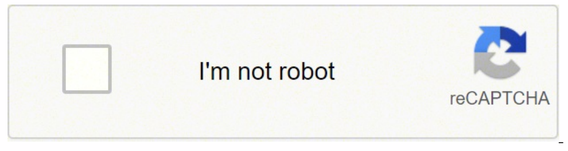

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; (): –.15. It collected structured and free-text data, allowed for prepopulated demographics, contained medical references, provided diagnostic and treatment decision aids, and synched with AHLTA-Theater. One version used a tabbed layout with space for three patients. METHODS For compatibility with the military's Nett Warrior platform, we developed our software using native Android code. The PDF format is universal, so the data can easily translate to other platforms. Finally, we asked them to think in broad, imaginative terms about the characteristics of an ideal technology platform for combat casualty care. Examples of these systems are the Tempus Pro from Remote Diagnostic Technologies16,17 and the ProPaq from Zoll.18,19 The addition of physiologic monitoring was a significant leap forward, because these devices could provide better care, not just documentation. Develop new smartphone designs with novel wireless protocols such as Ultra-Wideband.Modify existing and emerging wireless physiologic sensors and peripherals to communicate with these smartphones.Investigate hardware and software solutions that could enhance cybersecurity for medical applications.Integrate voice and speech recognition developed by others to enable hands-free operations.Develop an extensible overall software environment and individual apps that could support these capabilities in the workflow of the combat medic.This article focuses on the last of these goals, which is the overall software environment and graphical user interface. DISCUSSION Although this research focused particularly on combat casualty care scenarios, much of the technology used could also apply to other health care situations such as sick call, nonbattle injuries, or outpatient treatment in field hospitals or more permanent medical stations. For example, if we were conversing with an expert in battlefield networks, we would focus more on bandwidth limitations or the need for cybersecurity rather than injury management. Supplementary Figure 1 compares the paper DD1380 form to a digital version in our system.A high-level overview of all desired functions of the MMS is shown in Figure 1. In addition to providing automated population of International Classification of Disease 10 codes, it supports data entry into a variety of forms such as the DD1380, SF600, and the Military Acute Concussion Evaluation.23,24 The Battlefield Airmen Trauma Distributed Observation Kit system has been developed by the Air Force and includes a number of advanced features such as integration with a wide variety of Bluetooth sensors and the ability to stream/record data from multiple patients simultaneously into DD1380 forms.25 A recently developed cross-platform application called Deployed Medicine by Allogy Interactive provides reference materials, podcasts, and short training videos from the Committee on TCCC.26 CONCLUSIONS We have described efforts to design and build the software environment for an MMS for use by medics and other health care providers. Ethical standards were followed for this research project. Developed as a primary medical information resource and field guide for the Special Operations Command (SOCOM) medics, the Special Operations Forces Medical Handbook defines the standard of health care delivery under adverse and general field conditions.It is organized according to symptoms, organ systems, specialty areas, operational environments and procedures. Another version starts with a single patient but expands to any number of additional patients. First, what initial actions would the medic take upon encountering a casualty of this type? It collects Heart Rate, SpO2, Compensatory Reserve Index, and Blood Pressure. The downsides to these devices are that they are bulky and heavy with many wired connections, so they are more suitable for air and ground ambulances than for dismounted infantry.There was interest in how the military could leverage smartphone technology to provide tactical advantages on the battlefield, such as improved location information, text and voice communications, command and control, and situational awareness. Text to speech was promising but of minimal utility unless the spoken content could be customized to the injury context. Because the primary goals of this project were software and hardware development, neither the sponsoring agency nor the university required human subjects' review of the project. The MMS also includes an Imaging app for the capture of still and video images via the built-in cameras or USB video devices such as an external laryngoscope. In: Presentation at Military Health System Conference, National Harbor, MD, 2011. Such capabilities would be particularly valuable in situations where a casualty cannot be promptly evacuated to higher levels of care. Through direct observations, after-action reports, and network analysis from these evaluations, we obtained invaluable feedback on where our technology succeeded and failed.The qualitative evaluation of the MMS was typically done by a team of three to four experienced medics and several facilitators over a 2-week period. This approach enabled us to determine at an early stage whether an idea was worth pursuing (before investing significant resources). Lastly, by storing references and information on the device, the MMS worked well in no and low communication bandwidth environments. During our design and development effort, we kept in mind the challenges facing combat medics and aimed to develop a system that would not add significantly to the weight load that medics need to carry,be easy to use and integrate well into processes and procedures that exist, andoperate effectively under no and low communication bandwidth scenarios.By developing the MMS to run on a standard Android operating system, we addressed the weight load issues for medics. First, we asked them to describe their typical workflow when treating different types of injuries and how they documented those encounters. Medics were not judged on how well or how quickly they completed a scenario. Second, what signs and symptoms were most important to observe or discover? A comprehensive reference designed for Special Operations Forces (SOF) medics. 5). Similarly, accurate documentation of injuries and treatments enables quality care, both in the immediate postinjury phase and the longer-term recovery. Topics are covered in a consistent subjective/objective/assessment/plan (SOAP) format.It is heavily illustrated with color for quick identification of dermatologic conditions, insect bites and stings, and exposure problems.The second edition contains updated and expanded material from the 2001 release, including Pediatrics, Nursing, and ENT Problems. We also recognized that data entry was time consuming, so we provided ways to build a patient database in advance. Development of these systems will require a specific focus on mobile hardware, as many data analytics frameworks in the civilian sphere are dependent on cloud computing and storage, neither of which may be readily available in a deployed environment.There are other ongoing projects that are developing software systems with similar capabilities. When consulting with experts in combat casualty care, we followed a similar approach, although we modified the questions based on the person's role. These conversations typically covered four areas. For example, a capacitive touch sensor could be a very desirable feature for operating a wireless communications link but might impose a higher cost and have reliability problems in wet conditions.Within these two broad concepts of utility and usability, we also had several specific evaluation categories. Numerous empirical studies have demonstrated that delivering the correct interventions in a timely fashion saves lives and speeds recovery from injuries sustained on the battlefield.1–3 Similarly, accurate documentation of injuries sustained in combat is vital both for the proper treatment of these injuries as patients move through the echelons of care and for the proper assignment of benefits because of such injuries.3–5 The U.S. Military recognizes the importance of proper documentation of injury and has addressed the need for a mandate and policy for prehospital documentation and data capture.5 This need was reflected in the standardization of and updates to the DD1380 form, Tactical Combat Casualty Care (TCCC or TC3) card.4However, providing and documenting medical care at the point of injury has significant challenges. Similarly, the interface should always be fast and responsive.Battery life is a critical issue; the inherent disadvantage of wireless sensors is that every sensor needs its own battery. Form data can be completed by typing or speaking. This approach provided us with numerous insights into their user experience. Table IOverview of Former and Current Mobile Technologies to Support Combat Casualty Care System Name . Hardware Platform . Included Physiologic Sensors . Communication Networks . Input Modes . Size (mm) . Weight (g) . BMIST HP iPAQ 4700 None Cable to PC when connected to base station On-Screen Keyboard and Stylus 76 × 15 × 132 187 AHLTA-Mobile Multiple None Hardware dependent Various Varies Varies MC4 Motorola MC70 None WiFi, Bluetooth Dedicated Keyboard and Stylus 38 × 76 × 152 340 Tempus Custom PC Yes (Heart Rate, SPO2, Blood Pressure, ECG, Capnometry, Temperature) WiFi, Ethernet, 3G, Satellite (over Ethernet link), Bluetooth, GPS Touch Screen, Jog Wheel, Buttons 255 × 203 × 101 3,200 ProPaq Custom PC Yes (Heart Rate, SPO2, Blood Pressure, ECG, Capnometry, Temperature) WiFi, Bluetooth, Cellular via USB mode, Ethernet Quick Access Keys, Navigation Buttons 226 × 264 × 178 3,900 MMS (system described in this article) Android 4.4.2 and higher Yes (Heart Rate, SPO2, CRI) WiFi, Bluetooth, Cellular, Ultra-Wideband, USB Cable Device dependent Varies Varies The Battlefield Medical Information System—Tactical (BMIST) was the first such system.11 It was a handheld device built on the HP iPAQ 4700 platform that provided the medic with electronic forms to capture data at the point of injury and during transport. Since nested menus and precise control can be difficult on a small screen, we developed user interfaces for different screen sizes using Android design principles. Because our hardware and software were based on consumer electronics, such as smartphones, they were seen as being very low risk. The AHLTA-Mobile system has been implemented on devices running Android 4.0 and higher, and there are current plans to make the software available for iOS.14,15 However, the AHLTA system is designed to be a comprehensive medical record, so the user interface was not optimized for combat casualty care.As computing technology improved, portable systems were developed to provide not only electronic documentation but also long-term physiologic monitoring and integrated telemedicine capabilities. The MMS's main screen is shown in Figure 2. This app also allows for the medic to delete individual or all patient records on the MMS.Once a patient record is created, the medic can begin caring for the injured by selecting the appropriate medical app (TC3, SF600, Vitals and Simple Vitals, Imaging) from the MMS Main Screen. Data were linked across apps, and the user interface made it easy for new users to become proficient. Naval Postgraduate School 2011; NPS-AM-11-205. Moreover, the device was not ruggedized (although a rugged case was developed)12 and had limited connectivity, so data had to be transferred manually using cables.Subsequently, a system was developed using the Motorola MC70 platform, which provided digital documentation of injuries and treatments, but added wireless communication, a dedicated keyboard, and a bar code scanner.13 However, this device was still bulky and heavy relative to the value that it provided, so it was not widely adopted.During this same time frame, the military expanded development of their overarching electronic health record system Armed Forces Health Longitudinal Technology Application (AHLTA) to include versions that worked in theater and on mobile platforms. Because of its limited storage and computing power, BMIST did not include physiologic sensors. Defense Healthcare Management Systems has developed the Mobile Computing Capability, which is a versatile handheld documentation system that operates on commercially available mobile devices such as phones and tablets that have been approved by Defense Information Systems Agency. Fourth, what were the most important data to record and transmit to the next level of care? The Simple Vitals app monitors a single patient connected to a single sensor. In some cases, evaluation was preceded by a simulated firefight where soldiers would either defend or attack an objective and sustain "casualties." Third, systems were connected to military communication networks to assess performance and security within those networks. Once completed and signed, this form is stored in a database on the device and can be reviewed through the Patients function.The MMS supports multiple apps for collecting vital signs data (Supplementary Fig. We integrated speech recognition so that a user could say "Ranger Medic Handbook" and go directly to this reference, rather than having to first open the References App and then select the Handbook. For example, an evaluation might begin with one facilitator describing a lower limb amputation, whereas a second pretended to be the casualty and others observed. A list of patient records currently on the MMS is displayed allowing the medic to edit the information as necessary. Novel methods for searching and disseminating content from medical references need to be developed. Video and image recording should ideally be done with body or helmet cameras that do not require the user to hold a phone or tablet in their hands.Speech processing or image recognition must happen in real time. Currently, it contains electronic versions of reference materials, such as the Ranger Medical Handbook. As the project progressed, we were able to provide the medics with wireframe mockups or simple prototypes during the interview, so that they could evaluate specific features of the user interface. The first facilitator would ask the medic to begin assessment and treatment using the system. Supplementary Figure 7 shows a screenshot of the Special Operations Forces Medical Handbook, which contains audio, video, and basic text.In summary, Table II shows the apps that were included in the MMS and a brief synopsis of their functionality. The TC3 app supports entry of patient information into an electronic version of the TCCC card, also known as the DD1380 (Supplementary Fig. Moreover, it allowed us to factor in constraints related to design, manufacturing, and software development that would inform the cost of desired features. Conversely, a custom wireless protocol might have superior throughput and be very hard to intercept but requires manual setting of frequencies and keys. 6) is not specifically a medical app but is used to transmit requests for air evacuation of casualties. Although more development is necessary, we hope that this software proves to be a useful addition to the medic's toolkit and helps them to perform their critical role in combat units better. Expansion space was built into the interface to allow for future apps, such as lab-on-chip readers or Health Affairs Light Operations, a thin client for accessing AHLTA systems in the field.22 Open in new tabDownload slideThe user handles patient record management functions (add, edit, or delete patient records), from the Patient app (Supplementary Fig. This environment enabled very honest and candid feedback.Key findings and recommendations from the field evaluations were: Wireless communications between phones/tablets and peripherals such as sensors and audio hardware were not sufficiently robust and required too much effort from users to maintain data links in a chaotic environment. The app prompts the user for necessary fields (such as the number of casualties and the condition of the landing zone).The Reference app is designed to be a portable library for the medic. Second, we asked about typical challenges they faced or gaps in their training and experience. : A provider's perspective: utilizing deployed information technology to care for our wounded warriors. Further sensor integration and development of power optimization solutions will make these systems easier to maintain and use but will likely require significant hardware engineering.It was clear to all participants that the technology still had significant limitations that would make it challenging to deploy. This review typically incorporated technology from several different providers (a mix of universities, small businesses, and other government agencies), all of whom brought novel hardware or software to the exercises. A major issue is that there are fundamental trade-offs between commercially available and specialized/proprietary wireless protocols. For example, a device being used on an ambulance might be connected to a WiFi router on the vehicle, which then connected to other nearby vehicles before making a satellite connection to a battalion aid station. The sponsor then integrated all these data to inform and seek consent from the medic participants for each exercise.During these exercises, we depended more on close observations of the medics as they worked with simulated casualties and less on structured interviews. Rapid and effective combat casualty care is essential for decreasing morbidity and mortality during military operations. It was designed so that patient records created through the Patients app were available to any of the individual applications/features. Broadly speaking, these criteria focused on utility (does the technology concept or idea add value? Overall, our goal was to thoroughly understand the medic's perspective, then design solutions that would solve problems or enhance their capabilities. The form captures the symptoms, diagnosis, and treatment of the injured using typed responses or speech recognition. For example, we determined that multiple casualties are common, so we added the ability to monitor several patients simultaneously in later versions of the software. At the same time, the evaluations provided critically important guidance for how the technology could be improved in the future. 4) to document encounters using text fields. Each year, the U.S. Army organized field evaluations of research technologies at Joint Base McGuire-Dix-Lakehurst in New Jersey. We converted most of the reference materials into searchable PDF documents with embedded headings and subheadings, so that information would be easier to browse and locate. This framework was supported by a series of guiding questions. Facilitators participated in the training and would provide scenarios and prompts to the medics. Available at accessed April 26, 2019.17. Future hardware development will need to carefully weigh these trade-offs and the associated engineering costs of overcoming them.Although the comprehensive nature of the medical references and the ability to rapidly search content was appreciated, the screen on most devices was too small for easy reading. This system was a handheld documentation tool that operated in low- and no-communication environments. Apps and devices communicate using an open architecture to support different sensors and future expansions.The prototype MMS was field tested during live exercises to generate qualitative feedback from potential users, which provided significant guidance for future enhancements.The widespread deployment of this type of device will enable more effective health care, limit the impact of battlefield injuries, and save lives. Second, military medics and soldiers were trained in the use of new technologies and asked to use those technologies in realistic combat and injury environments. It emphasizes acute care in all its forms (gynecology, general medicine, dentistry, poisonings, infestations, parasitic infections, acute infections, hyper- and hypothermia, high altitude, aerospace, and dive medicine, and much more), as well as including veterinary medicine and sanitation practice under primitive conditions.It is the work of over 130 contributors and 57 reviewers from both the military and civilian practice. For example, if the medic describes an abdominal gunshot wound and hypotension, the software could offer information on damage control resuscitation, suggest which sensors would provide the best monitoring of the patient, automatically begin recording from those sensors, and then interpret that data in real time to alert the medic of potentially dire complications. PDF Split View Article contents Figures & tables Video Audio Supplementary Data Prompt and effective combat casualty care is essential for decreasing morbidity and mortality during military operations. If yes, how much value?) and usability (is the specific implementation intuitive or easy to master?). This approach ensures that proprietary or sensitive code is protected, while allowing easy access to public components, such as the user interface. Some of these systems are summarized and compared in Table I. We describe our development approach, several of the component apps, the medic's workflow, and results from field testing. The providers wrote detailed descriptions of how their technology worked and any potential risks. Expert systems or artificial intelligence could add significant value in this use case.The medic's most valuable resource is his/her hands, so the capability for hands-free operation needs to be significantly expanded. Another feature is a Reference app for accessing reference materials (TC3 Guidelines, Ranger Medical Handbook, Special Operations Forces Medical Handbook, and GuideVue). As the evaluations proceeded, facilitators would sometimes add new information, change the scenario, or offer clarifications.We distilled our observations and data recorded from the MMS devices into evaluation criteria. The Vitals app collects and monitors the same information but allows for up to three sensors connected to up to three patients simultaneously.The 9-Line app (Supplementary Fig. These evaluations had several objectives. The medic can also add a new patient or create a dummy record if it is urgent that they start collecting information or monitoring the patient before all patient information is available. Table II Application . Functionality . TCCC Electronic version of Tactical Combat Casualty Card (DD1380) for collecting data on injury and treatment Patient Patient management functions to add, edit, or delete patient records SF600 Flexible form for documenting patient encounters, specifically symptoms, diagnosis, and treatment Simple Vitals Monitoring and capturing vital signs from a single patient connected to a single monitor Vitals Monitoring and capturing vital signs from a single or multiple patient(s) connected to a single or multiple monitor(s) Imaging Capture of still or video images either via built-in camera or connected laryngoscope 9-Line Electronic version of Army medevac 9-line paper form to collect information on evacuees and conditions at the extraction point Reference Electronic versions of reference materials to include TCCC Guidelines, Ranger Medic Handbook, Special Operations Forces Medical Handbook, and GuideVue RESULTS We designed and developed multiple components and versions of the MMS over the 5-year period of performance of the contract. This article describes efforts to prototype a Military Medic Smartphone (MMS) for use by combat medics and other health care providers who work in austere environments.The MMS design builds on previous electronic health record systems and is based on observations of medic workflows. The completed and signed TC3 card can be transmitted to others who are involved in the patient's care. The overarching framework given to the medics was that they were narrating their actions, so that an observer would be able to understand what they were thinking/doing and the rationale for those actions. Input from medics was gathered primarily through individual interviews and small group discussions. Because we wanted to minimize the disruption to the medics as they interacted with the simulated casualties, we provided the medics with guidance during advance training but did not ask many questions during the evaluation. These images can be linked to a patient in the database, although the current DD1380 format does not allow for images to be attached to or transmitted with it.The medic can also complete an SF600 form (Supple-mentary Fig. For example, a commercial protocol such as WiFi might be easy to detect or jam but has highly developed methods for beamforming, key exchange, frequency-hopping, and handling intermittent connectivity. To improve navigation between functions, we grouped functionality into sections, which are accessible through icons or buttons as opposed to using a menu bar. , , , , : Battlefield medical information system-tactical (BMIST): the application of mobile computing technologies to support health surveillance in the Department of Defense. Some example criteria were: Could the medic accomplish a certain task?How long did it take to complete a task?Does the system make the medic workflow easier, about the same, or more difficult?Are technical features like battery life and sensor range appropriate to the task?Can the system communicate accurately over different networks?What parts of the system could be changed or improved?A critical aspect of these evaluations was that we were clear that we were evaluating the systems, not the medics. To support these goals, the Nett Warrior Platform was created for Android devices as a government-owned, extensible architecture system.20,21With these systems as precedent, our research project began in 2012 with several goals. That synthesis informed the development of the next version of the MMS design. After each exercise, we would synthesize these observations into a series of prioritized usability and feature improvements. Supplement Article In addition to collecting the required data elements, we explored ways to speed up data entry and handle multiple simultaneous patients. The MMS apps and their workflow addressed ease of use and integration issues. We conclude with suggestions for future software development and a brief overview of comparable technologies that have emerged since our research project began. It provides several functions including a compact yet efficient physiologic monitor, a communications device for telemedicine, a portable reference library, and a recorder of casualty care data from the point of injury rearward to advanced echelons of care. Similarly, there are numerous nonmilitary applications for mobile health technology like mass casualty events, natural disasters, and disease outbreaks.Artificial intelligence and decision support/expert systems will become increasingly important for the future of combat casualty care, especially as mobile computing power grows. The content, technology, methods, and goals of the field exercises were reviewed by the government sponsor of the project as part of the planning for each of these exercises. First, the systems were evaluated in nonlaboratory conditions where factors like sand, underbrush, electronic noise, vibrations, and cramped vehicles could affect performance. 2). AFRL-SA-WP-TR-2015-0006.20. Some of these criteria were determined in advance of the field testing, whereas others emerged from our accumulated experience. Overall, we used an iterative approach to our software development. All of them had recent deployed experience and a basic familiarity with smartphone/tablet technology. Third, what equipment or medicines would be used in this situation? This project did not involve a clinical trial.The organization and architecture of the MMS was based heavily on input from medics and other experts in combat casualty care, as well as direct observations of medical workflow during training and evaluation exercises. Medics were asked to describe their thought processes and actions as they worked. For example, a sensor array that records multiple vital signs simultaneously could simplify the trauma kit but that array might be hard to configure or excessively heavy. Air Force Research Laboratory, 2015. The TC3 card allows for the documentation of cause, mechanism, and location of injury, patient status, and care provided. These users were ground and air medics selected by the government sponsor. Implementing these materials on the Android platform was challenging because of the vast amount (and disparate types) of information in the various sources. By basing our software around an open architecture, we enabled future expansion, such as the addition of novel sensors currently in early-stage development. FUNDING This study was supported by a research contract from the U.S. Army Medical Research & Materiel Command (#W81XWH-12-C-0254).Presented as an oral talk at the 2018 Military Health System Research Symposium, August 2018, Kissimmee, FL; abstract # MHSRS-18-0464The views expressed in this article are those of the authors and do not necessarily represent the official position or policy of the U.S. Government, the Department of Defense, or the Department of the Army REFERENCES 11. Third, we asked about specific difficulties or deficiencies with the current article-based documentation (eg, the TC3 card) and how those could potentially be solved—or exacerbated—with an electronic form. When available, we also drew from presentations and published works by these experts.Through collaborations with our government sponsor and participation in four army-organized field exercises at Joint Base McGuire-Dix-Lakehurst, we got additional feedback from users that guided the design of the MMS. 3). Medics can carry a limited amount of equipment and supplies and typically already carry a heavy load.6–8 Any new technology should either replace or significantly improve on an existing capability.Medics and other soldiers have multiple responsibilities in complex situations on the battlefield, so systems need to be designed with a focus on integration, ease of use,9 automation where possible, and accessibility.Communication bandwidth is extremely limited even under favorable conditions and may not be available at all.10 Therefore, technology developed to work in these environments must operate with no or low connectivity.The U.S. Military's interest in using mobile technologies to support combat casualty care began in the late 1990s using personal digital assistants. Users followed the same process for adding new patients regardless of the app. Data could be uploaded or transmitted once the device came into an active communication environment, whether that was over tactical radio, cellular, WiFi, or proprietary wireless networks.Several features of the MMS are covered in detail in the article, such as medical reference materials, physiologic sensor monitoring and data recording, portable imaging, telemedicine communications, and documentation of injuries and treatments. : Tempus Pro Patient Monitoring System. We refer to our system as the Military Medic Smartphone (MMS). The software uses both an open source repository and a closed source repository. To start monitoring or collecting data on a patient, the authorized medic creates a patient record in the Patients app making the patient visible to the other MMS apps (TC3, SF600, Vitals and Simple Vitals, Imaging). , : The Nett Warrior System: A Case Study for the Acquisition of Soldier Systems (MBA Professional Report).

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