Expeditionary Operations Panel: Canadian Forces Health Services Reserves

Col Kristiana Stevens Dir HS Res/HS Res Advisor 23 Apr 10



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Votre santé - Notre mission









Scope

- Health Services Reserves Organization/Demographics
- Deployment Stats
- Lessons Learned & Impact on: Recruiting

Training

Deployment

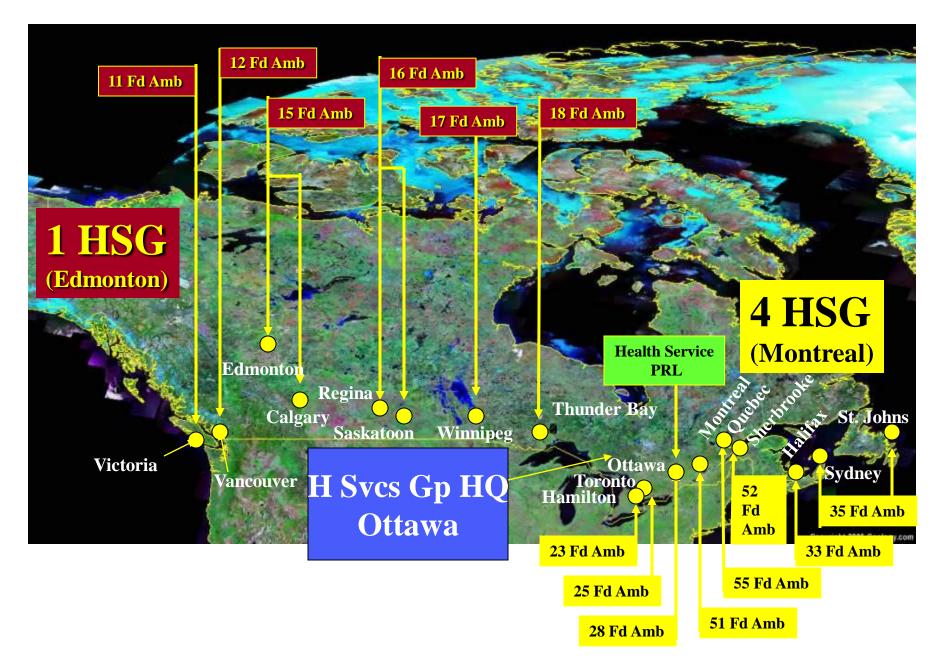
Retention

Future



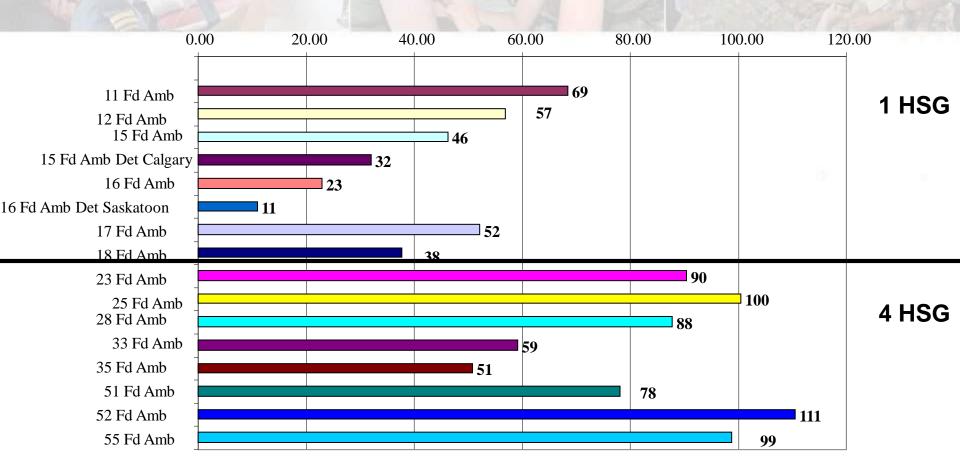


Health Services Reserves Geographical Footprint



Health Services Reserves Manning - Ave Paid Strength FY 09/10

Grand Average = 1173



Class A: 39 CF Health Services Primary Reserve List:

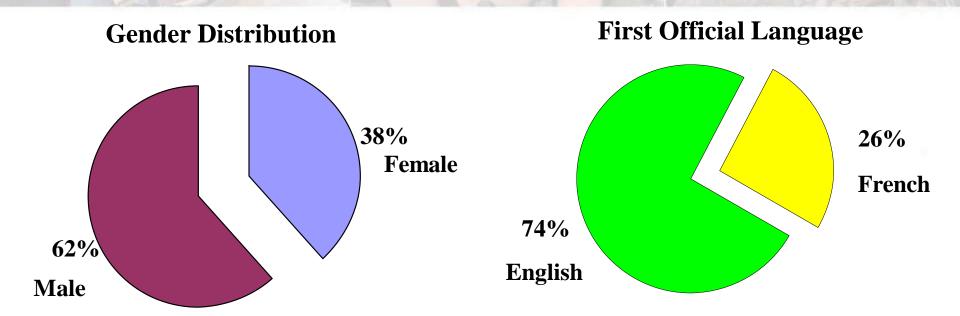
Class B: 131







Health Services Reserves - Demographics



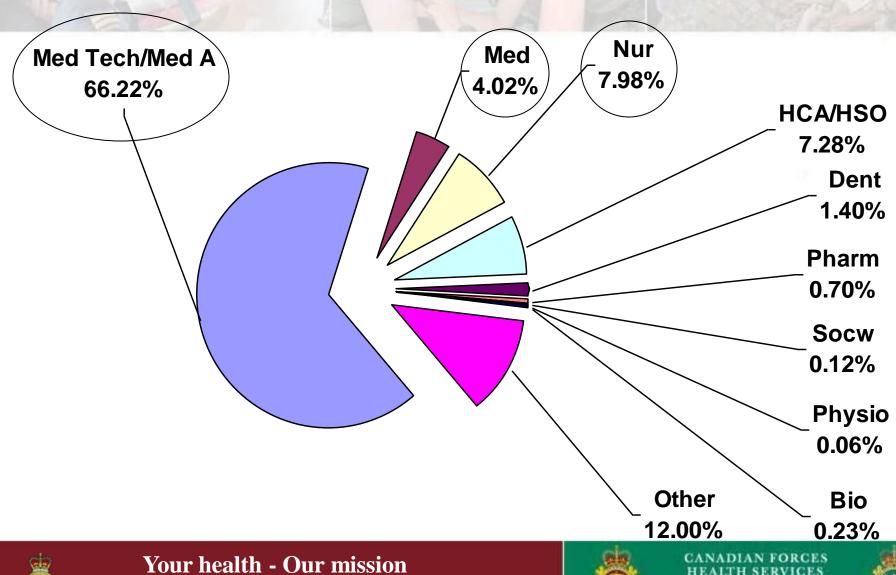
Field Ambulance: Average Age = 31 yrs

Health Services Primary Reserve List: Average Age = 46 yrs





Health Service Reserves Occupations







Health Services Reserves – Support to National Roles







Conduct daily domestic and continental operations, including in the Arctic and through NORAD



Support a major international event in Canada, such as the 2010 Olympics



Respond to a major terrorist attack



Support civilian authorities during a crisis in Canada such as a natural disaster



Lead and/or conduct a major international operation for an extended period



Deploy forces in response to crises elsewhere in the world for shorter periods

- Integrated Regular/Reserve response
- Capable of supporting/augmenting multiple missions simultaneously (Afghanistan, Olympics, Haiti)







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- Ability to support/augment at all 4 levels of Health Care
 - Role 1 pre-hospital care (i.e. with dismounted troops, triage, sorting, preparation for evacuation)
 - Role 2 stabilization, lifesaving treatment, evacuation
 - Role 3 initial wound surgery, post-operative care, short-term surgical/med in-patient care
 - Role 4 Definitive Care



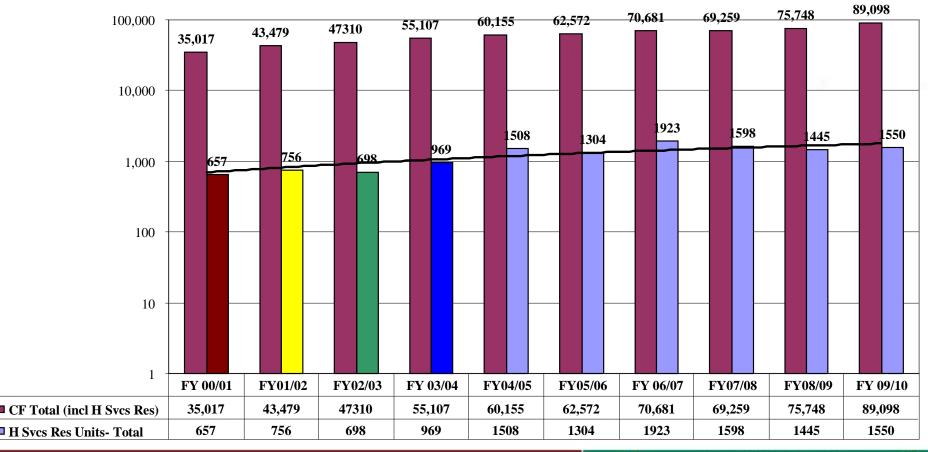


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Force Employment – ALL Taskings

Health Services Reserve Units vs CF Total

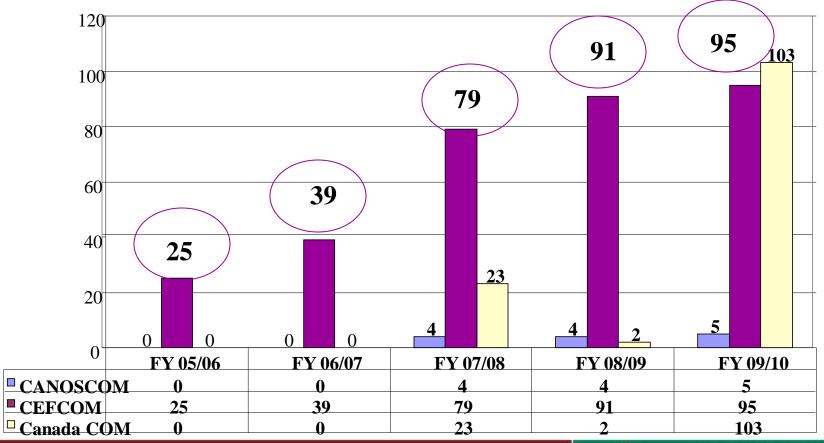
Tasking nominations occurring wholly or partly in FY







HS Reserves Deployed - by Command

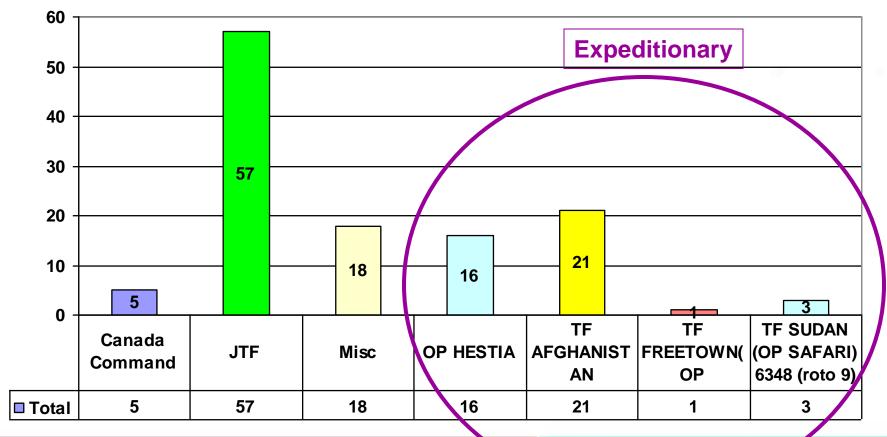






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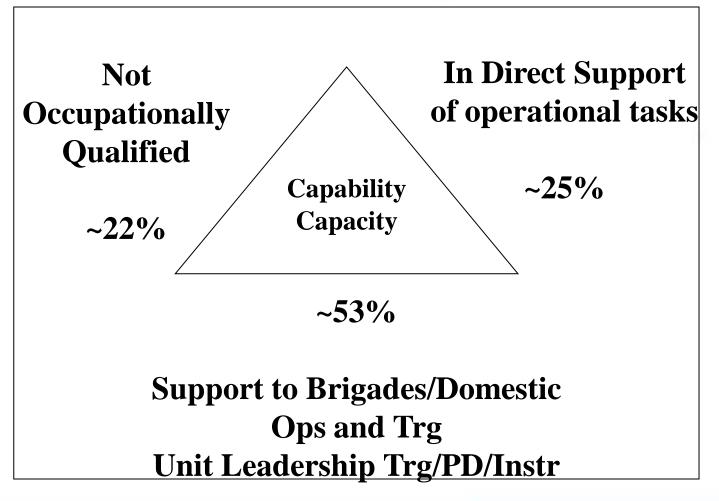
HS Reserves Deployed Today (snapshot taken 31 Mar 10)







Impact - State of HS Reserves







Health Services Group Lessons Learned

The Process

National (DND/CF)
Environmental (Navy, Army, Air)
Functional (H Services)

- Evolving process internally
- Formally introduced late last year
- Presently awaiting collation and analysis of relevant HS Res issues.
- Many observations are generic in nature to those experienced by other Environmental Commands/Force Generators – and hence incorporated into their LL.
- Already commenced many initiatives to enhance HS Res support specifically.





Lessons Learned - Recruiting

Challenges:

- No clinical occupations within Reserves except physicians
- Demographics are different
- Competing for professionals
- Length and process involved with recruiting

- Addition of Nurse and Medical Officer positions in Res Fd Ambs
- Establishment of a Health Services Primary Reserve List
- Creation of mirror image occupations in Reg & Res F
- Targeted recruiting by occupation/profession and specialty
- Executive recruiting initiative
- Capability based recruiting/intake plan vs HR manning model
- Management of critical trades Primary Care Paramedic Training







Lessons Learned - Training

Challenges:

- Length of Individual and Collective Training
- No unit level clinical training oversight
- Equipment "Train as you fight" parity in function & form critical to effective training and integration
- Innovation and flexibility required

- Harmonization of occupational and associated training standards between Res and Reg F at the Occupational and Training Standard levels
- Modularization of all courses, including BOTC
- Review of Training Methodology distributed learning focus
- Enhanced flight nurse and flight surgeon training opportunities
- Enhanced opportunities with international partners (eg. USA)
- Equipment procurement progressing
- Require all licensed clinicians to maintain clinical skill set via civilian employment





Lessons Learned - Deployment

Challenges:

- Length of operational commitments and pre-deployment training
- Pre-planning/time available critical factors

- Mounting Phase notification timelines critical to responsiveness being managed
- Periodic Cl C nurses and doctors allowed for 24 hr response time
- Active management of H Svcs PRL key to filling specialty positions
- Use of Res to backfill in clinics domestically effective both for Res F and Reg F in terms of providing MCSP training and alleviating pressure on Reg F





Lessons Learned - Retention

Challenges:

- Competition for professions civilian sector opportunities
- Lack of formed unit capability and limiting Res employment to individual augmentation is a dissatisfier
- Limited day to day clinical role of Reserves
- Fragmented HR employment framework

- Backfills in clinics domestically ensure relevance of Res
- Increase in clinical support role to Brigades for Reserve Field Ambulances
- Cultural integration of Res and Reg F beneficial
- Deployments bring enhanced credibility and experience to units
- Humanitarian Aid type missions/trg opportunities
- Continue to advance HR issues





Future

- Still maturing as a Total Force Health Care organization
- H Svcs Gp Campaign Plan Strategy 2K14
- Integrated Field Force Review
- Continue to provide clinical roles to Health Services Reserves



Questions?



