PATIENT MOVEMENT (PM) PROJECT

BACKGROUND (“Get Real”)

- Even under ideal conditions, the urgent or emergent movement of ill or injured Service Members from ship to shore is complex. Many variables come into play during a Patient Movement (PM) evolution involving the intersection of medical and operational factors. These transfers can occur at night and in poor weather conditions; additionally, their unplanned nature may impact the degree of operational risk management (ORM) associated with planned movement missions.
- In 2019, the Pacific Fleet (PACFLT) surgeon requested Fleet Health Integration Panel (FHIP) support to apply “Get Real, Get Better” (GRGB) principles to improve PM safety, communications, and outcomes, while protecting privacy, when Service Members are moved for medical reasons from at-sea units (to include units in port) to any shore based civilian or military treatment facilities (MTFs) across the enterprise.

ACTIONS (“Get Better”)

- Beginning in 2019, Navy Subject Matter Experts (SMEs) identified a multitude of improvements to the ship-to-shore PM process. The team then coordinated with NMC San Diego to develop a pilot program to test and implement improvements.
- Beginning in December 2022, the Navy adopted a standard process for all ships and Navy Medicine Readiness and Training Commands/Units (NMRTC/Us). The improved PM process removed barriers and increased transparency so that people involved on the receiving side and on the sending side, could see where the patient was in the process and empowered people with the ability to eliminate potential problems before they could occur.

KEY TAKEAWAYS

- Navy Medicine has adopted the improved PM standards and process for all ships in the Fleet as well as all NMRTC/Us regardless of their location.
- The improved PM process enables Navy Medicine to better track Sailors and ensure they receive the right care, and keep operational commands informed of their Sailors’ condition and status within 30 minutes of arrival at a definitive care facility.
- As of June 2023, the Navy Medicine PM project has been implemented at ALL Operational Forces Medical Liaison Services sites -- CONUS and OCONUS.
On 24 August 2023, Naval Medical Center Portsmouth (NMCP) was awarded Level II Trauma Center Designation by the Commonwealth of Virginia's Department of Health. It is the Navy’s only Level II Trauma center.

NMCP is able to accept trauma patients from the local area at its emergency department. This designation will provide emergency responders another option in the Hampton Roads area, when transporting acutely injured patients, even if those patients are not associated with the military.

A Level II Trauma Center initiates the treatment of all trauma patients. Key components include: 24-hour access to general surgeons. Availability of anesthesiology, radiology, emergency medicine, neurosurgery, and orthopedic surgery.

In 2018, Naval Medical Center Camp Lejeune was designated a Level III Trauma Center. It is the only Trauma Center aboard a Marine Corps installation.

The largest amphibious operation post-World War II and largest since the Battle of Okinawa (1945). The operation involved some 75,000 troops and 260+ naval vessels.

Navy medical personnel at Inchon treated 5,510+ casualties and processed 2,840+ surgical cases.

Estimated 58% of casualties received at the 1st Marine Division Hospital at Inchon during the assault phase were returned to the fight.

Estimated 99.43% of patients treated by Navy Medicine survived evacuation.

Navy Medicine employed 25 surgical and casualty teams positioned forward and integrated into military operations. Surgical teams were comprised of three medical officers, one Medical Service Corps officer, and 10 hospital corpsmen. Casualty teams, found aboard Landing Ship Tanks (LSTs) offshore, were comprised of one medical officer and six hospital corpsmen.

Navy hospital ships USS Consolation (AH-15) and USS Repose (AH-16) supported the amphibious landings. These ships provided vital definitive surgical and medical care throughout the operation. Many Marines, Sailors, Soldiers and United Nation troops were returned to action after being treated aboard these ships.