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Disclosures

- My views and opinions may not reflect those of the Defense Health Agency, the Joint Trauma System, the U.S. Navy, the U.S. Marine Corps or the Department of Defense
- My opinions may not reflect those of other medical directors
- No financial conflicts
- My friends and I share slides

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Background



- Joint Trauma System (JTS)
 - DoD Reference Body for Trauma
 - Guidelines and curricula
 - “Coalition of the Willing”
- Tactical Combat Casualty Care (TCCC)
 - Prehospital medicine
 - Blended tactics with medicine
 - DoD Standard of Care

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Perspective



- An end-user of TCCC for 20 years
- My son is an end user
- Marine Expeditionary Force
 - Privileging Authority for 250+ providers
 - Medical director
 - No command authority

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Nothing gets a pass because
“That’s the way we’ve always
done it.”

TCCC LEADERSHIP LESSON LEARNED NO. 1:
NOTHING GETS A PASS BECAUSE “THAT’S THE
WAY WE’VE ALWAYS DONE IT”

Leadership lessons learned in Tactical Combat Casualty Care

Frank K. Butler, MD, FAAO, FUHM. *J Trauma Acute Care Surg*
Volume 82, Number 6, Supplement 1

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Focus

- Evidence
- Logistics
- Recommendations
- Guidelines (not protocols)

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TCCC Employment

Medical Direction

Curriculum

Change Paper

Guidelines

Detail

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PFC vs PCC

- Prolonged Field Care Continues
 - SOCOM effort
 - Broader focus
- Prolonged Casualty Care
 - Conventional Forces
 - Narrower focus
 - Continuation of TCCC
 - JTS Guidelines
 - JTET Curriculum

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The “Capability Brief”

- Unreasonable logistical expectations of prehospital providers delivering care out of a backpack
- Unreasonable expectations placed on prehospital providers employing TCCC

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Prolonged Casualty Care

- The “impossible problem set”
- Not a capability
- Not a solution to the problem set
- What it is:
 - Logistical continuation of TCCC
 - Approach to the problem set
- Leverage the work of PFC experts for the conventional force

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Prolonged Casualty Care

Prolonged Field Care (PFC) Training at the Special Operations Forces (SOF) Unit Level

MSP Chiropractor, MS, DPT, FRCPC, FRCPC (Pain), FRCPC (Sports), FRCPC (Geriatrics), FRCPC (Hospice), FRCPC (Intensive Care), FRCPC (Neurology), FRCPC (Oncology), FRCPC (Pediatrics), FRCPC (Perinatal), FRCPC (Psychiatry), FRCPC (Respiratory), FRCPC (Surgery), FRCPC (Trauma), FRCPC (Urology), FRCPC (Vascular), FRCPC (Wound Care), FRCPC (Zoonoses)

Abstract

The past 11 years of conflict created a novel MEDICAL system upon which combat medics have learned to rely. Future conflicts require prolonged evacuation times, often without the robust, timely medical support of recent US and coalition theaters of war.

Background

Operational demands require innovative training methods. At US Special Forces Group (USMFG), Fort Carson, CO, we developed a programmatic framework to ensure the best evidence-based education and training for medical and non-medical Operators in the most current PFC practices.

PFC CAPABILITIES ALONG THE CONTINUUM OF CARE

TCCC ("Ruck") 1 Hr

(Detailed description of TCCC capabilities)

CASEVAC ("Truck") 3-6 Hrs

(Detailed description of CASEVAC capabilities)

Patient Hold ("House") 3-72 Hrs

(Detailed description of Patient Hold capabilities)

MEDEVAC ("PLANE") 7 Hrs-UTC

(Detailed description of MEDEVAC capabilities)

Conclusions

Training in PFC and training will be necessary to allow for sustained, prolonged field care in austere environments. Sustained, prolonged field care requires a continuous, tactical, or logistically salvageable paradigm. The PFC paradigm for subsequent Role 1 phases of care, based on time, should be incorporated into doctrinal and logistics planning criteria.

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PCC Consensus Statement

RECOMMENDATIONS

The Committee of TCCC and PCC-WG advocate for the following:

- As it pertains to trauma, there is no PCC without TCCC.
- PCC should never serve as the primary medical plan in support of a Commander's casualty response system.
- Tourniquets, blood transfusion, airway, and ventilatory support are frequently required interventions for the seriously injured. Future PCC efforts should direct resources, technology, and training to field capabilities for sustained resuscitation, airway, and breathing support in the austere environment.³ TCCC provides the foundation of skills upon which to build more advanced airway, ventilation, pain control, and resuscitation skills needed for complex trauma and disease non-battle injury patients.
- The recommendations within the PCC Guidelines should be incorporated into medical planning, pre-deployment training, service individual and collective training requirements, and combatant command theater entry requirements.
- PCC may require a triage methodology that shifts away from medically salvageable criteria to a continuous tactical or logistically salvageable paradigm.
- The PCC paradigm for subsequent Role 1 phases of care, based on time, should be incorporated into doctrinal and logistics planning criteria:

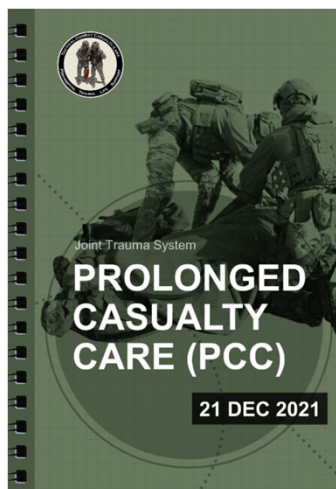
Role	Definition	Time Period
1a	Carried/Point of Need/Ruck	<1 Hour
1b	Mission-specific transportation platform/Truck	1-4 Hours
1c	Mission support site/House	>4 Hours
1d	Evacuation platform/Plane (as planned or available)	No Timeframe

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Prolonged Casualty Care (PCC)

- PCC Guidelines published Dec 2021
- PCC Curriculum Working Group developing learning objectives and curricula core requirements.
- PCC Working Group transitioning to standing subcommittee under CoTCCC.



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JOINT TRAUMA SYSTEM CLINICAL PRACTICE GUIDELINE (JTS CPG)



Prolonged Casualty Care Guidelines (CPG ID:91)

The Prolonged Casualty Care (PCC) guidelines are a consolidated list of casualty-centric knowledge, skills, and best practices intended to serve as the DoD baseline clinical practice guidance to guide casualty management over a prolonged amount of time in austere, remote, or expeditionary settings, and/or during long-distance movements.

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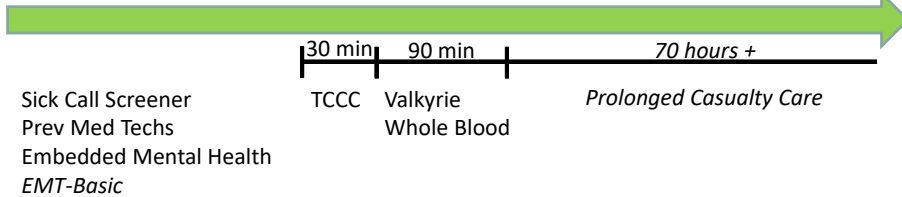


Spectrum of Role I Care

DNBI:
Tropical Medicine
Mental Health
Ortho Injuries
Women's Health



Photo: 31st MEU COMMSTRAT



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Deployed Medicine

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- A Training, Education, Pre-Deployment and Down-Range Tool for individuals and organizations.
- All Course and Content can be downloaded to personal and gov EUD Smart Devices and Desktop
- Assessments are taken within Deployed Medicine and maintained in student record
- Now:
 - All TCCC Training & Reference
 - JTS Clinical Practice Guidelines
 - Canine Casualty Care
 - Prolonged Casualty Care
- Coming:
 - EWSC, ASSET+, KSA-related, Equipment Ref & Tng

Emerging:

Equipment Behavior Health SOF Medicine Global Health

COLLECTIONS

- ASM TCCC ALL SERVICE MEMBERS COURSE
- CLS TCCC COMBAT LIFESAVER COURSE
- CMC TCCC COMBAT MEDIC CORPSMAN COURSE
- TACTICAL COMBAT CASUALTY CARE
- COMBAT CASUALTY CARE
- CANINE TACTICAL COMBAT CASUALTY CARE
- TCCC INSTRUCTOR/TRAINER COLLECTION
- ENROUTE COMBAT CASUALTY CARE
- PCC PROLONGED CASUALTY CARE
- COVID-19 CASUALTY CARE
- NEWS & EVENTS

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QUESTIONS/COMMENTS

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<https://jts.health.mil/>

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Partnerships

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Partnerships

- Barriers
 - Variation
 - Service product lines
 - Service medic/Corpsman training
 - Civilian certifications
 - Civilian institutions' motivation
 - Lack of standardization
- High acuity
 - Frequent tunnel vision

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Balanced Model

- Clarify focus
 - Individual training
 - Team training
- Institution
 - MTF
 - Local civilian
 - Remote civilian/military

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Institutional Characteristics

- University
- Research
- Commercial
- Site survey
 - GME
 - Supervision practices
 - Billing
 - Liability environment

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Questions/Comments

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