

# Split-Based Level II Medical Support Operations

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A medical company deployed to Afghanistan used split-based operations to successfully provide medical care for Soldiers spread across Regional Command North.

Over the past decade of protracted conflict, the Army has continued to employ its forces in a manner that does not always follow doctrine but instead adapts to the mission set and operating environment. The flexible and responsive application of each facet of the Army Health System is critical to sustaining those combat forces. With linear battlefields banished to distant memory and the geographic dispersion of units across regions increasing, the use of split-based medical operations within the brigade combat team has become a fixture of combat medicine and the medical concept of support.

## Establishing Medical Services

C Company, 24th Brigade Support Battalion, 170th Infantry Brigade Combat Team, stationed in Baumholder, Germany, continued to subscribe to this model of support when it deployed to Regional Command

North (RC North) in Afghanistan in the spring of 2011. Upon arrival, C Company established the brigade level II aid station, which was colocated with the brigade headquarters, and the battalion level I aid station and brigade medical supply office, which were colocated with the battalion. It also colocated a mild traumatic brain injury (mTBI) and transition clinic with the RC North headquarters and German role III medical facility and provided medical support for a stability transition team.

Without a medical headquarters or an area support medical company in RC North, the brigade medical assets provided primary care for all of the Soldiers in the brigade and the other units operating in its area. The vastness of the region presented a significant challenge to providing organic care. To mitigate this problem, forward treatment teams and additional healthcare specialists (combat medics) were assigned from C Com-

pany to each of the maneuver battalions. This provided increased medical coverage to every patrol and outlying combat outpost within the brigade.

*Members of the treatment platoon treat a local Afghan boy who was involved in a motor vehicle accident.*

*Soldiers prepare a patient for ground evacuation by mine-resistant ambush-protected ambulance to the role III hospital.*



## mTBI Clinic

C Company manned the mTBI and transition clinic at Camp Marmal with the brigade nurse and one combat medic. With access to the neurological treatment section of the German role III facility, the mTBI clinic insulated the mTBI casualties from the stressors at their forward operating bases (FOBs) as much as possible. This provided uninterrupted recuperative time in a controlled environment to ensure that patients could return to their units once medically cleared.

As the only facility of its kind in RC North, the mTBI clinic also offered care to all in need from outside the brigade. In addition to providing post-blast restorative care, this facility served as the brigade patient hold, specialty outpatient tracking node, and as the liaison to the German role III medical facility for specialty services consults and to the U.S. forward surgical team for post-operative care and medical evacuation.

## Brigade Nurse

The brigade nurse served as an extension of the command, facilitating accountability of individual Soldiers and documenting their treatment. Her team was responsible for ensuring that the specifics of the care Soldiers received at the North Atlantic Treaty Organization facility were uploaded into the Armed Forces Health Longitudinal Technology Application and for providing that information to the referring aid station. This provided immediate feedback to the referring providers, complied with the mandate for electronic medical records, and eliminated the inevitable loss of paper documentation as Soldiers returned to their FOBs via multiple flights and ground movements.

Maintaining digital patient records reduced the need to repeat medical procedures and care because of lost documentation and ensured that Soldiers received the specialty care they needed regardless of the nation providing it. The brigade nurse's role as a nurse case

manager and medical liaison enhanced medical readiness and recovery through the coordination of comprehensive treatment plans and detailed patient tracking.

## Medical Battlefield Circulation

The 170th Infantry Brigade Combat Team deployed and established operations at more than 12 camps, FOBs, and combat outposts that were scattered throughout RC North. Although the reassignment of the forward treatment teams and additional combat medics and the use of coalition facilities bridged the primary care gap, the availability of ancillary services from coalition partners was limited.

To reduce the need for Soldiers to travel for chronic injury or routine specialty care, C Company developed a comprehensive medical battlefield circulation support plan to rotate each of its specialty providers and services to each remote company or larger unit on a routine basis. Services provided included physical therapy, preventive medicine, behavioral health, pharmacy, medical supply and maintenance, and dental. Pushing providers far forward not only reduced the strain on an already overtaxed transportation system but also reduced the strain on units by eliminating the requirement to lose a Soldier for over a week for him to receive 1 hour of active care.

Similar to the responsive patient care benefits, our specialty services proactively reduced and prevented the occurrence of reportable events with an aggressive preventive medicine training and surveillance

