







Uncapping Their Highest Potential: Putting Policy Into Action With Army Medics

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Background

- 90% of all battlefield deaths occur prior to reaching a medical treatment facility
- Evidence from Retrospective Reviews:
 - 24% potentially survivable battlefield deaths in OIF/OEF from 2001-2011 (976 Service Members)
- Could They Have Survived? Over six months, a team of military doctors reviewed 4,596 autopsies of troops killed in Iraq and Afghanistan between Oct. 2001 and June 2011. Of those men and women... 4,016 died before they reached a surgeon, of which... 976 had 'potentially survivable' wounds, of which... 888 bled to death. 598 suffered 171 died of bleeding 119 incurred fatal a hemorrhage where arms or legs wounds to the within the torso meet torso extremities Source: Journal of Trauma and Acute Care Surgery The Wall Street Journal
- Study compared Ranger Regiment to Line Unit-better outcomes d/t unit focus:
 - 1. Marksmanship
 - 2. Physical Training
 - Small Unit Tactics
 - 4. Medical Training

1 Death on the battlefield (2001-2011): Implications for the future of combat casualty care. Eastridge, B. eta. *J Trauma Acute Care Surg*, Volume 73, Number 6, Supplement 5 2 Eliminating Preventable Death on the Battlefield, Kotwal, R. eta. *Arch Surg*. 2011;146(12):1350-1358









Background

- Medcom Regulation 40-50
- Officer of the Surgeon General (OTSG) memorandum of understanding





Method







 5 68W EMT-Basics and new EMT-Paramedics assigned to the ED

- 12-week program
 - Didactic class
 - On floor with preceptor
- Precepted by nurses on the floor, provider oversight for specific non-nursing skills
- Each week is specific body system (i.e. cardiology, dermatology...)

Date	Monday 27 Mar 17	Tuesday 28 Mar 17	Wednesday 29 Mar 17	Thursday 30 Mar 17	Friday 31 Mar 17
Class Introduction	Infection Control	Assessment	Pharmacology	Documentation	Clinical Intro
Instructor	R. Paul	R. Paul	R. Paul	R. Paul	R. Paul
	3-Apr	4-Apr	5-Apr-17	6-Apr-17	7-Apr-1
Class Enviro/FVR	A/P	Protocols 4-Apr	Pharmacology	Clinical	Skills
Instructor	Delle Control	Dr. Henderson	R. Paul		M. Wallace
Date	10-Apr	11-Apr	12-Apr	13-Apr	14-Ap
Class Derm	A/P	Protocols	Pharmacology	Clinical	Skills
Instructor		Dr. Henderson	R Paul		Provider ?
Date	17-Apr	18-Apr	19-Apr	20-Apr	21-Ap
Class Cards	A/P	Protocols	Pharmacology	Clinical	Skills
Instructor		Paul	R. Paul		K. Kaifas (interp)
Date	24-Apr	25-Apr	26-Apr	27-Apr	28-Ap
Class Cards	A/P	Protocols	Pharmacology	Clinical	Skills
5			R. Paul		M. Wallace (skills)
Date	1-May	2-May	3-May	4-May	5-Ma
Class GI	A/P	Protocols	Pharmacology	Clinical	Skills
Instructor		Paul	R. Paul		K. Kaifas
Date	8-May	9-May	10-May	11-May	12-Ma
Class Ortho	A/P	Protocols	Pharmacology	Clinical	Skills
Instructor	R. Bennett	Paul	R. Paul		Ortho Tech
Date	15-May	16-May	17-May	18-May	19-Ma
Class Neuro / Optho	A/P	Protocols	Pharm-cology	Clinical	Skills
Instructor		Dr. Henderson	R. Paul		
Date	22-May	THE PERSON NAMED IN COLUMN 1	24-May	25-May	26-Ma
Class Airway / Pulm	A/P	Protocols	Pharmacology	Clinical	Skills
Instructor	R. Bennett	Dr. Henderson	R. Paul		Dr. Reed
Date	29-May	30-May	31-May	1-Jun	
Class GYN / GU	MEMORIAL DAY	Protocols/A&P	Pharmacology	Skills/Review	Exam
Instructor	OFF TODAY	Dr. Henderson	R. Paul	R. Bennett	R. Paul



Method



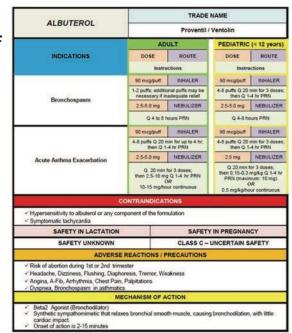


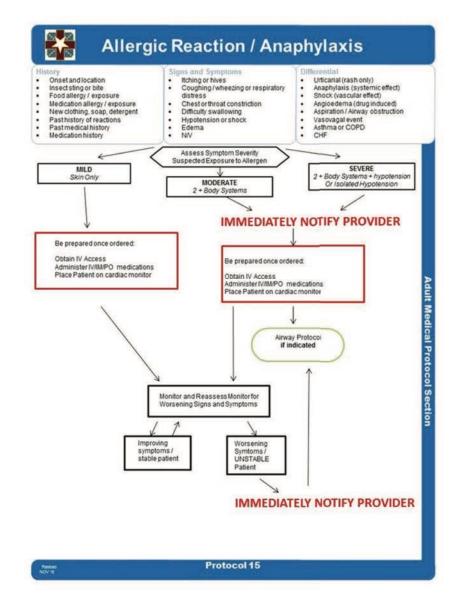


Skills



Example of drug book





Example of protocols









Method: Validation

- All skills validated by a competency check off sheet
- Preceptors must have orientation on the training program and their role in mentoring the medics
- Preceptors complete an evaluation at the end of 12 weeks
- Pre-test, weekly quizzes, homework and post-test completed











Measurement of Data

- Post test knowledge exam:
 - Compare overall improvement
 - Compare EMT-B vs Paramedic scores
- Medication Errors
- Patient Safety Reports (PSR)







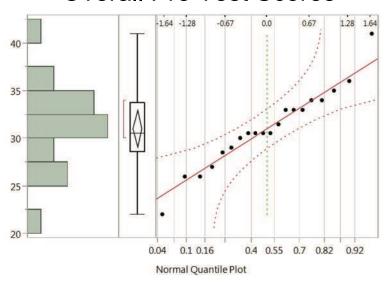






Results-Overall

Overall Pre Test Scores



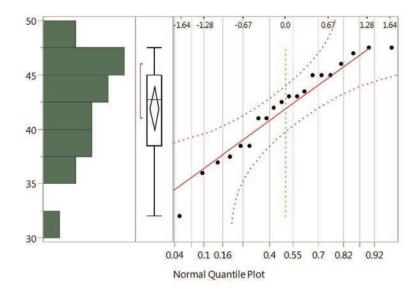
^aThe following are univariate statistics for the pretest.

N	20
Mean	31.05
Std Dev	4.17
Minimum	22
Maximum	41

^aThe following are univariate statistics for the posttest

N	20
Mean	41.93
Std Dev	4.23
Minimum	32
Maximum	47.5

Overall Post Test Scores











Organizational Change

- Hospital leadership mandated all medics go through paramedic school
- Medic program became Paramedic Residency Program
- Changed utilization for entire hospital-new paramedic policy implemented



