Palm Trees in the Storm

Partners in Resiliency: Leadership Success with OSCAR

The Quadruple Aim: Working Together, Achieving Success
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Big Picture

- Big Picture
- OSCAR as a Leadership Tool
- Case Study – CASF at Camp Leatherneck
- Teamwork: Command & Medical
- What this means to you
One Marine’s View of Command

- Command is about
  - Mission and Vision
  - Environment
  - Accountability
- Commanders must practice
  - Trust
  - Nerve
  - Restraint
- OSCAR – a leadership tool to build resilience
The Quadruple Aim

Experience of Care

Population Health

Readiness

Per Capita Cost
OSCAR: A Tool for Leaders

Operational Stress Control And Readiness (OSCAR)
Goal: Unit Combat Readiness

- **Mentors**: Identify, support, and advise Marines with stress reactions.
- **Extenders**: Provide medical or Chaplain services.
- **Mental Health Professionals**: Provide MH diagnosis and treatment.
# The Stress Continuum

## READY
- Good to go
- Well trained
- Prepared
- Fit and tough
- Cohesive units, ready families

## REACTING
- Distress or impairment
- Mild, transient
- Anxious or irritable
- Behavior change

## INJURED
- More severe or persistent distress or impairment
- Leaves lasting evidence (personality change)

## ILL
- Stress injuries that don’t heal without intervention
- Diagnosable
  - PTSD
  - Depression
  - Anxiety
  - Addictive Disorder

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**Unit Leader Responsibility**

**Individual Responsibility**

**Chaplain & Medical Responsibility**

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**2011 MHS Conference**
Core Leader Functions

Unit Leader Responsibility

Individual Responsibility

Chaplain & Medical Responsibility
Combat Operational Stress First Aid (COSFA)

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen

2. COORDINATE
   Get help, refer as needed

3. COVER
   Get to safety ASAP

4. CALM
   Relax, slow down, refocus

5. CONNECT
   Get support from others

6. COMPETENCE
   Restore effectiveness

7. CONFIDENCE
   Restore self-esteem
Case Study: 451 CASF, Bastion
One USAF Flight Doc’s Timeline:

Notified Of Deployment

In Place at Bastion (451 CASF)

Reassigned to KAF

Operation Moshtarak

JULY

MAY

APR

MAR

FEB

JAN
Situation at Bastion (1 Feb 2010)

- British base co-located w/Leatherneck (USMC)
- RC (S) transitioning to RC (SW)
- 1 MEB transitioning to I MEF
- British trauma hospital (w/USN, USA assets)
- USAF AE detachment (AE and CASF)
  – Chain of Command thru 451 AEW (KAF)
- Preparing for Op MOSTARAK (Marjah)
- Diverse casualty predictions
451 EAES/CC’s Mission Statement

- Decompress trauma hospital for Marjah
- Execute Aeromedical Evacuation
- “Make History”
451 EAES/CC’s Mission Statement

- Decompress trauma hospital for Marjah
- Execute Aeromedical Evacuation
- “Make History”
- Care for wounded warriors
- Support Operational/Tactical Commanders
- Work with Joint and Coalition partners
“…the key thing that AFCENT provides is precision airpower… Our (Airmen) are focused on putting key capabilities where they're needed by the customer. The customer is the commanding general of the ground forces, and our job is to make sure the airpower that we give him is as good and effective as it could possibly be.”

Lt Gen Mike Hostage
AFCENT/CC
8/28/09
451 CASF Capabilities

- 4 tents, 25 beds (manned for 12 bed ops)
- Cadillac toilet, shower facilities
- Resiliency tent (evolution)
- Chow from British chow hall
- 26 Total Force medical Airmen
  - 2 Flight Surgeons
  - 6 Nurses
  - 10 med techs
  - Command, control, communication, support
CONTINUOUS EN ROUTE CARE
Current Route From Injury to Definitive Care

1 Hour
CASEVAC/MEDEVAC

1-24 Hours
TACTICAL MEDEVAC/AE

24-72 Hours
TACTICAL/STRATEGIC AE

First Responder Care
Forward Resuscitative Care
Theater Hospital Care
Definitive Care
Risk: One Way Casualty Flow

First Responder Care

Forward Resuscitative Care

SEVAC/MEDEVAC 1 Hour

TACTICAL MEDEVAC/AE 1-24

TACTICAL/STRATEGIC AE 24-72 Hours

Definitive Care

Theater Hospital Care

Resuscitative Care

Forward Resuscitative Care

TACTICAL MEDEVAC/AE 1-24
Resiliency and Reintegration

First Responder Care

Forward Resuscitative Care

SEVAC/MEDEVAC 1 Hour

TACTICAL MEDEVAC/AE 1-24 Hours

TACTICAL/STRATEGIC AE 24-72 Hours

Reintegration to Mission

Definitive Care

Hospital Care

CASEVAC/MEDEVAC
451 CASF: Patient Care Facilitator

ROLE 3

FOBs

CASF

CAS

RTD

AE
Keys to Combat Casualty Care

- Physician led
- Best evidence based standard of care
- Emphasis on basic patient handoff
  - Physician to Physician
  - Nursing to Nursing
- Continuity of care (documentation and EMR)
- Patient focused
- Mission focused
Air Force Medical Home

- Outpatient based
- Civilian experience
- Peacetime benefit
- Patient focused*

2011 MHS Conference
"Puttin Warheads on Foreheads"
Sgt Wilson
3/6 LIMA (4th CAG)
thanks for Everything
you rock more than Motley Crew
Thanks for keeping a smile on my face

"Priceless" 122 PAOC
SPC WA
HARDEMAN
LCPL Torres
0800 100LBS IED
13:00 PJ's clean shower
Thanks for everything
DOC's
1/6 Hard CAT 1
RIP
Dunn
13
LO
US Holding Bed Capability: I MEF Force Multiplier

Census Comparison 1 Feb 2010 thru 21 March 2010

- Total Role 3 Census
- Combined CASF/R3 Census
- Amber 51% Capacity

8 March Role 3 bed capacity dropped from 66 to 45 with departure of the additional US medical staff
“We have a unique opportunity to establish a Joint Specialty Care Center to support state of the art rehabilitation for our wounded warriors, while facilitating evacuation for those Marines who are unable to return to duty IAW the theater evacuation policy. This joint synergy will provide more efficient use of both manpower and facilities, and most importantly continue to elevate the standard of medical care for our wounded Marines.”
Observations and Paradoxes

- AE unit cuts AE demand
- Benefits of “Slow” transport
- Benefits of low tech care
- Synergy of efficient, lower cost care
Relevance of the Quadruple Aim

- Experience of Care
- Population Health
- Readiness
- Per Capita Cost
Relevance of the Quadruple Aim

Experience of Care

Population Health

STRENGTHEN

MITIGATE

TREAT

IDENTIFY

Per Capita Cost

REINTEGRATE
Partners and Trust

Wounded Warriors

Combatant Commander

Partners

Tactical

Operational

Strategic
Key Take Aways

- Stress continuum
- Line/Medical Synergy
- Embedded resiliency
- Combat casualty flow
- Benefits of low tech, low cost, slower care
- Theater evacuation policy, holding capability, and reintegration
- Post Deployment Care as Reintegration
- Partners and Trust
Questions?
Key Take Aways

- Stress continuum
- Line/Medical Synergy
- Embedded resiliency
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