March 2011

# NATO Medical Lessons Learned Newsletter

*Analysis of medical lessons is an essential means* ***to improve operational effectiveness****. By identifying where medical support can be enhanced and by providing recommendations to NATO bodies and nations, the lessons learned (LL) process enables NATO to make best use of its collective knowledge and experience. However, the LL process must also be responsive to current operations and this requires active data collection, a strong analysis network and, the distribution of regular, effective and pragmatic solutions. These solutions must be freely available if lessons are to be* ***learned*** *and that is the purpose of this newsletter. The following pages contain a number of current NATO lessons along with an update on progress to action them. Suggestions on further action should be sent to* jallclldbpoc@jallc.nato.int.

## How it works: NATO Medical LL Core Team

The LL Core Team comprises representation from the International Military Staff (IMS), Committee of the Military Medical Services (COMEDS), Allied Command Operations (ACO), Allied Command Transformation (ACT), Joint Force Commands (JFCs), Joint Analysis & LL Centre (JALLC) and Military Medical Centre of Excellence (Mil Med COE).

The Core Team convenes each quarter to analyze collected observations and agree action. This will typically involve either accepting observations as lessons identified, rejecting observations, retaining observations but not requiring further staffing, or requesting further information from the originator. Follow-on studies can also be requested with JALLC or MIL MED COE asked to assess lessons identified in greater detail or to provide recommendations for remedial action.

## How it works: Contributing to the LL Process

There can be many contributions to the LL Process but each begins with the identification of key observations from the field and ends by converting the problem into a solution. In cases of observed good practice, the objective is to promote for the benefit of all. In cases of an issue identified for improvement, the aim is to correct the problem through remedial action.

Most often contributions come from operationally deployed NATO units and personnel or from the observations of member or partner nations. Their observations being submitted through one of the Core Team members, who also provide systematic feedback to the originator.

# Medical LL Priority List

The NATO Medical LL Core Team's aim for 2011 is to focus staff effort on making progress on a number of selected key LL rather than dissipating effort across all of the operational-level medical LLs. To achieve this, the Core Team selected a six LL to form a Priority List. Marked progress has already been made against each and this is described within the Newsletter.

- **MEDEVAC timelines (Aero and Ground medical evacuations).**

*The debate among NATO nations regarding the medical evacuation and treatment timelines needs to be resolved. Building a consensus supported by evidence will enable NATO policy and doctrine to develop in line with evidence obtained from operations.*

- **Interoperability issues regarding multinational medical treatment facilities.**

*Interoperability is essential to develop a multinational approach to military health care. That means having a common understanding of procedures, standards of care and the skills required, but also having appropriate capabilities to implement a coherent medical task force. LL concerning examples of best practice and areas for improvement are important to enable nations to implement compatible systems.*

- **Difficulties in sharing information across national boundaries and with NATO Commands.**

*Sharing LL concerning technical, cultural or other barriers in health data-exchange will enable nations to develop remedial actions. The NATO medical community needs to address information barriers in order to improve its ability to respond in health crisis management situations.*

- **Best practices for multinational medical personnel, procedures and clinical improvement.**

*LLs contribute to the Continuous Improvement of Healthcare Support on Operations (CIHSO) and enable agreed standards of care to be consistently delivered.*

- **Comprehensive Approach, Reconstruction, Development and Stabilization experiences, with particular emphasis on civil-military interaction.**

*Reconstruction, development and stabilization are still relatively new concepts aspects for the NATO Medical Community. LLs in these areas are important to develop these concepts and the medical contribution to the Comprehensive Approach.*

- **Medical personal training.**

*NATO is a training and education provider to member and partner nations. Development of existing courses and identification of new training requirements are closely linked to the LL process and must respond to observations from operations.*

The Priority List also provides an excellent guide to member and partner nations as to the main LLs of interest to NATO Medical.

## Medical Evacuation (MEDEVAC)

LL: No NATO agreement on MEDEVAC timelines

Nations are encouraged to share information on MEDEVAC timelines in relation to patient outcome. Only by establishing a greater body of knowledge may it be possible to identify any underlying basis for a particular medical treatment timeline. MIL MED COE has volunteered to serve as the faculty for analysis of the information. The timelines established by ACO in its Directive on Medical Support to Operations (AD 83-1 Edn 2) are valid for both air and ground MEDEVAC, but measurement of both requires continuous assessment. The implementation of CIHSO and NATO Trauma Registry are indispensable elements in this process.

## Interoperability

LL: Lack of medical treatment facility (MTF) interoperability

All LL regarding multinational MTF are of great importance to NATO as part of its work to improve the multinational approach to military healthcare. MTF lead nations have an important role to play in this process and the development of multinational concepts will only move forward through the exchange of information.

To support this concept, ACT is developing an electronic version of AMedP-27 Medical Evaluation Manual. This recently ratified manual provides a common standard for Personnel, Material and Procedures, against which the capability of both civilian and military medical treatment facilities can be assessed. Transforming this into an electronic tool will assist evaluators working in the field and will improve the certification process. It is planned to have test bench model ready for experimentation in early 2012.

## Information Sharing

LL: Need for improved information sharing

NATO aims to procure a Medical Information & Coordination System (MEDICS) to facilitate the exchange of information with NATO, national and multinational medical staffs. Work has been ongoing on MEDICS for a number of years and at the end of 2010 ACT conducted an External Program Review of its scope, objectives and project plan. The results of this review will be briefed to key NATO groups and committees during March-June 2011. The MEDICS Project Team has also been briefing the commercial sector and during ACT Industry Day in October 2010 many contacts was established that will benefit MEDICS research and development.

## Best Practice

LL: Need to share observed good national and multinational practice to improve multinational medical procedures and attain clinical improvement

The NATO Health Care Working Group is examining the interface architecture for the Joint Theatre Trauma Registry to potentially offer nations the opportunity to connect and share national data. Agreement on the arrangements for sharing anonymised trauma data will also be required.

MILMED COE has accepted the task of developing a database of tactical and clinical LL. Work will begin by conducting a trial focused on how ISAF LL can improve First Responder battlefield care training conducted at Mil Med COE. The outcome of the trial will provide valuable guidance for the development of a full tactical and clinical LL process.

## Comprehensive Approach, Reconstruction, Development and Stabilization

LL: Need for a medical concepts, doctrine and guidance on these issues

A medical Comprehensive Approach (CA) mechanism could be developed in close relationship with civilian actors in these fields. ACT Medical Branch has established very productive links to those involved in the CA and will work on developing this issue with the other stakeholders. The NATO Public Health and Food/Water Group (PHFWG) also has a key role to play.

ACO and PHFWG, with appropriate political guidance, should define the use of NATO's medical capability within humanitarian assistance and reconstruction & development. The new NATO Strategic Concept has identified a wide range of new mission types, including humanitarian relief. NATO medical must be prepared for them and this will require appropriate organization, training and equipment.

Collaboration must also be enhanced within the international medical community, both military and civilian. ACT is developing a Medical Assistance and Collaboration Tool (MED*ACT*ool) to create synergies among medical stakeholders working in this field and to facilitate practical coordination and exchange of information on specific medical issues. Intended as an open-source tool available to a wide range of actors, it should enhance situational awareness, identify opportunities for mutual support and avoid duplication of effort. To guide MED*ACT*ool development, ACT is engaging with a wide range of international organizations, non-governmental organizations as well as the commercial sector, to learn from them and ensure their knowledge and experience is taken into account during the design process. It is planned to have test bench model ready for experimentation in late 2011.

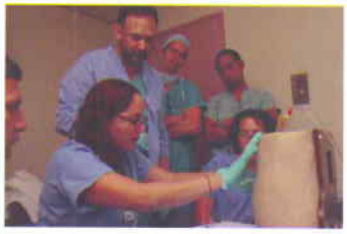
ACT and JALLC are conducting a study in collaboration with Harvard University focused on "military involvement in humanitarian sector". The aim being to determine where and when the military can contribute usefully to international humanitarian assistance. The conclusions of the study report will inform NATO thinking in this area and will help develop future military commitment and indicators of effectiveness.

ACO and JFC Brunssum are leading the debate on the moral issues associated with the use of military medicine on operations and will develop the guidance they have already issued on this subject.

## Medical Training

LL: Lack of integration of medical training during NATO exercises

It is essential that NATO medical LL are incorporated into NATO training and exercises and this is a key objective for the Joint Warfare Centre medical lead.



To assess the operational relevance of course content ACT conducted a training analysis event, with guidance from JETE, at NATO School Oberammergau in January 2011. The analytical start point was the identification of core competencies for medical staff officers drawn from range of relevant operational sources, including ISAF medical job descriptions. NATO's medical course content was assessed against these competencies and adjustment/new training activity proposed. The report produced following the review was circulated in February 2011 and makes a great many recommendations on enhancements to NATO medical individual training and in particular the core competencies required of a medical staff officer.

## Other Lessons *(outside the Priority List)*

Medical C2:

A JALLC report on command and control between 4- and 3-star HQs in ISAF concluded: (1) current NATO levels of command do not reflect the reality of NATO-led operations (as observed within ISAF); (2) coordination needs to be further improved in support of the CA; (3) there is a necessity to increase staff levels and resources to strengthen the mandate of the Senior Civilian Representative. These observations each have specific relevance for the medical community.

# CORE TEAM VIEWPOINTS

## IMS

Sharing information and implementing identified lessons via the Lessons Learned process is an essential tool in improving interoperability that can link the security objectives of the Alliance to the defense planning and force generation programs of NATO member and partnership nations. Therefore I wholeheartedly welcome the appearance of our LL Newsletter and thank ACT for taking initiative in launching it. Col Dr. Z Vekerdi.

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## ACT

NATO's forces continue to innovate and learn lessons. Our current operational commitments are providing a huge amount of information and proposals on how to improve medical support. It is important we make best use of this information and the new LL Priority List is an important innovation. By focusing our attention and effort on these LL we will ensure that where improvements can be made, action is taken. Col T Rowland.

**POC**: LCol V Denux Valerie.Denux@act.nato.int

## JFC

As the LL process covers most of the lines of development within the HQ where medical expertise is required, the JFCB MEDB is heavily involved in the LL process. Medical representatives contribute simultaneously to the JFCBS ISAF Theatre and NATO Reaction Force LL Working Group. Constant contact with the operational theater has resulted in the development of a commonly used format for medical reporting, including identification of medical lessons, analysis of problem areas, and mechanisms for implementation of best practice. This has resulted in creation of a "living document" which can be used as a reporting template for other theaters of operation. This is an excellent example of how the LL process is achieving results and improving theater medical support. Col Dr Ingo Hartenstein.

**POC:** Col Dr J Cahuzac Jacques.Cahuzac@jfcbs.nato.int

## JALLC

The LL arena has seldom been busier than it is today. ACO and ACT identified fifteen lessons from the two most recent medical JALLC reports with specific action bodies assigned to undertake remedial action. This has resulted in significant progress being made and some of those lessons are very close to now being classified as lessons **learned.** In October 2010 the NATO Operations Medical Conference generated one new lesson on medical coordination in the maritime environment. That lesson is now in the JALLC LL database and clearly demonstrates the value of such conferences for identifying important lessons.

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## MIL MED COE

Medical observations and lessons are majors contributing factors in the transformation of Military Medicine. Evidence-based medicine in the military health services needs to be facilitated by systematically capturing and cataloging clinical experience and best practice. Mil Med COE has a unique position amongst the Core Team, being responsible for tactical and clinical LL whilst also having the subject matter expertise needed for data collection and analysis. These key skills will help achieve further success for NATO medical LL.

**POC:** LTC R Balazs lessons.learned@coemed.hu.

## ACO

Central to multinational medical support are communication and building trust. The LL process and, at a local level, Continuous Improvement in Healthcare Support on Operations (CIHSO) are building blocks for achieving this and sharing best practice within the continuum of medical care. Lessons to be learned are available in NATO but also within the nations. Sharing this information in the JALLC-LL database or at the NATO Operational Medical Conference will contribute to the improvement of military healthcare. Col Viktor Vojtech.

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