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# Decision Brief: Prolonged Theater Care

John Armstrong, MD  
Chair, Trauma & Injury Subcommittee  
March 5, 2024



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## Overview / Agenda

- Membership
- Tasking
- Summary of Subcommittee Activities to Date
- Findings & Recommendations

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# Membership





**CHAIR**  
John Armstrong, MD\*



Julie Freischlag, MD



Odette Harris, MD, MPH



Lenworth Jacobs, Jr, MD, MPH\*



Carla Pugh, MD, PHD



Gary Timmerman, MD

\*Board Member


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# Previous T&I Subcommittee Reports



Title	Year
Low-Volume High-Risk Surgical Procedures: Surgical Volume & Its Relationship to Patient Safety & Quality of Care (Parts 1 & 2)	2018 & 2019
Combat Trauma Lessons Learned from Military Operations of 2001 through 2013	2015
Battlefield Medical Research Development Training & Evaluation Priorities	2012
Management of Traumatic Brain Injury in Tactical Combat Casualty Care	2012
Needle Decompression of Tension Pneumothorax Tactical Combat Casualty Care Guideline Recommendations (update to 2011 report)	2012
Supraglottic Airway Use in Tactical Evacuation Care	2012
Prehospital Use of Ketamine in Battlefield Analgesia	2012
Needle Decompression of Tension Pneumothorax & Cardiopulmonary Resuscitation TCCC	2011

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## Previous T&I Subcommittee Reports



Title	Year
Combat Ready Clamp Addition to the Tactical Combat Casualty Care Guidelines	2011
Addition of Tranexamic Acid to the Tactical Combat Casualty Care Guidelines	2011
Use of Dried Plasma in Prehospital Battlefield Resuscitation	2011
Tactical Evacuation Care Improvements within the Department of Defense	2011
Tactical Combat Casualty Care Training for Deploying Personnel	2011
Battlefield Trauma Care Research Development Test & Evaluation Priorities	2011
Tactical Combat Casualty Care Guidelines on the Prevention of Hypothermia	2010
Tactical Combat Casualty Care Guidelines on Fluid Resuscitation	2010
Tactical Combat Casualty Care Burn Management Guidelines	2010

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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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## Prolonged Theater Care



- Principal Deputy Assistant Secretary of Defense for Health Affairs approved changing the name of the tasking from *Prolonged Field Care* to *Prolonged Theater Care* to better describe the spectrum of medical care provided in-theater
- Due to the urgency of the topic, findings & recommendations from Part 1 of the report would be deliberated in March 2024, followed by deliberation of Part 2 findings & recommendations in September 2024

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## TOR Objectives & Scope



- **Review the curriculum & 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, & best use of selection & performance criteria outlined in the Blue Book.
- Provide recommendations **to better integrate military-civilian partnerships** with attention to Direct Care MTF staffing & Regional Medical Operations Centers.

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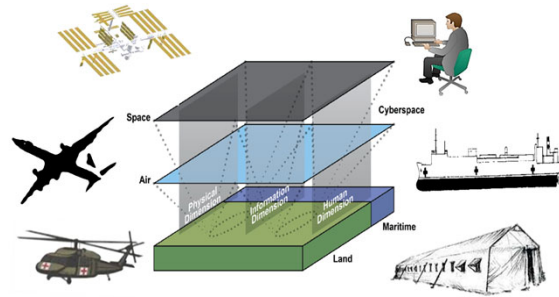
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# Problem Statement: The Future of Warfare



## • Large-Scale Combat Operations

- Multiple domains
- High rate of casualties
- Contested freedom of movement
- Constrained medical logistics
- Change in injuries



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# Problem Statement: The Future of Warfare



## • Peer/Near-Peer Conflict

- Changing warfighter demographics
- Delayed, complex, lengthy evacuations
- Stress on continental US (CONUS) healthcare systems

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## Background: Definitions



- Prolonged Field Care (PFC)
  - Point of injury care in resource limited, austere environments
  - Evolved from medical observations by Special Forces & Marine Corps
- Prolonged Casualty Care (PCC)
  - Care delivered by medics & corpsmen (conventional forces)
  - Provision of Tactical Combat Casualty Care beyond the “Golden Hour”
- Tactical Combat Casualty Care (TCCC): operational trauma guidelines

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## Background: Definitions

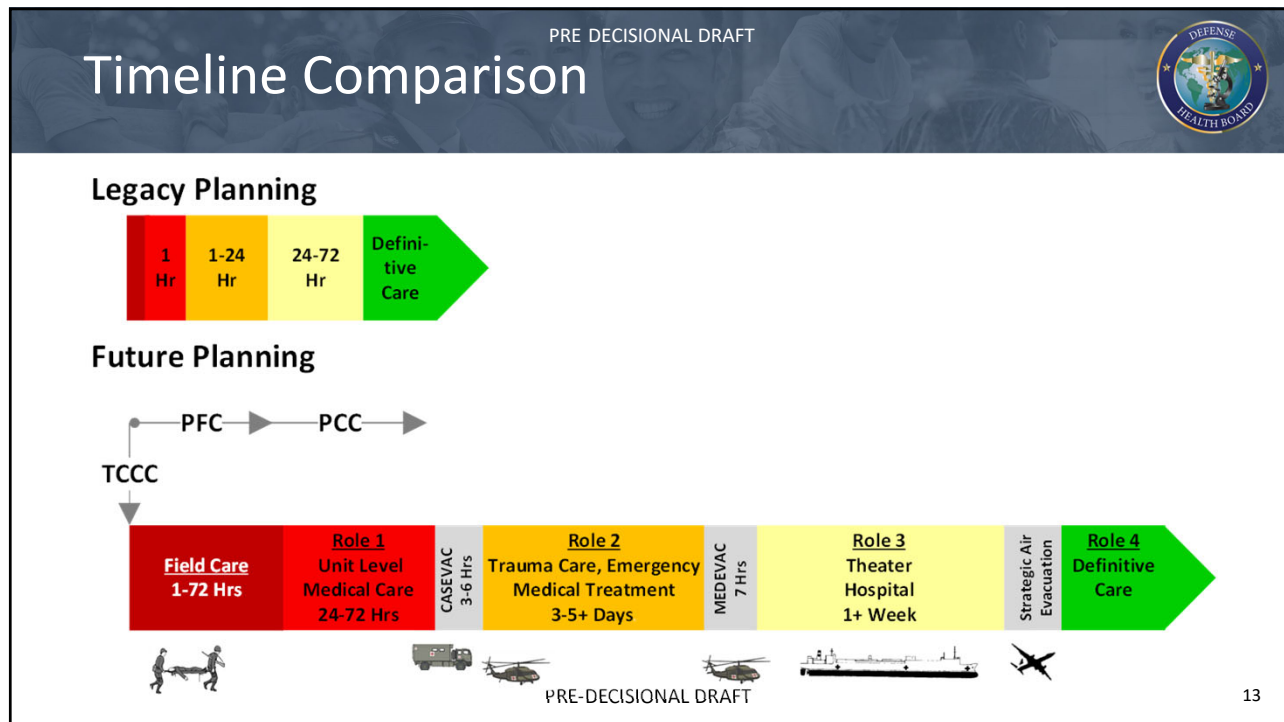


- Prolonged Theater Care (PTC)
  - Full spectrum & continuum of medical care provided by military medical & non-medical personnel from point of injury to definitive care, including PFC, PCC, prolonged hospital care in the combat zone, & prolonged definitive care in OCONUS MTFs

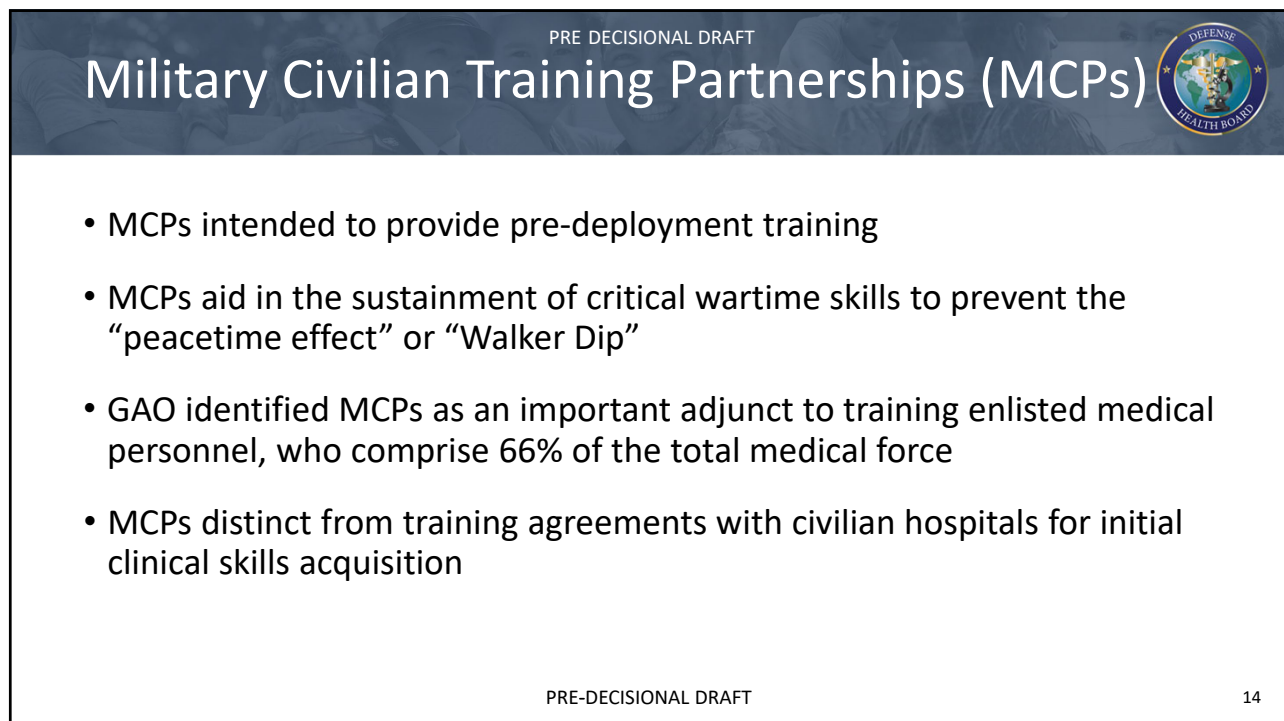
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## Summary of Activities to Date


Date	Meeting	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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## Summary of Activities to Date

Date	Meeting	Discussion Topics
Nov 29, 2023	DHB Meeting	Tasker Introduction at DHB Meeting
Dec 13, 2023	T&I Meeting	Report Development: Report Outline, Review Information Brief, Report Timeline
Dec 20, 2023	T&I Meeting	Brief with Joint Staff Surgeon
Jan 10, 2024	T&I Meeting	Report Development
Jan 31, 2024	T&I Meeting	Report Development
Feb 7, 2024	T&I Meeting	Report Development
Feb 14, 2024	T&I Meeting	Report Development
Feb 21, 2024	T&I Meeting	Report Development

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# Guiding Principles



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# Guiding Principles

- Recommendations should be actionable & relate to a specific finding
- Recommendations should center on education & training as it relates to the care delivery paradigm in peer/near-peer conflict & the evacuation process, or in-theater care
- Recommendations should adhere to clear definitions of the setting/context of care
- Recommendations should identify/define all parties involved (i.e., who is being treated & who is providing the treatment)

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# Findings & Recommendations



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## Finding 1

A registry of military-civilian & Veterans Administration partnerships has not been fully established or sustained; thus, the existing registry contains insufficient information to evaluate program performance or readiness skills of military medical personnel training at military-civilian training partnership sites.

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## Recommendation 1

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Assistant Secretary of Defense for Health Affairs should ensure implementation & sustainment of a comprehensive Joint Trauma System Military-Civilian Training Partnership Registry consistent with the requirements outlined in section 708 of the *National Defense Authorization Act for Fiscal Year 2017*.

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## Finding 2

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Current military medical forces may be insufficient to meet the demands of large-scale combat operations, & current models used to estimate personnel requirements may be unreliable.


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## Recommendation 2




DoD should urgently update casualty flow models to determine the optimum size & structure of the medical force & rapidly recruit military personnel to meet these requirements.

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## Finding 3



Neither the Services nor the Joint Trauma System military-civilian training partnership registry adequately define, track, or assess wartime medical skills training for enlisted personnel at military-civilian trauma training partnerships.

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## Recommendation 3



Under Secretary of Defense for Personnel & Readiness, in conjunction with the Services, should oversee the standardization of the essential wartime medical skills of enlisted personnel & apply the requirements of section 708 of the *National Defense Authorization Act for Fiscal Year 2017* beyond combat casualty care teams to the wartime training of enlisted medical personnel.

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## Finding 4



Despite the potential demand for standardized, just-in-time training for Army combat medics, Navy corpsmen, & Air Force medical service specialists during large-scale combat operations, there are no plans in place to develop standardized, just-in-time training for enlisted personnel.

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## Recommendation 4



Under Secretary of Defense for Personnel & Readiness, in conjunction with the Services, should develop standardized programs of instruction for Army combat medics, Navy corpsmen, & Air Force medical service specialists to meet force flow & large-scale combat operations demands as reflected in military operational plans.

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## Finding 5



The Defense Health Agency does not define readiness gaps that should be filled by military-civilian trauma training partnerships through tracking of the clinical activity (relative to combat casualty & expeditionary medical care) of medical personnel at military treatment facilities.

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## Recommendation 5



The Director, Defense Health Agency, should develop a system to track skills related to combat casualty & expeditionary medical care acquired by credentialed & non-credentialed military medical personnel at military treatment facilities & use this information to establish goals to guide entry into & sustainment of military-civilian trauma training partnerships.

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## Finding 6




The Defense Health Agency & Services do not have a joint system for tracking the knowledge, skills, or ongoing clinical activity across the clinical readiness life cycle & are unable to aggregate data to provide a composite picture of individual & military medical readiness.

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## Recommendation 6


Under Secretary of Defense for Personnel & Readiness should direct development of a joint system to track knowledge, skills, & ongoing clinical activity related to combat casualty & expeditionary medical care acquired by credentialed & non-credentialed personnel on an individual basis to inform the overall military medical readiness.

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## Questions



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