

2011 Military Health System Conference

Palm Trees in the Storm

Partners in Resiliency: Leadership Success with OSCAR

The Quadruple Aim: Working Together, Achieving Success

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24 January 2011



Instructor Battalion, The Basic School
and
81st Medical Group

Report Documentation Page

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Big Picture



- Big Picture
- OSCAR as a Leadership Tool
- Case Study – CASF at Camp Leatherneck
- Teamwork: Command & Medical
- What this means to you

One Marine's View of Command



- Command is about
 - Mission and Vision
 - Environment
 - Accountability
- Commanders must practice
 - Trust
 - Nerve
 - Restraint
- OSCAR – a leadership tool to build resilience

The Quadruple Aim



OSCAR: A Tool for Leaders

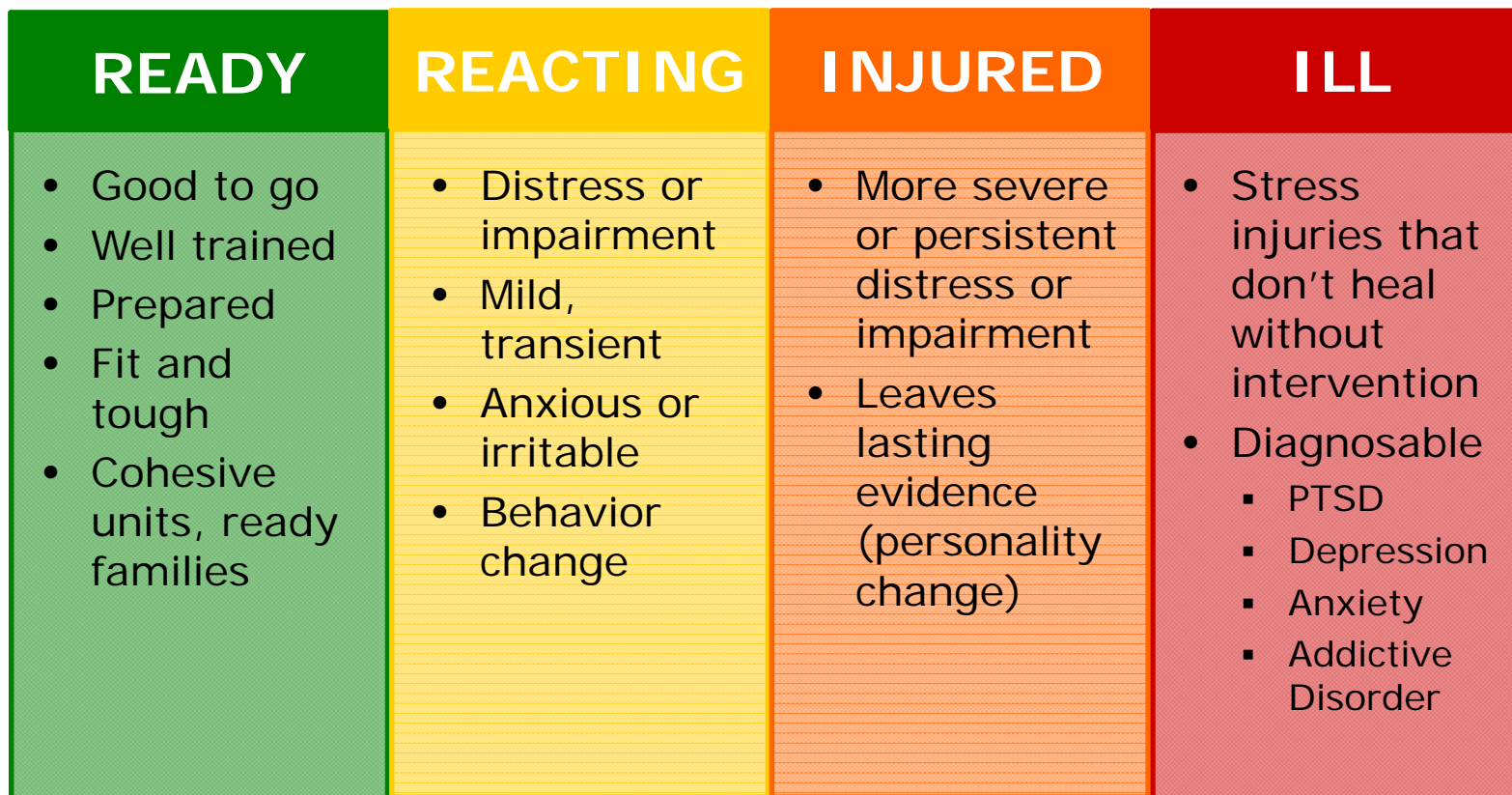


**Operational
Stress
Control
And
Readiness
(OSCAR)**

Goal: Unit Combat Readiness



The Stress Continuum



Unit Leader Responsibility

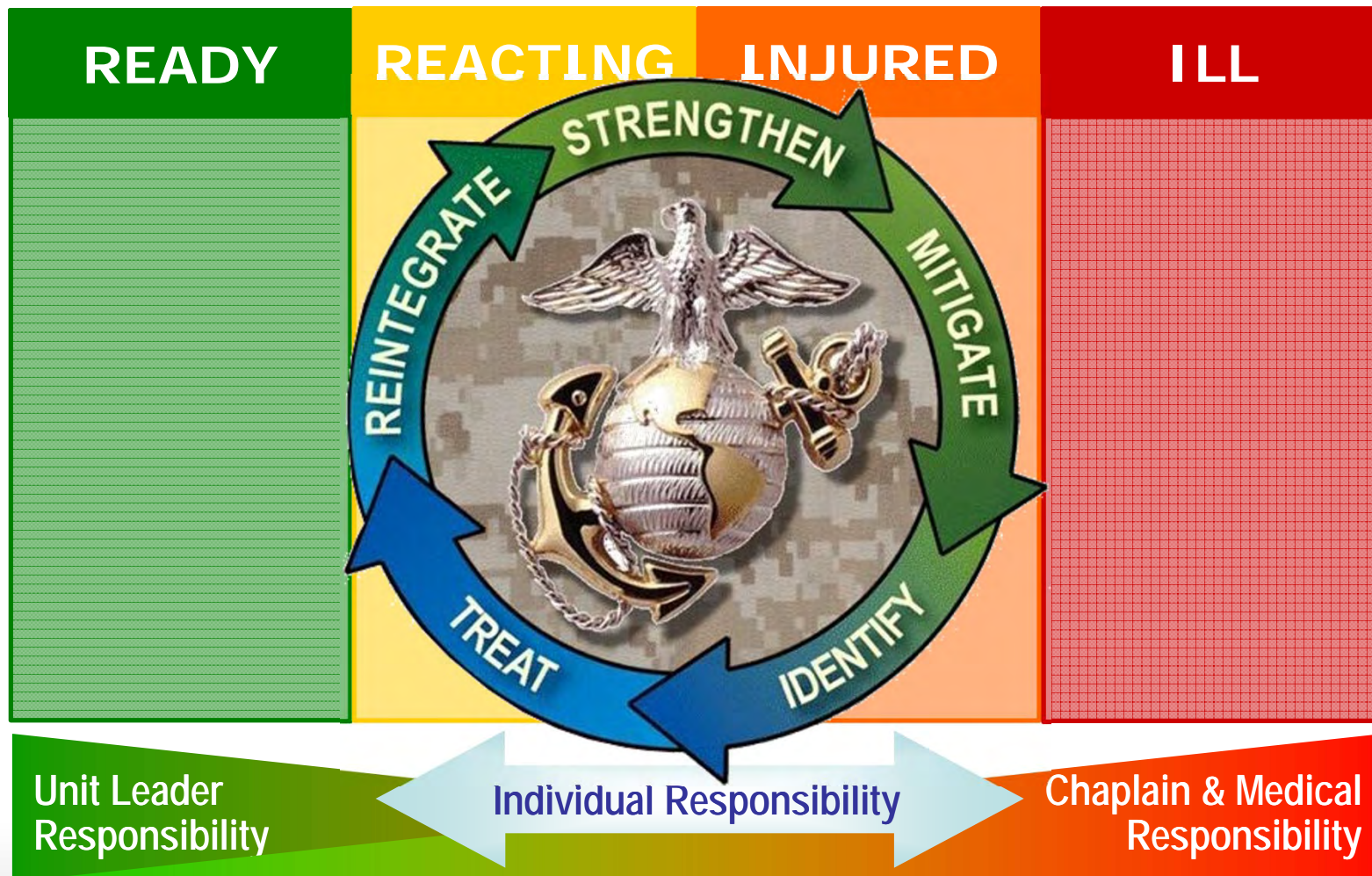
Individual Responsibility

Chaplain & Medical Responsibility

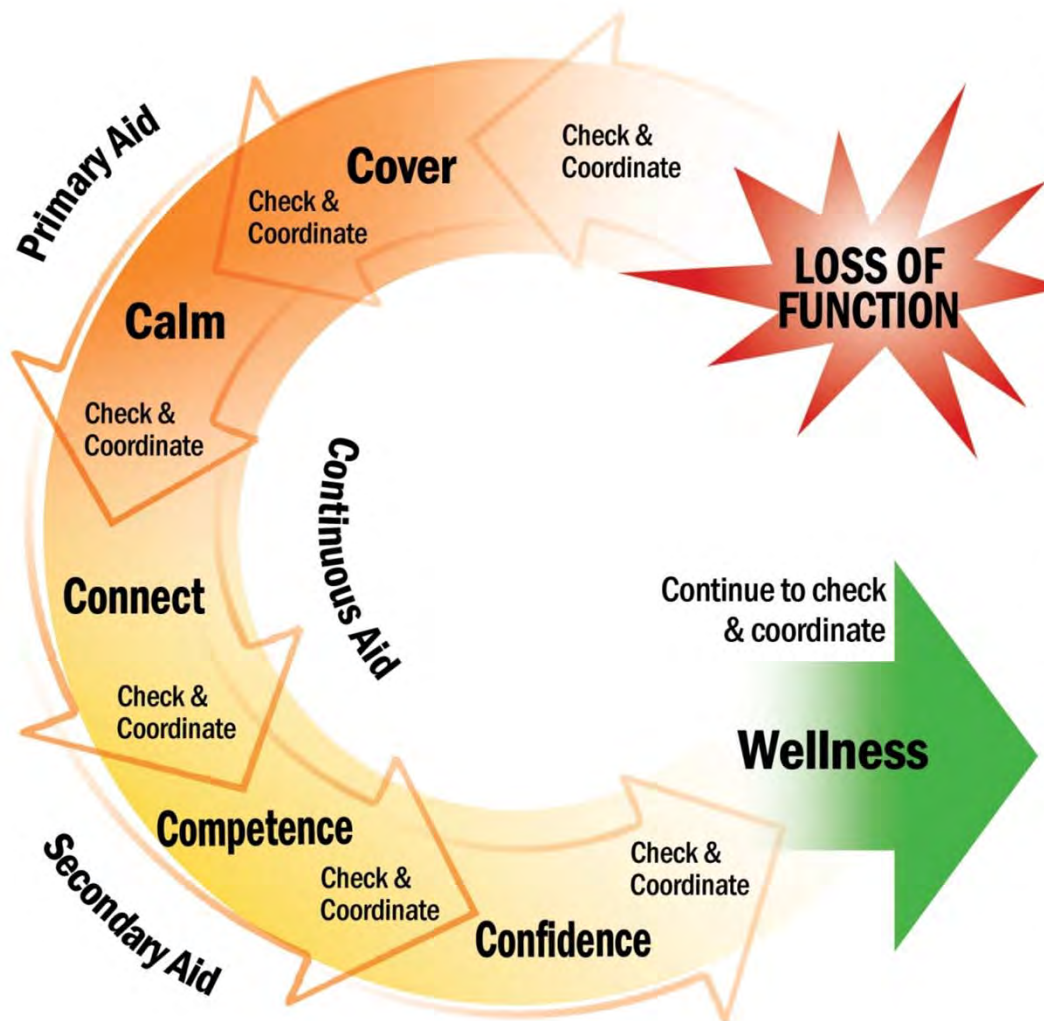
Building Resiliency



Core Leader Functions



Combat Operational Stress First Aid (COSFA)

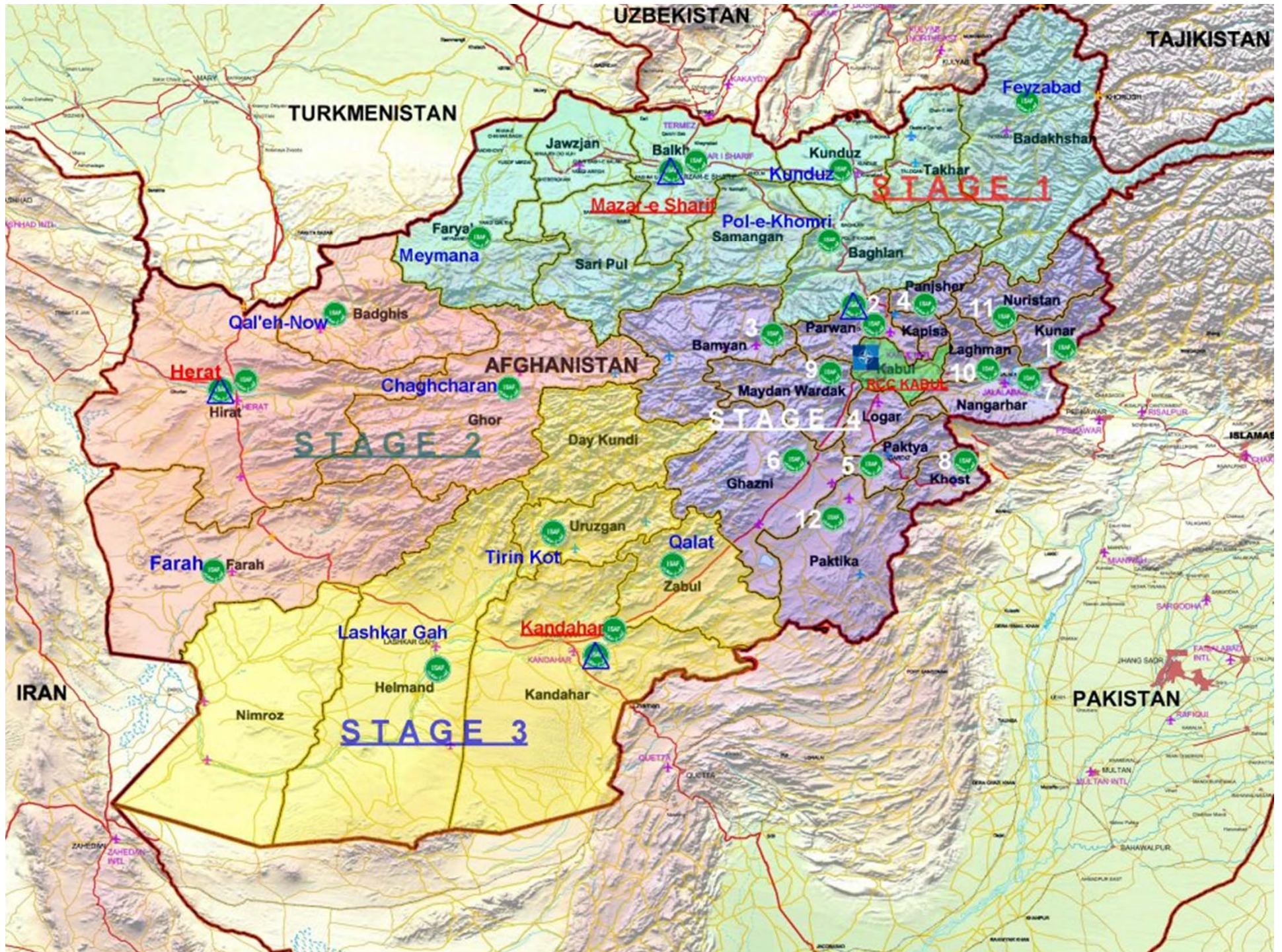


Seven Cs of Stress First Aid:

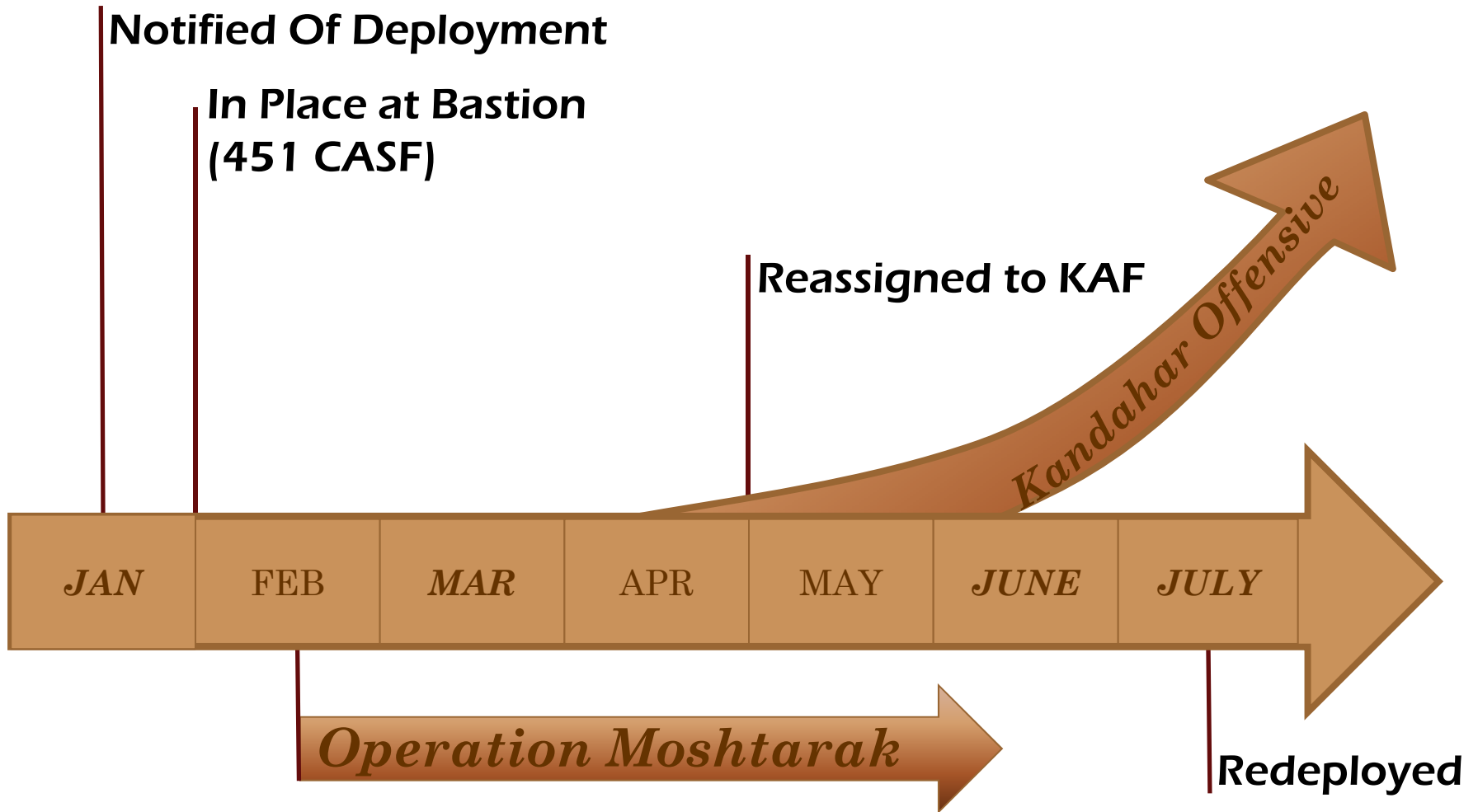
- 1. CHECK**
Assess: observe and listen
- 2. COORDINATE**
Get help, refer as needed
- 3. COVER**
Get to safety ASAP
- 4. CALM**
Relax, slow down, refocus
- 5. CONNECT**
Get support from others
- 6. COMPETENCE**
Restore effectiveness
- 7. CONFIDENCE**
Restore self-esteem

Case Study: 451 CASF, Bastion





One USAF Flight Doc's Timeline:



Situation at Bastion (1 Feb 2010)



- British base co-located w/Leatherneck (USMC)
- RC (S) transitioning to RC (SW)
- 1 MEB transitioning to I MEF
- British trauma hospital (w/USN, USA assets)
- USAF AE detachment (AE and CASF)
 - Chain of Command thru 451 AEW (KAF)
- Preparing for Op MOSTARAK (Marjah)
- Diverse casualty predictions

451 EAES/CC's Mission Statement



- Decompress trauma hospital for Marjah
- Execute Aeromedical Evacuation
- “Make History”

451 EAES/CC's Mission Statement



- Decompress trauma hospital for Marjah
 - Execute Aeromedical Evacuation
 - “Make History”
-
- Care for wounded warriors
 - Support Operational/Tactical Commanders
 - Work with Joint and Coalition partners

Commander's Intent



“...the key thing that AFCENT provides is precision airpower... Our (Airmen) are focused on putting key capabilities where they're needed by the customer. The customer is the commanding general of the ground forces, and our job is to make sure the airpower that we give him is as good and effective as it could possibly be.”

Lt Gen Mike Hostage
AFCENT/CC
8/28/09

451 CASF Capabilities



- 4 tents, 25 beds (manned for 12 bed ops)
- Cadillac toilet, shower facilities
- Resiliency tent (evolution)
- Chow from British chow hall
- 26 Total Force medical Airmen
 - 2 Flight Surgeons
 - 6 Nurses
 - 10 med techs
 - Command, control, communication, support

CONTINUOUS EN ROUTE CARE

Current Route From Injury to Definitive Care



First Responder Care

CASEVAC/MEDEVAC

1 Hour



Forward Resuscitative Care



TACTICAL MEDEVAC/AE

1-24



Theater Hospital Care



TACTICAL/STRATEGIC AE

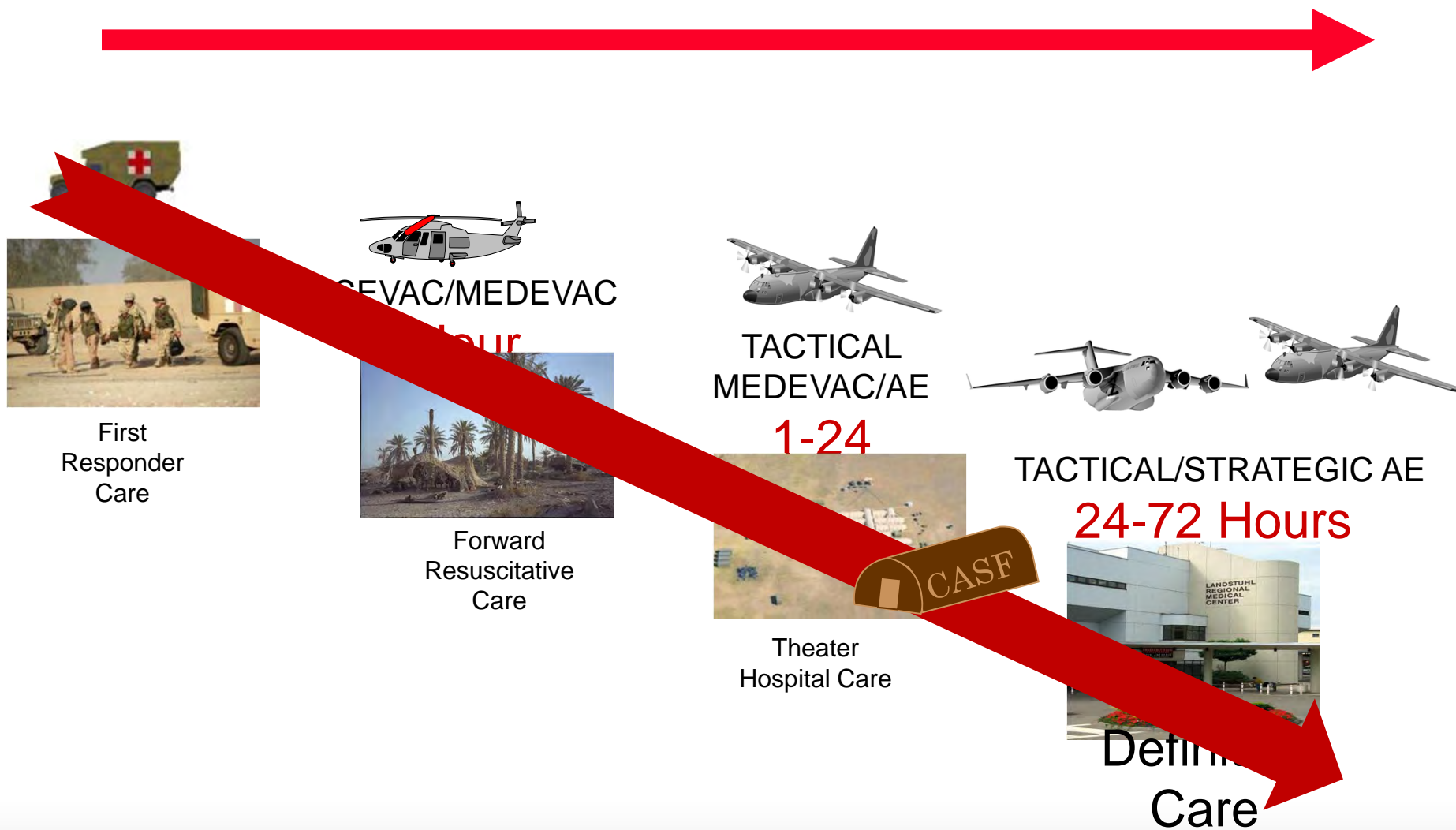
24-72 Hours



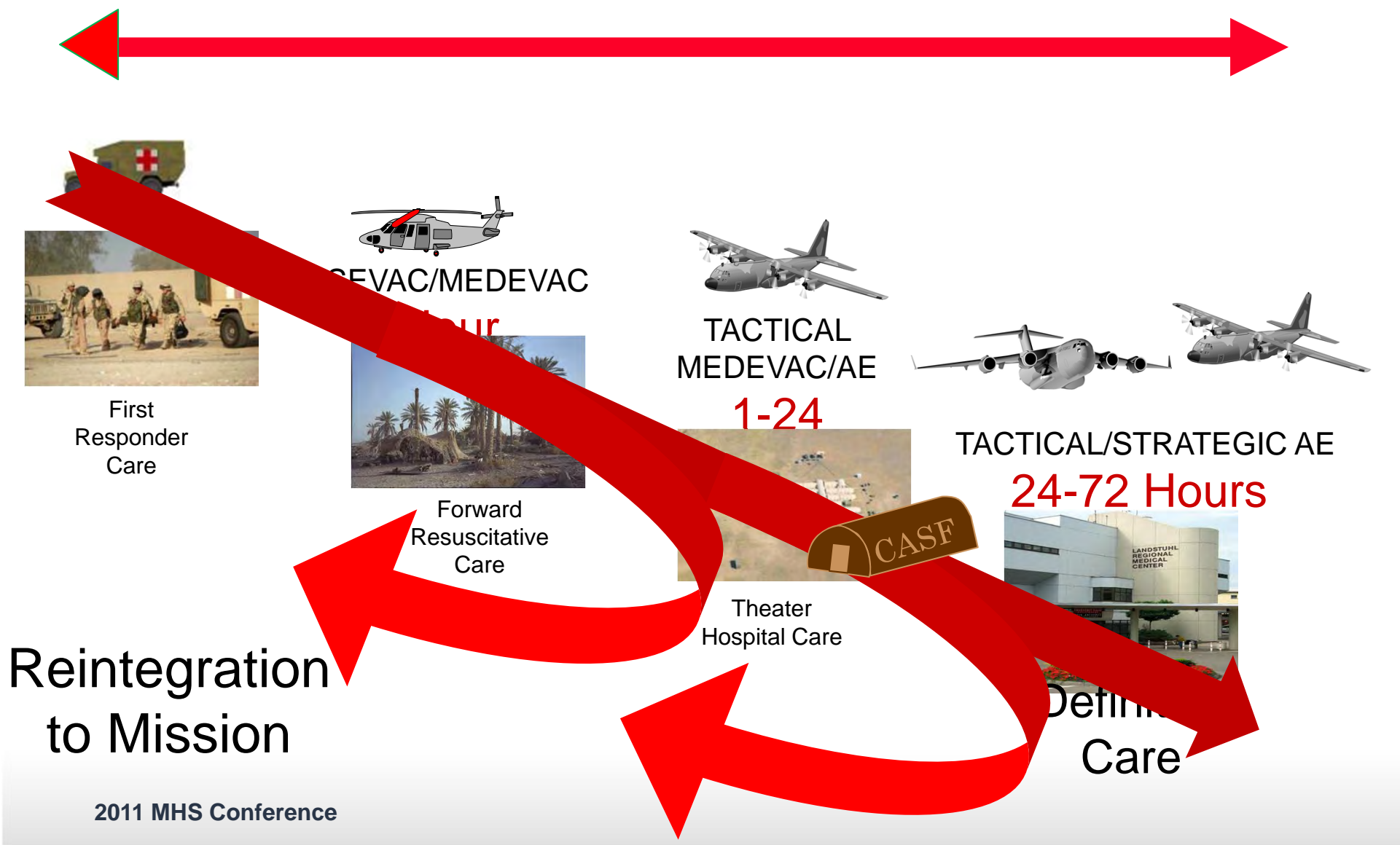
Definitive Care



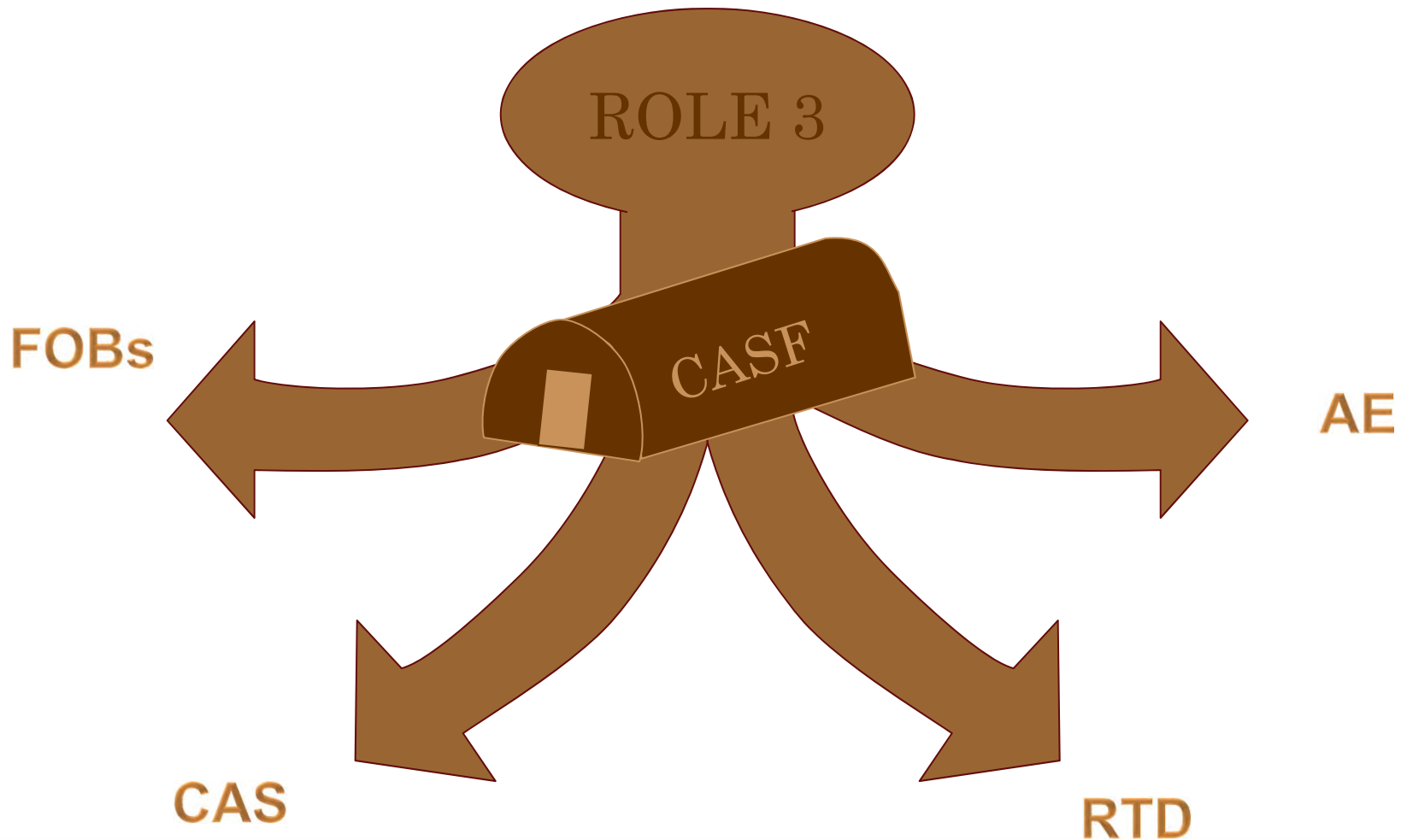
Risk: One Way Casualty Flow



Resiliency and Reintegration



451 CASF: Patient Care Facilitator

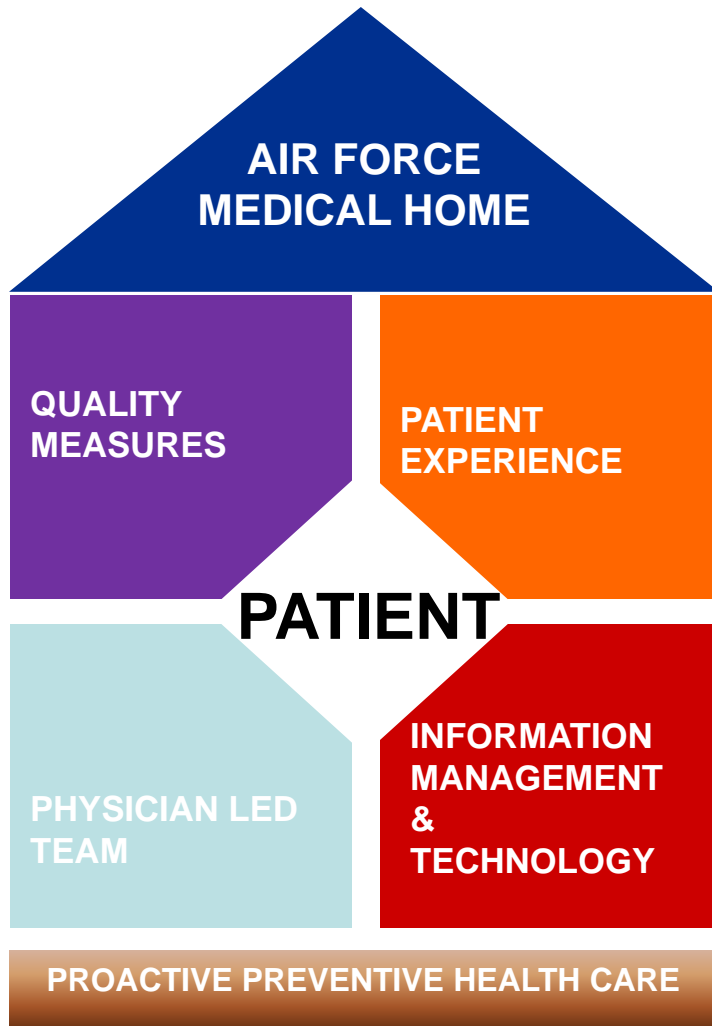


Keys to Combat Casualty Care



- Physician led
- Best evidence based standard of care
- Emphasis on basic patient handoff
 - Physician to Physician
 - Nursing to Nursing
- Continuity of care (documentation and EMR)
- Patient focused
- Mission focused

Air Force Medical Home



- Outpatient based
- Civilian experience
- Peacetime benefit
- Patient focused*



"Puttin
WARHEADS"
ON
FORE HEADS" ✓





Sgt Wilson

3/6 LIMA (4th CAG)

thanks for Everything

you rock more than Motley Crue

1 CP To





Thanks for Keeping
a smile on my face

"Priceless" 122 PAOC

SPC

WA

HARDMAN





LCPL Torres

0800 100LBS TIED

13:00 PJ's clean shower !!

Thanks for Everything ☺

DOC'S

1/6 Hold CAAT 1



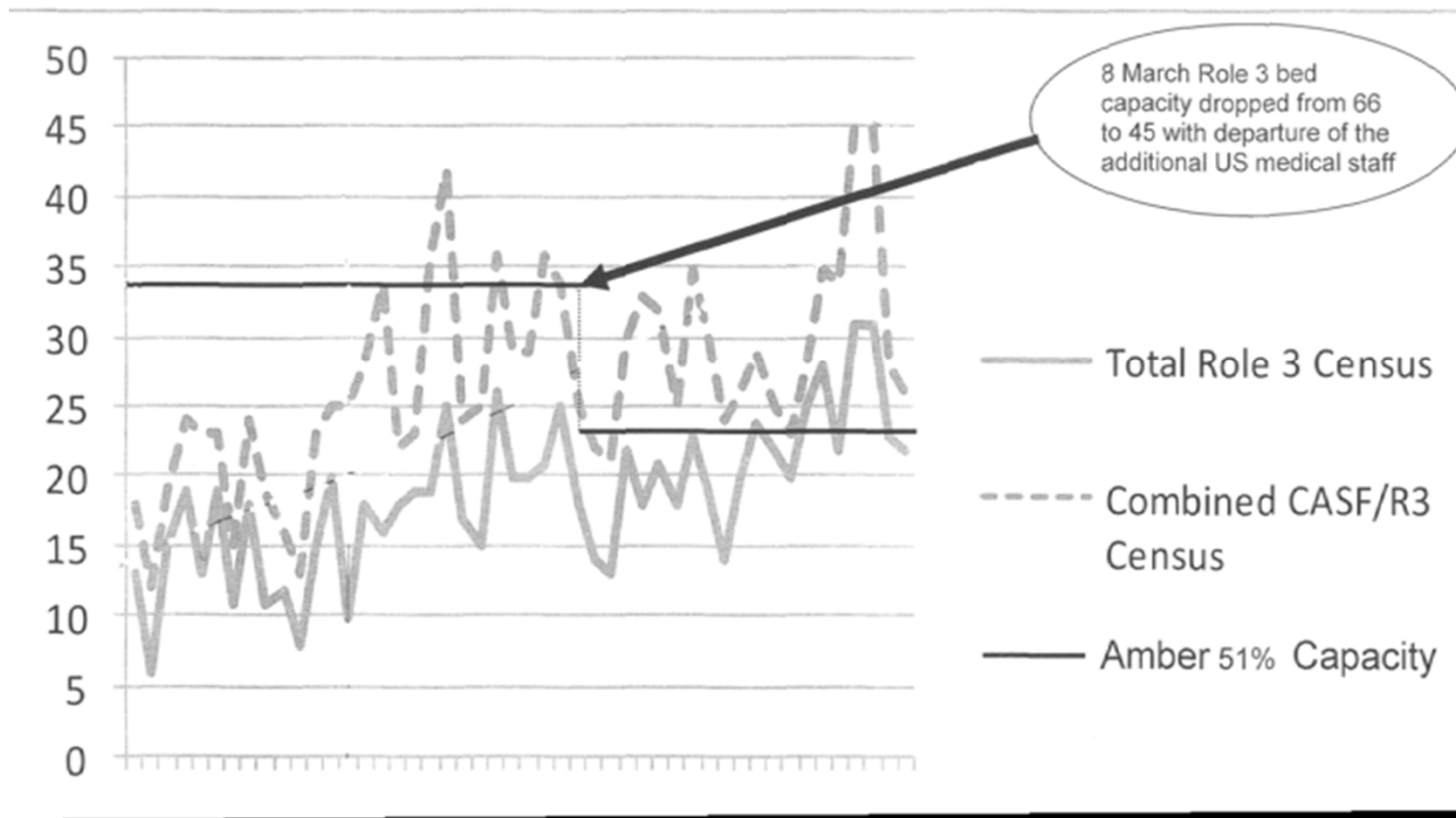
RIIP
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LAKH
BRO

100

US Holding Bed Capability: I MEF Force Multiplier



Census Comparison 1 Feb 2010 thru 21 March 2010



I MEF CG Message



“We have a unique opportunity to establish a Joint Specialty Care Center to support state of the art rehabilitation for our wounded warriors, while facilitating evacuation for those Marines who are unable to return to duty IAW the theater evacuation policy. This joint synergy will provide more efficient use of both manpower and facilities, and most importantly continue to elevate the standard of medical care for our wounded Marines.”

Observations and Paradoxes

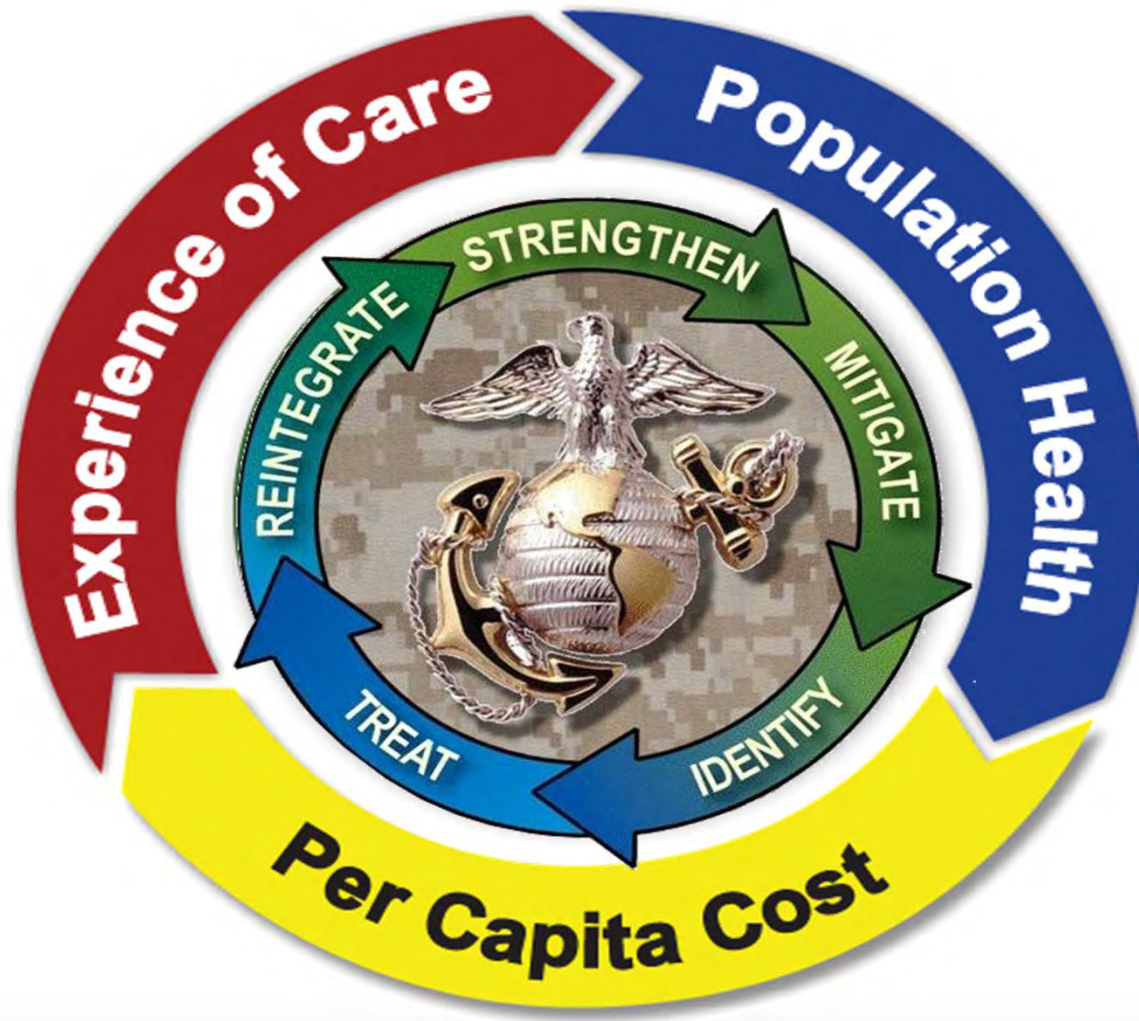


- AE unit cuts AE demand
- Benefits of “Slow” transport
- Benefits of low tech care
- Synergy of efficient, lower cost care

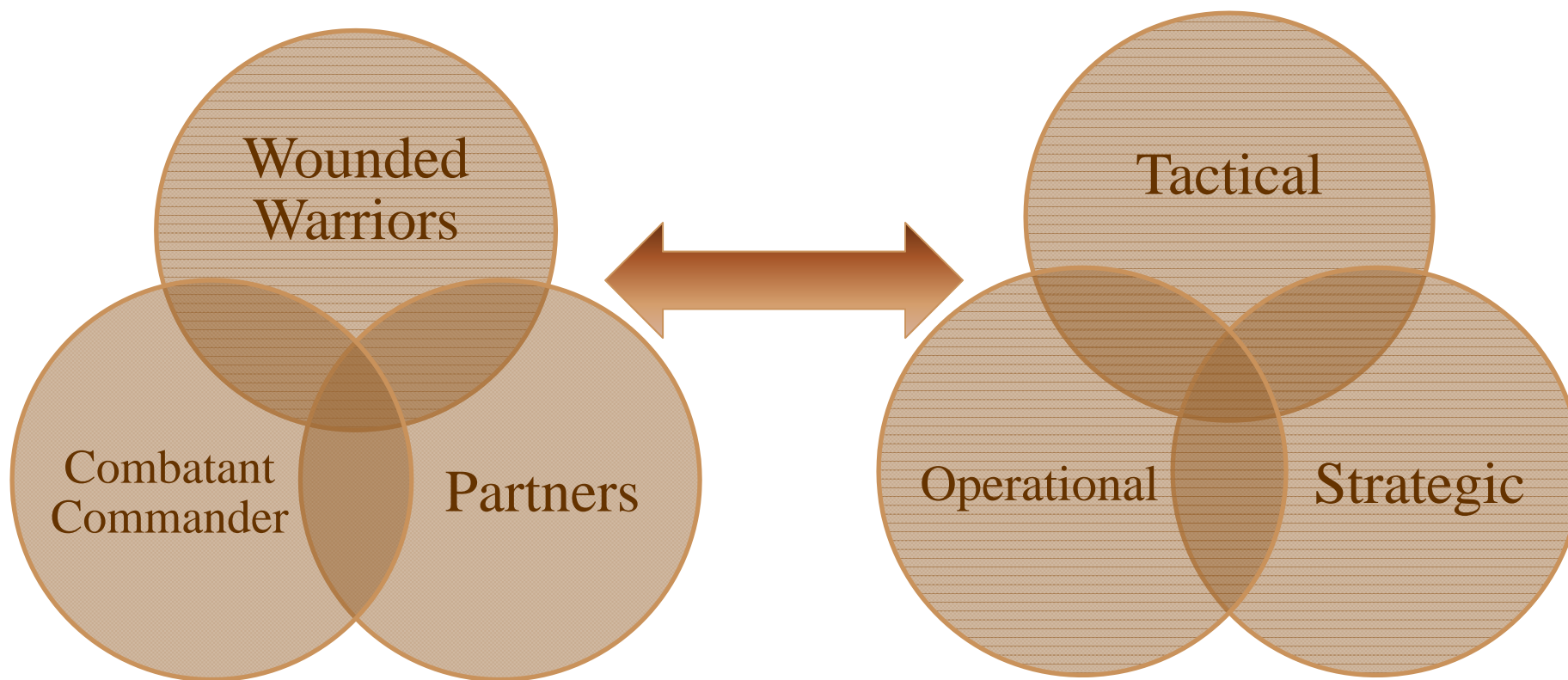
Relevance of the Quadruple Aim



Relevance of the Quadruple Aim



Partners and Trust



Key Take Aways



- Stress continuum
- Line/Medical Synergy
- Embedded resiliency
- Combat casualty flow
- Benefits of low tech, low cost, slower care
- Theater evacuation policy, holding capability, and reintegration
- Post Deployment Care as Reintegration
- Partners and Trust

Questions?



Key Take Aways



- Stress continuum
- Line/Medical Synergy
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