

2015 Defense Health Information Technology Symposium

Aeromedical Evacuation EHR Operational Medicine



“Medically Ready Force...Ready Medical Force”

DHA Vision



“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



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Learning Objectives



- Describe how the AE crew members utilize the EHR kits to document patient care, which increases patient safety
- Identify the different levels of the continuum of care
- Comprehend safe to fly and the futures plan for EHR

Agenda



- The Problem
- The Solution
- Lessons Learned
- Way Forward
- Discussion

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Problem

- In 2007, the Capabilities Review and Risk Assessment process identified a gap in patient care documentation during patient movement (Aeromedical Evacuation and Critical Care Air Transport).
- Multi-tabbed patient documentation form; 3899 tabs A-L

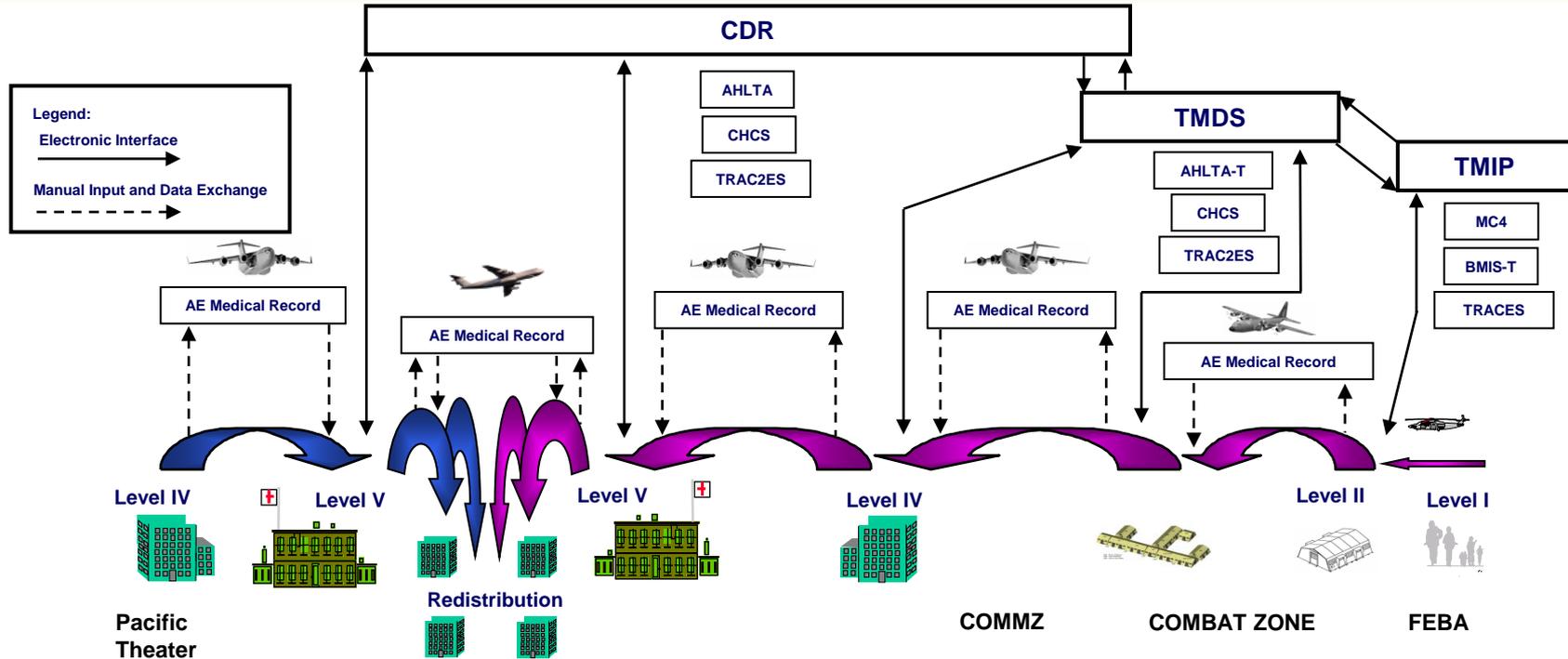


Solution

- **AHLTA-T with Alternate Input Method (AIM) Forms specifically designed for AE patient documentation**
- **Modernization Document submitted to Defense Health Information Management Systems (DHIMS) office for AE specific changes to AHLTA-T**
- **Unit Type Code and Allowance Standard developed for EHR specific equipment kits**



Solution



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Implementation

- Phase I

- 86 CASF/10 EAEF Nov 10
- 100% in-flight electronic documentation Jul 11
- Bagram CASF Oct 11
- Ali Al Salem Oct 11

- Phase II

- 86 AES Ramstein Feb 12
- 779 ASF Andrews Feb 12
- 59 CASF Lackland Mar 12
- 43 AES Pope Oct 12
- 375 AES Scott Oct 12
- 775 OL-A/B/C Andrews/Travis/Kelly Nov and Dec 12



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System Improvements



- **Strategic Pause instituted Dec 12; three areas of concern to address**
 - **Wireless LAN capability in-flight**
 - **Mi-Fi capability to transmit patient data to Theater Medical Data Store (TMDS)**
 - **Policy and guidance from HQ AMC/SGK for implementation and use**
- **Successful in-flight Wireless/Mi-Fi capability assessments completed 19 May 13 on C-17 (Charleston); 13 June 13 on C-130 (Scott)**

System Improvements



- **Policy and Guidance (AFI 48-XXX, volume 3) written and coordinated by HQ AMC/SGK; currently staffed for USAF/SG signature**
- **Implementation resumed 1 Aug 13**
- **Receiving provider can access in-flight patient care via TMDS before patient arrives at facility**
- **Medication Administration Record development completed; currently being deployed to worldwide AE sites**
- **CCATT patient documentation capability currently under development**
- **Incorporated Electronic Flight Bag iPads for patient documentation capability**

Implementation

- PACAF - Jul 14 implemented
- Aeromedical Staging Facilities; Special considerations
- 86 AES, Kadena & Det 1 Hickam

- Phase III
 - AFRC/ANG
FY 16/17



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Lessons Learned



- **Difficult to procure equipment and implement while simultaneously integrating improved technology**
- **Technical knowledge/skill varies widely for AE crewmembers**
- **From an IT perspective, AE encompasses much more than care provided from on-load to off-load**
- **In-flight documentation capability is relatively easy to solve, transmission of data at patient on-load/off-load is difficult**

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Way Ahead

- Tactical Critical Care Evacuation Teams
- Critical Care Air Transport Teams
- Humanitarian Assistance/Disaster Response
- Burn/Lung Teams



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Target Areas



- **TCCET (Tactical Critical Care Evacuation Team)**
 - **No documentation capability**
 - **Utilize TCCC (Tactical Combat Casualty Care)**
 - **Possible solution available; physiological monitoring**
- **CCATT (Critical Care Air Transport Team)**
 - **Solution identified; SME approved**
 - **\$1.65M Unfunded Request for development**
- **Enhanced Technology Requirements**
 - **Heads up display**
 - **Voice Recognition**
 - **Virtual Medicine/EHR**

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Evaluations



- Please complete your evaluations

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Questions?



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