**Joint Enroute Care Course: A look back at 10 years of excellence**

CPT Benilani Pineda, BSN, RN; MAJ Johnnie Robbins, EJD, MSN, RN; COL Kimberlie Biever, MSN, RN; COL Mark McPherson, MD, MPH

1US Army School of Aviation Medicine, Ft. Rucker, AL; 2Enroute Care OTSG, Fort Sam Houston, TX

**Introduction:** Current and previous theatres have experienced an increase in the acuity level of patients requiring transport from point of injury. Recent advances in healthcare have brought surgical research resuscitation further forward in the battlefield. However, challenges have occurred from evacuating the wounded to receive surgical care. Rotary patient transport systems with trained healthcare providers (HCP) have closed a capability gap in moving patients efficiently across the echelons of care throughout combat operations.

In 2002, an analysis revealed a gap in MEDEVAC of critical care patients in theater. Lack of a structured training program for healthcare providers (HCP) was recognized as a potential solution to improve enroute care. From this analysis, a task force created a training program to close this gap. In 2006, the Joint Enroute Care Course was officially validated to train Army, Navy and Air force HCP consisting of: physicians, physician assistants, nurse practitioners, certified registered nurse anesthetists, registered nurses, flight paramedics, medics, and corpsmen.

**Methods:** The purpose of this abstract is to review 10 years of JECC training and initiatives to prepare HCP in administering care to complex, poly-trauma patients in rotary wing MEDEVAC platforms in deployed settings.

**Results:** JECC since inception has trained 1173 HCP. The breakdown consists of 828 Army personnel (519 officers, 309 enlisted), 250 Navy personnel (228 officers, 22 enlisted), 59 Air force personnel (all officers), and 34 foreign national personnel from countries such as the United Kingdom, Philippines, Saudi Arabia and Columbia.

During OIF/OEF, JECC prepped Army nurses assigned to forward medical treatment facilities (MTF’s) as competent medical attendants on flights. Between 2008 and 2009, the Joint Theatre Trauma System (JTTS) identified an increased gap in care of critical patient transfers to higher roles of care in the deployed setting. JECC concepts supported solutions to this gap with the focus on expanding care capacity by training Flight Medics to become Critical Care Flight Paramedics.

From 2005 to 2015, based on real-time lessons learned, feedback from students, and subject matter experts, JECC has morphed into a robust two-phase course with Phase I consisting of 80
hours of distance learning focused on altitude physiology and clinical practices in MEDEVAC. Phase II consists of a 2-week resident course at USASAM with didactic and exposure training to: altitude chamber, Patient Movement Items (PMI) equipment, Dunker and crash/survival training, and live hoist exercises.

**Conclusions:** JECC initiatives have contributed significantly in supporting training of HCP in MEDEVAC patients across echelons of care. In addition, JECC has supported the “golden hour” initiative with building expertise among HCPs in enroute care. Future challenges and initiatives consists of development of the enroute care mission for the Navy/USMC, sustainment of medical evacuation skills, standardization of enroute care across all services, meeting civilian standards of care, and further expansion of JECC into interagency and multinational training. Continuation of enroute critical care transport training will foster joint, interagency, and multi-national interoperability, help to expand the medical evacuation chain, prevent clinical degradation and improve clinical outcomes.

**Funding Source:** 0