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Naval Medical Force Development Center (NMFDC)

Monthly Newsletter

December 2022 | Volume 3, Number 12

INSIDE THIS ISSUE

FEATURE: Monthly Closing Data Gaps SITREP

The NMFDC and the Trauma Strategy Management Office (TSMO) are developing a BUMED Notice for January 2023 that will outline a clinical activity data collection process for the 8 specialties aligned to the Expeditionary Resuscitative Surgical System (ERSS) and an additional 19 specialties. This process will be piloted at 6 Navy Medicine Readiness and Training Commands/Units and 2 Military-Civilian Partnership sites in January 2023.

ERSS Specialties	*Additional Specialties*	
1. Certified Registered Nurse Anesthetist	1. Medical Surgical Nursing	11. Preventive Medicine Technician
2. Critical Care Nursing	2. Neonatal Intensive Care Nursing	12. Radiation Health Technician
3. Emergency Trauma Nursing	3. Nurse Midwife	13. Hospital Corpsman/Medical Care and Treatment
4. Emergency Medicine, General	4. Obstetrics/Gynecology Nursing	14. Orthopedic Technician
5. General Surgery	5. Pediatric Nursing	15. Behavioral Health Technician
6. Physician Assistant	6. Perioperative Nursing	16. Nuclear Medicine Technologist
7. Respiratory Therapy Technician	7. Psychiatric Nursing	17. Clinical Psychology
8. Surgical Technologist	8. Public Health Nursing	18. Clinical Social Work
	9. Independent Duty Corpsman	19. Environmental Health
	10. Field Medical Service Technician	

Leveraging lessons learned from the pilot sites and specialties, a BUMED Instruction with amended guidance for the entire organization is anticipated for April 2023. This data collection process will be rolled out across the enterprise for all 117 Naval Medical Readiness Criteria specialties by July 2023.

GRAPHIC OF THE MONTH: Commitment to Resilience

The NMFDC leverages the High Reliability Organization principle of "Commitment to Resilience" by:

- Supporting leaders to understand the current state of Naval medical personnel readiness.
- Analyzing proficiency gaps and lessons learned to allow leaders to better mitigate decision-making risks.

LEADERSHIP

Office of Primary Responsibility
N5 (Mr. John Zarkowsky)

Clinical Coordination SME
N3 (CAPT Emori Moore)

Training & Education SME
N7 (Mr. Keith Staples)

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INTERVIEW WITH CDR SHANE JENSEN

Meet CDR Shane Jensen

CDR Shane Jensen (left) represents the Navy at the Joint Trauma System (JTS) at the Defense Committee on Trauma Chair. He is currently the Navy Trauma Specialty Leader. He also holds an MD from the University of Arizona College of Medicine.

CDR Shane Jensen is also a member of the recently stood up Expeditionary Resuscitative Surgical System (ERSS) Success Metrics Working Group.

1. What are the resources available through the JTS for Navy Medical personnel?

There are numerous JTS products available including our Clinical Practical Guidelines (CPGs), Tactical Combat Casualty Care (TCCC) curricula, Emergency War Surgery Course curricula, and Role 2 clinical readiness toolkit. These are available on the JTS website (https://jts.health.mil/) or the Deployed Medicine app/website (https://deployedmedicine.com). Additionally, there is the Defense Committee on Trauma (DCOT) which is a group of tri-service experts who can provide Subject Matter Expert (SME) support for issues/concerns/training exercises or for any other projects the services are developing and need SME input. The Department of Defense Trauma Registry is also housed at the JTS and is now THE repository for clinical care delivered during the U.S.'s longest period of war that can be leveraged for a myriad of research questions and is available through data sharing agreements.

2. What is the JTS doing that Navy Medicine should be tracking more closely?

We are actively working on new CPGs for issues that may arise in the next conflict, specifically Chemical, Biological, Radiological, and Nuclear issues and developing a training curriculum for Prolonged Casualty Care through the Joint Trauma Education and Training branch (in coordination with the DCOT). There is also a chartered working group addressing Austere Resuscitative Surgical Care (ARSC) that is defining the clinical minimum standards based on the ARSC CPG and available training programs that currently exist leaning heavily on the work done by the Army, Air Force, and Navy (i.e., Naval Expeditionary Medical Training Institute). This curriculum will hopefully establish a minimum clinical standard of interoperability across the services. The intent is for the services to use this as a baseline and add to as needed for their service specific requirements. Similar to TCCC curriculum, the medical care is the same no matter what service your casualty belongs to, the environment which that care is delivered will be the variable and left to the expertise of the service that "owns" that domain. We continue to support a weekly combat casualty care call on Thursday mornings at 0800 EST and a bi-weekly U.S. Indo-Pacific Command meeting on Tuesday afternoons at 1700 EST to accommodate time differences in that Area of Responsibility (AOR).

3. How is the JTS changing trauma care and combat casualty care?

The JTS has a branch dedicated to the Combatant Command Trauma System. The goal is to have a framework of a trauma system in each AOR during Phase 0 operations that can be scaled up for a contingency operation to mirror the success of the Joint Theater Trauma System that was successful in decreasing morbidity and mortality during the surg in the Global War on Terror. Additionally, the work on Prolonged Casualty Care and ARSC previously mentioned. We are also working very closely with Joint Operational Medicine Information Systems program and the Defense Health Agency to establish improved documentation procedures utilizing a more forward electronic health record. This will allow for more rapid performance improvement in a future conflict where casualty estimates will be much higher than we experienced during our recent conflicts. Data drives decision making and improving data transfer will make that process more streamlined and effective, which will improve the care delivered to our Sailors, Marines, Soldiers and Airmen by informing education and training.

4. How can ERSS teams and similar Navy medicine platforms utilize JTS processes to improve readiness?

Documentation drives data which informs clinical care, training, and education. So as boring as it sounds, emphasizing documentation is key. ERSS teams should participate in the Thursday and Tuesday calls mentioned above as much as possible. I have been working very closely with CAPT Heather Shattuck (Deputy Chief Medical Officer, Chief Nursing Officer, and TSMO Lead) and the TSMO, and the Specialty Leaders to help delineate metrics to inform clinical readiness for our leadership. These are tied directly to the most relevant CPGs for the members of the ERSS. We welcome ALL operational medical units to provide feedback to the JTS as to how we can help them be more effective.

5. If you had a magic wand and could change one thing, what would you do to optimize readiness skills acquisition and sustainment?

Expand Military-Civilian partnerships for teams like the ERSS. These teams have a unique ask to provide high level skills with limited manning and footprint. This is exactly what our operational force colleagues would call "Special Operations". ERSS is the Special Operations for surgical/resuscitative care for the Navy and should be resourced and supported as such. With the exception of Brooke Army Medical Center and Naval Medical Readiness Training Command LeJeune, there are not enough opportunities for high acuity care to allow for clinical sustainment in the military treatment facilities. Its not just the primary specialty but a team like this to be successful requires the members to be cross trained and have domain knowledge outside of their primary specialty. They need to be in high volume, high acuity clinical environments in order to accomplish this, and it requires time. The available data shows that this cannot be accomplished with Just in Time training.

Ask the Editor

Have a question for the NMFDC? Let us know by emailing us!
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