Capturing Clinical Care of Man’s Best Friend
Military Working Dog Registry in Progress
Military Working Dog Initiative Aims to Improve Care of Our Four-legged Wounded Warriors

By Cynthia R Kurkowski, Senior Technical Writer

One special Warfighter is gaining widespread attention: the Military Working Dog (MWD). Most people think MWDs are a recent addition to warfare, when, in fact, MWDs have been used in battle extensively since Roman times. Today our soldiers rely heavily on their canine battle buddies. An estimated 2,600 MWDs deployed to Iraq and Afghanistan. The United States Military Services recognizes MWDs are soldiers – US service members.

The role of the MWD has evolved as warfare tactics have changed. The primary role of the MWD as a detector of explosive devices has raised the rate of injured MWDs, making the need to study how to best protect and save MWDs more important than ever. Yet until recently no published studies have investigated the causes of death among MWDs deployed to these conflicts. Not surprisingly the injuries from gunshot wounds and explosions were the leading causes of death; diseases accounted for less than one-fourth. Some canine injuries can be prevented. Heat stress is one example.

The Joint Trauma System (JTS) has taken the lead in identifying and studying MWD injuries and then analyzing related data to drive canine clinical care improvement and preventive protective equipment. The JTS undertook the most comprehensive study to date reporting on the causes of death of MWDs that deployed to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).

ORISE Fellow Gerardo “Jerry” Pacheco shared the findings with JTS and the military veterinary community this spring at a presentation here at the JTS. Medical Command’s Veterinary Service Directorate and the Animal Health Branch, Army Medical Department Center & School’s Department of Veterinary Science were among the attendees.

The MWD study uncovered the following challenges:

- Not all MWDs that died could be identified from available paper records; thus, the number of deceased dogs is an underestimate.
- Inconsistencies in the documentation and missing data limited findings.
- Injuries from gunshot wounds and explosions were the leading causes of death; diseases accounted for less than one-fourth.
- Deaths due to environmental exposures identified in our study, primarily heat stress, may be preventable.
- Better data collection and monitoring through implementation of a MWD trauma registry within the DoD Trauma Registry would lead to improved care and survival of military working dogs.

The MWD study could not come at a better time as MWD advocates within the Army and Medical Command recently began discussion of building a MWD registry similar to the DoDTR for Wounded Warriors.

MWD Registry on the Horizon

One of the initiatives to come out of 2016 Veterinary Care Summit was to improve capture and utilization of MWD healthcare data. Currently, active and inactive MWD information is a combination of scanned hand written

77% of the MWD deaths were due to injuries, primarily gunshot wounds and explosions.

22% of the MWD deaths were due to a disease or condition, including gastric dilation/volvulus and sepsis.
Man’s Best Friend on the Front Lines

“Canines or ‘wardogs’ were used in warfare throughout history supporting combat operations. Long before the invention of gunpowder, dogs were gathered in columns, many of them clad in mail armor and spiked collars by the military forces of the Roman Empire. The English were known to have equipped their dogs with long spikes placed over their heads and had them charge forward to attack the enemy’s cavalry. Britain also employed the use of Mastiffs in 55 BC to fight Caesar’s invading armies. Napoleon was probably the first one to make use of the dog’s superior senses by chaining them to the walls of Alexandria, using them to warn of an impending attack. The borders of Dalmatia, a Croatian seaside province and home of the Dalmatian breed, used dogs to warn of approaching Turks.”

http://www.uswardogs.org/PDF/History-of-MWD.pdf

JTS is working with the MWD community leaders to resolve the lack of central site and lack of a standardized data collection tool.

The military veterinary community faces two other major problems: 1) Contractor dog care is not captured and the number of contractor dogs makes up a large number of deployed and 2) Necropsy of MWDs is rare, leaving a pathology data gap. Veterinary Services reports there is very little information about the MWD condition from the point of injury to the first receipt of medical care. The truth is that recording the data is not a priority for first responders and understandably so. The data may be gathered but are rarely recorded.

Pathology data like tissue samples is limited. It’s very difficult to go back and get the deployment history and match it to the Joint Pathology Center’s record because MWDs that perish in theater are cremated before remains are shipped home. The policy makes it hard to gather any pathology data to identify trends such as cancer.

The collaborative MWD initiative is good way to get started and get a handle on MWD data stored in disparate repositories, but getting the veterinary community involved in a consistent way will be key to success. Given that there is no national MWD data repository, the group is poised to set the national standard with the MWD registry.

MWD project team: MSG (R) Laura Miller MA, LVT; Gerardo Pacheco, MPH, MS; Jud Janak, PhD; MAJ Rose Grimm, DVM; Nicole Dierschke, MPH; LTC Janice Baker, DVM, MS; Jean A. Orman, ScD, MPH

Photos Credit: Photos courtesy of the Defense Video & Imagery Distribution System.

Records and web-based applications spread out across several different sources and Services, including the Army’s Remote Online Veterinary Record, the Working Dog Management System-Lackland Training Squadron, Veterinary Medicines Directorate, Joint Pathology Center (Veterinary Pathology Services) and the Navy MWD Deployability database. MWD care is also captured in the archived MWD death record repository based in San Antonio. No single database includes all of the relevant medical and deployment information necessary for meaningful surveillance and retrospective investigations. Database accessibility presents a challenge.

In the effort to consolidate MWD data collection and storage, the following groups are now working toward a centralized MWD initiative. The JTS is participating as a registry consultant at this stage.

- Aberdeen Public Health Center – Veterinary Services, Epidemiology, Information Systems
- DoD Dog Center
- DoD Joint Pathology Center
- Defense Health Agency – Veterinary Services, Veterinary Service Information Management System, Post-Deployment Health Assessment (PDHA)

The working group is in the process of identifying existing systems and exploring the creation of a data repository. Members are combining ongoing efforts to develop these products.

- A small proof-of-concept database.
- A MWD PDHA with the plans to distribute as a DD form to be completed by the handler.
- A canine trauma card (canine version of the Tactical Combat Casualty Care form).
There has been a lot of water under the JTS bridge since then: ISR Commanders and JTS Directors of different temperament and services, name change from Joint Theater Trauma Registry to DoD Trauma Registry (DoDTR) to reflect an expanded scope, creation of DoDTR modules, Central Command Joint Theater Trauma System teams that have come and gone, changes in op tempo, recognition as the DoD Center of Excellence for Trauma, a DoD Instruction (6040.47) elevating us from an IISR Directorate to a direct report to the Commander of US Army Medical Research and Materiel Command, and now a pending move to and likely expansion within the Defense Health Agency.

Throughout it all, you’ve continued to do what you do, without skipping a beat. You don’t get sidetracked by the latest shiny object, because you know that permanent success comes from hard and often unglamorous work that eventually amounts to big things. Look at the expansion of the evidence-based Tactical Combat Casualty Care (TCCC) guidelines to improve point-of-injury care, the Golden Hour paper to support Secretary Gates’ “60 minute” rule, the work on massive transfusion, the surgical workload analysis to guide future deployment training, 44+ Clinical Practice Guidelines — the list goes on and on. And that’s just what JTS and the Committee on TCCC put out, let’s not forget the 130+ Memoranda of Understanding to provide data to organizations for research, to improve body armor and treat traumatic brain injury. Thousands of articles are generated from your efforts.

All of that relies on the “JTS continuum of data.” (Wow! Does that sound corny or what?) Acquire charts, abstract charts, clean data, analyze data, pull data for others, write papers and reports, and keep the darned IT up and running. Just like the patient continuum of care, break one link and it goes for naught. So my hat’s off to each and every one of you for doing what you do every day, because without you it all falls apart. In many ways, this place is like the National Aeronautics and Space Administration (NASA) — no, I’m not going to talk about moon rocks again. JTS is a group of dedicated and expert professionals with a common purpose, knowing that what they do today will pay off years from now. And also like NASA, and unlike many DoD organizations, we have so many people who had been with the JTS for years before I arrived, and will be here for years after I have left.

So no motivating speeches, because none of you need one. My thanks for being here, staying the course, and improving the future of combat casualty care. It’s my privilege and an honor to be here with you.

CAPT Zsolt Stockinger, MC, USN, JTS Director
On June 7th, former LTC Jennifer Gurney was promoted to the rank of Colonel (O6). US Army Institute of Surgical Research (USAISR) Commander COL Shawn Nessen performed the promotion ceremony for COL Gurney.

COL Gurney’s influence seems omnipresent. On top of her duties as an active trauma surgeon, COL Gurney as the Deputy Director runs the Burn Center, provides strategic guidance to the Joint Trauma System (JTS) trauma care delivery team and lends her expertise to the JTS Clinical Practice Guidelines (CPGs). Her official positions are as follows:

- Deputy Director Burn Center, USAISR
- Chief, Trauma Systems Development, JTS
- Director, Burn Flight Team, USAISR

“COL Gurney has been a tremendous asset to the JTS,” said JTS Deputy Director Dr. Mary Ann Spott. “She has contributed greatly to the performance improvement section of the JTS and continues to add new information and evidence to our CPGs while maintaining a busy clinical schedule.”

Spott emphasized COL Gurney’s passion for learning from patient cases taken from the JTS DoD Trauma Registry and applying these lessons to drive trauma care improvements. “COL Gurney has been deeply involved with the development of the patient case discussions which have been well received in multiple forums.”

Gurney launched the Case Records of the JTS program to review, teach and remember the challenging cases encountered by deployed military trauma surgeons. The JTS case record presentations and panel discussions are popular in both military and civilian circles.

Col Stacy Shackelford, Chief of Education and Performance Improvement, Trauma Surgery and Critical Care, JTS, extended her good wishes to COL Gurney. “Congratulations on a well-deserved promotion. Thank you for your many years of hard work and dedication that brought you here—you will now be even more influential and JTS will certainly benefit,” said Col Shackelford. “We wish you the best of luck! I know you will continue to work harder than ever for our wounded warriors and serve as a mentor for all who have had the opportunity to work with you along the way.”

JTS Director CAPT Zsolt Stockinger ribbed COL Gurney about her promotion. “It’s about damned time. Well deserved and long overdue. This doesn’t mean I have to be nice to her (wink! wink!),” he said. “In all seriousness though it’s good to see her hard work and dedication recognized with the rank commensurate with her level of responsibility at both the JTS and the ISR.”

Gurney’s JTS Case Records Panel Promoted as Podcast

Dr. Jennifer Gurney brings the combat hospitals of Iraq and Afghanistan to her audience in a series featured on the EAST Traumacast podcast. An expert panel of trauma surgeons both civilian and military retrospectively evaluate trauma cases and discuss the complexities of making war time surgical decisions.

http://www.behindtheknife.org/podcast/combatsurgery-cases-from-the-us-joint-trauma-system/
JTS Turns its Attention to Collect Traumatic Brain Injury Data & Help Build Module

On the JTS horizon is a new initiative which will result in the addition of a Traumatic Brain Injury (TBI) module for the JTS DoD Trauma Registry (DoDTR).

Dr. Jean Orman, Senior Epidemiologist will be collaborating with CDR Randy Bell, a neurosurgeon at Walter Reed National Military Medical Center in a TBI study. Uniformed Services of Health Sciences will also participate in the study which is three fold. The goals are:

- Create a comprehensive TBI module for data abstraction
- Abstract data into the TBI module
- Analyze the data

JTS will collect data into an existing JTS TBI module specific to the goals of the TBI study. The trauma variables are already in the DoDTR. The TBI-specific module will facilitate collection of study-specific data without additional time and development costs.

The IT Automation team will provide consulting and IT support for the TBI module. "JTS IT Automation is excited about the opportunity to participate in the TBI project which will facilitate the future integration of TBI registry into the DoDTR portfolio of clinical modules," said James Mason, Chief, JTS IT Automation.

The TBI study which will evaluate the use of venous thromboembolism (VTE) chemoprophylaxis (heparinoids) as well as procoagulant medications (TXA, Factor VII) in patients with severe closed and penetrating brain injury sustained in the wars in Iraq and Afghanistan.

At the 2016 annual meeting in September, the Congress of Neurological Surgeons concluded that there are insufficient data to support the timing, dose and preferred agent for chemical VTE prophylaxis in severe TBI. However, hundreds of patients in the wars in Iraq and Afghanistan were administered this treatment. Trauma care providers need to know the outcomes for these patients in order to update the clinical care processes for severe TBI. The study will provide critically important data to populate the DoD's Clinical Practice Guideline (CPG) for Neurosurgery and Severe Traumatic Brain Injury.

The proposed rigorous study of existing military data will provide the information needed to guide providers and help improve survival of wounded service members with these serious life-threatening injuries.

The project will not only answer key questions regarding treatment of combat casualties with TBI using VTE prophylaxis but will leave a lasting legacy in the form of a populated TBI registry that, under approved protocols, can be used by other investigators in the future.

Also related to the effort is a recent funding announcement from MRM Combat Casualty Care Research. They are requesting applications for funding to analyze TBI data in the DoDTR specifically. This event increases awareness of DoDTR as a resource as well as resulting research products using the data.

Thanks to Dr. Orman for the project update.

JTS Staff Learn How to Stop the Bleed

To show JTS' support and commitment to first responder trauma care, JTS Deputy Director Dr. Mary Ann Spott signed up the JTS staff for the “Stop the Bleed” course. Participants in the April 21st class earned a certificate presented by JTS' very own former JTS Director Dr. Brian Eastridge, currently a trauma surgeon at the University of Texas Health Science Center at San Antonio and a member of the White House-sponsored program. The Stop the Bleed campaign is designed to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made natural disasters. JTS learned the latest techniques for applying pressuring with or without proper dressing and the do's and don'ts of tourniquet application and wear.
Doctoral Candidate Caryn Turner presented Combat Vascular Surgery in OIF/OEF: 2002-2016 at the 3rd San Antonio Military Health System & Universities Research Forum (SURF) 16 Jun 2017. Turner reported she received excellent feedback on the study which stresses the importance of surgical workloads in the deployed setting. The study analyses U.S. Military combat vascular surgical workload in Iraq and Afghanistan to gain a more thorough understanding of vascular surgical training gaps.

Turner found vascular surgery constitutes approximately 6% of surgical procedures performed at Role 2 and Role 3 Medical Treatment Facilities. However, at fewer than 25% of CONUS trauma centers do trauma surgeons perform such procedures. Turner explained this means surgeons do not regularly perform these "specialty" procedures, leaving deployed surgeons with little experience to rely on while deployed. The skill sets required for deployed surgeons is broad and includes procedures not commonly performed in military or civilian practices leaving a gap in experience that needs to be filled by training prior to deployment.

Pre-deployment training in vascular surgical procedures is critical because tissue destruction and distortion of anatomic landmarks resulting from the high velocity wounds seen in current wars can make gaining adequate exposure very difficult, even for the most seasoned surgeons. A 2008 survey of trauma directors at designated US trauma centers found only 9% of Level I-III trauma centers have trauma surgeons that perform vascular, thoracic and complex abdominal trauma cases.

Turner said the hope is the study will help medical leaders and medical planners improve workload estimations when planning deployments (i.e. ensuring enough doctors are deployed to keep up with the variable surgical workload, ensure enough supplies are sent down range). Predictors of workload and surgical care capabilities are challenging, multifaceted and change based on the operational environment, intensity of the conflict, evacuation platforms, en route care capability and patient holding capacity. Fluctuations in operational tempo presumably led to variations in peak workloads, making it inappropriate to plan using the mean or median workload, which is what planners currently do. The study did help the team identify areas of improvement in pre-deployment surgical training.

At the SURF presentation, Turner said she was pleased to learn Shen Gunther, one of the authors she cites and uses as a comparison in her presentation and manuscript was in the audience and thanked her for the hard work. Other attendees also expressed how critical the study data was needed to help surgeons prepare for deployment.

Additional authors: COL Jennifer Gurney, MC, USA; CAPT Zsolt Stockinger, MC, USN

Presentation: Combat Vascular Surgery in OIF/OEF: 2002-2016 Previews How Study Will Help Improve Deployment Planning and Readiness

Presentation: Military Working Dogs Study Raises Awareness of Lack of Canine Clinical Care Data

Doctoral Candidate Gerardo Pacheco’s poster presentation, Causes of Death in Military Working Dogs (MWD) During Operations Iraqi Freedom and Enduring Freedom, 2001 to 2013, piqued the interest of many SURF attendees. The audience was interested in the scope of the training and how the dogs were used. But attendees were surprised to learn that a canine registry for trauma and death did not exist. A fringe benefit of the presentation: Folks shared their personal anecdotes or those of a family member who benefited from the help of MWD in theater.

To learn more about the MWD project, go to page 2 for an overview of the MWD initiatives.

Team: MSG(R) Laura Miller MA, LVT; Gerardo Pacheco, MPH, MS; Jud Janak, PhD; MAJ Rose Grimm, DVM; Nicole Dierschke, MPH; LTC Janice Baker, DVM, MS; Jean A. Orman, ScD, MPH
The Joint Trauma System’s Surgical (CoSCCC) and EnRoute (CoERCCC) Combat Casualty Care Committees hosted their second semi-annual meeting, May 2017, here in San Antonio, TX. With approximately 60 members in attendance for each of the two-day conferences, the committees introduced their newly selected enlisted element. Prior to May, enlisted personnel had not yet been elected as voting members, as the committees’ core component focused on implementing structure and guidelines, in their inaugural meeting last December.

After receiving over 40 Curriculum Vitae and Enlisted Record Briefs, three enlisted members were chosen to represent the Surgical Technician community for the CoSCCC, and 20 more were selected to represent the diverse CoERCCC patient transfer platforms. The committees are ever evolving as members deploy, retire and transition in life.

May’s conference continued to drive towards identifying and filling gaps in Research, Education and Training, and Operational medicine objectives. A major hurdle the committee has passionately acknowledged and began to confront, is a tri-service lexicon; noting the extreme difficulties when communicating on Training and Methodology with inter-service personnel. The committees also devoted countless hours pinpointing the boundaries and capabilities in the development of educational applications to compliment today’s social media -centric platforms. The apps aim to provide instructional videos, reference guides and links to Clinical Practice Guidelines (CPGs). The two committees, in conjunction with the Committee on Tactical Combat Casualty Care (CoTCCC), have initiated the process to have a .mil website to host the material.

The next meeting is projected for November 13-14th for CoERCCC and 15-16th for CoSCCC. For any questions or contributions, please contact Col Stacy Shackelford (CoSCCC Chair) stacy.a.shackelford.mil@mail.mil, LTC Cord Cunningham (CoERCCC Chair) cord.w.cunningham.mil@mail.mil or Mr. Dominick Sestito (Senior Committee Administrator) dominick.sestito.ctr@mail.mil.

CoERCCC Subcommittee Focus:
- CPG Subcommittee
  - Prepare formal CPG for: Ventilator Management; En route Blood Product Transfusion; Patient Packaging
- Policy and Doctrine
  - Lexicon
  - ERC Position Statement
  - KSA (Knowledge Skills Assessment)
- Mapping Education and Training
  - Define Patient-centered ERC
- Requirements
  - Learning Objective Matrix
- Research
  - Documentation Elements
  - Maintenance of “Normo-thermia”
  - TBI Transport
- Documentation/ Patient Hand-off
  - Create Tri-service DD form specific
- To/From Surgical Capabilities
  - Update Patient Transport CPG

CoSCCC Subcommittee Focus:
- CPG Subcommittee
  - Identify and address CPG Gaps: CBRN, PEDS, Thoracic, Forensic Remains, ACS/Stroke
- Austere Surgery CPG
  - Define standards for Knowledge, Personnel, and Capabilities for austere DCS
- Research
  - Define forward surgical research priorities
  - Journal Watch (Top 3 articles)
- Operational
  - Creation and Publication of Resources for Deployed Levels of Care
  - Implementation of surgical team verification process
- Education and Training
  - Standardize core curriculum for Surgical Combat Casualty Care (Tri-service)
Experts, Studies Recognize Valuable Contribution of MOTR Data

The JTS Military Orthopaedic Trauma Registry (MOTR) has received significant recognition for its contributions to the military medical community through new studies based on MOTR data and presentations highlighting MOTR.

A recent Shoresh presentation, At the MOTR: Potential for Long Term Outcomes, focused on how MOTR’s great promise as a specialty specific registry for orthopaedic trauma care quality improvement efforts due to the integration of the VA medical record access into MOTR.

COL Anthony E. Johnson, MD, FAOA, Chairman, Dept of Orthopaedic Surgery and Custodian, MOTR, SAMMIC, hosted the presentation. Johnson emphasized the MOTR’s useful capability to capture treatment and care rendered for years following combat extremity injury. This ability is critical to quality assurance measures to assess what is captured of Veteran Affairs (VA) care for the cohort of female and male amputees. Using only a small number of registry fields for female and male amputees, it is evident that MOTR data could be used for to compare groups of patients. Examining the injuries and care rendered for male and female amputees emphasizes the severing of open fractures that lead to the amputation, the frequent nature of wound complications and heterotopic ossification, and the long duration of care required for late procedures in approximately 25% of subjects. Male amputees had slightly greater amount of VA utilization with a lower proportion of “registered only” and higher proportion of frequent use.

The MOTR also received special attention at the 19th Annual George E Omer, Jr Research and Alumni Lectureship held June 15th. Two presentations centered on studies based on MOTR data.

- **Characterization of Delayed Compartment Syndrome**, Pamela Foltz, Clinical Research Coordinator for the Geneva Foundation, SAMMC. The study sought to uncover what injury characteristics and early fluid resuscitation is associated with late diagnosis of compartment syndrome.

- **Epidemiology of Heterotrophic Ossification in War Trauma**, Jessica K. Juarez, USAISR Research Director, ETRM. The project studied the frequency of heterotopic ossification (HO) following deployment related injuries. HO is the bone formation at an abnormal anatomical site.

Shoresh Conference Proves Productive for JTS

Senior Epidemiologist Dr. Jean Orman and COL Jennifer Gurney, Chief, Trauma System Development, moderated the Israeli-US collaboration meeting at the 18th U.S. and Israel Defense Forces Shoresh conference Mar 27-30. The venue lets researchers and medical professionals exchange information on current and future medical research. This year’s venue drew over 60 professionals from Israel and over 300 from the U.S. to discuss topics as diverse as combat casualty care, military operational medicine, infectious disease, and victim identification and forensics. Below are Orman’s observations.

“It was my first time attending and the focus on finding practical solutions to mutual problems was very impressive,” said Orman.

Lt Gen Nadja Y. West, Army Surgeon General, MG Barbara Holcomb, MRMC Commander, and Lt Gen Mark A. Ediger, Air Force Surgeon General, all mentioned the JTS and the DoDTR in their plenary session to open the conference. Lt Gen Ediger was especially good at describing the importance of the JTS and DoDTR data to planning and improvements in battlefield medical care.

Col Todd E. Rasmussen, MRMC Combat Casualty Care Research Program Director, mentioned JTS several times, including the importance of JTS and DoDTR to inform innovations in combat casualty care. He also mentioned the importance and value of the Thursday morning conference calls in providing an ear to the ground regarding what is happening down range. This mention may be what prompted Shoresh speaker interest in participating the Combat Casualty Care Curriculum series.

From the Israel/US presentation

The Israelis, like us, have difficulty getting the equivalent of our TCCC card completed. They did a study and found only 11% completion. They are focused on developing an electronic device that can transfer physiologic data from POI to higher echelons and also populate a trauma record. They demo’d a system that uses a bracelet on the patient and transmission of data by cellphone. The US is said to also have a robust effort to develop such technology, which was described but no actual equipment or demo shown.

Thank you to Dr. Orman for sharing the highlights with the JTS teams.
The Pacesetter Program recognizes and honors JTS staff members who set the pace for the organization’s standard of excellence. Pacesetters lead by example, demonstrate a positive attitude when faced with challenges, and are known for their collaborative spirit. They take pride in their work and it shows in the product. Each quarter, JTS leadership selects professionals whose behaviors and work ethics support or further the mission, goals, values and initiatives of JTS.

Dustin Kinzinger, Clinical Nurse Abstractor, is known for his excellent quality assurance (QA) rate for data abstraction and love of teaching and learning. These two qualities define him as an excellent data abstractor and earned him recognition as a JTS Pacesetter for the 2Q 2017. Kinzinger has abstracted over 500 DoD Trauma Registry and Role 2 Registry Records since he joined the Data Acquisition Branch (DAB) in Feb 2016. He boasts some of the highest quality assurance scores with the following:

- QA Trauma Records 2017 94% (93% Avg)
- QA Binders 2017 AVG 96% (95% Avg)

Phil Sartin, DAB Chief, describes Kinzinger as a high producing abstractor with good A scores. “Dustin displays a great attitude and desire to accomplish directed tasks and improve processes,” said Sartin.

As mentioned above, it is Kinzinger’s gift as an educator which has helped boost his career. Between 2009-2017, Kinzinger participated in various Combat Support Training Exercises and Field Training Exercise events. He also taught over 30 classes including Essential Warrior Tasks, as well as medical/nursing specific criteria to include pathophysiology/treatment, standard operating procedures and clinical practice guidelines.

Kinzinger has applied his teaching skills at the JTS. Here he provides one-on-one abstractor training and instruction on unexploded ordinances and Acquisition Efficiency Processes.

“Dustin has been a wonderful addition to the Data Acquisition Branch. He continually looks for opportunities to apply his skill set, develop new capabilities, and support his peers,” said Sartin. “His dedication to the DAB, the JTS, and the Wounded Warriors has been of great benefit to our organization.”

Dustin’s willingness to take on a new challenge and his love of learning has prompted JTS leaders to recruit his help with the Traumatic Brain Injury (TBI) and Role 2 registries. Kinzinger will be supporting the new Role 2 Registry with its expanded data set. He will be assisting with developing the acquisition requirements of the TBI module and the TBI orientation protocols.

During his off hours, Dustin serves as the Historian and Public Affairs Officer of the 452d Combat Support Hospital B Company. 2010-2017. He has the honor of acting as the 2009-2010 Executive Officer of the group. Dustin is an amazing asset to the JTS team,” said the JTS Director CAPT Zsolt Stockinger. “Every time he asks a question, I learn something new or hear something that none of us had thought of before.”

This just illustrates what a great teacher Kinzinger is.
Ramón Miguel Juarbe Hernandez, Clinical Data Abstractor and Quality Assurance (QA Auditor) and member of the JTS MOTR family, passed away 28 May 2017. Ramon left a lasting mark on the hearts of JTS members. The following eulogy was written by and read by Amanda “Mandie” Alingod, HIM Trauma Specialist, a friend and colleague of Ramón’s. Mandie captures Ramon’s personality and spirit in this lovely tribute.

I would like to premise this by saying I don’t know much of Ramón’s childhood, or the boy he was in Puerto Rico or the young man that joined the service years ago. Nor do I know of the life that led him to San Antonio. I know mostly of the Ramón Hernandez who was so very proud of the beautiful island he was from. He was a man who had an incredible zeal for life and lived every day like it was his last.

Ramón did life with flair, pizazz and style. He was a tremendously good-natured man with a love for the color red, a fantastically green thumb and someone who saw the beauty in everything around him.

Ramón initially worked as an abstractor for Walter Reed. Later on he decided to move to San Antonio and continued working for the JTS. He worked closely with Notasha Smalls on the Level V facilities data and sat inside an office with Cristi and Phil. It was then that the crew at Building 2268 also known as the DAB really got to know him. I remember one of my first encounters with Ramón was in the basement hallway. I was on my way to see Cristi and he was coming out of their office and we brushed sides in the hall. We both stopped, looked at each other, paused, and then Ramón said, “Honey who the hell do you think you are?” My only response was to crack up. He held a serious face for a second and then busted out laughing too. From that point on we had a very natural, easy going relationship.

It was the way he said things. He had a way about him and he knew how to casually throw shade while being funny and that is a talent not all possess. You go, Ramón!

In 2013 Ramón moved to the MOTR module as an Abstractor. He worked side by side with many in this room. I think each and every person that has had the opportunity to meet Ramón can attest to his funny, witty, playful, and above all vivacious personality. If you were stressed about something and needed someone to help you make light of your situation, this is the person you wanted to go to! He knew how to make us laugh. He was silly and always in good spirits.

One thing Ramón and I had in common was our mutual love of food. He used to describe to me the delicious Puerto Rican dishes he would eat growing up and explain the dishes and recipes in such descriptive words that would make both our mouths water! He introduced me to La Marginal a restaurant off of 410 and Naco and I have tried many a dish under his close advisement and recommendation. He would tell me about things that his family would cook, most especially one of his sisters whose name escapes me now. I would get so excited and try to duplicate the recipe and bring it for Ramón the following day. He would lick his fingers when done and then say “Baby, let me tell you something… you’re in the wrong business.” Whether you were protecting my pride and feelings friend or you were being truthful, thank you, Ramón. I enjoyed those moments and will miss us breaking bread together.

Our relationship in MOTR was peer to peer in the beginning. Soon though he transitioned to an auditor and I stayed an abstractor and naturally the relationship changed a bit. Soon after our relationship dynamic would evolve yet again. One day at lunch (we would often eat together, him, Michelle and I) I was explaining to him that I was going to be moving soon and was not sure what to do with my house. I saw those ears perk up. He told me his lease was ending soon and that he was interested. Just Ramón saying he was interested immediately brought me comfort because I already knew the great person he was! Sure enough, Ramón came by and loved the

JTS FAMILY LOSES DEAR FRIEND & DEDICATED COLLEAGUE

“Ramón was an auditor to some, a trainer to many, an advocate for the down trodden and most of all, a friend to all. Ramon was the best kind of foodie - one who would share. He was excellent with plants and not only salvaged many from dire straits, he talked them into blooming again. Ramon knew the business rule for abstraction and could easily describe them to anyone who was interested in doing it right. His gentle spirit and amazing sense of humor helped make the JTS a better place. We know that his legacy lives on through the care we provide for Wounded Warriors. Until we meet again, we will miss our dear friend Ramon.” – Renee Greer, MOTR Branch Chief

Ramon made a quilt for a lucky Wounded Warrior.

L-R: Dr. Mary Ann Spott, JTS Deputy Director; Ramon Hernandez, Dr. Jeffrey A. Bailey, (former) JTS Director.

(Continued on page 12)
Don’t Kill the Messenger

Recently, it was brought to my attention that many of us are not well versed in the protocols of effective email correspondence. (Either that or people are disregarding email etiquette.) To encourage best communication practices, James Mason, IT Automation Chief, helped me put together a list of quick tips.

—Cynthia Kurkowski

Subject Topic. Don’t skip the subject line. Think of it as a news headline. It should inform, so make it relevant. Avoid vague one word subjects.

Greetings. Consider the recipient and address the person accordingly. Consider your relationship with the recipient.

Introduction. Introduce the purpose of the email. If someone referred you to the recipient, state who referred you and why.

Instructions. Reference attachments and state why you are sending them. Be clear about what you expect from this email.

Tone It Down. We’ve all been guilty of conveying the wrong “tone.” Often we are completely unaware of how our message come across. Reading the message out loud (under your breath) can flag disparaging fluctuations in your prose. If you’re still unsure how the email will come across, ask a coworker to read the email for a sanity check.

Style. Mirror the recipient’s “style,” but don’t forget your place or rank in the chain of command. For instance, if your manager’s correspondence with you is light and casual, then you can occasionally stray from constrained office communication. But contain casual “talk” to appropriate conversations. There are times when your emails require an official tone for conducting official business. Email may be considered an informal form of communications, but it is business correspondence — an official record — and legally binding. Keep that in mind when conducting business across email.

Sum It Up. Summarize the communication or email correspondence thread if necessary for clarity and to avoid any misunderstandings.

Break It Up. Format the message to make it easier to read. Break up wordy paragraphs to make information easier to digest and find for future reference. Use white space to visually separate the blocks of text.

Sign Please. People tend to omit the signature block when corresponding with coworkers. After all, we know each other. No matter. The signature not only provides important contact information, it provides title and credential information. It’s a convenient courtesy that adds great value.

Reread It. Read it twice and check spelling. Spell check is your friend.

Sit on It: If the email is not time critical, save the draft and reread it with a fresh eye before sending.

house. He was so excited! This was the first time I saw this side of Ramón. It was then that I learned of some of his passions and hobbies. I remember he was looking at the guest rooms and he went to my office and said, “This is it. This is where I am going to paint.” I exclaimed that I didn’t know he painted. Turns out he was an incredibly talented stained glass artist among other things. He was a fabulous dancer and would bust a move anywhere, anytime and with anyone and absolutely steal the show. The Boy. Could. Move.

He was also a fantastic gardener. (If you knew the man even a little you knew he was obsessed with his plants). He was a collector of beautiful things. He loved painted pottery and chinoiserie.

Ramón was extremely handy. During his time at my house, he tiled the fireplace from floor to ceiling, laid a gorgeous mosaic on a table top to a pub table I had sold him, he even painted an unauthorized red front door within, oh, 48 hours of me moving out, and last but not least he installed gutters. Ramón was impeccably clean and kept his home in immaculate condition at all times. He did not rest until the house was furnished and decorated to perfection.

He was a wonderful neighbor, far better than I ever was! My neighbors would tell me how much they loved him.

I think everyone knew Ramón was going to “retire” but me. And I use the term retire loosely. I remember coming up from behind him and seeing him looking at houses on the PC and commenting, “Ummmm why are you looking at houses Ramón?” It was then that he told me he had plans to move to Florida. I was greatly saddened by this news. Not because I was to lose the greatest tenant ever, but my friend, our friend, would be moving away.

I will never drive by my house and not think of Ramón. I will never cross the MOTR hallway and not remember him. I will never eat Puerto Rican food without seeing him make that face when he tasted something he thought was so delicious.

While I wish we would have kept in touch when he moved away, we didn’t and I deeply regret that. We spoke on the phone a few times and he said he would like to get together with my mother and I for lunch the next time he was in town. How I wish we would had that lunch.

I emailed him as soon as I heard of his diagnosis and I wept when reading his response. He told me how much he appreciated my prayers and that he was happy to hear from me. I wept because Ramon was a good man and did not deserve anything but to be among his lovely collections he saw such beauty in, close to the beach enjoying a delicious meal.

So here’s to you, Ramón, and to a land where there’s no pain and no worries and the streets are lined with gorgeous bright hand painted pots overflowing with plants and flowers. We will think of you Ramón. We will pray for you. All our love, friend.

Contributions for Ramón are going to St Jude’s Children’s Research Hospital. Ramón was a regular donor to St Jude’s.
**Monthly Birthday Bashes Let Folks Mingle & Meet New Friends**

“That Girl,” Epidemiologist Laura Scott, is the reason the JTS gathers each month to celebrate birthdays. Otherwise who knows if we’d ever visit as a group — outside of the staff meetings. Like many of us when we first arrive at JTS, Scott felt a little bit isolated and a tad baffled. Who works for JTS? Where are they? What’s behind that door? Face it. We do work in silos spread across ISR, BAMC and the U.S. of A.

“When I got here I didn’t understand the structure of JTS and didn’t know who did what within the organization,” said Scott. “I thought having some social gatherings would not only allow the staff to get to know each other a little better but also learn how each of us contributes to JTS and provide an opportunity to identify areas where we could collaborate more effectively.”

Scott had enjoyed birthday celebrations and get-togethers at past employers. Naturally her mind turned to organizing events here. Attendance has lagged, but more and more folks are indulging their curiosity and sweet tooth.

“The monthly birthday socials celebrate a very special time for a team member as they pass a milestone in his life,” said Mack Joyce, Data Analyst III. “The socials create a relaxed environment to encourage group inclusiveness and esprit de corps.”

It’s nice to put the names to the faces and recognize people in the hall. It’s nice to know who is on the JTS team. And it’s really nice when everyone recognizes your birthday and makes you feel special. It’s a good thing, so let’s support the birthday socials.

P.S. Scott could use some new volunteers to bring sweets!

**JTS Honors Admin Staff’s Hard Work**

Their work titles do not reflect the breadth nor depth of the administrative tasks they perform each day. Often they work behind the scenes and we never even know they made that teleconference go without a technical glitch or the presentation or mission-critical meeting go smoothly.

In April, JTS leadership surprised the special few with breakfast and tokens of appreciation. The event was an opportunity for JTS leaders to recognize their dedication and hard work. It also gave JTS staff the chance to get to know who is providing essential support services that many take for granted.

From the bottom of our hearts, we thank all those who support us in our time of need (and crisis!).
By Dallas Burelison, Education Branch Chief

Recently, the Performance Improvement (PI) team completed a review of the Damage Control Resuscitation (DCR) Clinical Practice Guideline (CPG) PI adherence measures. Compliance with CPGs has been shown to reduce mortality and morbidity. The PI metrics have been developed to improve outcomes after battlefield injury. You don’t know what you can’t measure and you can’t measure without data. In order to improve in an ever evolving theater of operations, it is critical to measure the care provided at each Medical Treatment Facility (MTF) in order to improve.

In this analysis, the Department of Defense Trauma Registry (DoDTR) was used to identify combat casualties from central command area of operations from 01Jan2016 through 01Jan2017. All clinical recommendations were assessed with chart audit date identified by the DoDTR. The PI measures that were analyzed were: Massive Transfusion (MT) patients who receive Tranexamic acid (TXA) will have initial dose administered <3 hours from time of injury at Role 2 and Role 3 MTFs; all patients receiving >4 units of blood product also received calcium administration at Role 2 and Role 3 MTFs; and all MT patients receive transfusion of packed red blood cells (PRBC) and fresh frozen plasma (FFP) in a ratio between 1:1 and 1:2.

Over time we have recognized the importance of TXA and calcium administration. When indicated, TXA reduces mortality if given within three hours of injury but also increases risk of mortality after three hours post-injury.

COL Andrew Cap Chief, Coagulation & Blood Research, MEDCOM AISR and lead author of the DCR CPG made note that “hypocalcemia is prevalent among trauma patients on presentation (at least half), and administration of even one unit of citrated blood product can further lower ionized calcium to levels approaching critical values (<0.9mmol/l). Ionized calcium should be monitored if at all feasible from the beginning of resuscitation. At a minimum, one 10 ml ampule of 10% CaCl2, or 30 ml of 10% calcium gluconate, should be administered after no more than 4 units of blood product have been infused to avoid citrate toxicity. Appropriate calcium solutions should otherwise be administered per protocol for signs and symptoms of hypocalcemia (e.g., prolonged QTc, ventricular arrhythmias, decreased cardiac output/cardiovascular collapse, coagulopathy, tetany, laryngospasm, seizures, and parasthesias). Note that hypomagnesaemia is also common in trauma patients and is worsened by citrate-containing blood products. Hypomagnesaemia may contribute to increased cardiac irritability and risk of fatal arrhythmias. Consideration should be given to replacing magnesium in the

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About The Joint Trauma System
Mission: Optimizing Combat Casualty Care

The Joint Trauma System (JTS) is the DoD Center of Excellence for Trauma. The JTS mission is to provide evidence-based process improvement of trauma and combat casualty care, to drive morbidity and mortality to the lowest possible levels, and to provide evidence-based recommendations on trauma care and trauma systems across the Department of Defense. JTS captures and reports battlefield injury demographics, treatments and outcomes using the DoD Trauma Registry (DoDTR), formerly known as the Joint Theater Trauma Registry. DoDTR captures trauma data from battlefield first responders to definitive care stateside, plus en route care for military and civilian personnel treated in US military facilities in wartime and peace-time.

The JTS vision is that every Soldier, Sailor, Airman and Marine injured on the battlefield or in any theater of operations will be provided with the optimum chance for survival and maximum potential for functional recovery.

Website: http://www.usaisr.amedic.army.mil/10_jts.html

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setting of severe hypocalcemia and massive transfusion.”
The analysis demonstrates the need to continuously review CPG compliance with care provided in theater of operations. Our goal is to review the results with the MTFs on a weekly basis and complete a follow on review in September 2017 to see if there’s an increase with compliance. In addition, many of the downrange providers have identified internal process improvements to increase compliance with TXA and Calcium administration.

As we progress into uncharted territories, it is essential to collect, abstract, analyze and provide feedback to the field. We’re currently working with Role 2 and Role 3 MTFs on future studies ensuring that we’re providing the best care for our wounded warriors. Be on the lookout for the following analyses that are currently underway: Interosseous Device Failure Rates, Prevention of Deep Venous Thrombosis-Inferior Vena Cava Filter.

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\begin{tabular}{|l|l|l|}
\hline
Name & Position & Date
\hline
Genevieve Ruiz & HIM Coder (MOTR) & 10 April 2017
\hline
Leslie DeBois & Trauma Nurse Abstractor & 01 May 2017
\hline
Vanessa Cotton & Nurse Analyst & 01 May 2017
\hline
Marc Ang Abrigo & Nurse Analyst & 01 May 2017
\hline
John Rinehart & PI Nurse Analyst & 15 May 2017
\hline
Juli Beadleston & Nurse Analyst & 30 May 2017
\hline
Jennifer Abilez & HIM Coder (MOTR) & 05 June 2017
\hline
Elizabeth Lute & Trauma Nurse Abstractor & 10 July 2017
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\caption{Welcome Newcomers}
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Congratulations to Kelsey Williamson, HIM Specialist Coder, who received a Bachelor degree in Applied Science Business Administration specializing in Healthcare Administration from Wayland Baptist University.

Congratulations to Brianna Premdas, Project Coordinator, who received a Bachelor of Business Administration-Management degree from Texas A&M University - San Antonio.

Congratulations Niralida “Nira” Vicente on her promotion to E-5 in the Navy Reserves!

Congratulations Monica A. Thomas! Monica married Richard A. Culbreath Jr. this spring. Monica and Richard were friends for 2 1/2 years before Richard proposed to Monica in March. They were married on 23 April 2017 at their family church, the Center of Worship. Married in Converse, Texas.

All of us at JTS wish you a lifetime of love and happiness.