



**ARMY MEDICINE**

*One Team... One Purpose!*

*Conserving the Fighting Strength Since 1775*

# **The Army Medical Department Military-Civilian Trauma Team Training (AMCT3) Experience**

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**CPT Simon Sarkisian, DO**

**Staff Physician, Department of Emergency Medicine  
Cooper University Hospital**

**AMSUS Annual Meeting  
4 DEC 2019**



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# Disclaimer/Disclosure

The views expressed are solely those of the presenter and do not reflect the official policy or position of the US Army, US Navy, US Air Force, the Department of Defense, or the US Government.

The presenter has no financial interest in (i.e. is not being paid by) Cooper University Hospital or their affiliates.

The presenter has nothing to disclose.



# Objectives

- 1) Discuss how the AMCT3 increases a resuscitative surgical team's deployment readiness and skillset, and enhances a team's operability and capability
- 2) Discuss the trauma volume, mix, complexity, and acuity at Cooper University Hospital in Camden, New Jersey and at Oregon Health and Science University Hospital in Portland, Oregon
- 3) Compare the AMCT3 data with 3 Army Military Treatment Facilities (MTFs)



# Task, Purpose, Goals

- Task
  - Army Medicine develops trauma training partnerships with civilian trauma centers
- Purpose
  - In order to enhance operational readiness and skill sustainment in support of Army Service Component Commands requirements in accordance with Section 708c, NDAA 2017
- Goals
  - Embed initial teams NLT Summer 2018
  - Expand team size and number of locations in 2019 and beyond



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# Background





## ORIGINAL ARTICLE

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### Death on the battlefield (2001–2011): Implications for the future of combat casualty care

**Brian J. Eastridge, MD, Robert L. Mabry, MD, Peter Seguin, MD, Joyce Cantrell, MD, Terrill Tops, MD, Paul Uribe, MD, Olga Mallett, Tamara Zubko, Lynne Oetjen-Gerdes, Todd E. Rasmussen, MD, Frank K. Butler, MD, Russell S. Kotwal, MD, John B. Holcomb, MD, Charles Wade, PhD, Howard Champion, MD, Mimi Lawnick, Leon Moores, MD, and Lorne H. Blackbourne, MD**

12.7% of casualties died of wounds after reaching an MTF

Of the pre-MTF deaths, 24.3% were deemed *potentially survivable*





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# Background

U.S. Department of Defense – Military Health System (MHS)

U.S. Combat Casualty Care Research Program (CCCRP)



## IMPLEMENTATION REPORT:

### Characterization of Joint Trauma System Roles

Analysis of Strategic Military-  
Civilian Partnerships in Trauma  
Competency and Currency  
Sustainment, Education and  
Training, and Requirements-Driven  
Research

April 3, 2015  
Fort Detrick, MD



Booz | Allen | Hamilton



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# Background

## A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury

*Report in Brief | June 2016*

As many as 20% of civilian deaths from trauma (*nearly 30,000 deaths!*) in the US  
in 2014 may have been preventable





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# Nested Authorities



NDA 2017, 708C

PUBLIC LAW 114-328—DEC. 23, 2016

NATIONAL DEFENSE AUTHORIZATION ACT  
FOR FISCAL YEAR 2017

\*IAW NDAA 17 Section 708 and 721, MEDCOM authorized the execution of Medical Training Agreements (MTA) with civilian Level 1 trauma centers



## AMCT3 Task Force Charter



OTSG/MEDCOM

## AMEDD Military-Civilian Trauma Team Training (AMCT3) Task Force



Commissioned 27 October 2017

\* Members of the Joint Trauma Education and Training Directorate

## MEDCOM OPORD #18-78

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HEADQUARTERS, US ARMY MEDICAL COMMAND  
Falls Church, VA 22042-5140  
071930Q August 2018

OPERATION ORDER 18-78 (ARMY MEDICAL SKILLS SUSTAINMENT PROGRAM (AMSSP)) - USAMEDCOM

### References:

- (a) National Defense Authorization Act for Fiscal Year 2017, signed 23 December 2016.
- (b) OTSG/MEDCOM AMEDD Military-Civilian Trauma Team Training (AMCT3) Task Force Charter, dated 27 October 2018.
- (c) AMCT3 Concept Brief, dated 24 April 2018.

**Time Zone Used Throughout the Order:** Quebec (Eastern Daylight Time).

Task Organization: No change.

### 1. Situation

(a) Army medical treatment facilities (MTF) lack the requisite case acuity, case volume, and case diversity to satisfy operational readiness requirements for Army trauma teams. The 2017 AMEDD Distribution Plan (ADP) re-allocated authorizations for critical war time AOCs and MOSSs from low volume MTFs to the larger, higher volume deployment platforms. Many of the deployment platforms also lack the trauma case-load needed for required operational skills sustainment. IAW NDAA 17 Section 708 and 721, MEDCOM authorized the execution of Medical Training Agreements (MTA) with civilian Level 1 trauma centers through the chartered AMEDD Military-Civilian Trauma Team Training (AMCT3) Task Force (TF). These agreements satisfy long-term sustainment training as well as short-term refresher, and just-in-time training. Long-term sustainment training is the AMCT3 TF's main effort and involves embedding trauma teams into civilian facilities for two to three years.

(b) MEDCOM authorized the establishment of the Army Medical Skills Sustainment Program (AMSSP) Program Management Office (PMO) for adequate arrangement, governance, and oversight of the AMCT3 and other military-civilian skills sustainment programs. The AMCT3 is long-term sustainment training program nested under the AMSSP. The AMSSP PMO is subordinate to the MEDCOM G-3/5/7.

2. **Mission:** No later than 31 August 2018, Regional Health Command - Atlantic embeds the first two AMCT3 teams at The Cooper Health System located in Camden, New Jersey and Oregon Health and Science University (OHSU) located in Portland, Oregon in order to

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**Mr. John Ramiccio, AMSSP Program Director**



# Concept Map

Assess top Level 1 Trauma Centers across the nation based on the following: strategic location, capability and capacity, volume, type of trauma (i.e. penetrating, blunt and burn), ISS, etc.



## Sustainment

- 1-3 years
- Embedded as staff members\*
- Simulation and training programs
- Leverage fellowship program
- Manage/supervise rotating teams

\*Forward Resuscitative Surgical Team (FRST)

## Refresher

- 3-6 months
- Rotate individuals/teams
- Simulation and training programs
- May support pre/post deployment trauma/non-trauma skills training

## Just in Time

- 1-3 months
- Pre deployment training
- Simulation and training programs
- Complement Army Trauma Training Course

**Primary Specialties: General/Trauma Surgeon, Emergency Medicine Physician, Emergency Medicine Nurse, Anesthetist, Critical Care Nurse**

**Secondary Specialties: OR Techs, LPNs, Medics and other R2/3 Combat Med-Surg Specialties**

**Other Low-Density Providers: PAs, NPs, Medics, Paramedics**

## Benefits:

- Increase resuscitative surgical team's deployment readiness and skillset
- Enhance resuscitative surgical team's operability and capability
- Gain necessary case volume, mix, complexity, and acuity

**LTC Cleve Sylvester**  
**Dr. Jinni Amin, AMCT3 Task Force Analyst**



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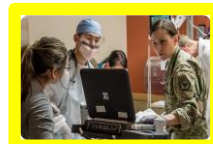
## Bridge to Readiness



Simulation & Training  
MTFs &  
Civilian Facilities



Aeromedical  
Evacuation Training



AMCT3 Program



Expeditionary Combat  
Medic Course

SMART Program



Global Medic



Emergency War Surgery  
Course



Surgical Team Training  
ER Physician/Nurses, CRNA,  
OR Techs, Paramedics, PAs



Joint Forces Combat  
Trauma Management  
Course



Tactical Combat  
Casualty Care



Joint Enroute Care  
Course



Combat Casualty Care  
Course



Tactical Combat Medical  
Care Course



Army Trauma  
Training Course  
Ryder Trauma Center



**“By training the way we fight, we support and sustain our armed forces on future battlefields.”**

~ MG Crosland

LTC Cleve Sylvester, Surgical Services Line Chief



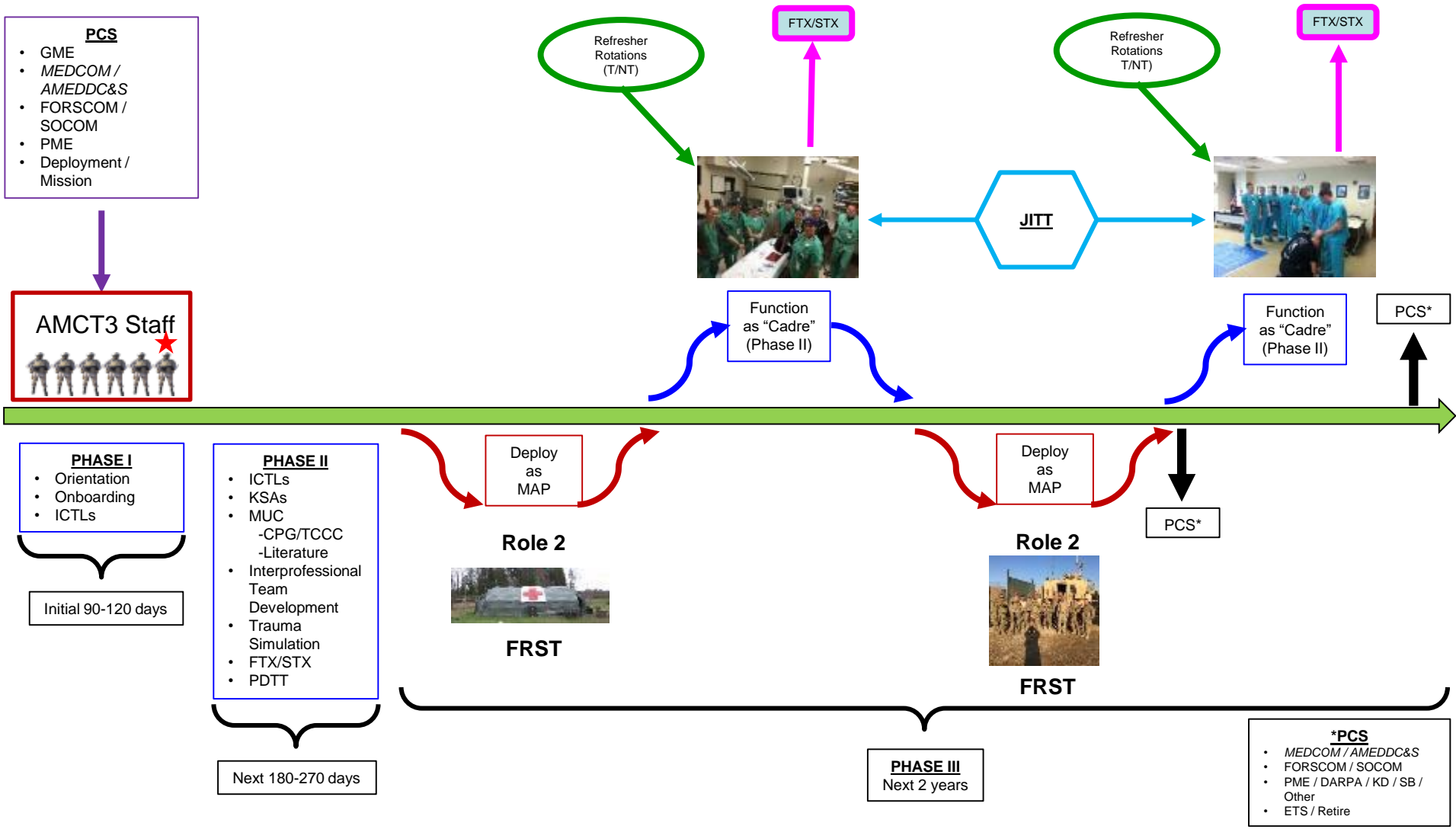
# Initial Roll Out

- 2 initial programs
  - Cooper University Hospital
  - Oregon Health and Science University Hospital
- 5-6 specialties from Army MTFs
  - Primary:
    - General Surgeon (61J)/  
Trauma Critical Care  
Surgeon (61JM4)
    - Emergency Medicine  
Physician (62A),
    - Nurse Anesthetist (66F),
    - Emergency Room Nurse  
(66T),
    - Critical Care Nurse (66S)
  - Secondary:
    - Orthopedic Surgeon (61M),
    - Anesthesiologist (60N),
    - Perioperative Nurse (66E)
  - PCS for ~3 years (not a TDY!) –  
Assigned to... with duty at...





# Overall Battle Rhythm



COL Jason Seery, AMCT3 Clinical Consultant



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# Carl R. Darnall Army Medical Center



## • Overview:

- Army Medical Center of the largest military installation in the world: Fort Hood, Texas
- State designated Level 3 Trauma Center
- 128 inpatient beds







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# Bayne-Jones Army Community Hospital



## • Overview:

- Army Community Hospital located in Fort Polk, Louisiana
- Not a designated/verified trauma center
- 169 inpatient beds





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# San Antonio Military Medical Center

## • Overview

- Army Medical Center in San Antonio, Texas
- State designated and ACS verified Level 1 Trauma Center
  - The only Level 1 Trauma Center in the DoD
- 425 inpatient beds





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# Cooper University Hospital



## • Overview:

- Largest academic medical center in Southern NJ that serves population > 2.5 million
- State designated and ACS verified Level 1 adult trauma center
- State designated and ACS verified Level 2 pediatric trauma center located in Camden, NJ
- 635 inpatient beds







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**Oregon Health & Science University Hospital**

## • Overview

- Oregon's only academic health center located in Portland, Oregon
- State designated and ACS verified Level 1 adult trauma center
- State designated and ACS verified Level 1 pediatric trauma center
- 576 inpatient beds





# Emergency Department Data

	<b>Cooper University Hospital</b>	<b>Oregon Health &amp; Sciences University</b>	<b>San Antonio Military Medical Center</b>	<b>Carl R. Darnall Army Medical Center</b>	<b>Bayne- Jones Army Community Hospital</b>
	<b>Camden, New Jersey</b>	<b>Portland, Oregon</b>	<b>San Antonio, Texas</b>	<b>Fort Hood, Texas</b>	<b>Fort Polk, Louisiana</b>
<u># of beds</u>	64	31	57	58	12
<u>ED visits</u>	81,347	47,769	86,886	66,000	16,774
<u>Admission rate</u>	24%	22.2%	17%	6.02%	1.9%
<u>ICU admission rate</u>	8%	4.4%	1.6%	0.41%	N/A

2018



# Trauma Data

	<b>Cooper University Hospital</b>	<b>Oregon Health &amp; Sciences University</b>	<b>San Antonio Military Medical Center</b>	<b>Carl R. Darnall Army Medical Center</b>	<b>Bayne-Jones Army Community Hospital</b>
	<b>Camden, New Jersey</b>	<b>Portland, Oregon</b>	<b>San Antonio, Texas</b>	<b>Fort Hood, Texas</b>	<b>Fort Polk, Louisiana</b>
<u>Trauma alerts</u>	1267	2699	<b>3428</b>	231	N/A
<u>Total traumas</u>	3662	3020	<b>4400</b>	437	N/A
<u>Trauma admissions</u>	<b>3069</b>	1439	2751	222	5
<u>Average age (years)</u>	0-14 – 8% 15-54 – 49% 55+ - 43%	0-14 – 11% 15-54 – 47% 55+ - 42%	0-14 – <1% 15-54 – 69% 55+ - 31%	0-14 – 32% 15-54 – 55% 55+ - 13%	N/A
<u>Gender</u>	Male – 63% Female – 37%	Male – 66% Female – 34%	Male – 70% Female – 30%	Male – 69% Female – 31%	N/A
<u>Mechanism</u>	Penetrating – 11% Blunt – 88% Burn – 1%	Penetrating – 8% <b>Blunt – 92%</b> Burn – 0%	<b>Penetrating – 16%</b> <del>Blunt – 84%</del> <del>Burn – 5%</del>	Penetrating – 12% Blunt – 82% <b>Burn – 6%</b>	N/A
<u>Injury Severity Score (&gt; 15)</u>	15%	<b>21%</b>	<b>21%</b>	4%	N/A

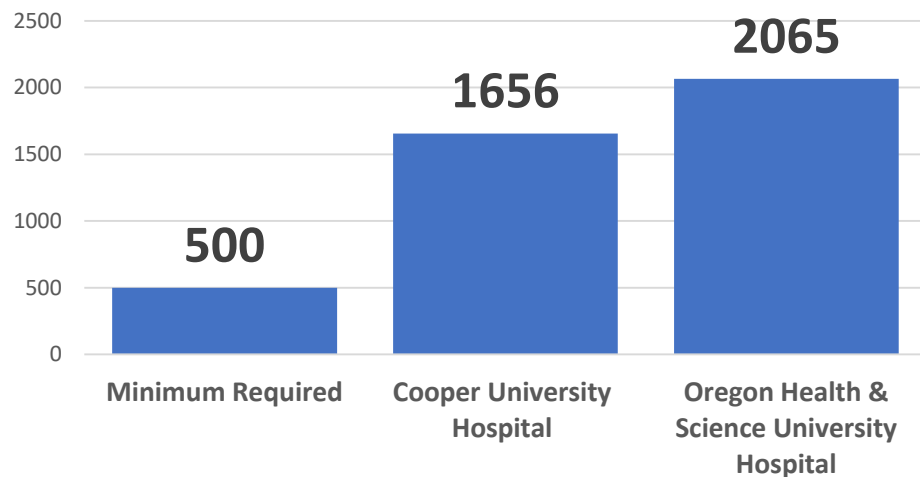
2018



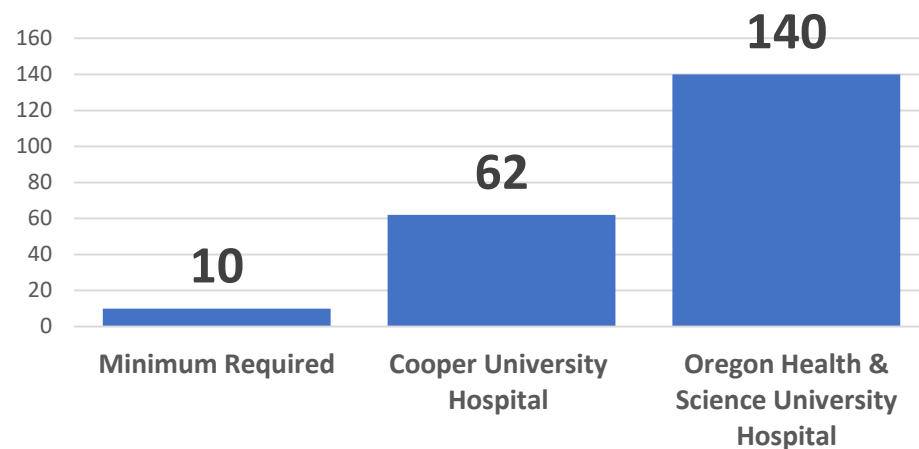


# NOV '18-'19 Emergency Physician (62A) ICTL

Treat an Emergency Department patient

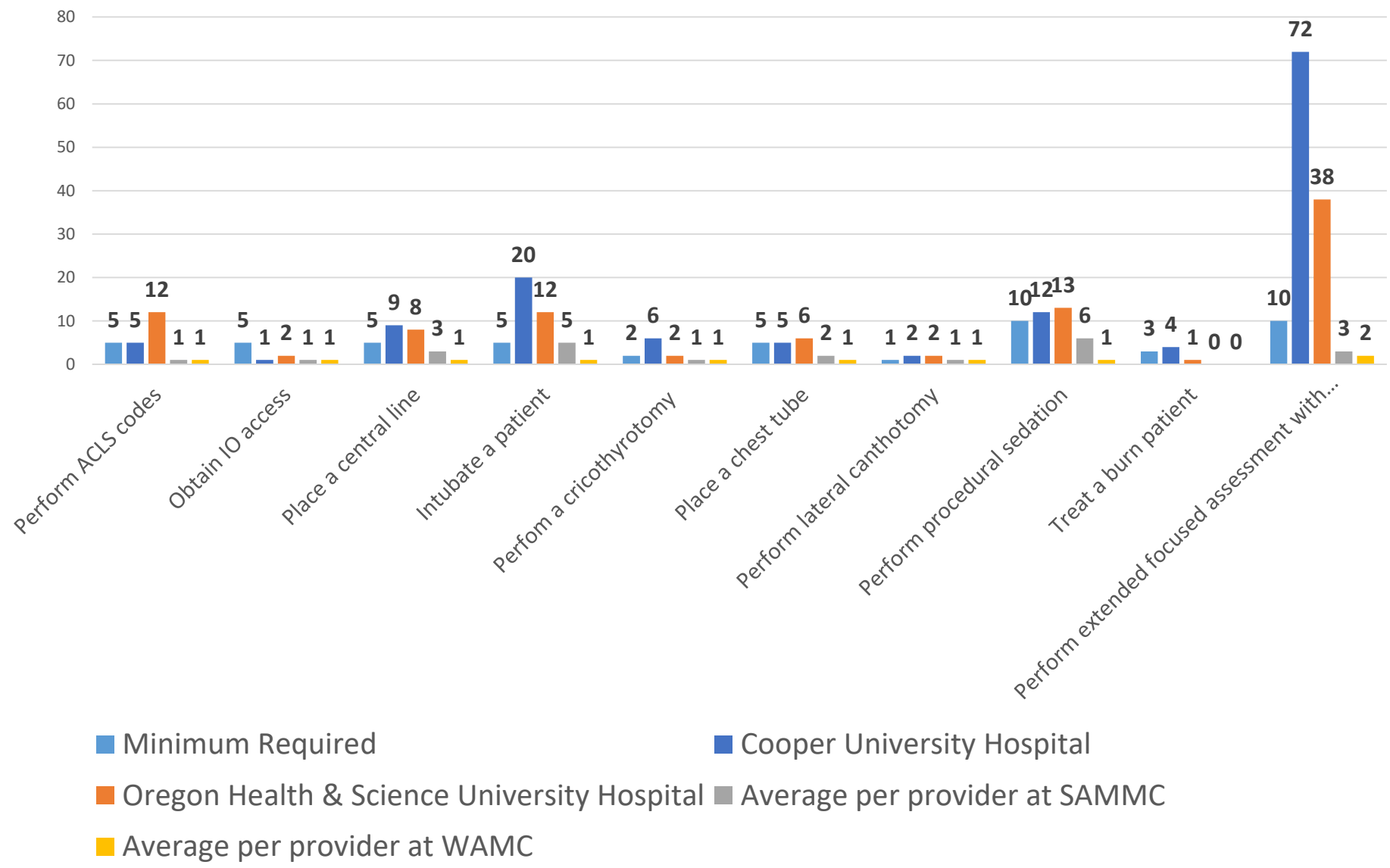


Perform Medical or Trauma Level 1 ESI Adult or Pediatric Resuscitation





# NOV '18-'19 Emergency Physician (62A) ICTL





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# Camden or Kandahar?

MAJ Rory Tippet, LTC John Chovanes



## Sensitive Content

This photo contains sensitive content which some people may find offensive or disturbing.



*MAJ Rory Tippit, LTC John Chovanes*





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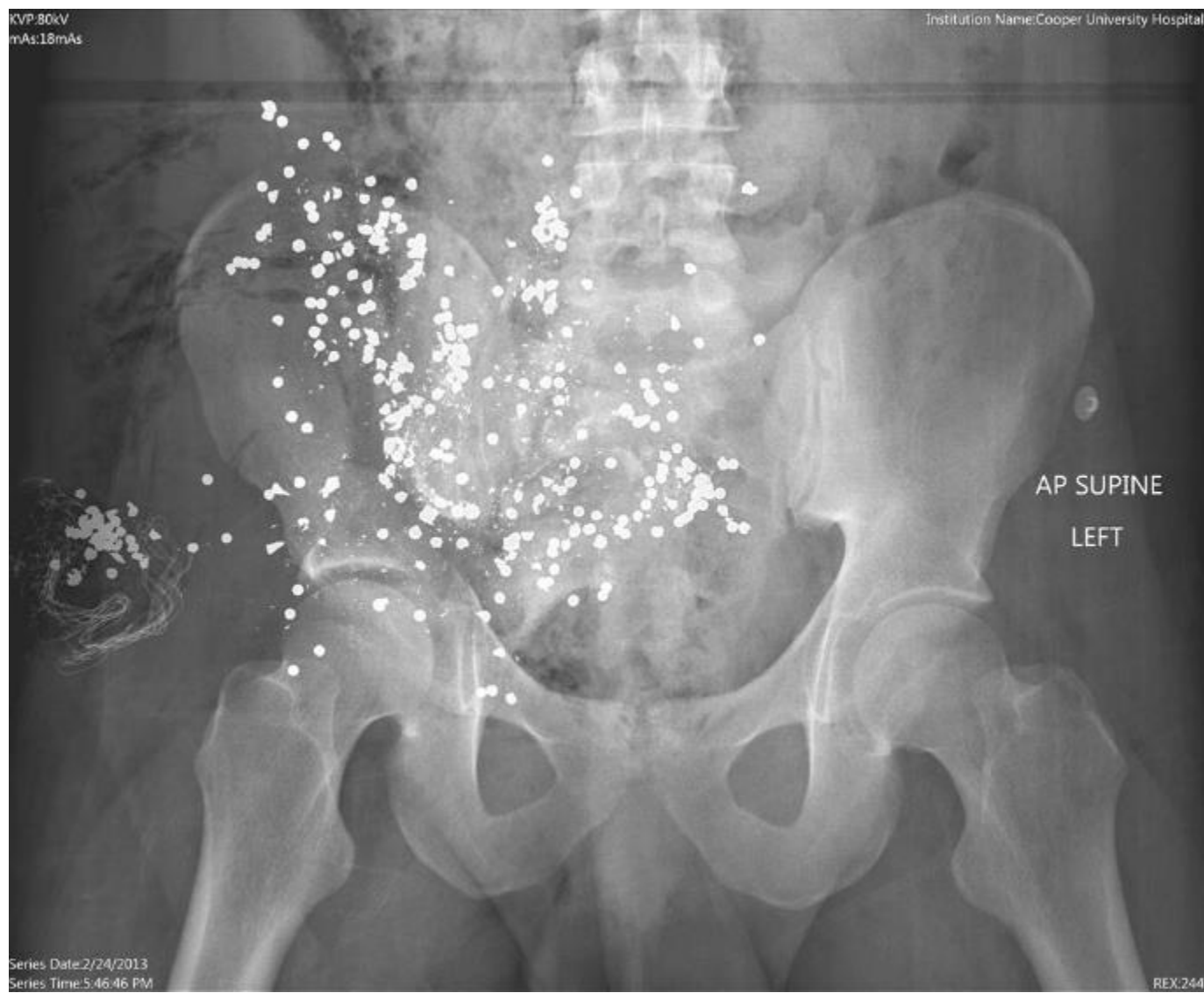
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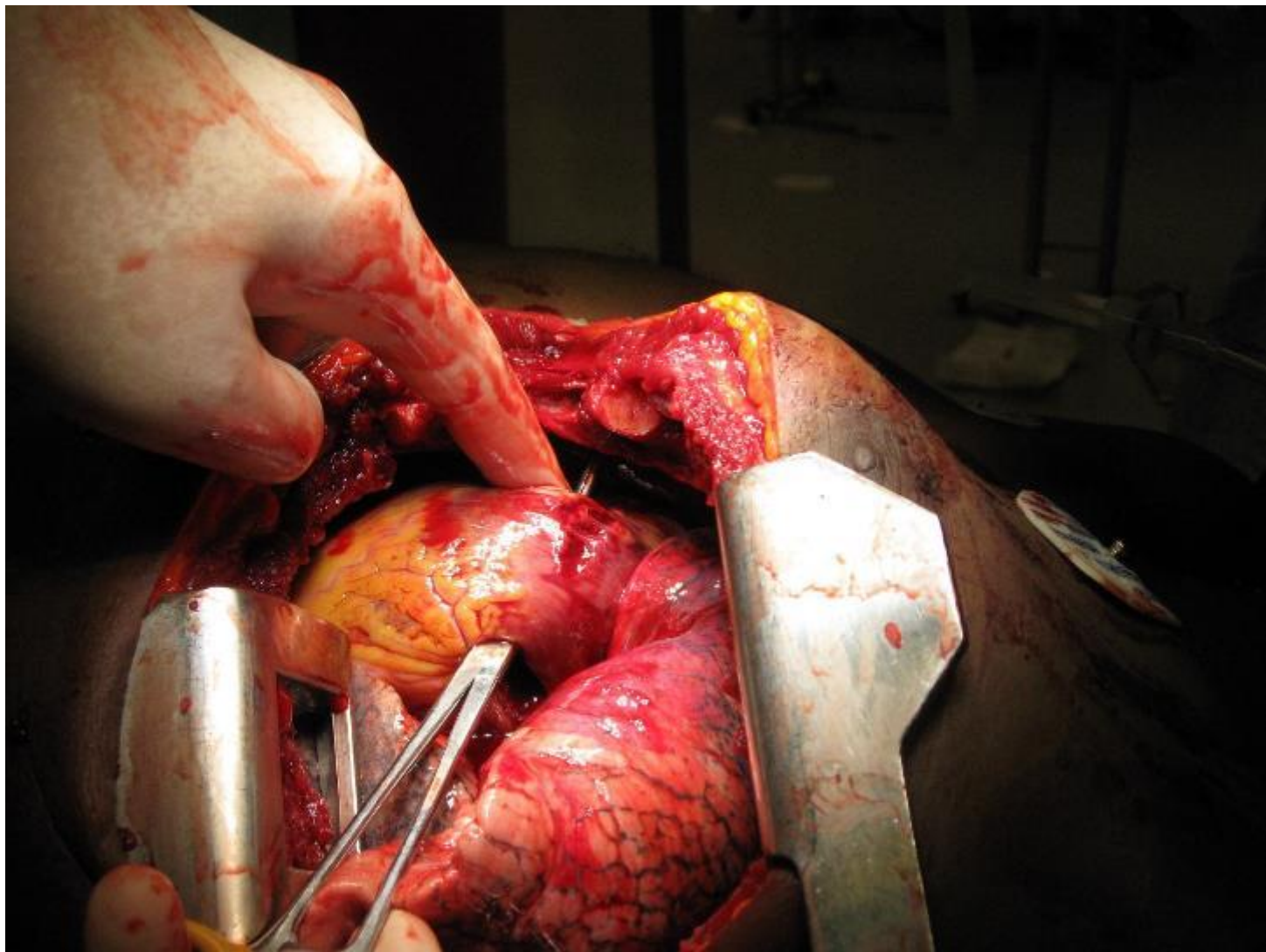
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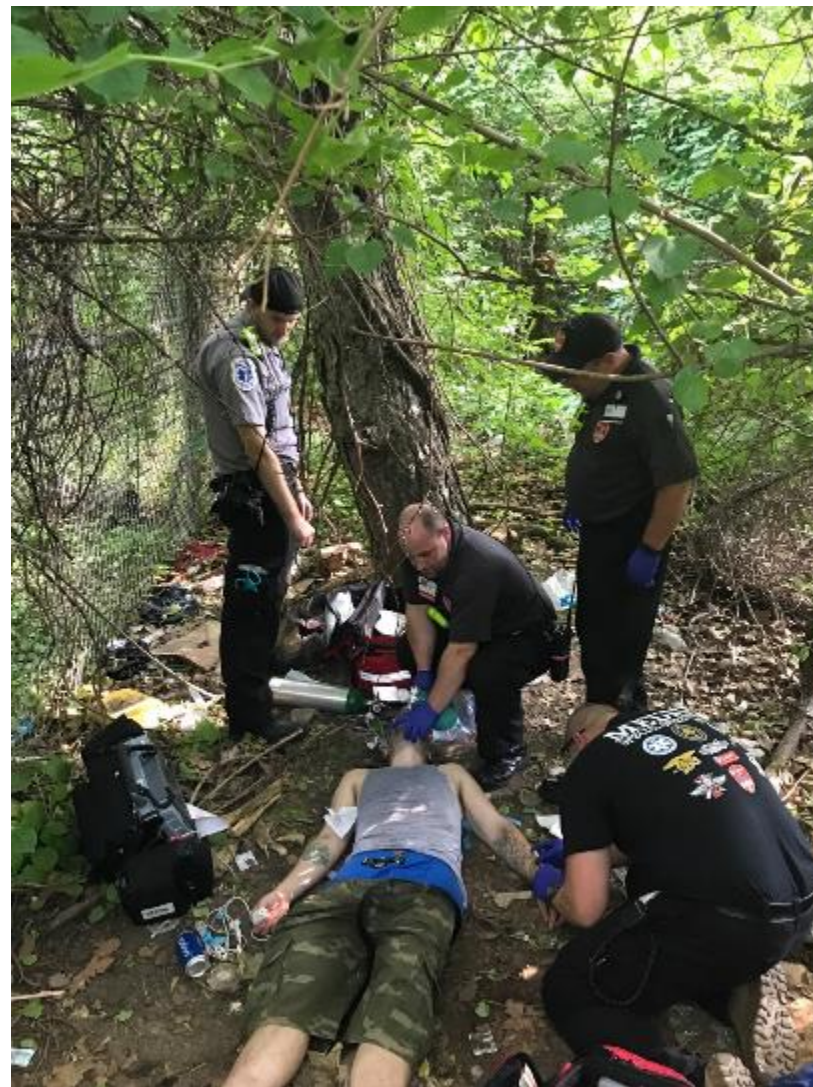




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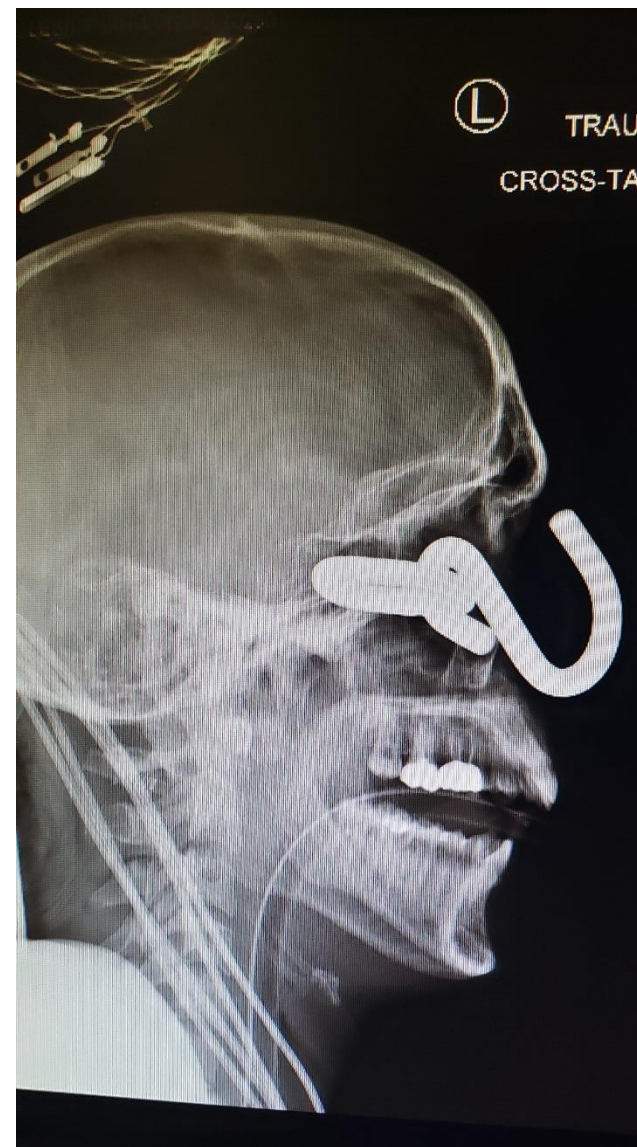
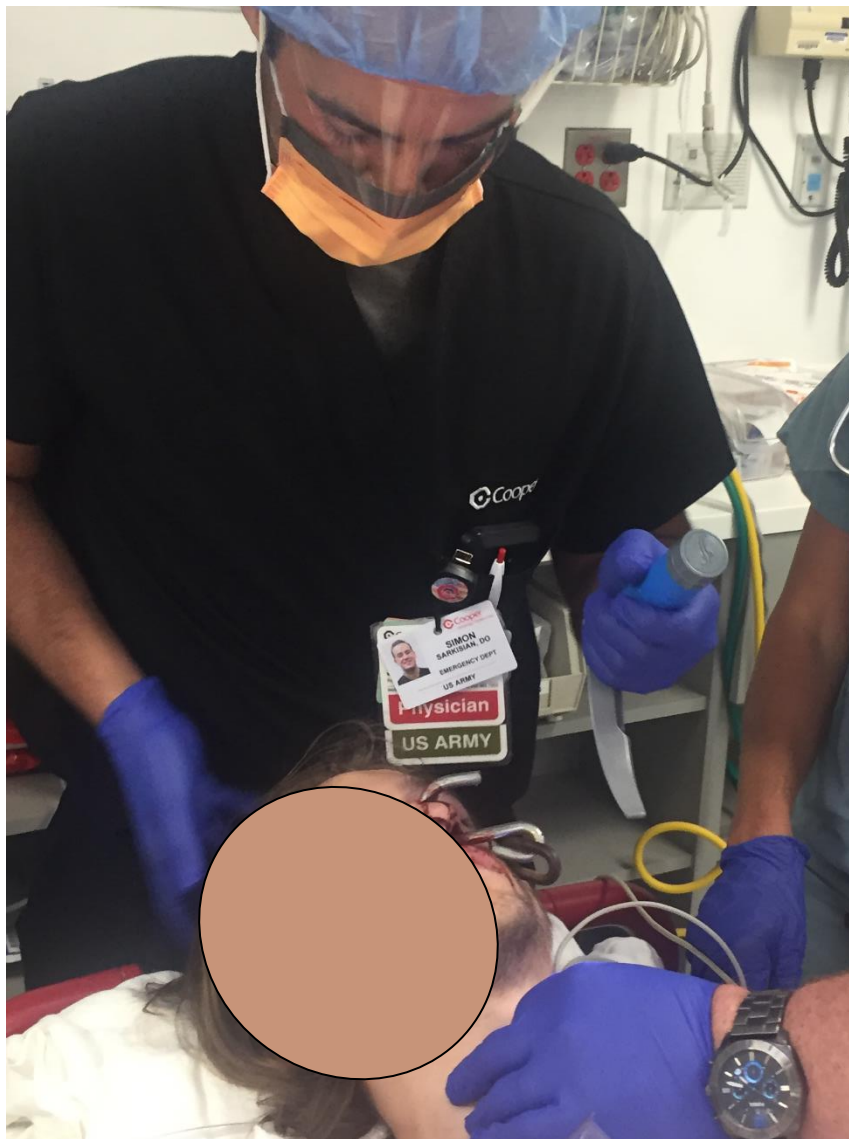
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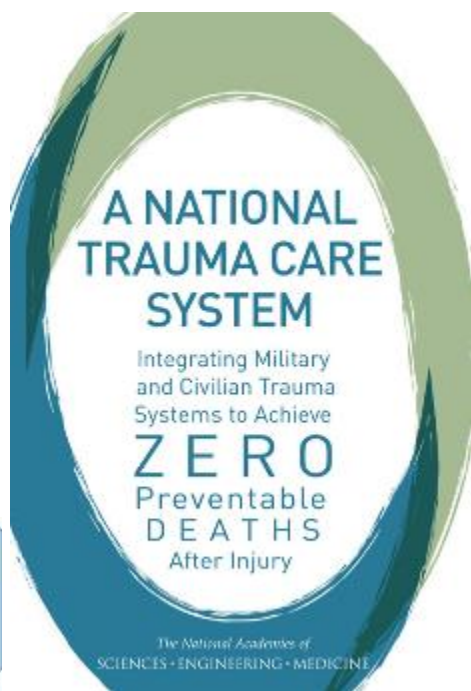




# Integration to Achieve Zero Preventable Deaths



*To Serve, to Heal, to Educate*



*To Conserve Fighting Strength*





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# Acknowledgements

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Cooper University Hospital
- **Michael Chansky, MD**  
Chairman and Chief,  
Dept. of Emergency Medicine,  
Cooper University Hospital
- **LTC(P) John Chovanes, DO**  
Dept. of Trauma Surgery  
Cooper University Hospital
- **John Ma, MD**  
Chair,  
Dept. of Emergency Medicine,  
OHSU Hospital
- **COL Martin Schreiber, MD**  
Dept. of Trauma Surgery,  
OHSU Hospital

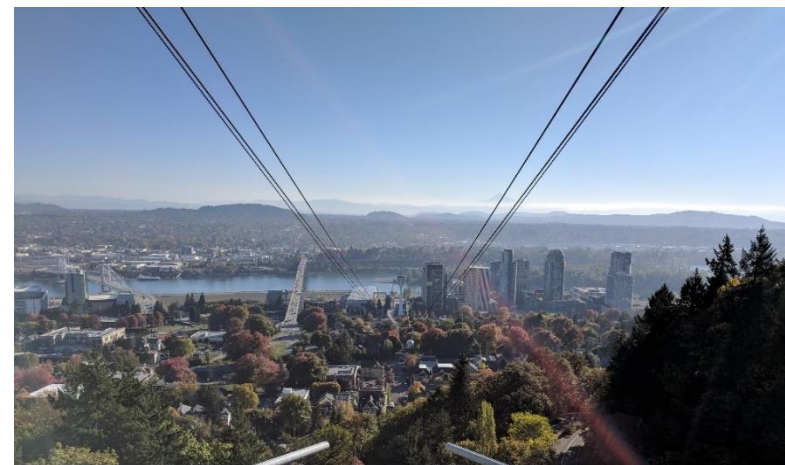
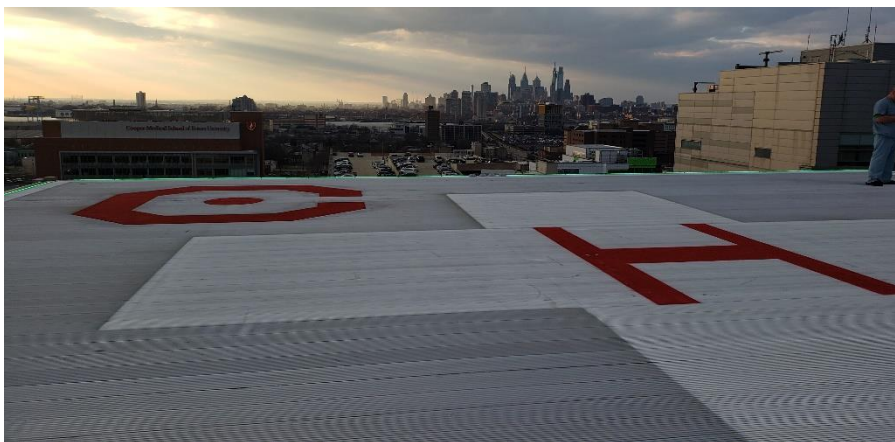
Thank you to the staff at Cooper University Hospital, OHSU, SAMMC, Darnall AMC, and BJACH who provided us with the data to complete this presentation.



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# Questions?



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