

Headquarters U.S. Air Force

Integrity - Service - Excellence

Defense Health Board Brief

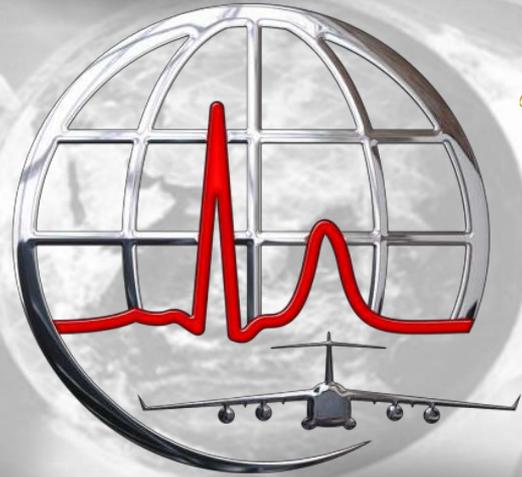


**Colonel Susan J. Pietrykowski
Deputy Command Surgeon
Air Combat Command**

Breaking Barriers ... Since 1947



Air Force Medics... Owning the Mission



Wing/CCs own their medics and medics own their Wing mission

Breaking Barriers ... Since 1947



Our Airmen are the Key to Success

...at home and deployed in any medical platform



Readiness is Job # 1

We exist to deploy clinically current medics and keep AF personnel medically ready for global operations

Delivering Home Station Healthcare Underpins Readiness

Peacetime care sustains clinical skills and continuity to do Job #1



FY17 NDAA Guiding Principles

- **Readiness is primary mission.** The Department will ensure a ready medical force and a medically ready force.
 - The **Services are ultimately responsible for this Readiness** and will be supported by the DHA.
 - All active duty personnel are tied to **operational force requirements.**
 - The DHA is responsible for the health benefit and supported by the Services, who will use this as a means to **enable and sustain readiness.**
 - The Direct Care System (DCS) will be the first choice to meet the **readiness requirements.**
-

2017 Air Combat Command Command Surgeon Strategy Map



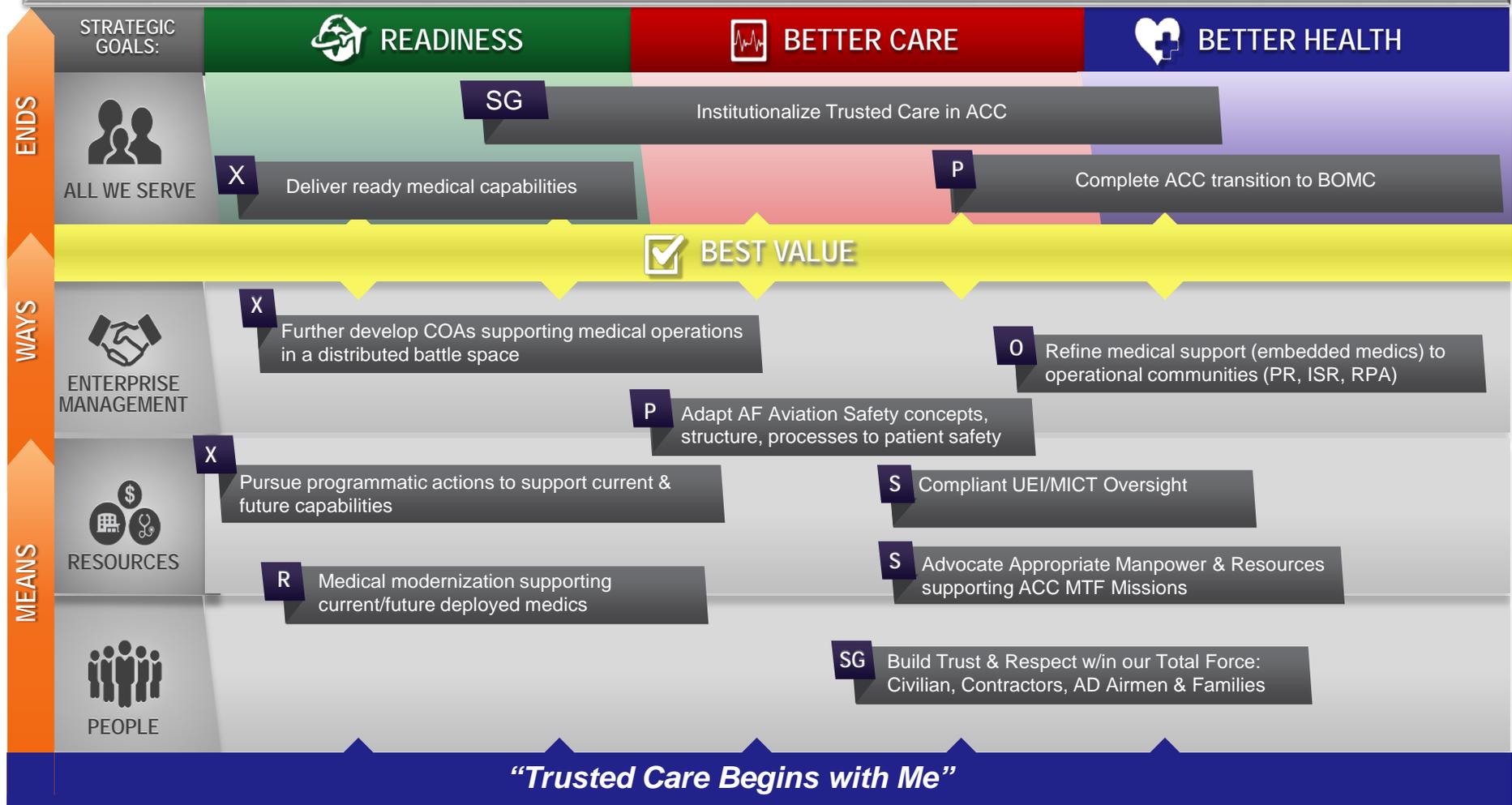
MISSION

"Ensure Medically Ready Airmen and Expeditionary Ready Medics Across the Full Spectrum of Operations"

VISION

High Reliability Organization Providing "patient Safety Trusted Care" Dedicated to Support Dominant Combat Ready Forces for America...Anytime, Anyplace

SG Focus Areas: 1. Full Spectrum Readiness 2. Integrated Operational Support 3. AF Medical Home 4. Trusted Care





SG Focus Area: Full Spectrum Readiness

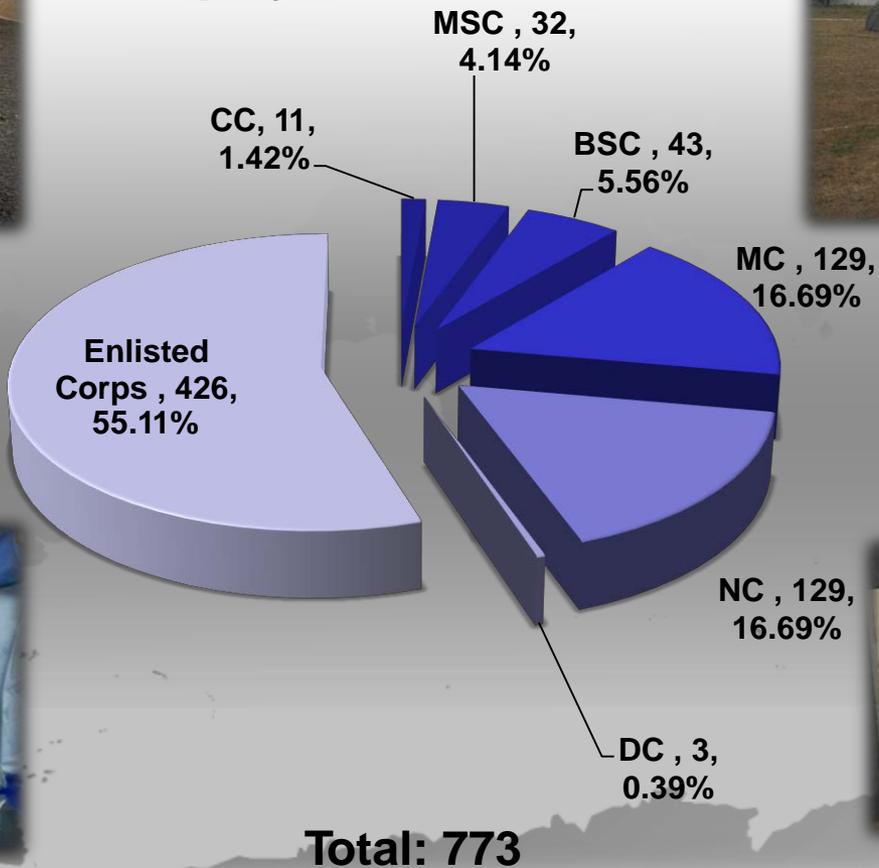
- **Full Spectrum Readiness = Medically Ready Force + Ready Medics**

- **AF/SG “Full Spectrum Readiness” Priorities:**
 - **Enhance Forward Surgical & En-Route Care Capabilities**
 - **Currency/Competency Training**
 - **Future Requirements Supporting Contested Operations**



Distribution of Total Force Deployments: Apr 17–Sep 17

Distribution of Total Force Deployment by Corps During Deployment Window





Forward Operating Locations & Overseas MTFs



AF medics deployed in 30 countries in 45 different locations



Shift to Austere Surgical Teams

- **BLUF: New Austere Surgical Team UTC (FFGST)**
 - **Train as a Team....Deploy as a Team**
- **Ready Medics: Attend Three Training Events Successively**
 - **Phase I Training – 2 Weeks in Baltimore...CURRENCY**
 - **Formal EMEDS 3-Day Course...WITHIN EMEDS CONSTRUCT**
 - **Phase II Training – 2 Days at Camp Bullis...INDEPENDENT OPS**
- **Response to Actual Validated Operational Requirements**
- **Future:**
 - **Seamless Training Operations with Army (Casualty Generation)**
 - **Support HAF in Development of Joint Trauma Training Platform**



Ground Surgical Teams

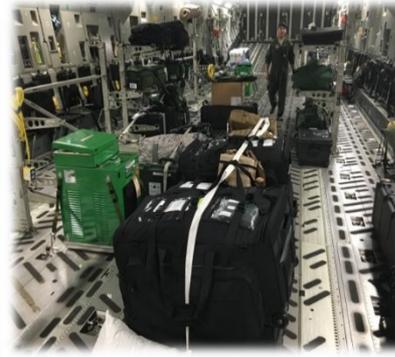
■ Capability:

- Perform 3 Damage Control Surgeries
- Holding Capability for Up to 12 Hours
- Resupply Can Extend Holding Capacity...Prolonged Field Care





Austere Surgical Team Setup POTUS Mission to Cuba



**Building of opportunity:
C-17 Globemaster**



Breaking Barriers ... Since 1947



Austere Surgical Team Setup POTUS Mission to Argentina

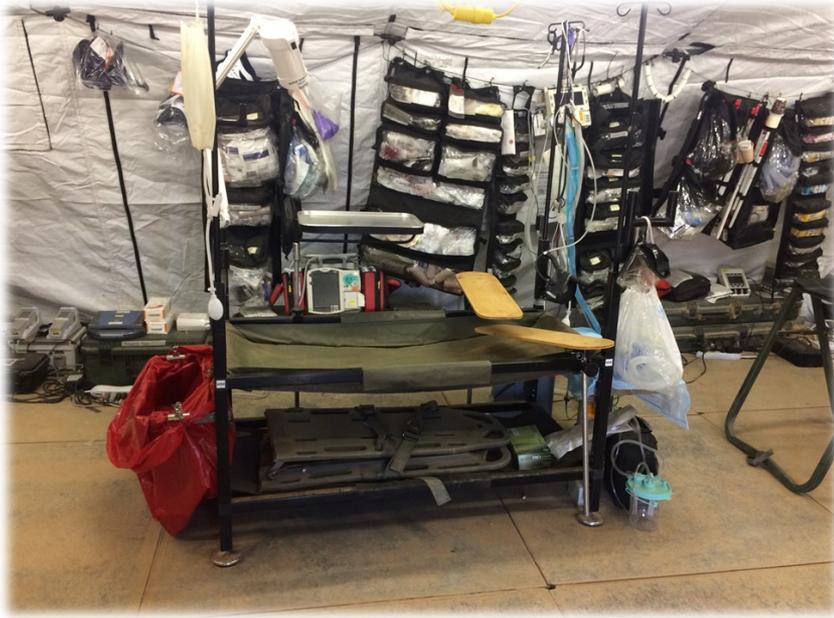


**Building of opportunity:
Hotel Room**





Austere Surgical Team Setup Jordan



2017

**Building of opportunity:
Field Tent**



2015

Breaking Barriers ... Since 1947



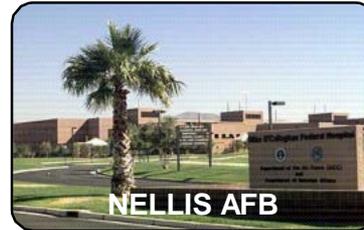
Currency and Training

Center for Sustainment of Trauma And Readiness Skills (C-STARS)



- Baltimore: Trauma & Surgical Skills
- Cincinnati: Advanced CCATT
- St. Louis: Trauma Skills

Sustained Medical Airmen, Readiness Trained (SMART)



- Pilot Program
- Nellis AFB & University Medical Center – Southern Nevada

Air Force Medical Modeling And Simulation Training (AFMMAST)



- Conducting sim-based training across the AFMS
- Distributed \$4.4M in sim equip across AFMS (FY14)
- Virtual environment tech to enhance simulation training
- New scripted scenarios fielded

Keeping medics ready through civilian partnerships & programs



Las Vegas Mass Shooting

Train Like We Fight

■ Tier 1 Training:

- Mass Casualty Exercise 29 Sept 2017 – 2 days before the event
 - Scenario: 115 victims of an aircraft crashing into the crowd
 - Disaster Team responses including triage, immediate life saving interventions and patient transport
 - Included activation of surgical teams
- Shooting Event Reports:
 - Several 99 MDG medics attended the concert and rendered on-scene care including application of bandages and make-shift tourniquets, innovative use of items to make stretchers, prioritization of patients for transport/treatment, & even CPR.
 - Surgeon at UMC reported she used lessons-learned from the exercise in caring for patients at the Trauma Center





Las Vegas Mass Shooting

Train Like We Fight

■ Tier 2 Training:

■ Training Affiliation Agreement with Local Hospitals

- Multiple 99 MDG staff participate in rotations at the Level 1 trauma center for currency, including trauma surgeons, general surgeons, acute care nurse practitioners, respiratory therapy technicians, and critical care pulmonologists

■ Shooting Event Reports:

- 8 Members of the 99 MDG reported to University Medical Center after ADHOC notification to provide care at the level 1 trauma center.
- Due to the TAA, all were privileged and familiar with the facility operations. At least 1/2 the surgeons in the OR that night were AD AF surgeons!





Las Vegas Mass Shooting Train Like We Fight



■ Tier 3 Training:

- **SMART (Sustained Medical and Readiness Trained)/RCS (Regional Currency Site) at University Medical Center in downtown Las Vegas has embedded 12 AD AF Medics cadre**
- **Specialties include trauma surgeon, EM physician, anesthesiologist, critical care pulmonologist, critical care & ER nurse, med-surg & OR Nurse, OR & respiratory techs**
- **Shooting Event Report: 4 Members of the SMART Cadre were on duty or immediately reported to duty at the beginning of the mass casualty. Efforts were critical to improved survival**



Las Vegas Mass Shooting Train Like We Fight

- **Additional Training:**
 - **Ground Surgical Team (GST) Training**
 - **One general surgeon on the GST who responded had completed EMEDS/GST training in Jul 2017**
 - **Emergency War Surgery Course**
 - **One general surgeon who responded had completed the Emergency War Surgery Course just 2 days prior to the event**
 - **Graduated Medical Education Program – General Surgery**
 - **Program Director for the GS GME program was one of the surgeons at the Trauma Center**
 - **Graduate Medical Education Program – Emergency Medicine**
 - **Several AF EM residents rendered care during the event**



CP Capability Comparison

Alaska Shelter



- Liner Based (M28)
- Airlocks
- Filtered Air Blowers
- Chemically Hardened ECU
- Water Distribution System
- Additional Setup

- Single-Skin Solution
- Airlocks
- Filtered Air Blowers
- Chemically Hardened ECU
- Water Distribution System
- Reduced Setup



UTS Shelter



SG Focus Area: IOS – Current State

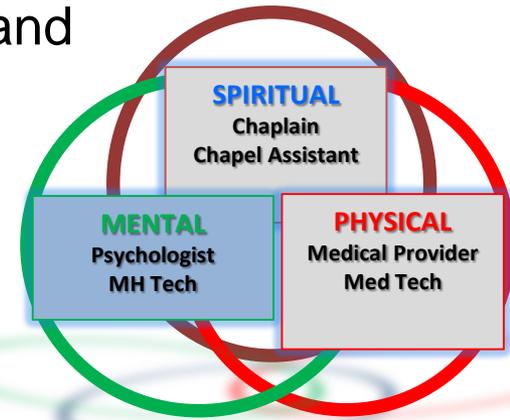
- **Aeromedical Evacuation**
 - **Aerospace Physiology**
 - **Operational Medical Elements**
 - Training (examples: Basic Military Training, Battle Field Airman Training, Survival School)
 - Ground Combat Units (examples: Contingency Response Group, Based Defense Group, Air Control Squadron)
 - ISR units (example: DCGS intel analysts)
 - Pararescue Units (Guardian Angel POTFF & EPIC)
 - **Squadron Medical Elements (support aircrews & RPA crews)**
 - **Special Operations Medical Elements**
 - Special Ops Support Squadrons, Special Tactics Squadrons
 - **USSOCOM/AFSOC Preservation of Force and Family (POTFF)**
 - **HAF, AF Agencies, MAJCOMs, COCOMs (examples: OSI, AF Review Boards Agency, AFPC)**
-



IOS Operational Support Teams

480th ISR Wg

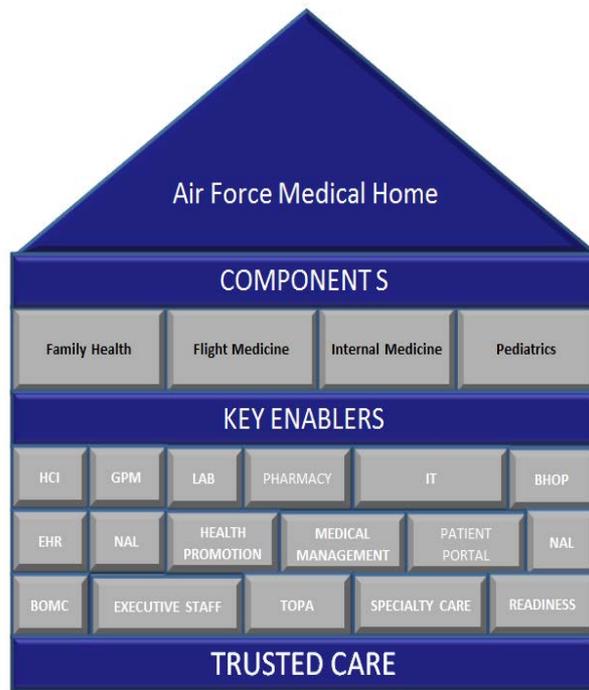
- **Airman Resiliency Teams:** Expeditionary Medicine and Spiritual Support for Deployed-In-Place ISR Airmen
 - Multidisciplinary teams with TS/SCI clearance assigned to groups to support holistic health, and mission performance
- **Health promotion:** Occupational Health Units inside SCIFs for mission-aligned care to ISR shift workers
- **Enhance Mission Performance:** human factors consultation improved ergonomics, work force utilization; reduced fatigue-related errors by 6% = 187K intel products per yr
- **Remote Combat Stress Mitigation:** Kill Chain Resiliency training and support for Airmen and Leaders executing real-time remote warfare with high exposure to graphic imagery





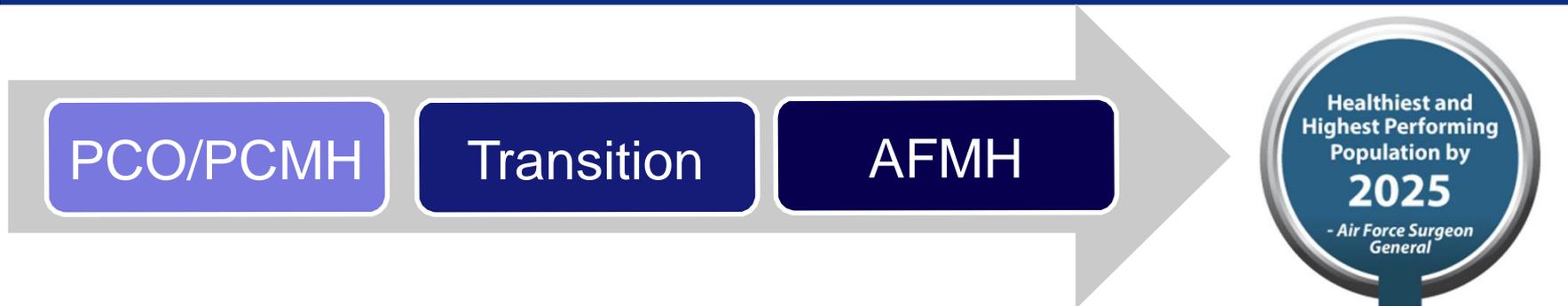
SG Focus Area: Air Force Medical Home

- AFMH is an **easily accessible** system (within a MTF) in which the patient has a **range of health options** and interacts with an **interdisciplinary team** focused on improved health and human performance. **Supports commanders** in accomplishing their mission and **patients in achieving their health goals.**





Evolving AFMH



Original PCO to PCMH Initiatives:

- Team-Based Care
- Enhanced Access
- Standard Processes
- Timely Prevention
- Robust Training

AFMH Initiatives:

- Trusted Care
- Base Op Med Clinic (BOMC) expansion
- Patient-Family Engagement pilot
- Capabilities Based Assessments

AFMH End State:

- Intrinsic capacity to improve
- Patient Subgroup Mgmt
- Direct Mission Support
- Occ Exams & Standards
- Airman Availability Mgmt
- Integrated Public Health



SG Focus Area: Trusted Care

**Integrity
First**

“I have a duty to speak
up for safety”

**Service
Before Self**

“I am committed to putting
patients and families first”

**Excellence
In All We Do**

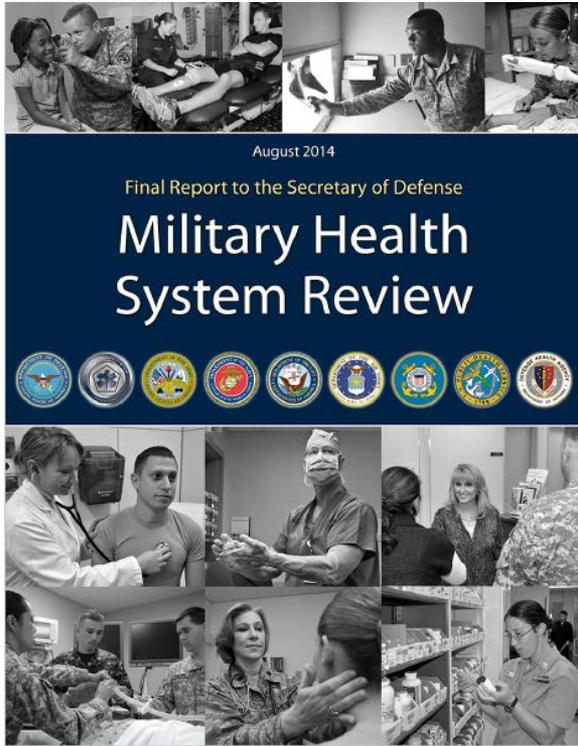
“We will remain steadfast
in striving for Zero Harm”



Just as our Core Values apply to all Airmen, Trusted Care is a culture built to enable all Airmen of all ranks to take ownership in delivering safe and reliable care.



MHS 90-Day Review / AFMS Trusted Care Initiative



- In May 2014, SECDEF requested a 90-day review of patient safety, quality of care, and access to care within the Military Health System.
- The *MHS Review Final Report* included 6 overarching recommendations and 82 action items aimed at **advancing performance, reducing variability, and improving patient care.**
- Oct 2014, Secretary of Defense Chuck Hager directed an action plan for improving access, quality of care, and patient safety
 - **Safety** – **zero harm** is our goal!
 - **Quality Care** – enterprise-wide performance improvement against defined standards/benchmarks
 - **Access** – own your patients' care.....right care, right time, right setting, right healthcare performance
- Secretary of Defense called for an **implementation plan for transforming the MHS into a High Reliability Organization (HRO)**



Trusted Care: Why Do We Need It?

We are making mistakes that cause our patients harm. We need Trusted Care, everywhere, every day, to help us eliminate preventable medical error.



If medical error was a disease, it would be the

3rd

leading cause of death in the U.S.



Medication error alone causes

1.3 million

injuries each year &

1 death every day



Our 9 inpatient pilot MTFs averaged serious safety events

1 out of every

8 days



The highest percentage of adverse events

15%

occurs in outpatient clinics

Below are Air Force cases in which preventable harm reached the patient:

19 y/o not diagnosed w/
rhabdomyosarcoma until 76 days after initial
appointment with complaints

Pt given 3x dose of medication for TB in clinic;
pt went unresponsive/experienced seizure



Trusted Care Principles

AFMS adopted nine principles as actionable extensions of our Air Force Core Values





Reliability from Our Patients' Perspective

1. Don't harm me™
 2. Heal me
 3. Be nice to me
- ...in that order*



(imagine your loved one here)



Self-Check Using STAR

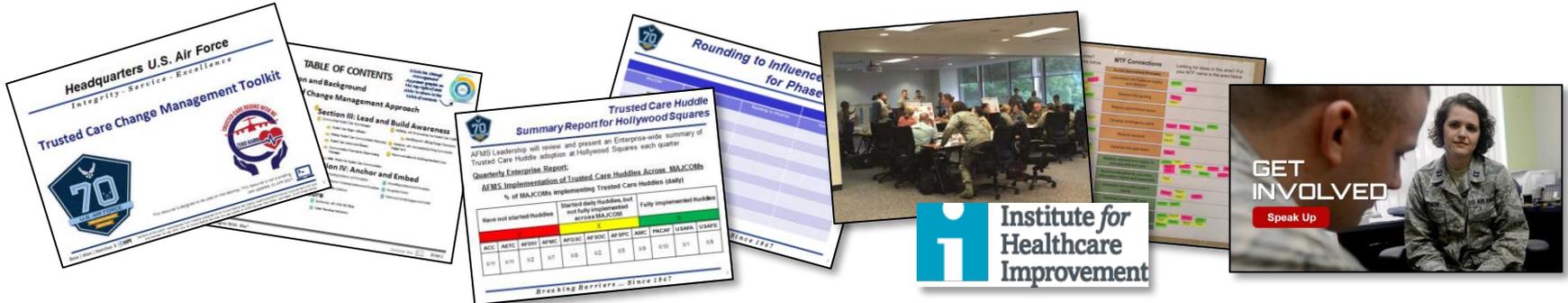
- **Stop:** Pause for *1 to 2 seconds* to focus our attention on the task at hand
- **Think:** Consider the action you're about to take
- **Act:** Concentrate and carry out the task
- **Review:** Check to make sure that the task was done correctly and that you got the correct result

STOP is the most important step. It gives your brain a chance to catch up with what your hands are getting ready to do.



AF Trusted Care: This Year in a Snapshot

AFMS is making significant progress against each of the Domains of Change:



Leadership Courses and Change Management Toolkit

Tracking Trusted Care Huddles and Rounding to InfluenceSM

IHI Learning Collaborative

Patient and Family Engagement Toolkit

Domain

Leadership Engagement

Culture of Safety

Continuous Process Improvement

Patient Centeredness

- Activities**
- Building leaders' HRO knowledge and keeping them accountable
 - Developed Trusted Care content for Basic Leadership Airmen Skills Course, Intermediate Exec Skills Course, Tier I/II MDG Commander Course, and Senior Leader Change Management Conference

- Safety & Reliability Rollout to all MTFs with a Goal of 100% of Airmen Trained in Safety Behaviors and Error Prevention
- Transition to new Medical Incident Investigation Framework
- Optimize Infection Prevention Staffing

- MHS-level Partnership with IHI for Surgical Quality and Access to Care Improvement Learning Collaboratives
- Leverage Gateway Academy Partnership for CPI education

- Patient and Family Engagement Coordinator Demonstration
- Patient and Family Partnership Councils
- "What Matters to You" Newsletter
- Webinar Trainings



Recognizing Our Challenges

- Maintaining a ready force
- Meeting demands of evolving missions
- Modernizing deployable and en route care capability
- Joint & multinational operations
- Emerging ways of war

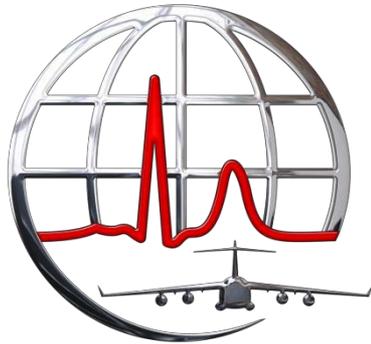


Maintaining readiness while shifting to peacetime healthcare focus

Breaking Barriers ... Since 1947



Air Force Medical Service



Doctrinally Aligned

Operational Medics:
Providing **Ready** Forces,
Better Care and **Better Health**
All at the **Best Value**



Joint, interoperable, interdependent...delivering
Trusted Care. Anywhere!



Own the challenges, create the opportunities!

Breaking Barriers ... Since 1947

