



The Royal Centre for Defence Medicine

“Serving our Nation”

Format

- ✦ Background
- ✦ Changes in Operational Medical Care
- ✦ Improvements at Role 4
 - RCDM/UHBFT
 - DMRC Headley Court
- ✦ Future
- ✦ Summary

BACKGROUND

SG's Vision

“By 2010 RCDM will be the Internationally Recognised Centre of Excellence for all UK Military Medicine from Research and Teaching to Clinical Practice.”

RCDM works as a Partnership



UNIVERSITY OF
BIRMINGHAM



CHANGES IN OPERATIONAL MEDICAL CARE

COMBAT CASUALTY CARE



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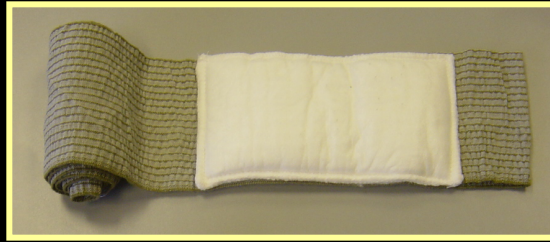


Revised First Aid Paradigm

$$C > A > B > C$$

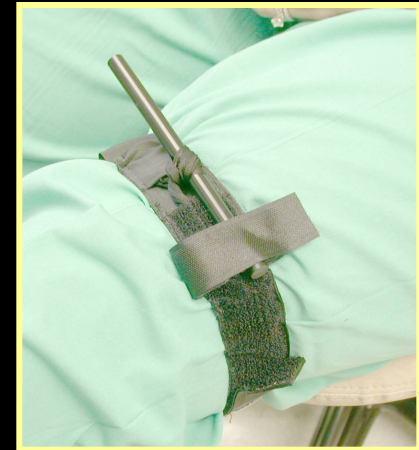
STOPPING THE BLEEDING - 3 NEW APPROACHES

- ✦ Elastic Field Dressing



1

- ✦ Combat Application Tourniquet (C-A-T)



2

- ✦ Haemostatic powder (*QuikClot*)



3

MERT



The Field Hospital



Medical Advances in the Field

- ✦ Revised First Aid paradigm C>A>B>C
- ✦ Novel haemostatic techniques
- ✦ Medical Emergency Response Team (MERT)
- ✦ Damage Control Surgery part of resuscitation
- ✦ Massive Transfusion Protocol
- ✦ Platelet Aphaeresis

SG Research Goal

“To develop strategies, policies and management protocols to reduce morbidity and mortality in UK Armed Forces during training, exercises and operations. To meet this goal work will assess current and developing treatment modalities, identify therapeutic improvements and novel therapies and analyse changing injury patterns and threats. This will enable MoD to provide a standard of medical care, within the constraints of warfare, comparable to that in the UK National Health Service”

(DSG 4-1-11 para 43).



ROLE 4

Role 4

- ✦ Selection of UK Role 4 Receiving Hospital
- ✦ Lack of military effect

Role 4 Improvements

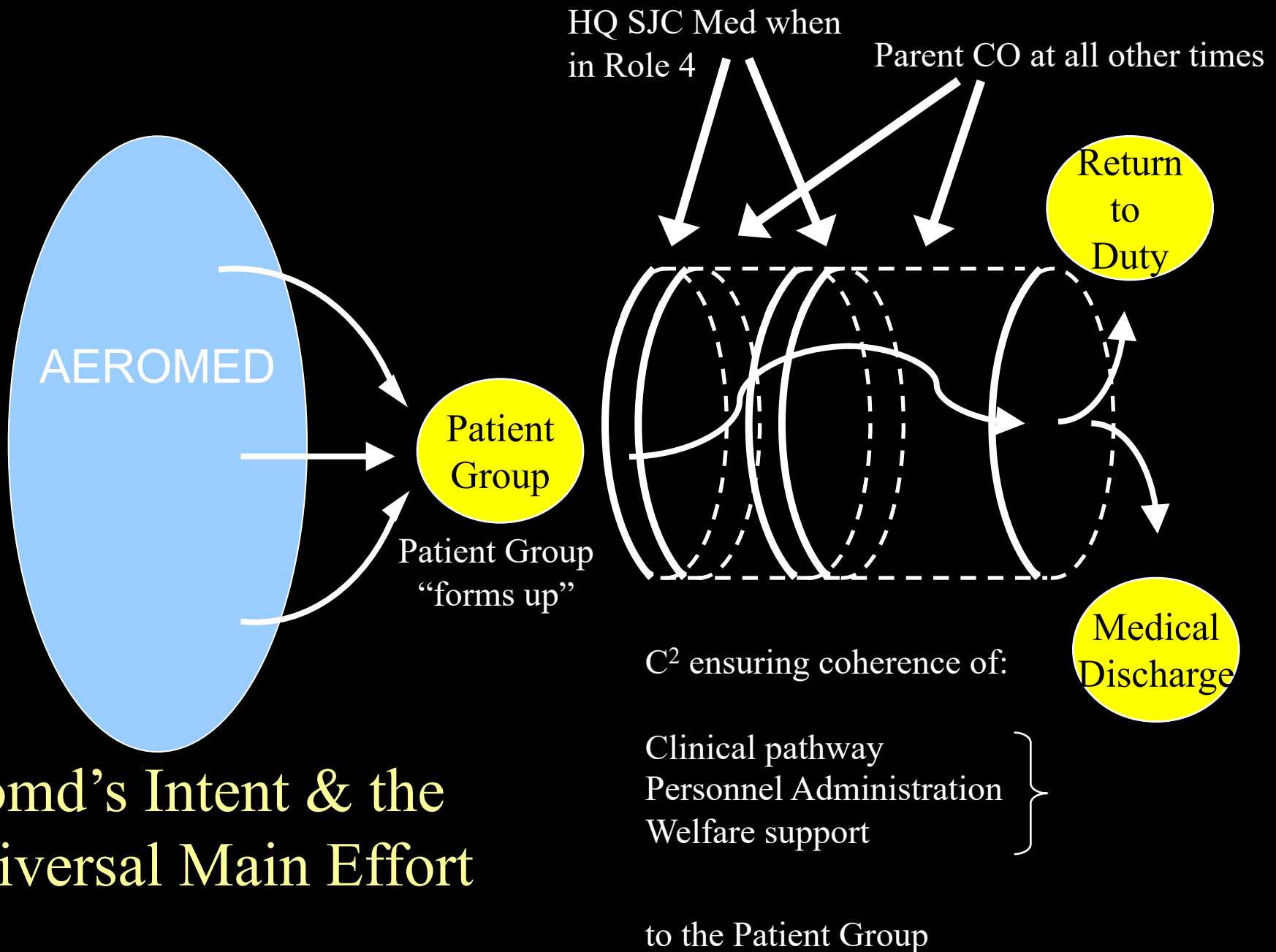
✦ 3 Cardinal Changes:

- Direction
- Military staff uplift
- Improved civilian (NHS) understanding

Role 4 Improvements

✦ Direction

Comd's Intent & the universal Main Effort



Role 4 Improvements

- ✦ Direction
- ✦ Staff uplift

Role 4 Improvements

- ✦ Direction
- ✦ Staff uplift
- ✦ Improved civilian (NHS) understanding



Role 4 Improvements

- ✦ Direction
- ✦ Staff uplift
- ✦ Improved civilian (NHS) understanding
(from a presentation by Sr Debby Edwards,
Nurse Consultant in Pain Management)

Contributing Factors

- ✦ Psychological, Emotional, Environmental & Social:
 - Grief
 - Anger
 - Guilt
 - Exhaustion
 - Stress
 - Fear
 - Poor communication
 - Lack of sleep
 - Frightened of future & disability
 - Stoicism
- ✦ Very young & very brave

Role 4 Improvements

- ✦ Direction
- ✦ Staff uplift
- ✦ Improved civilian (NHS) understanding



Role 4 Improvements

- ✦ Direction
- ✦ Staff uplift
- ✦ Improved civilian (NHS) understanding
- ✦ National centre of excellence

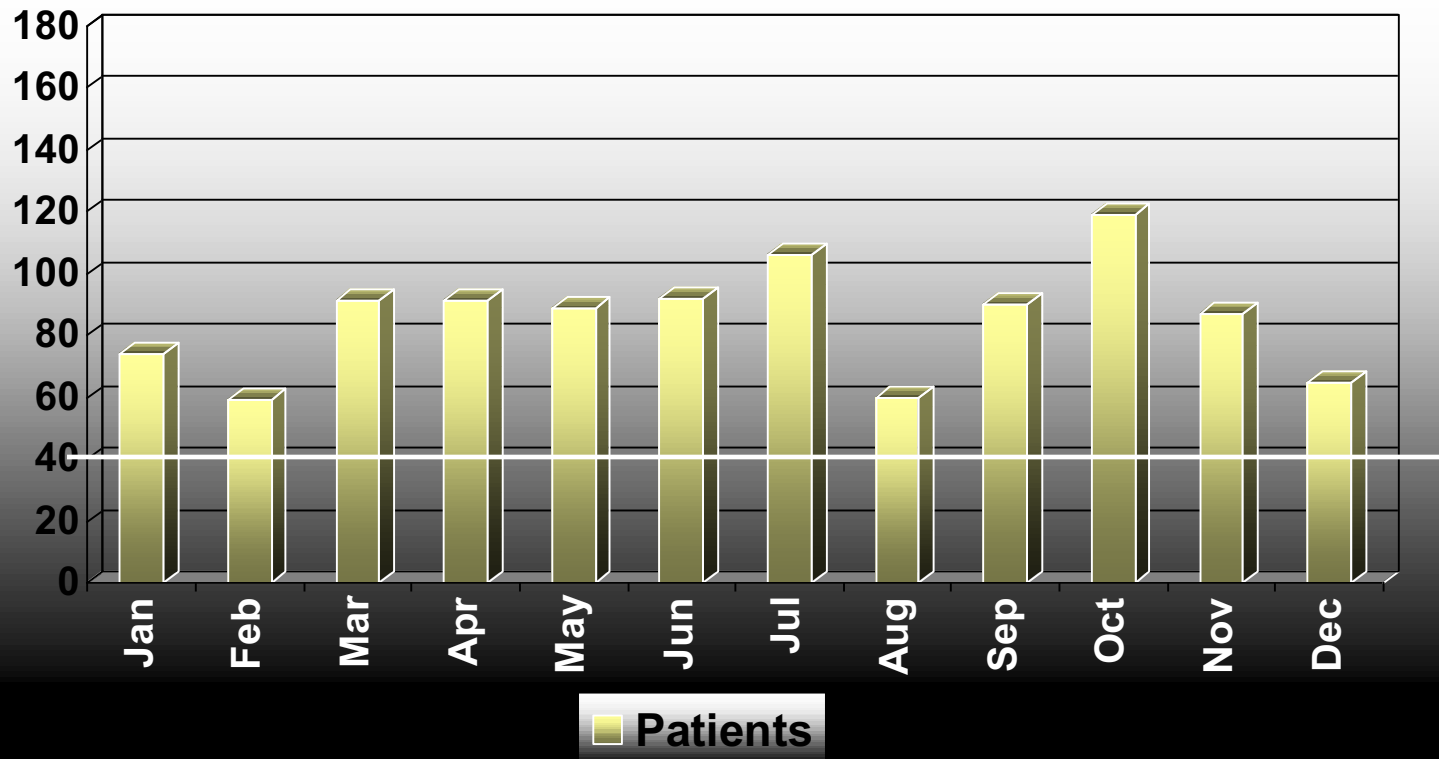


Role 4 Improvements

- ✦ Direction
- ✦ Staff uplift
- ✦ Improved civilian (NHS) understanding
- ✦ National centre of excellence
- ✦ Investment in the 'Military Bubble'

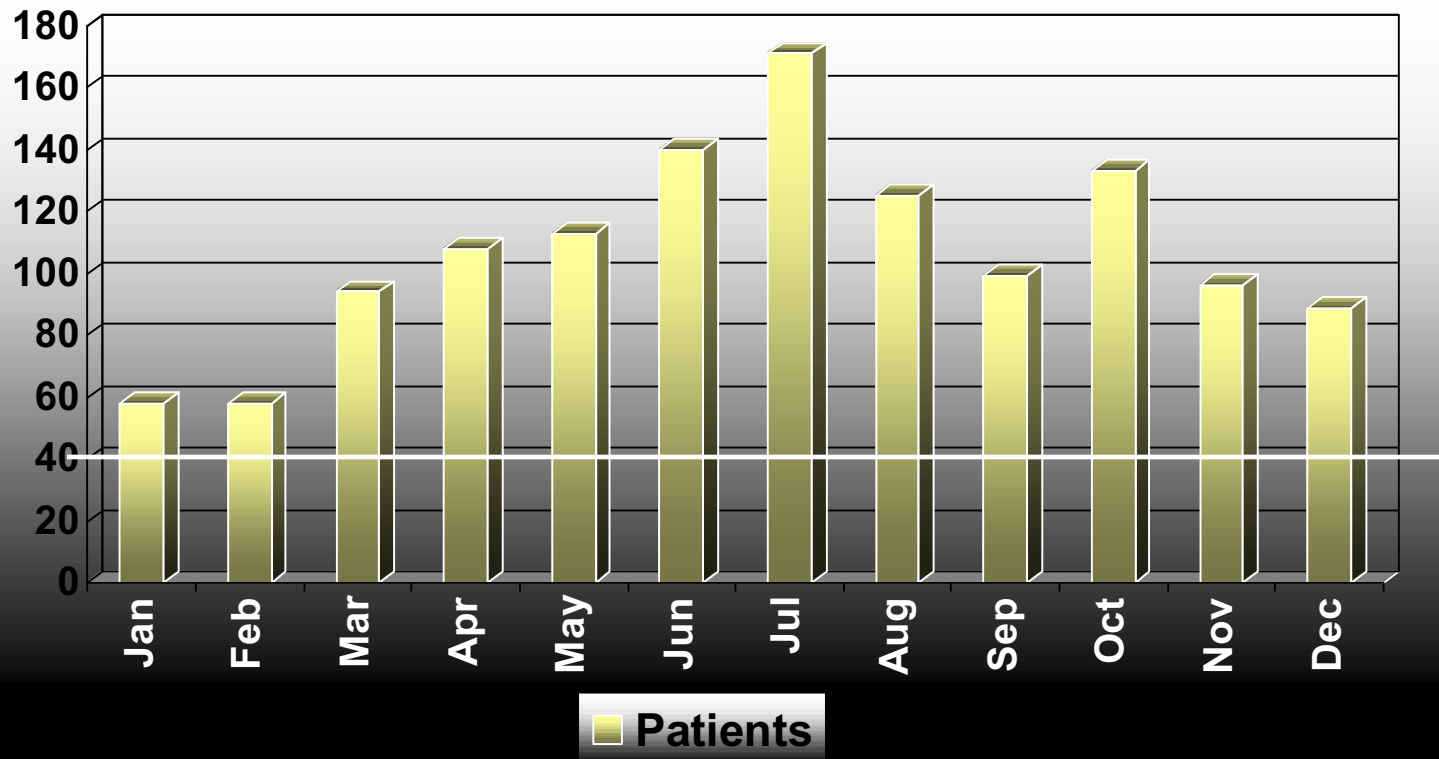
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Aeromedical Activity 2006



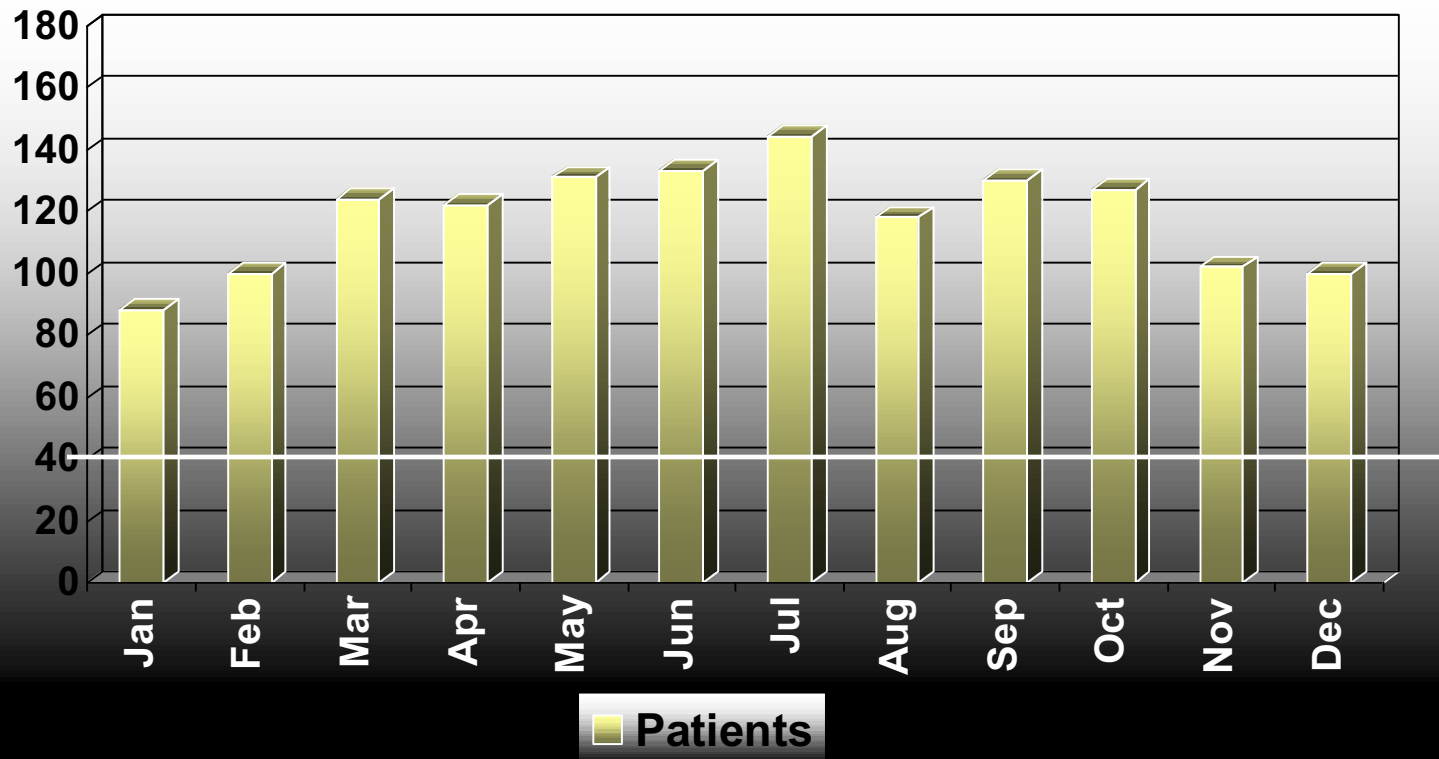
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Aeromedical Activity 2007



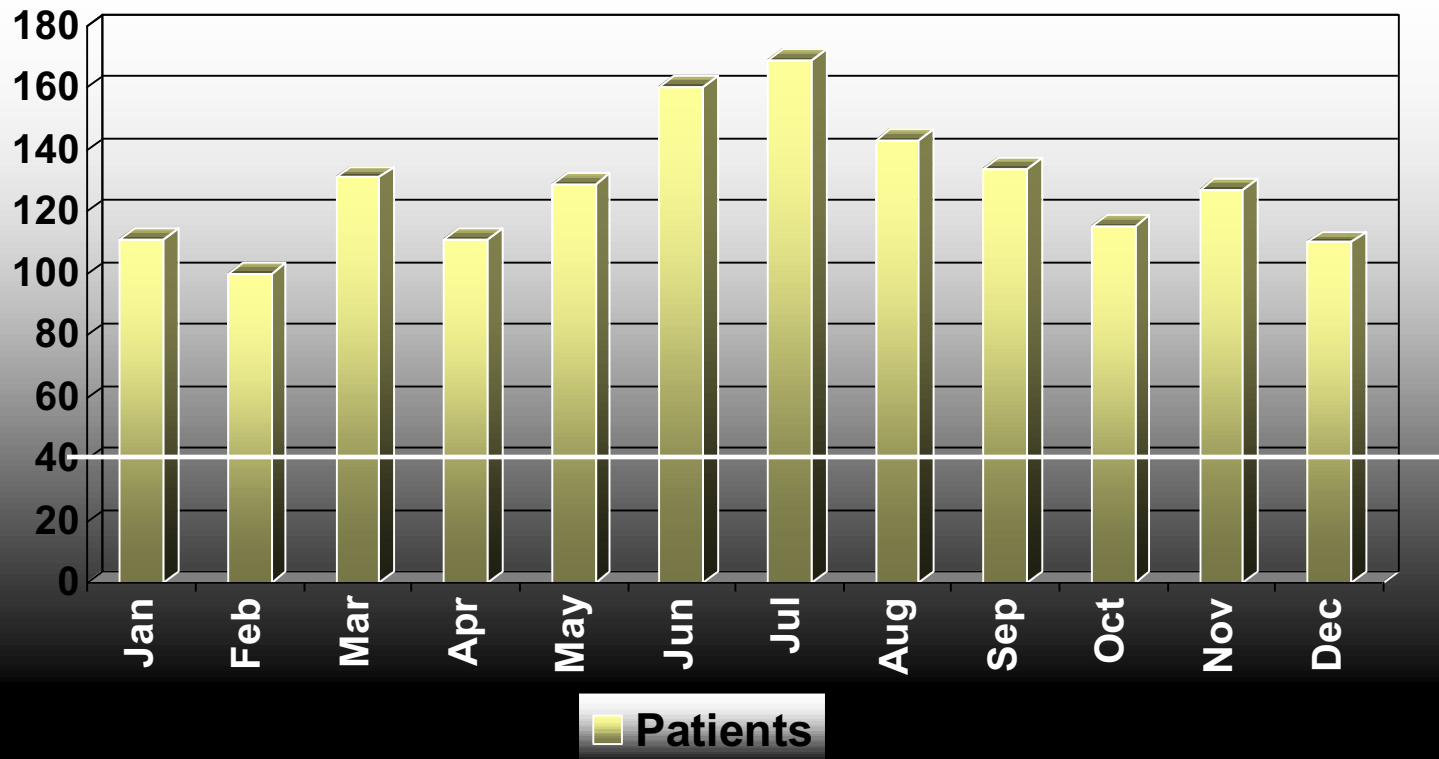
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Aeromedical Activity 2008



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Aeromedical Activity 2009



Role 4 & the 2009 Summer Surge

Classification	In-patient	Out-patient	Totals
BI	203	88	255
DNBI	182	180	294
Totals	385	268	549

- ✦ wef 1 Jul a 62% increase in admissions to B'ham
- ✦ S4 patients up by 92%
- ✦ ITU cases up by 167% (small numbers)
- ✦ “Choke Points” – ITU and Theatres

Role 4 & the 2009 Summer Surge

Military surgical cases managed in the Trauma Theatres at Selly Oak Hospital					
Month	Apr	May	Jun	Jul	Aug
No of cases	12	23	40	112	134

- ✦ CONPLANS with UHBFT allowed surge to be managed without escalation of RAMP
- ✦ 23 military staff to address potential choke points
(6 x ICU Nurses, 4 x Scrub Nurses, 10 x ODPs, 2 x Anaesthetists, 1 x B&P Consultant)













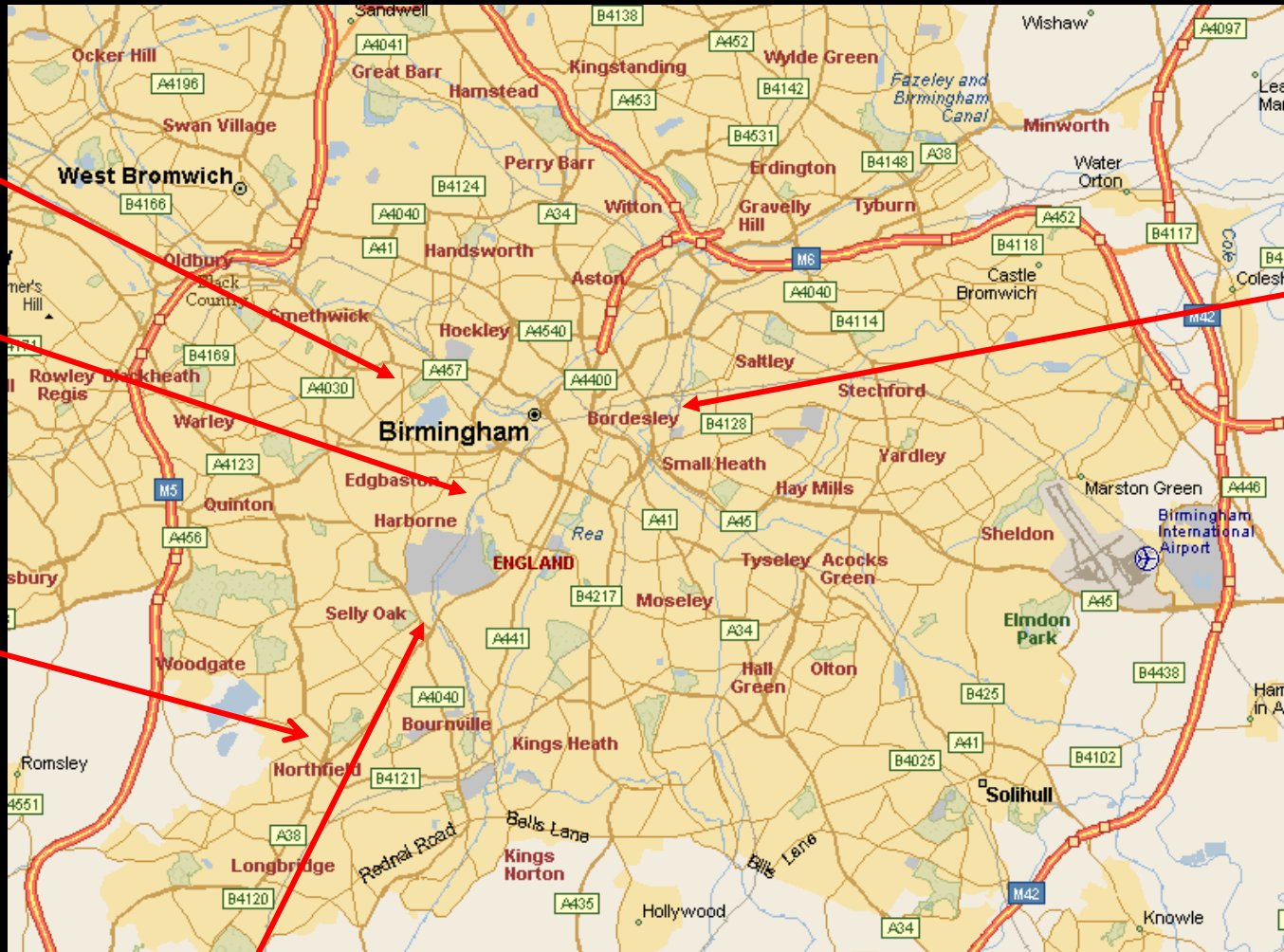


Military In Patients in Birmingham

City

QE

ROH

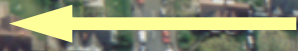


Heartlands

Selly Oak

Alexandra Wing

Norton House (1m)



Fairford flats



Alex Wing



Fairford Flats



Fairford Flats



NORTON HOUSE – SELLY OAK













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-	Based on Ward DE revision E	GG	TJC	02.05.08	
REV	DESCRIPTION	BY	COR APP	DATE	
BUILT FOR : BBS DRAWING TRANS MITTAL FOR STWLS					

Birmingham and Solihull NHS
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University Hospital Birmingham NHS

BNH JV

BDP Building Design Partnership
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Division Title
 WARD 04
 ABDOMINAL

PROJECT NO. SD04001		DESIGN WJF	DATE 02/05/05	SCALE 1:50 @ A0
STATUS PD	ORG BDP	DRAWING NO. 02	DRG NO. A(77)03WA004	REV -

- Military Patients' Common Room
- Relatives' Interview Room
- Early Rehab Facility
- Military images and ethos





Defence Medical Rehabilitation Centre Headley Court



Defence Medical Rehabilitation Centre

Headley Court

- ✦ Unparalleled facility
- ✦ New Challenges:
 - from force generation to battle casualties
 - disassembling the Patient Group
- ✦ Facing reality

“Battle Back”

Patient 'Journey' and Patient
Care Pathway and Life Care
Planning



THE FUTURE?



HELP *for*
HEROES
Support for our Wounded



Army Benevolent Fund

RAF Benevolent Fund

SSAFA

St Dunstan's

BLESMA

Combat Stress

Royal British Legion etc

KEY ROLE 4 MESSAGES

- ✦ Joint & Combined = the right model
 - 1200 beds, 100 critical care beds, 43 clinical specialties
 - Experience bar none
- ✦ ‘The Patient Group’ & ‘The Military Bubble’
- ✦ Demanding, Devastating, Draining
- ✦ Still some way to go



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HELP *for*
HEROES
Support for our Wounded



QUESTIONS?

Please support our wounded by purchasing a Tri-Service wristband