New Homework Assignment!

The “why”...
...the “why not!”

Amputee Care & Rehabilitation

- **Paradigm Shift**: has occurred in the amputee patient population for both DoD and VA driven primarily by the volume of a particular set of patients that we have seen in this current conflict:
  - Historically, the higher volume amputee care recovery has been for less highly functioning individuals (chronic vascular pts, advanced diabetics, etc...)  
  - Current cohort are highly performing individuals (aka our soldiers/sailors/airmen/marines) returning to high performance occupations.

- **What’s the Endstate**: Functional recovery of an amputee to a high performance level.

- **So begs the Question**: How will the MHS maintain the advances (achieved in this current conflict) in limb & amputee care and rehabilitation skill sets.
Amputee Care & Rehabilitation

• **Background:** Incredible MHS advances in polytrauma and amputee rehabilitation have occurred at WRNMMC, SAMMC, and Balboa.

• **Issue:** AD patient volume will rapidly decline post-conflict, creating risk for maintaining currency and competency.

• **Way Ahead:** Joint Staff and USD(P&R) requesting the DHB address the issue of:

  *Maintaining the skill sets required to optimize the functional recovery (prosthesis fitting/rehabilitative care) of our Soldier, Sailor, Airmen, and Marine amputee population.*

Way Ahead

• To support the functional recovery of our amputees to a high performance level, we must look at:

  • Skill set maintenance/currency & competency
  • Infrastructure needed to support above
  • Build upon the already established Extremity Trauma and Amputation Center of Excellence (EACE) as the Center of Gravity
    • *Who maintains the “pilot light” in the interwar years*
    • *For trauma care continuum of care it’s Joint Trauma System*
    • *Build formal partnership with JTS*
OEF/OIF/OND Major Limb Amputations

Patient Volume to Date

<table>
<thead>
<tr>
<th></th>
<th>AMPUTEE PATIENTS</th>
<th>WRNMMCB</th>
<th>SAMMC</th>
<th>NMCSRD</th>
</tr>
</thead>
<tbody>
<tr>
<td>OIF</td>
<td>837</td>
<td>625</td>
<td>300</td>
<td>42</td>
</tr>
<tr>
<td>OEF</td>
<td>763</td>
<td>567</td>
<td>217</td>
<td>121</td>
</tr>
<tr>
<td>OND</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>*1602</td>
<td>1193</td>
<td>519</td>
<td>163</td>
</tr>
</tbody>
</table>

Source: EACE-R

*Note there has been overlap of patients at reporting facilities As of: 01 June 2013
Amputee Care & Rehabilitation
How do we maintain Synergy of Effort?

Continuum of Care
- Pre-Clinical Basic Science
- Regenerative Medicine
- Medical/Surgical Interventions
- Prosthetics and Orthotics Rehabilitation
- Epidemiology

Team Approach
- Centers of Excellence
- Military Treatment Facilities
- Veterans Affairs
- Medical Research and Material Command
- Defense Advanced Research Projects Agency
- Academia
- Industry
- Community Reintegration

Maintaining Amputee Care & Rehabilitation
Currency & Competency
...just for thought!

Issue(s):
1. Post OIF/OEF, we’ll see declining military amputee care & rehabilitation patient population...the good news!
2. How do we maintain currency & competency...the challenge!

Question(s):
1. Bring pt population (mil/civ) to military COE/COG(s)?
2. Bring mil patients & mil staff to civilian/VA COE/COG(s)?
3. Bring VA/civilian patients & staff to military COE/COG?
4. Hybrid?

Note: potential civilian COEs not depicted on slide
Joint Trauma System

**Integrator in the System of Care**

“Effectively leveraging our knowledge and clinical expertise to improve the system of care”

---

**Approach to Improving Care:**
- Joint Trauma System

**Clinical Guidance**

**Data Information Sources:**
- Joint Trauma Registry

---

Amputee Care & Rehabilitation

**Integrator in the System of Care**

“Effectively leveraging our knowledge and clinical expertise to improve the system of care”

---

**Approach to Improving Care:**
- Joint Trauma System

**Clinical Guidance**

**Data Information Sources:**
- Amputee Registry/Joint Trauma Registry
Restatement of Homework Assignment

- Way Ahead: Joint Staff and USD(P&R) requesting the DHB address the issue of:

  Maintaining the skill sets required to optimize the functional recovery (prosthesis fitting/rehabilitative care) of our Soldier, Sailor, Airmen, and Marine amputee population.

---

We are transforming society...

...with the “why not!”
Joint Trauma System Operational Cycle
Trauma Care Delivery

- Pre-Hospital
  - TCCC/First responder

- Facility Based
  - Forward Resuscitative care
  - Theater Hospitalization

- En Route Care
  - MEDEVAC
  - TCCT
  - AE

- DOD TRAUMA REGISTRY
  - Data Acquisition
  - Data Analysis
  - Data Automation

- PERFORMANCE IMPROVEMENT
  - PI
  - Education