

THE FUTURE FOR A FLIGHT NURSE SPECIALISATION IN THE ADF

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Introduction

The Defence Health Service Branch, supported by the JP2060 project team here in Canberra, has recently developed an Enhanced Health Capability Concept in order to understand the future health service support requirements of deployed forces for the period 2006 to 2010 and beyond. The concept recognises the critical role that primary evacuation and interfacility transfer will play in providing for a seamless health support capability for manoeuvre forces of the future. A future where warfare will be prosecuted by highly mobile, flexible and networked combat and combat support systems operating within a three-dimensional operational environment. JP2060 has envisioned networked but possibly quite geographically disparate forces that will require seamless and capable health support, where surface (land and maritime) and aeromedical enroute care systems will require a much greater degree of organisation than we currently practice. And where the enroute care systems are populated by appropriately prepared and dedicated health professionals.

Scope

This paper will firstly identify the current and near future challenges posed by this emerging enhanced health concept and future wars. I will identify opportunities arising from health force conceptual developments emerging from the JP2060 capability reviews; opportunities that provide for enhanced nursing workforce options for the future. I will then hopefully conclude that there currently exists an opportunity

for ADF nursing to make significant gains in nursing specialist workforce development, not just in flight nursing, but in all of the specialist practices required to support the objective future combat forces.

Future wars – Current Challenges

Force structure planners and strategic level thinkers all agree that the very nature of warfare has undergone a greater revolution in military affairs in the past 100 years than for any comparable period in human history. The causes, means and methods of violence used in each new, or indeed renewed conflict seemingly pose unique and novel challenges at every turn. We now face the challenge of a non-linear, three dimensional battlespace that encompasses not just the maritime, land and air arenas of conflict but also the electromagnetic and information exchange spectra, and it seems more likely the biological and chemical as well. We have been warned that the delivery of health care to dispersed and highly manoeuvrable force elements will also be necessary within both displaced and uninvolved civil populations and in urban terrain settings. These significant challenges will be posed to health planners who must provide the links necessary to support battle and non-battle casualties.

Aeromedical Challenges

The MIRF depicted in my presentation is not the challenge, but most of us recognise that the aircraft, and the altered environment it imposes on the patients, the aeromedical crew and the associated equipment, does. Quite insidious and fundamentally mortal challenges exist in the aviation environment. Even stable patients, and otherwise healthy aircrew, undergo physiological stressors from being taken to altitude. Atmospheric pressure drops along with air temperature to stress the

physiology. Noise, poor illumination and vibration collude to dampen sensory acuity, and influence both organic tissues and medical hardware. And there are significant limitations imposed by being contained and constrained within an aluminium box separated by empty air from any other source of health support, a form of isolation that forces responsibility for the care of patients and related inflight events on those medical and nursing personnel onboard alone.

Aeromedical Practice

The practice of aeromedical transport, whether for the purposes of prehospital casualty response or for the controlled movement of an existing patient between nodes within a system of health capabilities, has long been recognised within the civilian health community as requiring specific and extensive skills sets. Practice standards are underpinned by significant practical experience and ongoing engagement by those employed to carry out these tasks.

Flight nurse practice standards as published by the specialist representative body, Flight Nurses Australia, describe requirements for high levels of currency and competency in relevant advanced practice sub-specialisations, in addition to highlighting the significant additional aviation nursing and crew management currency requirements. The standards recognise the specialist nature of Flight Nurse practice; the limited resources within a clinical threatening environment; the isolation from additional sources of clinical support once air-borne; the need to deal with any adverse event during flight, the requirement to attend to all manner of clinical presentations, and the significant occupational health and safety and aircraft related operational risks. We need to identify what skill sets are required for our specialist

practitioners within our own unique environments and the overall craft of Military Nursing. We need to identify how we can best support both the integration and ongoing maintenance of the people and systems required for advanced care delivery. I believe we must avoid underestimating the skills and experience required to safely support all advanced practice care delivery for deployed forces, especially for the aeromedical task.

Operational Health Support

The challenge of providing a flexible, capable, responsive, lightly scaled and task oriented health support system is further complicated by the requirement to scale health support within the limits of shrinking logistic footprints in theatre. Operational planners are cognisant from history of the burden that the logistics tail places on strategic lift and in-theatre support assets. Large, complex force support areas, airheads and seaports are seen as being burdensome from the perspective of movement, development and ongoing maintenance, and as liabilities due to the requirement to provide significant assets for vital asset protection. Logistics support areas can also force limitations on tactical planners through imposing an inability to manoeuvre combat forces freely as the battle takes shape. It is through enhanced and sophisticated surface and aeromedical patient transport systems that health planners can dial degrees of flexibility into health support plans to minimise both the number and scale of health elements deployed in theatre.

The Personnel

The final challenge relates both to the personnel and the standards of health care they can provide. As discussed in my paper on continuing professional development

yesterday, there are significant challenges in providing for career streams which will attract, develop and equitably sustain nursing care professionals. If we are to meet these challenges, then we must take advantage of all opportunities open to us to meet our collective future.

Opportunities

An opportunity currently exists to inform the JP2060 project of our advanced practice support requirements within context of the newly developed 5 Health Operating Systems, or HOS, as well as continuing to develop a more robust, supportable and sustainable military nursing workforce within other personnel related for a. As mentioned, the Enhanced Health Capability Concept has visualised 5 Health Operating Systems. These encompass the range of health support capability elements and their supporting systems that make up a complete health support system. These five HOS encompass the various capability bricks that themselves individually state the minimum staff, equipment, tasks, characteristics and capabilities they require. This systematic construct speaks to task organisation, flexible capability arrangements to meet unique operational support requirements, individual and collective training and specialist skills sustainment. Examples of this are the support requirements for Medical Evacuation capabilities, both surface and aeromedical, which reside within the Enroute Care HOS. And the ICU/HDU and Resuscitation capability bricks encompassed by the Treatment HOS.

Career Streams and Specialist Practice

I believe that in order to support the long-term development of nursing advanced practitioners, the Defence Health Service must progress to integrate and expand upon

this conceptual construct to identify an objective health support force that supports the necessary specialist practice streams with supportable career options. For reasons of workforce sustainment, we must develop the ability to train, develop and subsequently sustain advanced practice capabilities. By basing our needs analysis and workforce redevelopment arguments on endorsed capability elements; that themselves support greater operational support requirements, we place ourselves in the best position to realise success.

We need to get a clear view of what we require from our advanced practitioners, not just from civilian practice baselines, but also by taking into account the unique challenges that military nursing represents. The ongoing development of the profession of military nursing will depend on the evolution of military specialist practice standards and competencies that reflect the unique requirements of operational health support.

The Joint Challenge

The need for Flexibility and Robustness in deployed health support necessitates joint planning, joint arrangements and joint deployment to meet the joint mission. The three dimensional battlespace will become increasingly disrespectful of traditional boundaries of service responsibilities. The Enhanced Health Care Concept has already identified that the boundary between forward and tactical AME tasks has become so blurred as to no longer essentially exist. Similarly, the compartmentalisation of our personnel, equipment and mission profiles into single service stovepipes is becoming both irrelevant and an inhibitor to flexible health support. All forms of warfare and organised application of violence must now be

manipulated by all three services working as a joint and often coalition entity. Of all the components of deployed forces, health services are almost uniquely required to work as a joint organisation, as all three services must bring their individual capabilities to the table to provide for a complete health system. Even down at the individual reinforcement level, specialist medical and nursing practitioners must be drawn from whichever of the services can provide in order to round out our otherwise undermanned and undergunned capability elements. Extending this cross-service flexibility back into the training and sustainment phases, we have the opportunity to argue for joint service training and employment to provide for sustainable career structures and practice continuity within specialist streams. The base argument for opening up each others posting positions must always be the best person for the job, based on the long term needs of the service as defined by operational support requirements, no matter what colour the uniform. Many of us can reflect where we have previously come together (even in events like today) for training, exercises or operational deployments. And we may recall the unforeseen benefits that emerged where none was expected. The cross pollination of experience, knowledge and other resources between health professionals from the difference services, and indeed different national forces, should not be underestimated as a health force multiplier.

Finally, the freeing up of communication across the services would enhance joint service practices, procedures and doctrine development. Being aware of each others capabilities, limitations, personalities and contacts will always make the prosecution of our joint business more effective and efficient.

Conclusion

In conclusion, the battlefields of the future are driving the considerations, preparations and force structure plans of today to meet the challenges of tomorrow. It is apparent that we will require deployed health care systems that pay increasing attention to more flexible and responsive means of linking disparate manoeuvre elements with their supporting health care system. There exists an imperative therefore to develop clinical specialist streams in advanced nursing practices in the ADF in order to ensure the preparation, distribution and deployment of specialist care capability elements within this very challenging environment. As regards the specialist practice of Flight Nursing, this could be our first test of joint manning and training concepts to supporting both surface and aeromedical evacuation requirements within deployed health forces.