

Prolonged Field/In-Theater Care

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Chair, Trauma & Injury Subcommittee

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Overview



- Membership
- Tasking
- Objective and Scope
- Problem Statement
- Background
- Summary of Activities to Date
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- Way Ahead

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Membership



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Julie Freischlag, MD



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Tasking



On September 28, 2023, the Assistant Secretary of Defense for Health Affairs directed the Defense Health Board (DHB) 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, locations, frequency of training, occupational specialties of participating DoD personnel, and best use of selection and performance criteria outline in the Blue Book.
- Provide recommendations **to better integrate military-civilian partnership** with attention to Direct Care MTF staffing and Regional Medical Operations Centers.

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Problem Statement: The Future of Warfare



- **Peer/Near-Peer Conflict – Large-Scale Combat Operations**
 - Multi-domain operations
 - High rate of casualties
 - Contested freedom of movement
 - Constrained medical logistics, including blood
 - Change in type of injuries seen
 - Disease non-battle injury
 - Chemical, biological, nuclear injury

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Problem Statement: The Future of Warfare



- Peer/Near-Peer Conflict (continued)
 - Changing face of the warfighter
 - Need for “reverse triage”
 - Delayed, complex, lengthy evacuations
 - Stress on continental US (CONUS) healthcare systems
 - Need for better integration of the military, Federal, and civilian healthcare systems

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Background: Definitions



- Prolonged Field Care (PFC)
 - Evolved from observations by special operations Forces and Marine Corps medical personnel, and the need to provide care in resource limited, austere environments
- Prolonged Casualty Care (PCC)
 - Delivered by medics and corpsmen
 - Provision of Tactical Combat Casualty Care beyond the “Golden Hour”

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Roles of Care

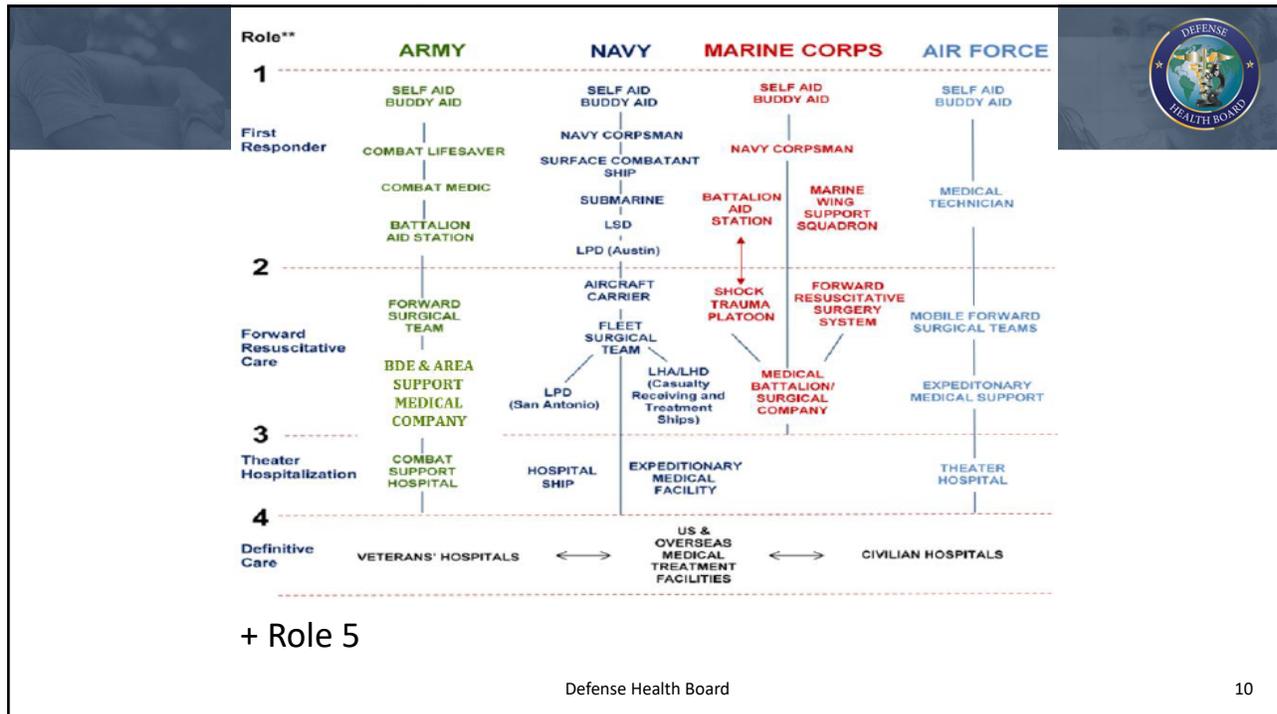


- Role 1: Immediate first aid delivered at the scene by combat lifesaver or combat medic
- Role 2: Increased medical capability with limited inpatient bedspace
 - Includes basic primary care
 - 100% mobile
- Role 3: Highest level of medical care in combat zone with bulk of inpatient beds
- Role 4: Medical and surgical care outside combat zone, but within the communication zone
 - Patients requiring more intensive rehabilitation or special care
 - Example: Landstuhl Regional Medical Center
- Role 5: Definitive care at hospitals in CONUS

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Summary of Activities to Date



Meeting Date	Discussion Topics
Oct 11, 2023: T&I Meeting	TOR Overview, Objectives, Guiding Principles, Report Timeline
Oct 25, 2023: T&I Meeting	Brief on Integrated CONUS Medical Operation Plan Report Development: Report Outline, Subject Matter Experts
Nov 1, 2023: T&I Meeting	Brief on Strategic Priorities in Peer/Near-Peer Conflict Report Development: Report Outline
Nov 8, 2023: T&I Meeting	Brief on PFC/PCC in the Joint Trauma System
Nov 15, 2023: T&I Meeting	Brief on Walking Blood Bank Report Development: Report Outline

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Emerging Findings



- Terminology is not standardized across the Services
- Training is not standardized across the Services
- Military-civilian partnerships (MCPs) are critical for trauma training and casualty care
- Critical shortages of blood are anticipated
- National resources may be stretched to meet ongoing U.S. healthcare and casualty care needs

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Way Ahead: Anticipated Reports



- Interim Report: March 2024
 - Framework for in-theater care
 - Military-civilian education and training partnerships
 - Walking Blood Bank training
- Final Report: September 2024
 - Review of anticipated injuries
 - Joint Trauma System data
 - Further delineation of MCP requirements
 - Military/Federal/ civilian healthcare system integration and preparedness

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Questions



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