



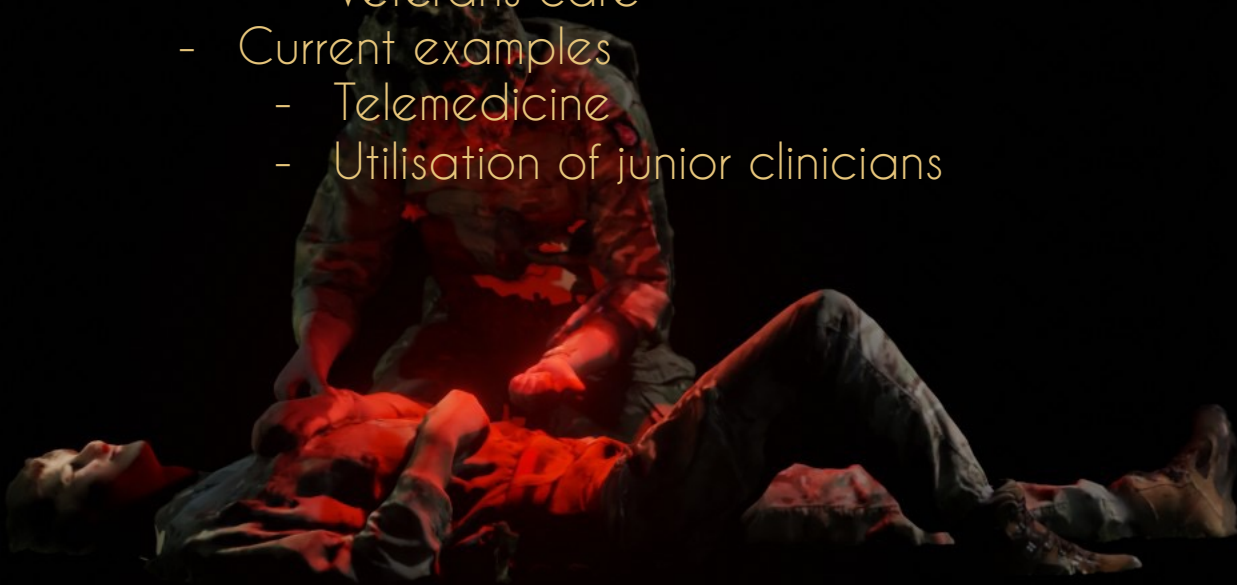
Cyclical symbiosis:

adopting and adapting
in military and civilian health care



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- Plan
 - Start with why
 - What is civilian health and care
 - What is military health and care
 - What we do and why we do it
 - Symbiosis
 - Shared challenges
 - Walker Dips
 - Veterans care
 - Current examples
 - Telemedicine
 - Utilisation of junior clinicians



Start with why

- The what & how should come with why
- Organisations may have very different reasons for the same activity
- Military – ‘fighting power’
 - Moral component
 - Physical component
- Military healthcare contributes to both



Civilian Health and Care

- UK civilian organisations that deliver health and care
 - Primary purpose
 - Governmental
 - Contractors
 - Private providers
 - Third sector
 - Secondary purpose
 - Industry



Symbiotic relationship:

- Triage to tourniquets
- Nightingale to Healthcare Governance
- Cyclical (Walker dip)



ROLE 1



First Aid



Combat Medical Technician (CMT)



Unit Aid Pos (UAP)



Medical Evacuation (MEDEVAC)



ROLE 2-3



Deployed Hospital Care (DHC)



Strategic aeromedical evacuation (STRATEVAC)



ROLE 4



Rehabilitation



Utilisation of HCAs & CMTs

- Mission command
- High challenge and high support
- Clear



What can the civilian system learn from the military

- Clarity of purpose
- Do the basics well
- High Challenge, High Support (Responsibility & Agency)
- Information > Interface
- Relationships matter all the more in a digital age
 - (value & facilitate the human network)



Military EMR

- DMICP
 - EMIS PCS adapted to military needs
 - DMICP-D for function with zero connectivity
 - Adapted with templates and macros
 - PHC, specialist services, rehabilitation (OP & IP)
 - Comprehensive EMR





- Pando
 - Designed for NHS to replace pagers
 - Adopted and adapted to military need for
 - Asynchronous
 - Secure & Accredited
 - Network of experts & deployed users

Search.
Using this search bar you are able to search for other users on Pando. Search by name, role or speciality

Forums.
Forums are a fixed point of contact with a structure similar to 'teams,' as exists in the app at present. The key difference is that staff will be able to search for the forum and automatically join

Secure Image Sharing.
Access the Secure camera and gallery from the home screen. Here you can sent images to colleagues on the Pando network, export to secure email or import images to be stored securely

Work-Life Balance.
Mark yourself unavailable when you are off and let other know

Team messaging.
Collaboration is key! Create a secure messaging team

Direct messaging.
Find who you need when you need them, search for a user to DM in your organisation or others on your Pando network

Ask Advice.
Search for a team of people and send them a message. Any member of that team can then respond to your query

Patient Details

General Mouse DOB: 17.04.1990
Bed Oman ID: 30001234

NOTES PATIENT INFO FILES

Senior officer has broken leg falling into golf course bunker

A - 55

T - 0944Z 22 Mar 22

M - fell on golf course

I - open fracture left tib/fib

S - all within normal limits, distal pulse and sensation restored after sedation & reduction.

T - 40 mg ketamine, box splint, saline dressing. 1.2g augmentin

ETA Role 2 hrs from lift

Patient Details

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NOTES PATIENT INFO **FILES**

09:43 31.03.2021
4627126976.jpg

09:42 31.03.2021
4626630800.jpg

09:39 31.03.2021
4866055600.jpg

Military Medical Challenges

- Providing the right health care in the right place at the right time
- Information collection in remote and austere environments
- Adverse environment
- Resource constraints
 - Logistics
 - Personnel
 - Power
 - Connectivity
- The enemy



Summary

- Military system links with civilian healthcare
- We have different whys
- Careful in what lessons we learn

