Casualty Tracking for 7th Medical Command

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This paper briefly outlines a possible method by which to keep track of casualties during any future combat situation.

With the onset of Desert Shield (D.S.) it quickly became apparent that 7th Medical Command required information on Desert Storm casualties for a number of reasons. First and foremost, we needed to manage our beds in this theater by specialty care and could only do this by knowing the number of patients admitted, discharged and transferred. This information allowed us to designate beds for casualty reception, movement of resources to accommodate casualties, and opening facilities, if required.

Additionally, we were being directed to provide numbers of Desert Storm casualties by category of specialty care and certain other information by CINCUSAREUR, CINCEUCOM, OTSG US Army, Chief of Staff US Army and Joint Chiefs of Staff.

7th MEDCOM initially developed a manual system by having each one of its medical treatment facilities (MTF) call into this HQ each day and telephonically provide us with the information required on Desert Storm patients. That information was then entered into a data base on an office computer using DBase IV.

We quickly learned that this method was very time consuming and had other drawbacks, such as duplication errors, misspellings, etc, that were inherent to telephonic relay of information. As a result, the Information Management Office (IMO) of this HQ was asked to capture our required information, which was routinely being gathered by the MTFs through their Automated Quality Care and Evaluation Support System (AQCESS) and electronically send to our data base at 7th MEDCOM.

In the process of developing this new system it became apparent that many DOD agencies would like to have additional information on casualties such as names, diagnoses, status. Since that data was already gathered by AQCESS it was not a problem to gather and electronically send these additional data fields.

Once 7th MEDCOM tested and proved the feasibility of its AQCESS *ad hoc* reporting system, the Air Force came on board and wanted to participate. They provided, on behalf of USEUCOM, a mainframe computer that became the central data base where all USEUCOM serving MTFs could sent their data.

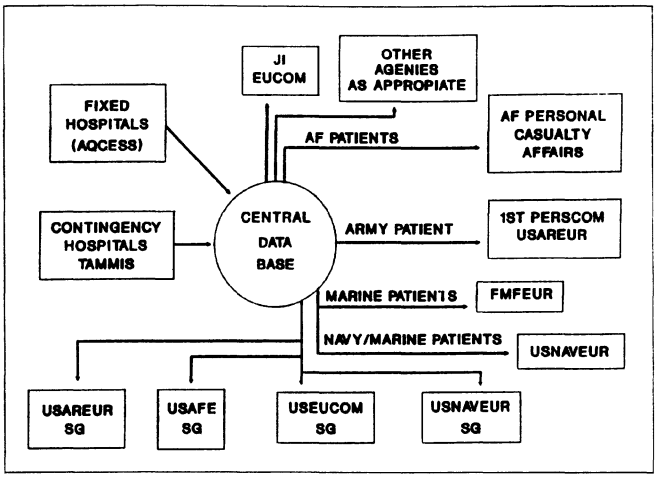

Figure 1. *Proposed Casualty Tracking Systems.*

With a joint service data base established, any DOD agency would now have the ability to obtain information on any Desert Storm casualty once that casualty was admitted to a USEUCOM theater MTF. This data was updated daily as of 12 midnight, the time that is the official close of the business day for the MTFs, as well as other military accounting systems.

This HQ required that its Army facilities send its data to a central 7th MEDCOM office where it was entered into a data base. The information was then reviewed for accuracy and reports were automatically generated for higher Army headquarters, to include Chief of Staff, US Army. We were able to have our reports ready by 5AM for all patients previously admitted, discharged or transferred as of 12 midnight, and then sent that data to the USEUCOM Data base maintained by the Air Force not later than 7AM.

Although it was never the intent to create a patient tracking system, it was soon realized that our final product was in fact the skeleton of a casualty tracking system. The data gathered on a patient when admitted and routinely entered into AQCESS should be the basis that the component services can use to track casualties once it is entered into a central data base to which the components have access.

Those MTFs which do not have AQCESS, ie, non-fixed facilities could feed the necessary information into the central data base using the Theater Army Medical Management Information System (TAMMIS), which will require some new programming efforts in certain patient administration modules of TAMMIS.

Many people feel that we have a monumental problem on our hands that defies being corrected without developing an entirely new system, spending hundreds of millions of dollars and taking years to field. The author is of the opinion that this is not the case. Most of the building blocks are there, but need to be tailored using existing technology with some modification (Fig 1). I do believe, however, that the most difficult piece of any casualty tracking system will be the establishment of the communication links between some MTFs, especially the contingency hospitals, and the central data base. ●

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