



AUSTRALIAN  
DEFENCE FORCE

Joint Health Command

# Annual Review

2018–19



JOINT  
HEALTH  
COMMAND

## About this report

This report provides an overview of health services and support provided by Joint Health Command for the period 01 July 2018 to 30 June 2019.

This report also satisfies the requirement for Defence to produce an annual report on mental health services, which is a recommendation of the 2013 Joint Standing Committee on Foreign Affairs, Defence and Trade Inquiry into *The Care of ADF Personnel Wounded and Injured on Operations*.

# Executive summary

## The year in review

On 04 August 2018, Joint Health Command (JHC) celebrated its tenth anniversary. Our early years focussed on delivering and improving garrison health services and reforming our approach to mental health. Ten years later we are a major enabler of operational capability, delivering evidence-based health services through an integrated professional health workforce. We manage more than 1.2 million patient interactions each year in Australia and overseas, and we continue to provide technical oversight, advice and support across the Defence organisation.

JHC's relations with commanders have matured, and we are a trusted source of holistic health care for Defence members. Our achievements have directly contributed to preparedness and to ensuring members have access to the highest quality, evidence-based health care wherever they serve.

JHC has built a solid foundation of health policies, programs, services, research, materiel and logistics. Key programs, such as mental health, are at a mature state and delivering positive health outcomes.

JHC continues to drive improvements through the *Defence Mental Health and Wellbeing Strategy 2018–2023*. This strategy consolidates reforms and initiatives to achieve a whole-of-organisation approach that recognises the needs of our integrated military and civilian workforce.

JHC has been evolving and expanding our remit into operational health, strategic regional health engagements, health analytics and insights, and health workforce planning. JHC has also initiated major improvements in how we prepare Defence members for transition, particularly those who are transitioning for medical reasons. In doing so, we are ensuring that all our members have the best possible chance of living a healthy and productive life after they leave Defence.



## Future outlook

In this second decade of service, JHC is moving into a new phase. We will be developing an Australian Defence Force Health Strategy out to 2030, enhancing our health analytics and insights, continuing our program of improvement and innovation, planning workforce reforms, and broadening our influence across the Defence health system.

The success of JHC will be measured through the satisfaction of its clients and recipients of health care. Our reputation for being *Trusted to Care* is the result of the commitment and skills of JHC's leaders and people. I have every confidence in their dedication to keep building on our achievements for the benefit of Defence and Defence members. By the end of 2019, JHC will continue to be known as a leading business manager that contains costs and is trusted to provide responsive and reliable health care.

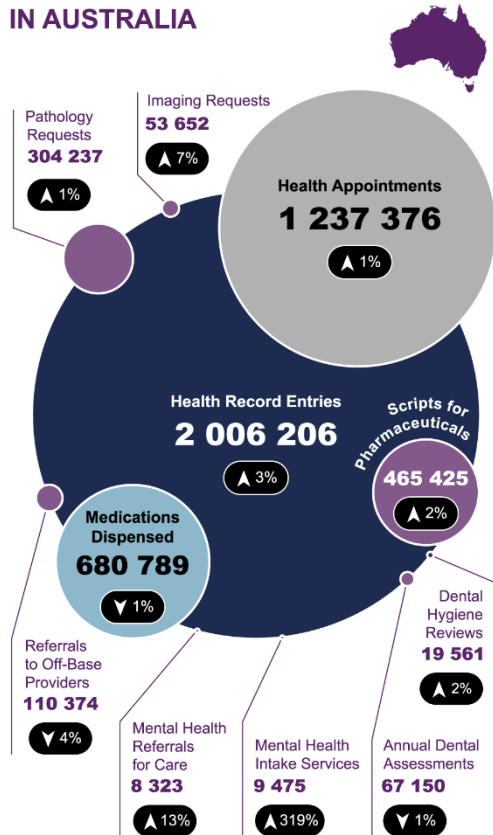
A stylized handwritten signature in black ink.

**Tracy Smart, AO**

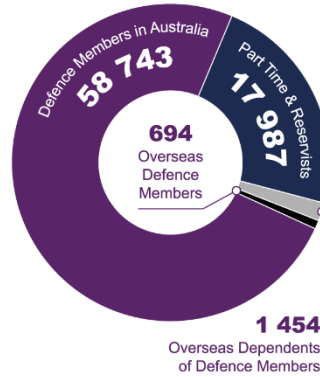
Air Vice-Marshal  
Commander Joint Health /  
Surgeon General Australian Defence Force

# HEALTH SERVICES TO MEMBERS & FAMILIES

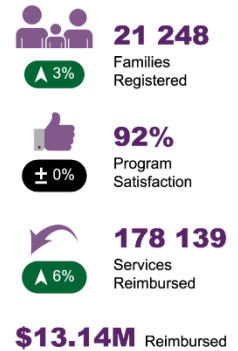
## RANGE OF HEALTH SERVICES IN AUSTRALIA



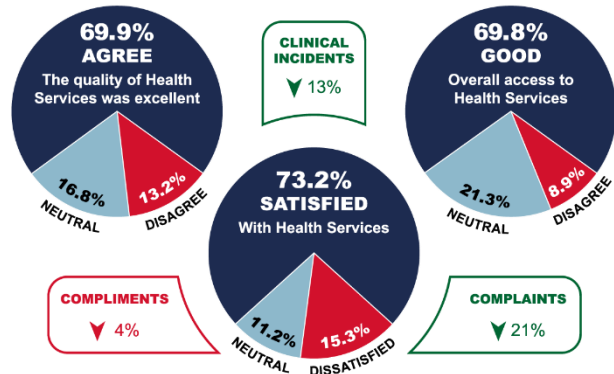
## HEALTH SERVICES DEPENDENCY



## ADF FAMILY HEALTH PROGRAM



## QUALITY OF SERVICES



## FAILURE TO ATTEND OFF-BASE MEDICAL APPOINTMENTS

**2 617** ▼ 23%  
Avg. 218/mth

## AVERAGE HEALTH INTERVENTIONS PER DEFENCE MEMBER IN 2018-19



**5** Doctor Appointments



**2** Dental Appointments

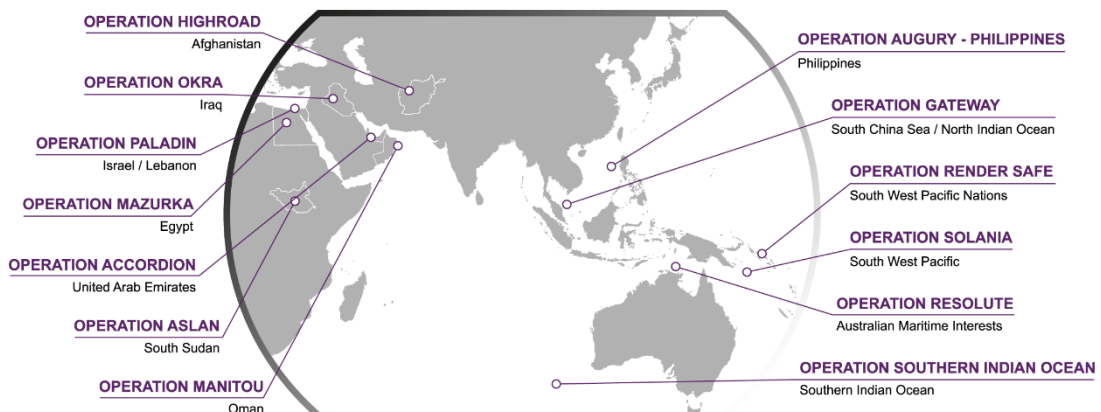


**2** Physiotherapy Appointments



**1** Mental Health Appointment

## MILITARY OPERATIONS SUPPORTED BY GARRISON HEALTH

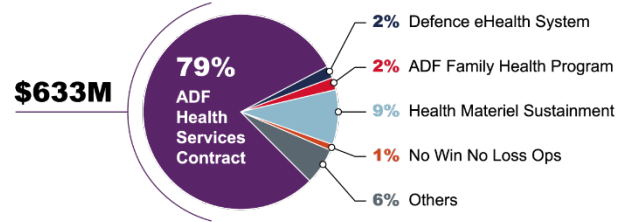


# THE HEALTH SYSTEM

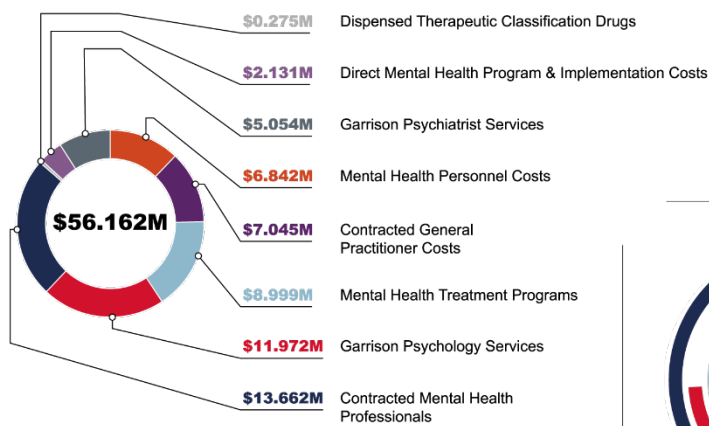
## NEW CAPABILITIES INVESTMENT



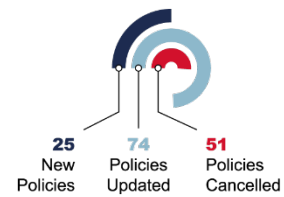
## TOTAL EXPENDITURE



## MENTAL HEALTH EXPENDITURE



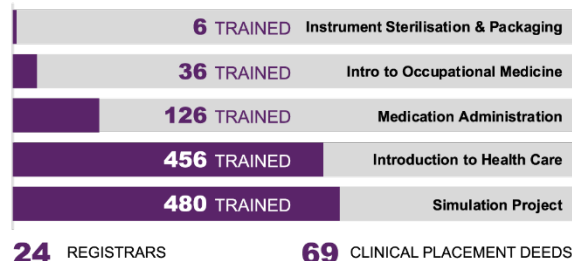
## POLICY



## HUMAN RESEARCH ETHICS COMMITTEE



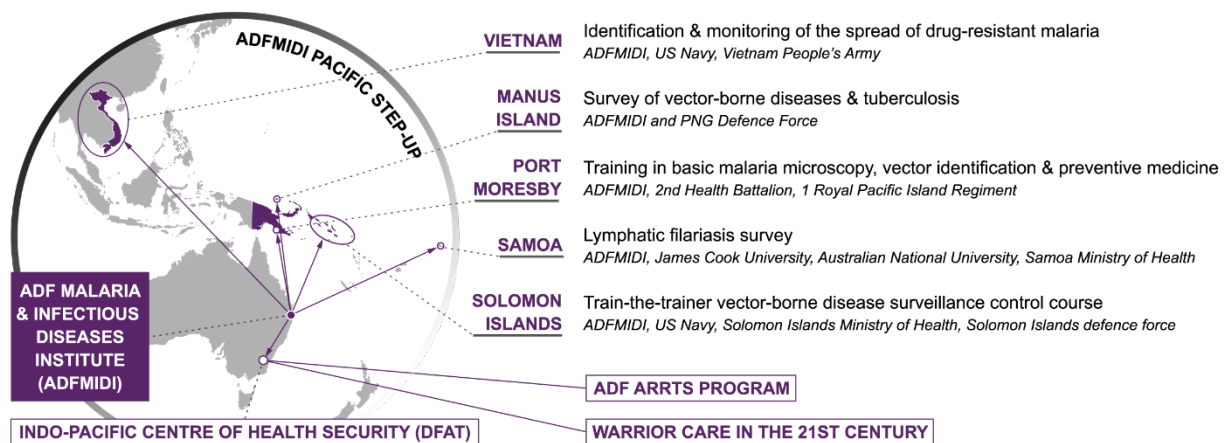
## HEALTH WORKFORCE TRAINING



## HEALTH WORKFORCE & RESOURCES



## HEALTH ENGAGEMENT



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# Garrison Health Services

*Over the past 10 years, the demand for health services has continued to rise. Despite this, Garrison Health has maintained standards and contained costs through nationally consistent objectives and improved business acumen. In 2018–19, we focussed on continuous improvement of health services and finalised the new Australian Defence Force Health Services Contract.*

## New prime vendor

In 2018–19, Joint Health Command (JHC) successfully engaged a new provider for the Australian Defence Force (ADF) Health Services Contract. We signed a contract with Bupa Health Services Pty Ltd on 14 January 2019 for services over six years with four one-year extension options.



The expected benefits of the new contract include:

- improved stability in staffing levels
- increased use of data and analytics
- greater focus on opportunities for continuous improvement and innovation.

The success of this complex procurement demonstrates our increasing maturity as an organisation. JHC leveraged whole-of-Defence expertise and successfully used competitive dialogue to deliver the new contract on time and on budget.

## Strong relationships

### Service Level Charter

During 2018–19, JHC proposed moving from the prescriptive service and regional level agreements to a principles-based Service Level Charter. The Service Delivery Working Group agreed that a strategic, enduring and simplified charter was viable because of the maturity of JHC's policy, processes and service delivery model. The new Charter will be sent to the Groups and Services for approval in the latter half of 2019.

### Service delivery model

Following signature of the ADF Health Services Contract and in-principle agreement on the Service Level Charter, we refined our Garrison Health service delivery model and the Garrison Health Support Arrangements to better meet the needs of the Groups and Services.

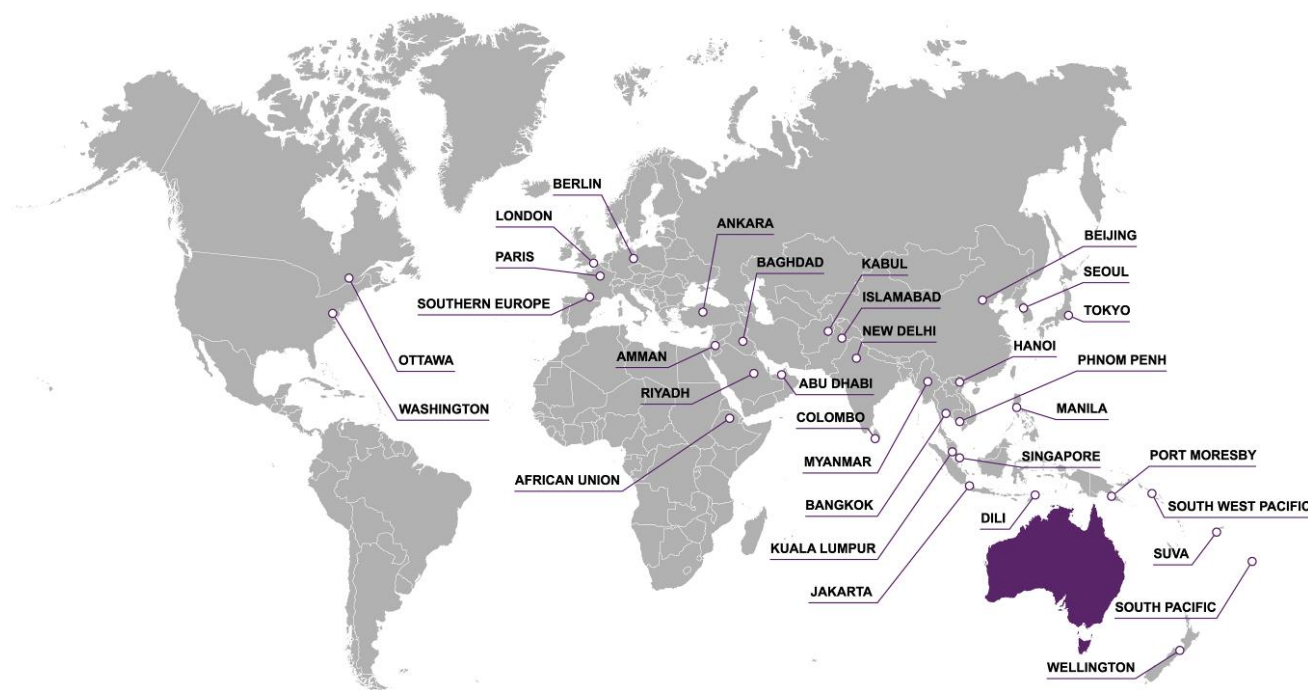
JHC has achieved Defence Health Policy Steering Group endorsement on administrative health policy for the Garrison Health service delivery model, and will be seeking Service and Group endorsement later in 2019.

### Engagement

JHC engaged with Border Protection Command and Joint Operations Command to ensure transition between the pre-deployment, deployment and post-deployment environments as needed for domestic, Australian based and offshore activities.

We also engaged with International Policy Division about activities where international forces are participating on Defence bases and in multinational exercises. These engagements continue to occur and mature.

## Our dependency



JHC is delivering quality, safe, efficient and effective health care to 58 743 Defence members in the Permanent Force, and 17 987 members in the Reserve Force in Australia. We also support 2148 members and their dependants in overseas locations.

### *In the spotlight: Community support*



JHC was part of the Defence response to the catastrophic Townsville floods in February 2019. Lavarack and Townsville health centres provided primary health care, inpatient facilities and mental health care to displaced people.

We developed a mental health support plan for the provision of family and disaster-sensitive mental health services to support individual and community wellbeing and recovery in flood-devastated regions.

Defence members, APS employees and contractors embodied a 'one workforce' approach in the face of both personal and professional adversity (some of our people also lost homes and belongings in the floods).

## Improving health services

*Over the past year, JHC continued to improve health service delivery by analysing data, identifying better ways to deliver services and consulting key stakeholders about improvements and innovations.*

### Wait times

Access to health care is a high priority for JHC. Over the past 12 months, we have consistently met average benchmarks for medical, dental and mental health appointments across the Command.

A slight upward trend in medical and dental appointments was noted toward the end of the reporting period, but wait times for mental health appointments remained reasonably steady.

There have been occasions where individual health centres have not met their agreed targets. As this occurs for a range of reasons, we take a case-by-case approach to considering the cause of the increased wait times and implementing a tailored remediation plan.

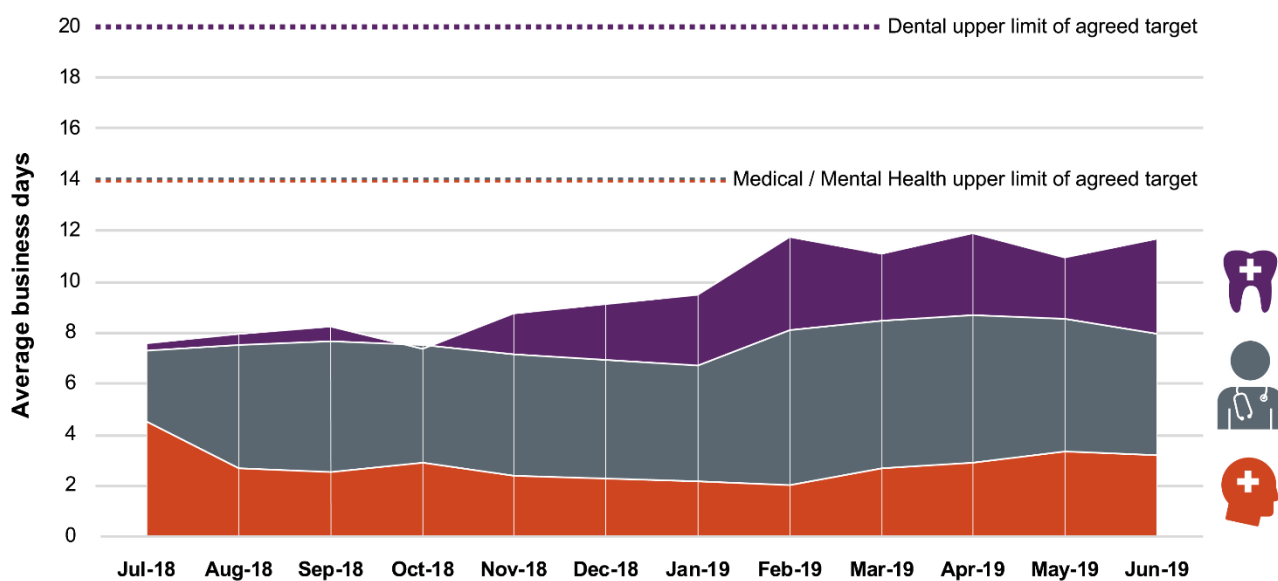
While we have been able to deliver nationally within the agreed targets, we recognise wait times as an area for improvement. We have continued to focus on innovations to further improve access.

### Transparency of wait times

Wait times for on-base health services are now displayed in our health centres. These show the agreed and up-to-date current wait times, providing transparency to command and members. This allows members to proactively plan and manage their time, and enables command to escalate healthcare concerns or requirements.

JHC is displaying information on failure to attend appointments, as this creates 'lost' appointments and reduces available health appointments. The displays have improved understanding of this issue and encouraged members to value and more actively participate in their health care.

JHC is now benchmarking wait time performance among health centres, capturing lessons learned and monitoring trends.



*Dental, medical and mental health wait time trend data*

*On-base specialists*

JHC has increased on-base access to specialists in high demand areas. This reduces wait times for off-base appointments and minimises the number of occasions that members are away from their workplace for medical appointments

*Reducing unnecessary appointments*

JHC has reduced unnecessary pre-deployment medical appointments by introducing a nurse-led desktop audit for members who are military employment classification (MEC) 1. This reduces demand for medical officer (MO) appointments.

JHC has also been encouraging commanders to conduct unit activities without asking for unnecessary medical clearances. Each member's MEC communicates the health risk profile. Providing there has been no change in a member's health status, the MEC should provide enough information for command to understand the risk of a member participating in unit activities.

*In the spotlight: supporting local activities*

On 26 March 2019, a C-130J Hercules made an emergency landing at RAAF Richmond. The aircraft had difficulties soon after take-off and initiated emergency decompression before an emergency landing.



Two crews responded, including clinical staff from the Institute of Aviation Medicine, No 1 Expeditionary Health Squadron and No 3 Aeromedical Evacuation Squadron. The Richmond Health Centre mobilised to create a triage flow for the 21 patients.

The aircrew and passengers each received two hours of 100 per cent oxygen. Some members were transferred for recompression treatment in the Submarine and Underwater Medicine Unit hyperbaric chamber. The health care of the remaining passengers was transferred to Holsworthy Health Centre.

The positive outcome demonstrates the success of the joint workforce and highlights the effectiveness of truly joint health care.

## Improving dental services

Our dental experts have reviewed the clinical drivers behind periodic dental examinations with a view to adjusting frequency based on clinical risk. This risk-based approach will reduce the frequency of review for orally fit members and increase the frequency of visits for Defence members with oral health risks.

We have also been reviewing the dental fitness classification system to better align with the MEC system. The new system, which will be implemented in the next 12 months, will allow us to better communicate oral health risks to commanders in support of their employability and deployability decisions.



## Improving transition support

Throughout 2018–19, we evaluated the Single Medical Assessment Process (SMAP) pilot and its contribution to the effective handover of health care on transition from full-time Service. The result of the pilot was improved processing of Commonwealth Superannuation Corporation (CSC) invalidity claims and communication between agencies. The pilot did not improve the rate of assessment of initial compensation liability prior to transition.

JHC is now developing policy on the health aspects of transition to incorporate components of the SMAP pilot into our ongoing practice. This includes establishing the appropriate timing for assessment of initial liability and transfer of clinical care to the Department of Veterans' Affairs (DVA). Policy will focus on the following pillars.

- **Health literacy.** JHC aims to improve the health literacy and self-efficacy of transitioning Defence members. This includes preventing 'medical bill shock' by providing information to members about the costs associated with the civilian health care system.
- **Claims processing.** JHC aims to encourage and support members to submit liability claims and to engage early with DVA.
- **GP Connect.** JHC is endeavouring to reduce clinical risk for members transitioning to civilian life for medical reasons. We aim to support members to connect with a civilian general practitioner prior to transition. This will ensure the best possible clinical handover of care.

## Improving quality

### *Complaints and compliments*

Members are encouraged to submit complaints and compliments either on-line or via forms in each health facility. This year there continued to be a decline in complaints received.

### *Clinical incidents*

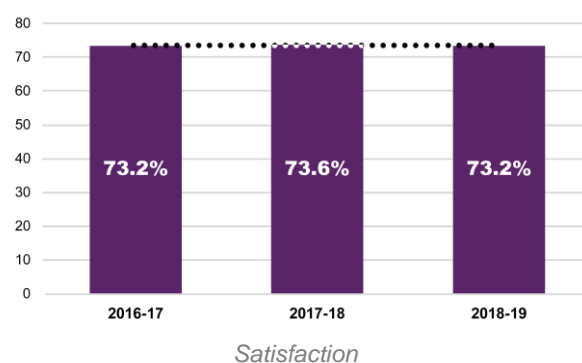
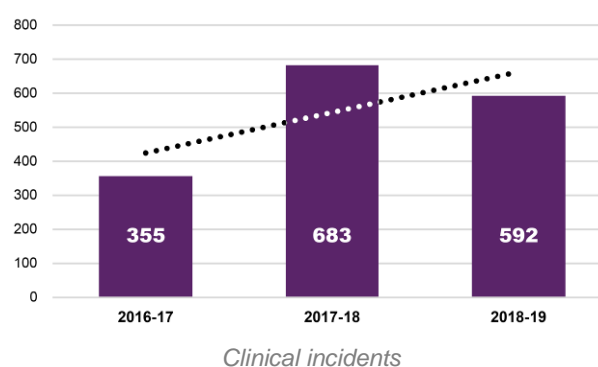
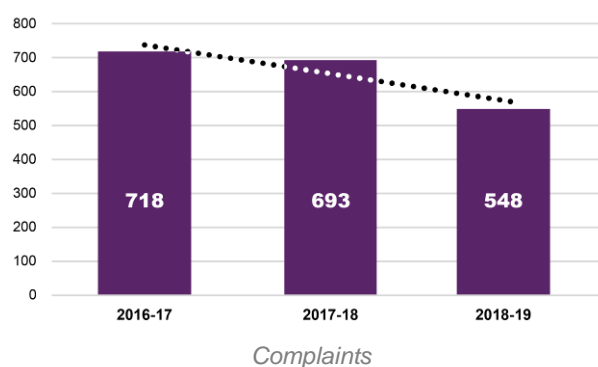
A decline in clinical incidents was also seen this year. Half of the incidents had a clinical component, and a quarter related to administration or medication issues.

### *Satisfaction with services*

We conduct an annual satisfaction survey to engage our customers and gather feedback to inform continuous improvement.

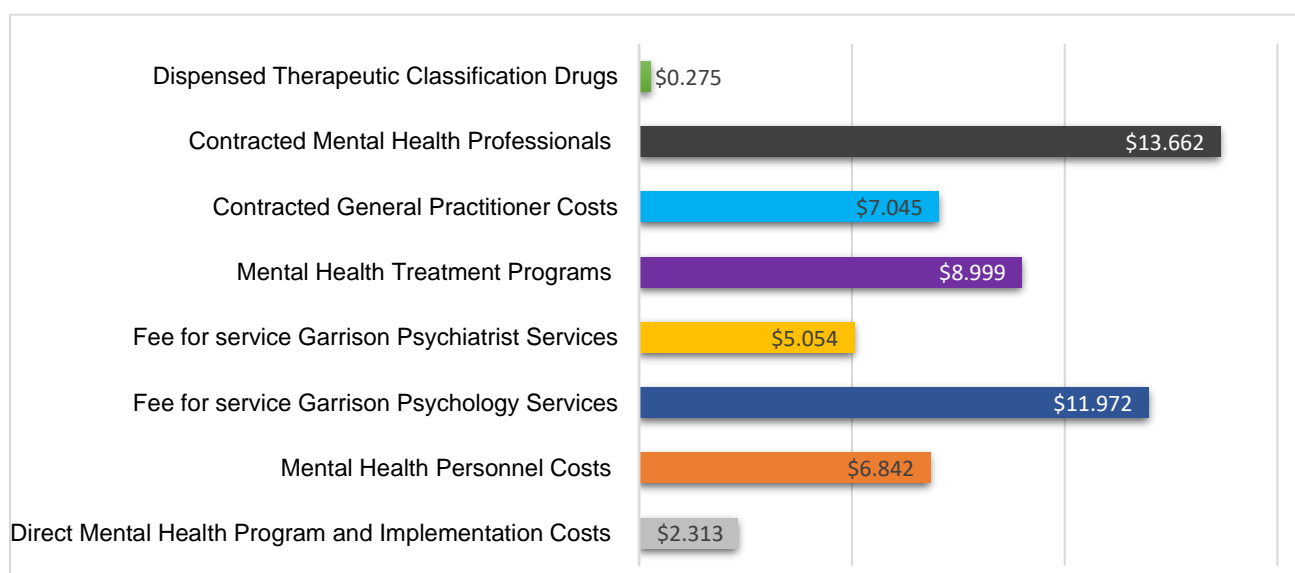
Overall satisfaction with health services and perceived quality of health services has continued to be at a high level. This year Defence members reported:

- improved access to health services
- good interpersonal quality
- improving technical performance
- high standard of presentation of the health service environment
- more comments relating to good service
- fewer comments relating to unsatisfactory service and staff attitude.



## Investing in mental health services

*In 2018–19, JHC invested more than \$56 million in mental health care for Defence members. The focus was on resilience, education, and early intervention and treatment programs.*



*Expenditure on mental health care in 2018–19 (in \$millions)*

### Mental health screen

#### *Periodic mental health screen*

The early identification of mental health concerns enables early access to appropriate health care and support services. In this reporting period, JHC completed the national implementation of a periodic mental health screen. This screen captures those members who have not had the opportunity to be screened for operational or other reasons within a 12-month period.

#### *Command-requested screen*

In the reporting period, JHC developed a command-requested screen. Commanders can refer members for screening if there is concern about members in high-risk roles or members who experience intense or prolonged stressors, traumatic events or critical incidents.

JHC expects to implement this screen in 2020.

### Mental health programs

JHC continues to provide mental health and wellbeing enhancement programs to members. These programs include:

- Keep Your Mates Safe Peer Support program, which covers mental health awareness, mental health first aid and BattleSMART resilience training
- Suicide Prevention Training
- Low Risk Drinking
- Reset mental health training that helps members with sleep, anger, reactions and thoughts
- Applied Suicide Intervention Skills Training
- On Target – Harm Minimisation Program, which helps members with risky drinking behaviour
- mandatory training on suicide awareness
- mandatory training on alcohol, tobacco, and other drugs.

## Defence Mental Health and Wellbeing Strategy

### Action plans

Since releasing the Defence Mental Health and Wellbeing Strategy, we have developed an Action Plan and worked with the Services, Work Health & Safety Branch and the Defence Community Organisation (DCO) to develop their plans.

A key feature of the JHC Action Plan is the alignment of mental health and wellbeing reporting and feedback through the Continuous Improvement Framework. This includes monitoring and evaluating both the Strategy and the supporting action plans. This will help us to understand which mental health activities and programs are having a positive impact as well as where we can create efficiencies.

JHC also started the development of the long-term monitoring and evaluation system for the Defence Suicide Prevention Program.



*Mental health roadshow*

### Mental health roadshow

Throughout 2018–19, JHC continued to promote the Defence Mental Health and Wellbeing Strategy through a roadshow of townhall and base senior ADF officer meetings. The roadshow reached more than 1000 Defence members and Australian Public Service (APS) employees.

The roadshow aimed to translate the Strategy to the tactical level through conversation and open forum discussions. It had the added benefits of increasing mental health awareness, reducing stigma, and promoting mental health and wellbeing programs.

### ADF Centre for Mental Health

In this period, the ADF Centre for Mental Health consolidated its role as a national military mental health asset. Following the appointment of the Centre's Director in August 2018, a new hub and spoke national network model was developed and approved.

The hub of the ADF Centre for Mental Health is in Sydney, with regional teams located across Australia. This hub and spoke model increases the Centre's capability and reach, and provides:

- leadership, strategic engagement, best practice and innovation in mental health
- consultancy and evidence-based approach to mental health initiatives
- robust mental health prevention and early intervention programs
- mental health training and upskilling programs for the ADF health workforce.

## Improving our health facilities

*Over the past year, JHC commenced work on building and refurbishing contemporary, fit-for-purpose health facilities. These combine elements of a civilian ‘super-GP clinic’, a small regional hospital and a pharmacy, and will help us to continue delivering high quality care into the future.*

### Facilities upgrade

In this reporting period, work commenced on the JHC Health Facilities Upgrade Project. The rationalisation and upgrade of Garrison Health facilities will result in the delivery of seven new and five refurbished health facilities by the end of 2020.

On 22 February 2019, the Assistant Defence Minister turned the first sod for the new ACT Health Centre. This ceremony formally marked the commencement of our \$212 million project.



*Turning the sod at ACT Health Centre*

### Health facility remediation

In May 2019, a condition and compliance review of a further 12 health facilities was completed. This review will contribute to a health facility remediation plan so that Estate Planning Branch can address redevelopment and refurbishment requirements for these facilities between 2020 and 2030.

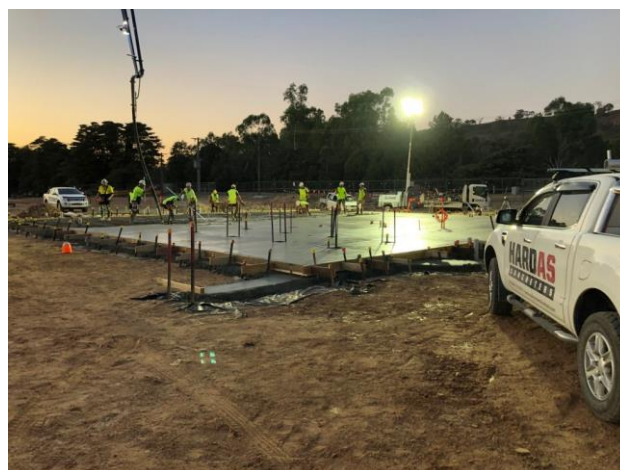
### Take a tour

Scan the QR codes with your phone to take a virtual tour of one of our upgraded Health Centres.

#### Reception



#### Treatment



*The 170 m<sup>3</sup> slab of the new Albury Wodonga Health Centre was poured on 01 March 2019. It was poured under clear skies and the watchful eye of a mob of kangaroos.*

## Engaging Defence families

*In the past year, JHC undertook a pilot of family-sensitive practice, and continued to achieve good outcomes for the Family Health Program.*



### Family-sensitive practice

In 2018–19, JHC engaged the Bouverie Centre to develop an approach to improve engagement with families. The Centre is an integrated practice and research centre within La Trobe University and is a leader in family inclusion and interventions in the mental health and related human service fields.

The Centre developed and ran family-sensitive practice training and helped us roll out a small pilot in late 2018.

The pilot was a great success and JHC has since developed a training plan to upskill the entire health workforce.

### Family health

The Family Health Program continues to grow, with a one per cent increase in participants. As of 30 June 2019, we had 21 248 families with 49 897 registered dependants in the program. Program satisfaction remains high with 92 per cent of families happy with customer service and claims administration.

JHC reimbursed families for 178 139 services with a total value of \$13.14 million. This is a six per cent increase, which may be because families have a better understanding of claimable services.

In 2018–19, after a robust procurement process, JHC signed a new four-year contract with Navy Health Ltd for the delivery of the claims administration and customer service to support the Family Health Program.

## Focussing on rehabilitation and recovery

*In the last year, Defence has made organisational changes to align Defence's rehabilitation and recovery programs, and changed outcome reporting for rehabilitation to a 'return to duty' measure.*

### Rehabilitation programs

JHC continued to provide rehabilitation services to members through the ADF Rehabilitation Program and the Rehabilitation for Reservists Program. Services include occupational and psychosocial rehabilitation.

In the reporting period, 6304 Permanent Force members and 251 Reserve Force members were referred for rehabilitation assessments.



As well as access to high quality medical and specialist treatment, JHC provided dedicated rehabilitation consultants to support workplace-based rehabilitation, coordinated care, and non-clinical aids and appliances.

The JHC Fighting Fit Portal on the Defence Internet site provides Defence members and families with a rehabilitation and recovery services catalogue and a health and recovery services guide.

### Meaningful engagement

Members in rehabilitation programs with limited or no ability for suitable duties in their primary role have access to psychosocial rehabilitation services via meaningful engagement activities. In 2018-19, JHC supported 205 applications for meaningful engagement.

### Return to duty rate

Defence now measures rehabilitation outcomes using a 'return to duty' rate instead of the previous measure of 'return to work'. The rate refers to Defence members who returned to full duty within the ADF in the 12 months after completion of their rehabilitation program.

Of the 3770 members who completed rehabilitation and returned to work in 2017–18, we had 2835 members who returned to full duties within 12 months. This is a return to duty rate of 75 per cent.

### Arts for Recovery, Resilience, Teamwork and Skills

In early 2019, JHC became responsible for the Arts for Recovery, Resilience, Teamwork and Skills (ARRTS) Program. This program is a natural extension of the work we do in assisting individuals to recover from serious injury or illness. The move will improve links between ARRTS, the Defence Mental Health and Wellbeing Strategy, the ADF Rehabilitation Program, and aligned initiatives. The integration also supports referral pathways to and from the Garrison Health network.

Key facts from the May – June 2019 program are:

**4 WEEKS** **21 PARTICIPANTS**

**100%** Agreed the course was beneficial

**95%** Would recommend the course to others

We plan to continue to conduct two ARRTS programs every year.

# Health Enablers

## Supporting command

*Relations with unit commanders have matured over time through engagement and health literacy initiatives. JHC has become a trusted source of health care and has enabled military capability.*

### Engaged Customer Program

We engaged command and the Service health representatives via local command forums and the monthly Service Delivery Working Group. This is a forum for open and transparent discussion between JHC, the Services and Joint Operations Command. It identifies garrison healthcare trends, wait times and known or impending issues that could affect health services. Monitoring was visible through the quarterly JHC Performance Indicator Report.



JHC health facility managers and the commanding officers of joint health units engage regularly with local commanders about wellbeing and readiness within commands. They also support command via attendance at welfare boards and by health care coordination forums.

### Occupational suitability

#### *Cyber Warfare Operator*

In 2018–19, JHC delivered the employment profile and person specification for the new Cyber Warfare Operator. This enabled the development of assessment guidelines for psychologists assessing the suitability of people seeking to become Cyber Warfare Operators. It also helped to shape the cyber workforce structure as well as management and retention policies.

#### *Criminal Intelligence Analysts*

JHC collaborated with the Joint Military Police Unit to help develop a screening process for potential ADF Criminal Intelligence Analysts.

#### *Special Forces selection*

JHC worked with the Special Operations Training & Education Centre to improve Special Forces selection. This led to the development of a sophisticated data capture tool for selection-related research for other complex, new and emerging ADF occupations.



## Improved health materiel

*In 2018–19, JHC directed the commitment of \$61 million in health materiel for the Services and Garrison Health. The focus was on support to operations, technology refresh and modernisation of clinical hardware for austere military environments.*

### JP2060 Phase 3

Joint Project 2060 Phase 3 is modernising and improving Defence's deployable health capability through the upgrade of deployable health treatment facilities and medical evacuation.

During 2018–19, we supported Army and Capability Acquisition and Sustainment Group (CASG) by contributing clinical expertise to tender evaluation and governance. The delivery of products will commence in late 2021–22.



### Remediating health hardware

In 2018–19, JHC committed \$26.2 million to refresh and modernise health hardware across the Services and Garrison Health. This included advanced vital signs monitors and defibrillators for deployable ambulances, aeromedical evacuation platforms and the maritime environment.

### New health consumables vendor

Together with CASG, JHC implemented a direct vendor supply system for ordering pharmaceutical and health consumables. The system extends beyond garrison with access provided in the maritime and deployed environments.

This approach has streamlined ordering and provides enterprise-wide data to support analysis of clinical practice and resource management.

JHC has enhanced our analysis of the consumption of health materiel by item, location and cost. This continues to improve the control and flow of materiel to end users, reduces wastage through over ordering and gives a baseline for supporting, and understanding of the cost of, healthcare delivery.

JHC and CASG were able to rebalance and reinvest \$2 million from pharmaceutical and consumables consumption into hardware procurement as a result of efficiencies achieved.

## A skilled health workforce

*JHC is committed to attracting quality health personnel, improving retention and providing access to deployable health specialists through several major bodies of work.*

### Project Dunlop

#### *Strategic health workforce review*

The strategic health workforce review will determine the current health status of all health workforce categories and whether they remain fit for purpose against our projected needs for the next 10 years. The review includes an environmental scan of emerging workplace practices and trade developments in the civilian health sector to inform our needs. The Strategic Health Workforce Review is on track and due for completion in 2019.

#### *Medical officer training and retention*

JHC is working to improve MO training and retention. We conducted a review, which highlighted a growing divergence between military and civilian MO salaries since the last pay review in 2010.

JHC presented the findings of the review to the Chiefs of Services Committee in May 2019. The Committee gave support for JHC to develop a costed proposal for the establishment of an ADF medical deanery to enhance the clinical development, training, management and governance of MO capability.

An MO remuneration case is scheduled to be heard by the Defence Force Remuneration Tribunal.

### Clinical placements

In 2018–19, JHC delivered 69 clinical placements with civilian hospitals, the Royal Flying Doctor Service and civilian ambulance services to support clinical currency and competency of ADF health personnel.

### Medical specialists

During this reporting period, JHC became responsible for coordinating the deployment of health specialists, regardless of Service, on enduring joint deployments.

JHC managed 24 specialist registrars and consultant specialists via the Medical Specialist Program, with two specialists completing their training.

JHC also developed and delivered a Reserve Psychiatrist Familiarisation Program to familiarise six medical specialists with mental health support in Defence and to develop Defence capability in psychiatric second opinions and research projects.

#### *In the spotlight: training new psychiatrists*



In November 2018, JHC delivered a Reserve Psychiatrist Familiarisation Program for six Reserve psychiatrists to prepare them for Defence service.

## Training

In this reporting period, JHC provided training to military, APS and contract health practitioners:

- 456 health practitioners completed our Introduction to Health Care Course
- 126 health practitioners completed our Medication Administration Course
- 36 health practitioners completed our Introduction into Occupational Medicine Course
- six health practitioners completed our Instrument Sterilisation and Packaging Course.

These courses trained health personnel across the entire workforce—Navy, Army, Air Force, APS and contractors.

## Simulation

The Joint Health Simulation Project trains 60 people annually in simulation methodology using the SimMAN 3G. This is either a two-day course or a one-day refresher course.

In the reporting period, we provided 65 days of simulation, which provided the opportunity for 480 Defence members to enhance their skills. Participants learned how to operate the simulator, build clinical scenarios for exercises and competency, and develop skills in using simulation methodology to enhance health processes and collective training. Trained personnel can ‘go forward’ and use health simulation for their organisational requirements.

## Culture and People

In 2018, JHC developed a Culture and People Statement to define the JHC values of Pride, Positivity, Professionalism, emPathy and Passion.

Inspiration was drawn from Defence’s Pathway to Change program and adapted for the JHC workforce. This Statement shaped conversations and training activities in 2019. National culture workshops gave JHC staff opportunities to discuss and reconfirm the values that define the Command.

The Surgeon General Australian Defence Force (SGADF) was invited to join the Male Champions of Change Health Group. This group provides the opportunity to engage with health care executives across the country to share experiences and consider challenges of inclusiveness and gender equality in health care.



## Digital transformation

*JHC is on a digital transformation journey, working with Australian Government agencies, industry and innovators. This year we developed the ADF Digital Health Framework. JHC has also been developing a health insights capability and a connected continuous improvement and innovation program.*

### ADF Digital Health Framework

During this reporting year, we released the ADF Digital Health Framework 2019–2029, which will help us to understand and embrace digital transformation opportunities.

### Project Insight

Key to this is Project Insight, which is developing our capability for health business intelligence, continuous improvement and innovation. Health business intelligence will support strategic decision-making by driving action informed by insight derived from data analytics. Continuous improvement and innovation will provide a phased, cyclical structure for promoting, assessing and realising the benefits from innovative new ideas and ongoing effort to improve products, services and processes. It includes the use of insights based on data to identify opportunities and measure the change and benefits.

In the last year, Project Insight has delivered:

- Health System Insights Future Capability roadmap based on stakeholder consultations between October 2018 and February 2019
- draft continuous improvement and innovation model
- in-principle agreement with other agencies and Bupa to collaborate on health business intelligence and continuous improvement and innovation from late 2019.

#### *Intended benefits of Project Insight:*

- Informed strategic decisions
- Reduced health administration overheads
- Better transition of health care
- Innovations for the organisation

### Knowledge management

JHC continued to develop its new health knowledge management system to support health care and health-related decision-making across garrison and deployed environments.

The new system will replace the Defence electronic Health System (DeHS) in late 2022 or early 2023. It will then be rolled out to the maritime environment, deployed field hospitals and Role 1 health facilities (Air Force) by 2025. In the meantime, DeHS will continue to support garrison health services and some deployed activities.

During the reporting period, JHC completed the functional performance specifications and Information Warfare Division released the request for quote.

### Digitising health records

Since October 2018, more than 65 000 unit medical and dental records have been digitised, which equates to 10.5 million pages of health information.

Our health practitioners will be able to access these pre-DeHS health records from any location. This will enhance health care and improve transfer of health information to DVA in support of liability claims.

Ancillary benefits are the reduced time for members to obtain health clearance on march-in/out, reduced need for storage, and reduced administrative burden associated with relocating the records as members move locations.

# Health Engagement

*The Command has evolved and expanded our remit into international engagement and strategic regional health security and operational health..*

## International engagement

### 2018 INVICTUS Games

JHC assisted with planning and health support for Operation INVINCIBLE, the ADF's support to the INVICTUS Games and its lead-up activities. Joint health units provided support to lead-up activities at locations around Australia and at the Games in Sydney.



### Warrior Care in the 21st Century

Coinciding with the 2018 INVICTUS Games, JHC hosted the fourth Warrior Care in the 21st Century (WC21) Symposium in October 2018 in Sydney. It was attended by 11 nations, including the United States (US) Department of Defense and the United Kingdom (UK) Ministry of Defence.

WC21 facilitates global sharing of best practice and lessons learned in the field of military health care. The symposium centred on the focus areas of resilience, recovery and rehabilitation, and reintegration of wounded ill and injured Service members.



### International Military Testing Association

JHC has continued its long-standing relationship with the International Military Testing Association (IMTA) by presenting two papers at the 2018 Annual Conference in Kingston, Ontario.

IMTA is the primary forum for military psychologists and behavioral scientists engaged in military-specific aspects of human resources, human factors and human effectiveness, including personnel selection and classification, training, morale, security, leadership, family issues and mental health.



## World congress on military medicine

In May 2019, SGADF attended the World Congress on Military Medicine in Switzerland, co-chaired a panel on MO issues and presented a paper on strategic leadership challenges. Australia will host the World Congress in 2023.

## Technical Cooperation Program

JHC maintained its extensive international engagement program within the 'Five-Eyes' partnership through membership and attending annual meetings of Technical Panels TP21 *Resilience*, TP22 *Military Medicine*, and TP23 *Military Human Resources*.

## North Atlantic Treaty Organisation

JHC continued to engage with allied countries through its partnership with the North Atlantic Treaty Organization (NATO). This includes SGADF participation in the Committee of Chiefs of Military Medical Services (COMEDS) in NATO and membership of a NATO Human Factors Research Group.

The NATO Human Factors Research Group comprises psychologists and behavioural scientists from more than 15 countries. This collaborative group has been developing a seminal report on *Advances in Military Assessment & Selection* (publication due early 2022).

Additionally, JHC contributed to the NATO Chemical, Biological, Radiological and Nuclear (CBRN) Medical Working Group. This group is focused on increasing CBRN medical support interoperability between NATO nations, partners and allies

## ASEAN Military Medicine Working Group

JHC represented Australia at the Association of Southeast Asian Nations Defence Ministers Meeting Plus Expert Working Group on Military Medicine.

## Countermeasures consortium

In 2018-19, JHC continued to engage with its international military medicine, public health and defence science and technology partners through the Chemical, Biological and Radiological Memorandum of Understanding Medical Countermeasures Consortium.

This ongoing engagement with Canada, the UK and US focuses on research, development and acquisition of field deployable CBRN diagnostics and medical countermeasures for exposure to chemical and biological agents.

## Other strategic engagements

During 2018–19, JHC also participated in:

- infectious disease conferences and meetings
- meetings with and/or hosting of senior representatives from the US, Japan, United Arab Emirates, Indonesia, New Zealand, Vietnam and Papua New Guinea
- briefed visiting foreign military officers on garrison health services to facilitate discussions on shared challenges and different approaches
- facilitated a contract management workshop for the PNGDF focusing on developing strategies to better manage contracts
- Asia Pacific Military Health Exchange.

## Regional health security

*The Australian Defence Force Malaria and Infectious Disease Institute (ADFMIDI) continued to ensure the ADF has the best possible protection against malaria and other infectious diseases through collaborative research, training and health engagement activities.*

### Infectious diseases engagement

ADFMIDI continued to enhance regional health security by working with the Services, other government agencies and other defence forces in our region. They maintained strong links with academic and research organisations in Brisbane and across the globe.

#### Papua New Guinea

In 2018, ADFMIDI received funding from International Policy Division for joint health initiatives with the Papua New Guinea Defence Force (PNGDF). These included research and training activities to investigate vector-borne diseases afflicting Papua New Guinea. The capacity building joint initiatives had the following benefits:

- improved medical capabilities within PNGDF
- stronger skills for PNGDF and local health workers in diagnostics, vector-borne diseases surveillance techniques and controls to prevent and treat individuals exposed to malaria, tuberculosis and other vector-borne diseases
- increased cooperation by building ADF – PNGDF partner links
- project of interest for Defence with potential positive impacts for the civilian community.



One of the training activities consisted of a basic malaria microscopy course, a vector identification course and a basic preventive medicine course. ADFMIDI, with support from 2nd General Health Battalion Preventive Medicine Company, provided this training for the PNGDF's 1 Royal Pacific Island Regiment (1 RPIR) Preventive Medicine personnel at Taurama Barracks in Port Moresby.

At the conclusion of training, ADFMIDI gifted microscopes, foggers, pesticides and other basic laboratory items to assist 1 RPIR Preventive Medicine Company with their capacity building.

#### Solomon Islands

In 2018, ADFMIDI partnered with the US Navy Environmental and Preventive Medicine Unit 6 on a Solomon Islands capacity building project.

The Solomon Islands National Vector Borne Disease Control Program focused on the control of mosquito-borne diseases such as malaria and dengue through a train-the-trainer Vector Borne Disease Surveillance and Control Course.

The course was delivered to personnel from the Solomon Islands Ministry of Health and Medical Services.

### Vietnam

ADFMIDI continues its international health engagements in Vietnam through the trilateral collaboration with the US Navy Medical Research Unit 2 and the Vietnam People's Army in the identification and monitoring of the spread of drug resistant malaria in Vietnam.

### Samoa

ADFMIDI provided epidemiology and entomological support to a Lymphatic Filariasis survey in Samoa, under funding through James Cook University and Australian National University. This work is in collaboration with the Samoa Ministry of Health, with the goal to conduct a country-wide mass drug administration activity in Samoa.

### Indo-Pacific Centre for Health Security

As part of JHC's commitment to regional relationships, the ADFMIDI Commanding Officer was seconded (part-time) as the Defence liaison to the Department of Foreign Affairs and Trade Indo-Pacific Centre for Health Security.



### Military Health Security Summit

JHC and the US Indo-Pacific Command co-hosted the inaugural Military Health Security Summit in Sydney in June 2019. More than 150 delegates attended from more than 16 countries.

The summit connected pacific health security representatives with delegates from around the world. It cemented relationships and developed ideas to bolster health security resilience. The Summit considered regional and global health security and challenges, and the coordination of activities and responses by civilian and military agencies.

#### *Insights from the Summit:*

Major Aporosa Robaigau of Fiji said:

*A key lesson that I have learnt from the Military Health Security Summit is the importance in developing our own expertise and creating our own self-sustaining solutions towards mitigating global health security threats in our own environments. This can be achieved by developing our human capital which ensures that our military medical capability has the capacity to challenge complex health issues.*



## Infectious diseases research projects

JHC has been translating ADFMIDI research findings into medical practice. This provides protection for Defence members through clinical trials for the prevention of malaria and other vector borne diseases.

Supported by the findings of the research conducted by ADFMIDI, Therapeutic Goods Administration recently registered tafenoquine for the treatment of relapsing malaria and for chemoprophylaxis and the US Food and Drug Administration registered tafenoquine for the prevention of malaria in adults.

ADFMIDI research was also instrumental in supporting the introduction and registration of the current Japanese Encephalitis vaccine in Australia for use by Defence and civilian agencies.

ADFMIDI completed the following research projects during the past year:

- diagnostic resistance of malaria parasites
- drug resistance profiles of malaria parasites
- arbovirus infections of significance to the ADF in training establishments at Shoalwater Bay and Wide Bay
- drug evaluation of potentially new antimalarial compounds

historical evaluation of the impact of influenza and malaria in the US Army.

## ADFMIDI scientific publications

ADFMIDI published research outcomes across 18 scientific papers and gave 31 presentations at scientific conferences and/or training courses.

### *Published research outcomes*

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## Domestic engagement

*JHC enables the joint health effect by engaging with government and non-government organisations, including collaboration, networking, cooperative agreements, committees and responding to reviews and inquiries.*

### Reviews and inquiries

#### *Senate inquiry: anti-malaria drugs*

On 19 June 2018, the Senate referred *Use of quinoline anti-malarial drugs mefloquine and tafenoquine in the Australian Defence Force* to the Senate Foreign Affairs, Defence and Trade Reference Committee for inquiry. The inquiry focused on medical concerns, ADF participation in medical research, and assistance and support for veterans.

On 04 December 2018, the committee tabled the outcome and recommendations. Key government initiatives in response to Senate Inquiry were:

- \$2.1 million over four years to support veterans who are concerned about having taken mefloquine or tafenoquine during their service
- DVA phone line 1800 MEFLOQUINE (1800 633 567)
- DVA-hosted mefloquine and tafenoquine consultation forums
- Defence information portal for health practitioners.

#### *Productivity Commission inquiry*

The Productivity Commission published the draft *A Better Way to Support Veterans* report in late 2018 and the final report on 27 June 2019.

The report made recommendations on Defence and DVA mechanisms and processes to support members and veterans while in service and when transitioning to civilian life. The report also proposed areas for enhancement and improvement. JHC collaborated with Defence People Group, DCO and DVA in developing the JHC response to inform the Defence input for the Government response to the report.

### Working with DVA

JHC works closely with DCO, the Services, DVA, and CSC to ensure Defence members experience a smooth transition from service. This includes the accurate assessment and recording of a member's health status and handover of ongoing health care needs at the time of transition from the military.

DVA was a key stakeholder in the procurement of the ADF Health Services Contract to help identify opportunities for further alignment of services. This helped JHC to understand synergies for joint approaches to market for end-to-end delivery of health care to Defence members.

In 2018-19, JHC worked closely with DVA on their General Practitioner Health Assessment, where Defence members with at least one day of continuous full-time service, including reservists, will also be able to receive a comprehensive health assessment in each of the first five years after transition.

JHC continues to be involved in mental health and rehabilitation working groups and committees, and JHC has worked closely with DVA in the development of Health Aspects of Transition policy.

## Mental health engagement

JHC has engaged *Roses In the Ocean* (supported by Beyond Blue and Black Dog Institute) to conduct consultation and provide advice on the adoption and implementation of a Lived Experience Framework. This is a response to the outcomes of the 2017 National Mental Health Commission review into suicide prevention.

The work informs the ADF approach to strengthening strategies for peer support and engaging those with lived experience of mental health and suicidality. It will assist in reducing stigma and engaging those with lived experience. The co-design of policy, programs and initiatives should support improved mental health and wellbeing and suicide prevention.

## Other domestic engagements

During 2018–19, JHC also:

- represented Defence at the Australian Health Protection Principle Committee
- represented Defence at the National Health Emergency Management Subcommittee
- developed relationships with a number of specialist medical colleges
- engaged with Australian health industry to improve understanding of service delivery and economic aspects of health in Australia
- presented at numerous medical conferences.

## Health and wellbeing research

*JHC conducts research to fill gaps in knowledge and to develop evidence-based policies and services.*

### Research collaboration and ethics

#### *Human Research Ethics Committee*

The Department of Defence and Veterans' Affairs Human Research Ethics Committee (DDVA HREC) met on 10 occasions in the reporting period. Along with completing annual mandatory reporting requirements to the National Health and Medical Research Council, the DDVA HREC:

- considered 111 applications
- approved 48 new protocols
- reviewed 102 protocol amendments, including 31 extension requests
- considered 91 protocol progress and final reports, 8 quality assurance and evaluation activities and 4 notifications of adverse events.

In March 2019, the members and secretariat of DDVA HREC attended a professional development workshop. The workshop increased the knowledge, understanding and effectiveness of attendees.

#### *Animal Ethics Committee*

The Defence Animal Ethics Committee (DAEC) met four times in the reporting period. DAEC completed annual mandatory reporting requirements to the Queensland Department of Agriculture and Fisheries. It also received and approved one new protocol and reviewed protocol modifications, protocol progress reports, and 32 standard operating procedures relating to the care and use of animals.

### Mental health, rehabilitation and transition

Defence and DVA have been collaborating on research into the health and wellbeing of serving and ex-serving Defence members. Research initiatives focus on mental health, rehabilitation and transition.

#### *Transition and Wellbeing Research Programme*

The Transition and Wellbeing Research Programme is concluding. In 2018–19, five Transition and Wellbeing Research Programme reports were released:

- Family Wellbeing Study
- Physical Health Status
- Technology Use and Wellbeing
- Impact of Combat
- Mental Health Changes Over Time: A Longitudinal Perspective.

#### *Rapid Exposure Supporting Trauma Recovery*

JHC has continued to contribute to the Rapid Exposure Supporting Trauma Recovery (RESTORE) trial. Phoenix Australia and Open Arms are key collaborators. Twenty-one serving members have completed treatment.

#### *Stepping Out: Attention Reset research*

During this period, Open Arms collaborated with Defence, Phoenix Australia and Tel-Aviv University in the Stepping Out: Attention Reset research study. The aim was to test an intervention that has been shown to be effective for reducing current mental health problems and preventing the development of future mental health problems.

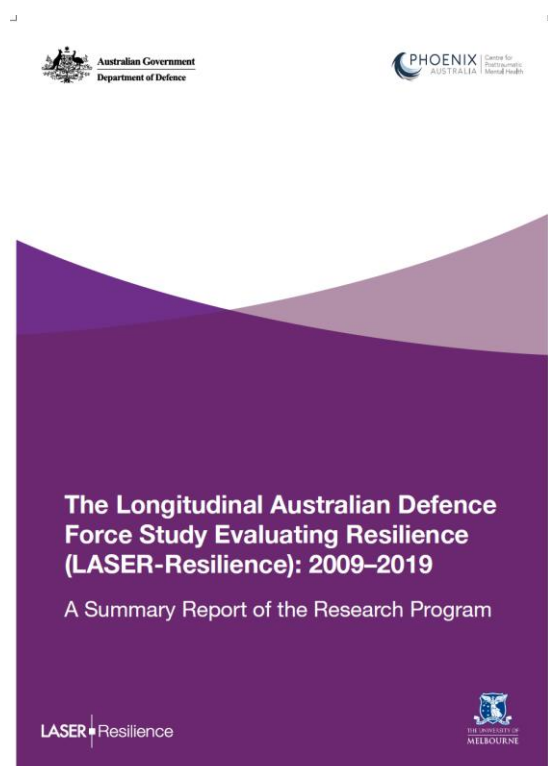
Garrison Health supported the recruitment of eligible transitioning Defence members as research participants.

### *LASER-Resilience study*

Defence and Phoenix Australia have continued work on the longitudinal Australian Defence Force Study Evaluating Resilience (LASER-Resilience).

The latest research outcome was the LASER-Resilience patterns and predictors of wellbeing report. The report will be released in 2019–20, and will identify trajectories of mental health disorder and wellbeing in the context of adjustment to a military career and the factors associated with these trajectories.

The LASER-Resilience Summary Report was developed for release in 2019. This amalgamates the findings of previous reports. It presents the key variables of importance for wellbeing and resilience in the early years of a military career that emerged from the LASER-Resilience dataset.



### *Military Medicine and Surgery*

2018–19 was a year of notable achievements for the research program overseen by Brigadier Michael Reade, the ADF Professor of Military Medicine and Surgery.

#### *Frozen platelet clinical trial*

The frozen platelet clinical trial (pilot), conducted with the Australian Red Cross Blood Service, was awarded the Best Academic – Military Collaboration at the US Military Health Service Research Symposium.

The definitive trial secured \$1.8 million from the Australian National Health and Medical Research Council, and will proceed in 12 civilian hospitals over the next four years. If frozen platelets are as safe and effective as hypothesised, the ADF will substantially enhance its operational health capability and improve worldwide access to this lifesaving resource.

#### *EPO-TRAUMA trial*

In early 2019, Brigadier Reade was part of a team that secured \$3.5 million from the Medical Research Future Fund to test erythropoietin. This drug reduces inflammation after major trauma, which is hypothesised to reduce mortality. The EPO-TRAUMA trial will run in Australian civilian hospitals over the next five years.

#### *PATCH study*

The Pre-hospital Anti-fibrinolytics for Traumatic Coagulopathy and Haemorrhage (PATCH study) was funded by a \$2.3 million grant from the National Health and Medical Research Council. The PATCH study tests whether tranexamic acid, an inexpensive drug administered prehospital by paramedics, can reduce bleeding and so prevent death after major trauma. This study is nearing completion of its 1200-patient enrolment. Results will be available in 2020.

### Postgraduate students

Twelve postgraduate students, eight of whom are ADF officers, are studying for research higher degrees under the supervision of Brigadier Reade.

Major Elissa Milford (Army) won the Felicity Hawker Prize of the College of Intensive Care Medicine in 2019 for her PhD research.

Lieutenant Andrew Flint's PhD research on investigating predictors of platelet transfusion in surgery was selected in the top 300 of 2125 submissions for oral presentation at the 2019 US Military Health Service Research Symposium in Orlando, Florida. He is only the second Australian to be accorded this honour.

### Presentations and publications

In 2018, Brigadier Reade co-wrote three consensus guidelines on damage control resuscitation and blood transfusion with the lead clinician-researchers from NATO countries and Australia. These were published in *Military Medicine*.

Brigadier Reade also published 21 papers and chapters and made 45 conference presentations. This has been the most productive year since the establishment of the Defence Chair.

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# Abbreviations

1RPIR	1 Royal Pacific Island Regiment
ADF	Australian Defence Force
ADFMIDI	Australian Defence Force Malaria and Infectious Disease Institute
APS	Australian Public Service
CASG	Capability Acquisition and Sustainment Group
CBRN	Chemical, Biological, Radiological and Nuclear
COMEDS	Committee of Chiefs of Military Medical Services
CSC	Commonwealth Superannuation Corporation
DAEC	Defence Animal Ethics Committee
DCO	Defence Community Organisation
DDVA HREC	Department of Defence and Veterans' Affairs Human Research Ethics Committee
DeHS	Defence electronic Health System
DVA	Department of Veterans' Affairs
IMTA	International Military Testing Association
JHC	Joint Health Command
MEC	military employment classification
PNGDF	Papua New Guinea Defence Force
RESTORE	Rapid Exposure Supporting Trauma Recovery
SGADF	Surgeon General Australian Defence Force
SMAP	Single Medical Assessment Process
UK	United Kingdom
US	United States
WC21	Warrior Care in the 21st Century