

Post employs team effort for Army Medical Action Plan

By Phil Reidinger

Fort Sam Houston Public Affairs

“The Army Medical Action Plan at Fort Sam Houston rocks!” That is the message delivered to the Brooke Army Medical Center and the Fort Sam Houston community on a marquee located at the installation entrance located at the BAMC exit off Interstate Highway 35.

The message by Brig. Gen. James Gilman, Great Plains Regional Medical Command and BAMC commanding general, is a pledge that Soldiers returning from fighting the battles of war will not have to fight a bureaucracy to obtain health care and other services during their recovery at BAMC and transition afterwards.

Col Wendy Martinson, U.S. Army Garrison commander, also directed that this message be placed on all post information marquees.

During a July 6 meeting with Gilman, Martinson, and post Army Medical Action Plan planners, Fort Sam Houston installation commander Maj. Gen. Russell J. Czerw explained the command’s focus stating, “Executing the Army Medical Action Plan is a team effort on Fort Sam Houston. We are working with the Installation Management Command and the Medical Command to provide installation resources and services to Warriors in Transition and their Families. We understand, and we are committed as a team with Brooke Army Medical Center, to a plan of action that provides each Soldier and Family Member the care, dignity, compassion and respect they rightfully earned.”

On May 15, Gen. Richard A. Cody, Army vice chief of staff, approved the definition for Warrior in Transition as “An Active Component or Reserve Component Soldier who meets the qualifications of Medical Hold, Medical Holdover or Active Duty Medical Extension. It also includes Active Component Soldiers who require a Medical Evaluation Board or have complex medical needs requiring greater than 6 months of treatment.

Warriors in Transition do not include Initial Entry Training, Advanced Individual Training or One Station Unit Training Soldiers except in extraordinary circumstances. Exceptions to this definition must be approved by the local military treatment facility and unit commanders.” Cody also decided on two AMAP areas of responsibility:

(1) Army Medical Command will maintain command and control for all Medical Hold and Medical Holdover Soldiers and (2) Army Installation Management Command will maintain command and control for all Soldier and Family Assistance Centers except at Walter Reed Army Medical Center.

According to Col (Dr.) Barry Sheridan, director of BAMC Healthcare Operations, “We have addressed the ‘Quick Wins’ at BAMC. We have created a Warrior Transition Unit at BAMC to incorporate all the Warriors in

Transition. The manning of these WTUs will be filled with Army assets. We will incorporate the triad of squad leader, case managers and primary care managers.”

Sheridan also noted that monthly Town Hall meetings are conducted to identify problems and areas of needed improvement for warriors and their Families. Commanders and staff from the medical treatment facility, the Warrior Transition Unit and the Garrison attend. Escorts now meet Families at the airport and bring them to the Medical Treatment Facility to meet their warrior.

Sheridan said that a Soldier and Family Assistance Center is being established to provide administrative and financial assistance; assist with coordinating government entitlements, benefits and services; and provide information and assistance in obtaining non-governmental benefits and services. BAMC already provides facilities in the hospital for Veterans Health Administration and Veterans Benefits Administration liaisons.

In regard to the Army’s AMAP Quick Wins, Col. David Baker, BAMC Troop Command commander, noted that visitors inspecting BAMC commented that BAMC was already setting the standard.

“BAMC was already picking up Soldiers at the airport and taking them to their rooms. Case managers were already assigned to the wounded warriors.” Baker said. He said BAMC had accountability of the Soldiers through command formations to get them out of the bed, check profiles and follow-up on Soldiers who weren’t getting out of bed.

He explained, “BAMC is at the tweaking stage of AMAP, because we already set the standard. BAMC is not coming up with new things to do; we are tweaking certain things to make them better for the wounded warriors.”

Some of the adjustments Baker describes are keyless entries for the burn center patients, automatic flushers for the toilets, establishing a Family Readiness Group for the wounded warriors, continuing to evaluate patients negotiating one or more wheelchairs down a sidewalk, and adding 168 employees to the staff.

“Consolidating a Soldier and Family Assistance Center into a one-stop shop will make it easier for the wounded warrior to get around. Anything that the wounded warrior needs will be in this unit. AMAP is a good thing for BAMC and good for the Soldiers and their Families. As Gen. Gilman says, the key to success is to never stop listening,” Baker emphasized.

To further assist Soldiers in expediting the Medical Evaluation Board process, the MEDCOM is implementing new access to care standards for Warriors in Transition. The MEDCOM has trained ombudsmen to permit the identification and resolution of problems at the earliest opportunity.

“We are standing up a special team of professionals to assist in the management of Traumatic Brain Injury,” Sheridan added.

The Army leadership has directed the senior commanders

on Army installations to make Warrior in Transition facilities and furnishings top priorities for repairs and improvements. Fort Sam Houston Garrison Commander Col. Wendy Martinson directed the re-opening of the ID Card Office July 10 in the basement of BAMC. The office is specifically for wounded warriors and their Families. The facility is open Monday through Friday from 7:30 to 11 a.m. and 12:30 to 3:30 p.m.

Additionally, the Okubu Barracks has been designated specifically to house wounded warriors assigned to the BAMC Warrior in Transition unit. During the past few months, 36 rooms on the first floor of the barracks complex have been renovated to full Americans with Disabilities Act compliance. Recently, \$1.5 million was provided by IMCOM to the Garrison to convert an additional 28 rooms to ADA-complaint quarters.

IMCOM also has validated a requirement to provide \$4.83 million to add water softeners and anti-scalding devices for burn patients and installation of TV cables.

Another project is in planning to install elevators in the Okubu barracks to provide expansion of Soldiers' quarters to the second floor, if required.

The Garrison staff is also investigating ways to support travel to administrative and medical appointments for the Warriors in Transition Unit by obtaining two additional ADA-compliant buses with wheelchair lifts within the next three weeks that will be operated by the WTU in coordination with Garrison to meet appointment schedules.

Addressing another Warrior in Transition issue, the Biennial AMEDD Physical Evaluation Board Liaison Officer Training Conference was held in May in San Antonio. More than 200 Physical Evaluation Board liaison officers, physicians, administrators and other stakeholders from military installations around the world attended. The theme for the conference was "Maintain an Army Strong! Through Efficient and Compassionate PDES Processing."

Brig. Gen. Reuben D. Jones, the adjutant general of the Army in his role as commander, U.S. Army Physical Disability Agency provided the keynote address.

During opening remarks, he stressed overhauling the Army Physical Disability Evaluation System is key to fixing the cumbersome, inconsistent and confusing bureaucracy for wounded and ill Soldiers and Family Members. "If there is only one action taken, this is it," he said.

Maj. Gen. Gale Pollock, commander, U.S. Army Medical Command and acting Army surgeon general, spoke during the

closing workgroup session. She praised the quality of care Army medical professionals provide while recognizing that access to care is an issue of concern.

The conference consisted of dedicated training tracks and updates on Medical Hold and Medical Holdover, Medical Evaluation Board, Army Wounded Warrior program, retirement services, Social Security and Veterans Affairs policies and procedures.

Physical Evaluation Board liaison officers and MEB physicians also received certification on the new Physical Disability Evaluation System Transformation Initiatives.

The system is designed to improve and facilitate medical processing of more than 15,000 injured Soldiers in the PDES.

According to Pollock, the AMAP vision for Army Medicine, Veterans Affairs and other support agencies is the creation of a sustainable health care system open to all injured and ill Soldiers for medical treatment, vocational rehabilitation and successful return to active duty, or transition back into civilian life with follow-up health care provided by the VA.

In the June 6 issue of MEDCOM Now, Pollock notes that the Army Medical Department is providing the highest quality and most advanced medical care for Soldiers on the battlefield, saving more lives of Soldiers wounded in combat than ever before. Army leaders and medical professionals know that some wounds lie beneath the surface and are not always visible upon first assessment.

In the weeks ahead, the Army will launch a chain teaching program to ensure all Soldiers know how to identify symptoms of Post Traumatic Stress Disorder and Traumatic Brain Injury that will reach more than 1 million Soldiers, a measure that will ensure early intervention. The goal is to educate all Soldiers and leaders to increase their awareness and understanding of these potentially debilitating health issues.

According to Pollock, brain injury and psychological stress from combat deployments are a primary health care concern for the Army leadership. "As Soldiers deploy on multiple and extended tours to the combat zone, recognition, diagnosis, treatment and prevention of PTSD and TBI are of utmost importance to our leadership, Soldiers and their Families," she noted.

Army Chief of Staff Gen. George Casey, Jr., has approved the following 10 AMAP “Quick Wins:”

1. Establish Command and Control. Previously, wounded and ill Soldiers undergoing prolonged evaluation and treatment (termed Warriors in Transition) were segregated by Reserve or Active Component into separate companies that fell under different commands with varying leader to lead ratios, disparate resourcing, and often disparate billeting and support structures. The disparities favored Reserve Component Soldiers in some locations and Active Component Soldiers at others. The Army values the service of all Soldiers regardless of component. The Army Medical Command has new unified companies (Warrior Transition Units) providing leadership and support at a ratio of one squad leader to every 12 Warriors in Transition.

2. Institutionalize the Structure. Previously, the companies supporting Warriors in Transition were not formally manned. Each location was left to devise a method of manning these units by diverting personnel from other duties. In addition, the baseline manning document of the medical treatment facility was not adjusted to account for increased workload with increasing numbers of Warriors in Transition. A formal manning document now exists that authorizes personnel to provide leadership, clinical oversight and coordination, and administrative and financial support at a strength based on the size of the population supported. At the heart of this structure is the triad of the squad leader, the primary care manager and a nurse case manager to provide a synergistic level of support incorporating leadership, medical oversight, and medical coordination and management.

3. Prioritize Mission Support and Create Ownership. Army leadership has directed the senior commanders on Army installations to make Warrior in Transition facilities and furnishings top priorities for repairs and improvements. In addition, they are to conduct monthly Town Hall meetings to identify problems and areas of needed improvement for warriors and their Families. Commanders and staff from the medical treatment facility, Warrior Transition Unit and Garrison must attend.

4. Flex Housing Policies. Policies now allow for single Soldier patient attendee support to receive military or guest house lodging in the same manner that Family Members of married Soldiers have been authorized. Warriors in Transition are now considered on par with key and essential personnel for military housing vacancies.

5. Focus on Family Support. Previously, Families arriving at medical treatment facilities in support of a wounded or ill warrior received varying levels of support. The Army recognizes the importance of supportive Families. Best Practices were institutionalized across the Army. Escorts now meet Families at airports and bring them to the medical treatment facility to meet their warrior.

Soldier and Family Assistance Centers are being established to provide administrative and financial assistance; assist with coordinating government entitlements, benefits and services; and provide information and assistance in obtaining non-governmental benefits and services. A Soldier and Family Hero Handbook will be distributed to all Soldiers and Families as a further aid. Formal family support groups are being established with the support of a full-time family readiness support assistant. MEDCOM has trained ombudsmen to permit the identification and resolution of problems at the earliest opportunity. Consolidated policy is being developed to facilitate processes that support warriors in transition and their Families.

6. Develop Training and Doctrine. Previously, cadre and staff in the companies supporting wounded and ill Soldiers received no formal training and no formalized standard operating procedures existed. The Army has developed standard operating procedures for the newly established Warrior Transition Units focusing on the mission of these units — to set the conditions to facilitate the Soldier's healing with the goal of returning the warrior to duty, or to facilitate the transition to active citizenship. Orientation programs for new WTU commanders and cadre have been developed and the first formal course was held June 25 and 26. MEDCOM has increased its training programs in the identification and treatment of Post Traumatic Stress Disorder with special focus on social work personnel, WTU nurse case managers and psychiatric nurse practitioners. The Army leadership has established a PTSD and Traumatic Brain Injury awareness chain teaching program for all commanders and Soldiers.

7. Create Full Patient Visibility. In previous wars, commanders often found it difficult to locate Soldiers after they were evacuated from the battlefield. MEDCOM has greatly improved the ability to provide feedback to commanders through the Joint Patient Tracking Application and is now further improving the reach-back with a letter directly to the Soldier's commander with instructions on how to contact the Soldier and how to submit awards and evaluation reports for battlefield service. MEDCOM has established policy for reception of Soldier-patients arriving by commercial or private transportation. The Army recognizes that Soldiers requiring evacuation may prefer to receive their care close to supportive Family and has developed a system to allow Soldiers to designate a preferred treatment location as part of the pre-deployment process

8. Facilitate the Continuum of Care and Benefits. The communication between the Department of Defense and Veterans Health Administration continues to improve. As a pilot program, the Army MEDCOM is co-locating VA and Veterans Benefits Administration liaisons with the Walter Reed WTU nurse case managers to support the continuum of care and benefits, easing the transition for warriors transitioning from the military to the VA. The Army has developed formal mechanisms to seek the

Soldier's approval and electronically transmit the required medical and administrative documents between the Army and the VA to expedite the continuum of care process.

9. Improve the Medical Evaluation Board Process.

Previously, Soldiers undergoing an MEB had to make an appointment with their nurse case manager to find out the status of their MEB. MEDCOM has created the MyMEB Web Site on the Army Knowledge Online Web page, allowing warriors to go online and access the status and progress of their MEB. In addition, a physician dedicated to assisting Soldiers with the MEB process is being assigned for every 200 Soldiers in the process. To further assist Soldiers in expediting the MEB process, MEDCOM is implementing new access to care standards for warriors in transition. Only Soldiers preparing to deploy will have priority over warriors in transition for non-emergency appointments.

10. Enhance Physical Evaluation Board

Representation. The Army called Reserve Component lawyers and paralegals to active duty to provide additional legal advocacy for warriors undergoing the PEB process, acting as legal advocates for these Warriors in Transition.