military-civilian trauma training partnerships.

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## Objective 1, Finding 2



Current metrics used to assess the performance of military-civilian trauma training partnerships do not measure program performance, and the purpose of the Joint Knowledge, Skills, and Abilities Program Management Office clinical readiness metric is unclear.

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## Recommendation 2



The Assistant Secretary of Defense for Health Affairs should

- identify and address limitations in individual and team clinical readiness metrics
- estimate the cost and benefits of implementing the clinical readiness metrics
- develop military-civilian trauma training partnership performance metrics

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## Objective 2, Finding 3



The DoD has not established or managed military-civilian trauma training partnerships as a network.

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## Recommendation 3



The Assistant Secretary of Defense for Health Affairs should develop a strategic plan for the network of military-civilian trauma training partnerships, using “Offices of Military Medicine” at military-civilian trauma training sites as nodes, and include contingencies for expansion of training capacity.

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## Objective 3, Finding 4



Geographic considerations related to military-civilian trauma training partnerships have implications for optimizing training and preparing civilian hospitals for the care of high volumes of casualties from large-scale combat operations.

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## Recommendation 4



Prioritize geographic proximity in selection and renewal of military-civilian trauma training partner sites to

- optimize medical resources at Military Treatment Facilities while sustaining local readiness training
- integrate with Medical Operations Coordination Centers to expedite mobilization of military and civilian resources during domestic mass casualty incidents and repatriation of casualties from large-scale combat operations

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# Discussion



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