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TO RUEADWD/HQDA SURG GEN WASHINGTON DC
RUIAAAA/USARPAC COMMAND CENTER FT SHAFTER HI
RUOIAAA/COMPACFLT PEARL HARBOR HI
RUIAAAA/HQ PACAF HICKAM AFB HI
RUIAAAA/PACAF CC HICKAM AFB HI
RUIAAAA/HQ ALCOM ELMENDORF AFB AK
RUACACJ/COMUSKOREA CP SEOUL KOR
RUIAAAA/COMUSKOREA J3 EOC SEOUL KOR
RUALSFJ/COMUSJAPAN COMMAND CENTER YOKOTA AB JA
RUALSFJ/COMUSJAPAN YOKOTA AB JA
RUICAAA/JIATF WEST
INFO RUEKJCS/JOINT STAFF WASHINGTON DC
RUOIAAA/CNO WASHINGTON DC
RUJDAAA/COMMARFORPAC
RUJDAAA/COMMARFORPAC G THREE
RUICAAA/COMSOCPAC HONOLULU HI
RUIHAAA/CDR USTRANSCOM SCOTT AFB IL
RUOIAAA/COMSEVENTHFLT
RUOIAAA/COMTHIRDFLT
RUJDAAA/CG III MEF G FOUR
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RUICAAA/CDR USPACOM HONOLULU HI
RUICAAA/HQ USPACOM JOC
BT
UNCLASSIFIED
SUBJ/USPACOM DIRECTIVE FOR MEDICAL SITUATION REPORT (MEDSITREP) AND
MEDICAL COMMON OPERATING PICTURE (MEDCOP)
FROM HQ USPACOM J3
TO HQDA SURG GEN WASHINGTON DC
CDRUSARPAC FT SHAFTER HI
USARPAC COMMAND CENTER FT SHAFTER HI
COMPACFLT PEARL HARBOR HI
HQ PACAF HICKAM AFB HI
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CNO WASHINGTON DC
COMMARFORPAC

COMMARFORPAC G THREE
COMSOCPAC HONOLULU HI
CDR USTRANSCOM SCOTT AFB IL
COMSEVENTHFLT
COMTHIRDFLT
CG III MEF G FOUR
KAIS 7AF OSAN AB KOR
KCSS 7AF OSAN AB KOR
CDR USPACOM HONOLULU HI
HQ USPACOM JOC
MSGID/GENADMIN/HQ USPACOM J07/-/JAN//
SUBJ/USPACOM DIRECTIVE FOR MEDICAL SITUATION REPORT (MEDSITREP) AND MEDICAL COMMON OPERATING PICTURE (MEDCOP)//
GENTEXT/SITUATION/
1. SITUATION. THE MEDICAL SITUATIONAL AWARENESS IN THEATER (MSAT) TOOL IS A WEB-BASED APPLICATION THAT FUSES MEDICAL INFORMATION FROM MULTIPLE INFORMATION SYSTEMS IN ORDER TO PROVIDE A HEALTH SERVICES MEDICAL COMMON OPERATING PICTURE (MEDCOP) AND DECISION SUPPORT.
1.A. UNIT SPECIFIC INFORMATION IS CRITICAL TO MSAT ACHIEVEMENT OF A MEDCOP AND ABILITY TO AGGREGATE INFORMATION CORRECTLY. THIS IS ACHIEVED WHEN UNITS COMPLETE A MEDICAL SITUATION REPORT (MEDSITREP) AND DISEASE NON-BATTLE INJURY (DNBI) REPORT.
1.B. USPACOM DIRECTS MSAT TOOL AS THE THEATER MEDICAL COMMAND AND CONTROL (C2) PROGRAM OF RECORD TO BE USED BY USPACOM SUB UNIFIED COMMANDS, SERVICE COMPONENTS AND CJTF COMMAND SURGEONS AND THEIR SUBORDINATE MEDICAL UNITS.
1.B.1. THIS GUIDANCE DOES NOT SUPERSEDE MORE STRINGENT POLICY FROM COMMANDS, SUBCOMPONENTS, OR SERVICE COMPONENTS NOR IS IT SUPERSEDED BY OTHER GUIDANCE UNLESS APPROVED BY USPACOM.//
2. PURPOSE. TO PROVIDE GUIDANCE TO ALL UNITS OPERATING IN THE USPACOM AREA OF OPERATION (AOR) TO ENSURE SITUATIONAL AWARENESS OF CAPABILITIES IN THE EXECUTION OF OPERATIONS.//
3. TASKING.
3.A. CURRENT AND NEW UNITS ARRIVING IN THE USPACOM AOR.
3.A.1. COMPLETE A JOINING REPORT WHICH CLEARLY DEFINES THEIR CAPABILITIES, CONTACTS, AND LOCATION NO LATER THAN THREE DAYS AFTER TRANSFER OF AUTHORITY OR ARRIVAL INTO AOR, WHICHEVER IS EARLIER.
3.B. MEDICAL TREATMENT FACILITIES (MTF) AND MEDICAL UNITS IN THE USPACOM AREA OF RESPONSIBILITY.
3.B.1. ALL UNIT MOVEMENTS IN THE USPACOM AOR AND UNIT LOCATION IN MSAT MUST BE UPDATED THE SAME DAY THE MOVE OCCURS.
3.B.2. THE UNIT IDENTIFICATION CODE (UIC) USED FOR THE JOINING REPORT WILL BE THE SAME AS THAT USED TO IDENTIFY THE MEDICAL TREATMENT UNITS OR THE SAME AS THEIR THEATER MEDICAL INFORMATION PROGRAM-JOINT (TMIP-J) SYSTEMS.
3.B.3. UNITS WILL REPORT UIC AND NAME OF UNIT ONCE JOINED TO THEIR SERVICE COMPONENT COMMAND SURGEON. COMPONENT SURGEONS ARE RESPONSIBLE FOR ESTABLISHING A UIC HIERARCHY AND STANDARD NAMING

CONVENTION FOR SUBORDINATE UNITS AND UNITS IN SPLIT OPERATING LOCATIONS.
3.B.4. UNITS WILL ENTER THE DATA IN THE FORMAT PRESCRIBED BY MSAT AND USPACOM STANDARD OPERATING PROCEDURE GUIDE.//
4. COORDINATING INSTRUCTIONS.
4.A. MEDSITREP REQUIREMENTS.
4.A.1. MEDSITREP PROVIDES THE LOCATION AND CAPABILITIES STATUS OF MEDICAL UNITS WITH CRITICAL PERSONNEL, OPERATING ROOM (OR), INTENSIVE CARE UNIT (ICU) BED, INTERMEDIATE CARE WARD (ICW) BED, MEDICAL EQUIPMENT AND MEDICAL SUPPLY STATUS. COMPONENET MEDCOP REPORTING MAY INCLUDE BUT NOT LIMITED TO VISIBILITY ON KEY ASSETS SUCH AS CRITICAL CARE AIR TRANSPORT TEAM, EN ROUTE PATIENT STAGING SYSTEM FACILITY, AEROMEDICAL EVACUATION TEAM, THEATER BLOOD CENTER, AIR AMBULANCE COMPANY, GROUND AMBULANCE COMPANY, DECONTAMINATION TEAM, BEHAVIORIAL HEALTH TEAM AND PREVENTIVE HEALTH TEAM ETC.
4.A.2. MEDSITREP REQUIREMENTS WILL BE ROLLED UP BY THE SERVICE COMPONENT COMMAND SURGEON VIA SERVICE SUB-COMPONENT SURGEONS.
4.A.3. CRITICAL PERSONNEL, OR, ICU, ICW BED STATUS, EQUIPMENT AND SUPPLY STATUS WILL BE ESTABLISHED BY THE SERVICE COMPONENT COMMAND SURGEON AND UPDATED AS THE SITUATION CHANGES. REQUESTS FOR ADDITION/DELETION OF CRITICAL PERSONNEL, OR, ICU, ICW, EQUIPMENT AND SUPPLY STATUS IN THE MSAT TOOL WILL BE FORWARDED TO THE MSAT ADMINISTRATOR. CRITICAL PERSONNEL MAY INCLUDE SURGICAL, MEDICINE, NURSING OR OTHER SPECIALISTS THAT WILL HAVE SIGNIFICANT IMPACT ON THE MISSION WHEN THE AUTHORIZED POSITION IS UNFILLED. CRITICAL SUPPLIES MAY INCLUDE ALL CLASSES OF SUPPLY TO INCLUDE BLOOD. CRITICAL EQUIPMENT MAY INCLUDE BOTH MEDICAL AND NON-MEDICAL.
4.A.4. WHEN OPERATING FROM MULTIPLE LOCATIONS, UNITS WILL USE A SINGLE UIC FOR MEDSITREPS UNLESS CLEARED BY THE SERVICE COMPONENT COMMAND SURGEON AND PROGRAM OFFICE FOR UIC ASSOCIATION.
4.A.5. UNITS WILL ENSURE THEIR CRITICAL ITEM(S) LIST IS UP TO DATE. MINIMUM CRITICAL ITEM REPORTING REQUIREMENTS IS OUTLINED IN THE USPACOM MSAT SOP.
4.A.6. WHEN REPORTING ON SUBJECTIVE STATUS IN THE MEDSITREP, UNITS WILL LIST ALL CRITICAL ITEMS AS GREEN, YELLOW, RED, OR BLACK STATUS. GREEN EQUALS 81 PERCENT AND ABOVE; YELLOW EQUALS 60-80 PERCENT; RED EQUALS 59 PERCENT AND BELOW; BLACK EQUALS MISSION INCAPABLE.
4.A.7. REPORTING UNITS THAT FALL BELOW THE GREEN THRESHOLD IDENTIFIED IN PARA 4.A.6. WILL ANNOTATE WHY THE STATUS IS YELLOW OR RED, PROVIDE AN ACTION PLAN TO MITIGATE THE DEFICIENCY, AND SUBMIT AN ESTIMATED DATE TO FULL RETURN OF CAPABILITIES.
4.B. MSAT ACCESS AND TRAINING RESOURCES.
4.B.1. MSAT SIPR PORTAL IS LOCATED AT:
HTTPS:(DOUBLESLASH)MSAT.FHP.SMIL.MIL
4.B.2. MSAT TRAINING PORTAL IS LOCATED AT: HTTPS:
(DOUBLESLASH)TRAIN.MSAT.TESTINGINFRASTRUCTURE.COM/PORTAL/
4.B.3. MSAT TRAINING ACCESS MUST BE REQUESTED THROUGH PORTAL.
4.B.4. TRAINING VIDEOS LINKS:

NIPR: HTTPS:
(DOUBLESLASH)INTELSHARE.INTELINK.GOV/SITES/CCSG/HIMFOLDERS/MSAT/MSAT(PERCENT)20TRAINING(PERCENT)20VIDEOS
SIPR: HTTPS:
(DOUBLESLASH)INTELSHARE.INTELINK.SGOV.GOV/SITES/DHA-J3-5/MSAT/TRAININ G(PERCENT)20VIDEOS.
4.C. MEDSITREP FREQUENCY.
4.C.1. ROLE TWO AND THREE MTF (OPTIONAL FOR ROLE ONE MTF AND OTHER MEDICAL UNITS) MUST CREATE A WEEKLY MEDSITREP NLT 1500W ON EACH WEDNESDAY. THE FREQUENCY AND TIME MAY BE CHANGED AS DETERMIINED BY THE USPACOM BATTLE RHYTHM.
4.C.1.A. AFLOAT ROLE TWO AND THREE MTF MAY REPORT BY EXCEPTION THROUGH THE NEXT HIGHER COMMAND OR PACFLT SURGEON IF UNABLE TO SUBMIT A WEEKLY MEDSITREP DUE TO LIMITED COMMUNICATION ABILITIES AFLOAT.
4.C.1.B. ASHORE MTF MAY REPORT BY EXCEPTION THROUH THEIR NEXT HIGHER COMMAND OR SERVICE COMPONENT SURGEON IF UNABLE TO ACCESS A SECURE INTERNET PORTAL.//
5. FUNDING. USPACOM WILL NOT PROVIDE FUNDING. SERVICE COMPONENTS AND SUPPORTING AGENCIES WILL FUND ALL COSTS OF THIS OPERATION, INCLUDING DEPLOYMENT AND REDEPLOYMENT COSTS. SERVICE COMPONENTS AND SUPPORTING AGENCIES SHOULD CAPTURE AND REPORT TO SERVICE COMPTROLLER ALL INCREMENTAL COSTS INCURRED TO SUPPORT THIS OPERATION.//
6. POINTS OF CONTACTS.
6.A. LT COL JOSEPH DELL, USPACOM J07, DSN 318-477-7887, TEL 808-477-7887, EMAIL JOC-MED.PACOM(AT)PACOM.MIL OR EMAIL JOC.MED.PACOM(AT)PACOM.SMIL.MIL
6.B. CDR JERRY BAILEY, USPACOM J07, DSN 318-477-7865, TEL 808-477-7865, EMAIL JOC-MED.PACOM(AT) PACOM.MIL OR EMAIL JOC.MED.PACOM(AT) PACOM.SMIL.MIL.//
7. THIS OPERATIONAL GUIDANCE GOES INTO EFFECT UPON RECEIPT.//
8. EXPIRATION DATE. MISSION DURATION OR UNTIL RESCINDED BY FOLLOW ON ORDER.//

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**U.S. PACIFIC COMMAND**
**(USPACOM)**
**CAMP H.M. SMITH, HAWAII 96861-4028**

19 January 2018

MEMORANDUM FOR ALL COMPONENT AND JOINT TASK FORCE (JTF) MEDICAL UNITS IN THE USPACOM AREA OF OPERATION (AOR)

FROM: USPACOM COMMAND SURGEON

SUBJECT: MEDICAL SITUATIONAL AWARENESS IN THE THEATER (MSAT) STANDARD OPERATING PROCEDURES

Ref(s): a) AJP-4.10(B), Allied Joint Medical Doctrine for Medical Support, dated May 2015
b) JP-04.02, Health Service Support, dated 26 Jul 2012
c) CCR 40-1, Quality Management (QM) Programs in Healthcare Operations, dated 19 Feb 2016
d) Medical Situational Awareness in the Theater (MSAT) 1.9.0.0, Systems User's Manual Summary, Version 0.4 dated 22 Dec 2016

1. **Purpose**. Provide clear guidance on the use of MSAT. MSAT is utilized to provide lateral Component communication and theater-wide situational awareness to the USPACOM Surgeon staff. The USPACOM Surgeon staff analyzes this information to balance resources based on the demand signal, trends, mission degradation, and issues affecting patient care, operational readiness or force health protection. Depending on capabilities, units may have varying reporting requirements and therefore not all data field apply in unique situations.

2. **MSAT Online Training**.
Access computer-based training on the NIPRNet via:
https://intelshare.intelink.gov/sites/ccsg/HIMFolders/MSAT/MSAT%20Training%20Videos
Access computer-based training on the SIPRNet via:
https://intelshare.intelink.sgov.gov/sites/dha-j3-5/MSAT/Training%20Videos

2.A. Select the video to review

3. **Create Joining Reports.** All current and new medical units to include afloat ships must create a Joining Report no later than three days after transfer or authority or arrival into the USPACOM AOR. Joining units will fall into one of three categories. New units, returning units, or units falling in on established unit with retained UIC.

3.A. All units will log in to MSAT https://msat.fhp.smil.mil/portal/ on the SIPRNet and click on the JMeWS tab.

3.B. Navigate to **Annex Q Reporting, Create Report and Joining**. This will open the Create Joining Report window. From this window search for a unit or create a new unit.

3.B.1. Component Surgeons are responsible for establishing a UIC hierarchy and standard naming convention for subordinate units and also those units that operate in split locations by changing the last character in their UIC to show either A, B, C or 1, 2, 3. See examples in para 3.C.4.A.

3.C. To create a Joining Report for a new unit click on the "Can't find the unit you are looking for? Click here to Create New Unit" link and then fill out the appropriate information outlined below.

3.C.1. To create a Joining Report for a new unit click on the "Can't find the unit you are looking for? Click here to Create New Unit" link and then fill out the appropriate information outlined below.

3.C.2. UIC.

3.C.2.A. Using the correct UIC is **CRITICAL!** The UIC links EMRs created at the unit with the unit in the MSAT database. For units using AHLTA-T or TC2 to document patient care, it is **CRITICAL** that the UIC entered in the MSAT Joining Report match the AHLTA-T or TC2 server UIC.

3.C.3. TC2 DMIS ID (if applicable).

3.C.3.A. Applies to Role 3 units or higher using TMIP-JTC2 and will enter their TC2 DMIS ID in this "TC2 DMIS ID" Field.

3.C.4. Unit Name.

3.C.4.A. Enter unit name in the following format: Role of Care or Unit Type, Unit number, Unit type, (Location, Three digit country code), Examples:

3.C.4.A.1. ROLE 2 – 2ND FST
XND FST - Camp Xxxx (WBRCAA)
XND FST – Camp Yyyy (WBRCAB)

3.C.4.A.2. ROLE 3 – 51ST CSH
XXST CSH - Camp Xxxxx (WZJXA1)
XXST CSH - Camp Yyyyy (WZJXA2)

3.C.4.A.3. MED DET – 709TH
XXXTH MED DET (VS) - Camp Xxxxx (WQ4PAA)
XXXTH MED DET (VS) - Camp Yyyyy (WQ4PAB)

3.C.4.B. Role of Care or Unit Type: For MTFs, enter the Role of Care (Role 1, 2, or 3). For non-MTFs, use one of the following designations: Combat Support Hospital (CSH), Dental (DEN), Preventive Medicine (PM), Combat Stress Control (CSC), Veterinary (VET), Medical Logistics (MLG), Blood Detachments (BLD), MEDEVAC (AA), Ground Ambulance (GA), Laboratory (LAB), En Route Patient Stage (ERPS), AE Squadron (AES), Medical Battalion (MMB), Medical Brigade (MEB), Medical Group (EMDG), Joint Task Force (JTF), TF Med (TFMED), Medical Command (MEDCOM).

3.C.4.C. Three digit country codes for the PACOM AOR: USA (United States), GUM (Guam), CHN (China), JPN (Japan), MNG (Mongolia), PRK (North Korea), KOR (South Korea), BGD (Bangladesh), BTN (Bhutan), IND (India), MDV (Maldives), NPL (Nepal), LKA (Sri Lanka), BRN (Brunei), MMR (Myanmar), KHM (Cambodia), IDN (Indonesia), LAO (Lao), MYS (Malaysia), PHL (Philippines), SGP (Singapore), THA (Thailand), TLS (Timor-Leste), VNM (Vietnam), AUS (Australia), FJI (Fiji), KIR (Kiribati), MHL (Marshall Islands), FSM (Micronesia), NRU (Nauru), NZL (New Zealand), PLW (Palau), PNG (Papua New Guinea), WSM (Samoa), SLB (Solomon Islands), TON (Tonga), TUV (Tuvalu), and VUT (Vanuatu).

3.C.5. COCOM: PACOM.

3.C.6. Service: Air Force, Navy, Army or Marine.

3.C.7. Level: Enter Role of Care for MTF: 1, 2, 3, "N/A" for Non-MTFs.

3.C.8. Country *or* Body of Water:

3.C.8.A. North Pacific Ocean, South Pacific Ocean, Indian Ocean, and Southern Ocean. Sea of Japan, Yellow Sea, East China Sea, Philippine Sea, South China Sea, Bay of Bengal, Coral Sea, and Tasman Sea.

3.C.9. GMT Offset.

3.C.10. Latitude and Longitude.

3.C.10.A. This is a required and critical field that directly supports the common operating picture and map capability.

3.C.11. Co-located Units.

3.C.11.A. It is important to know if the unit is collocated with other Role 1, 2, 3 capabilities in a **supporting role** or if it is a standalone unit in a remote location.

3.C.12. Unit Reporting Capabilities.

3.C.12.A. Check boxes when the answer to the question is **positive**. This enables tracking of supplies, equipment, and beds in the Medical Situation Report (MEDSITREP).

3.C.12.B. Check all boxes that apply.

3.C.13. Click the **Submit Report** button when finished.

3.D. To create a Joining Report for an inactive unit (either previously deployed and departed or created by an EHR system and never joined) the unit will be displayed in a table on the Create Joining Report page after entering search parameters in "Unit UIC:" or "Unit Name:" and clicking "Search for Unit".

3.D.1. If the Unit Name is displayed in **bold red** it means a joining report has already been submitted.

3.D.2. If the Unit Name is displayed in **black**, it means inactive. Click on the UIC of the unit to view and update unit parameters. Update the unit information as outlined in section 3.c.2 through 3.c.12. If the unit did not use the standard naming format outlined in 3.c.3, appropriately rename the unit using the required format.

3.E. If users select an established unit that had previously filed a Joining Report, make the necessary changes outlined in section 3.c.2 through 3.c.12.

3.F. After clicking **Submit Report** a screen will show that the unit "has successfully joined the MSAT System. Click here to file the Medical Situation Report."

3.G. Click the link to the Medical Situation Report. Enter the appropriate information on the next screen (see instructions for creating MEDSITREP in Section 4 below).

4. **Creating a MEDSITREP.**

4.A. Log in to MSAT on the SIPRNet and click the **JMeWS** tab. The daily MEDSITREP has two components to be submitted daily. The Medical Situation Report (Med Sit Rep) and the Special Surveillance Report (both located under the Annex Q Reporting and Create Report).

4.B. To create the first part of the daily MEDSITREP, navigate to **Annex Q Reporting**, **Create Report** and **MEDSITREP**.

4.C. Select the unit for which you would like to file the MEDSITREP.

4.D. The **MEDSITREP** contains unit information, POC's for the unit, information on beds, blood, critical equipment, critical personnel, critical supply, subjective status, and 72 hour predicted status.

4.E. **On page 1 of 4**, view and update "Unit Information" as necessary. Add or delete contact information for the unit. (If there has been a rotation, you must delete old POC's and add new POC's.)

4.E.1. At least one Unit POC is required.

4.F. Click the "Continue To Next Page" button.

4.G. **On page 2 of 4**, fill in or update capabilities for Medical Equipment, Beds and Medical Evacuation depending on your Role or unit type. Update the Critical Medical Equipment based on guidance from your Commander or higher HQ. **Refer to TAB B for minimum equipment reporting requirements**.

4.H. Click the "Continue To Next Page" button.

4.I. **On page 3 of 4**, "Add Personnel" or "Edit Personnel" capabilities.

4.J. **Add Subjective Status (Most important part** of the MEDSITREP. This allows the Commander to communicate the status of his/her unit.)

4.J.1. Status Now should include any personnel shortages or loss of services including Information Management/Technology (IM/IT) degradation as outlined in section 4.j.3.i-ii. An example of personnel shortage documentation would be: Trauma Surgeon 72 hours Sick in Quarters secondary to GI outbreak, in addition to any other factors effecting mission capability.

4.J.2. Should communicate critical information to Higher Headquarters which affects a unit's ability to accomplish its current or future mission.

4.J.3. Required comments on IM/IT systems status operability as applicable:

4.J.3.A. Report Joint Operational Medicine Information Systems (JOMIS) TMIP-J status. Include both in-garrison and expeditionary IM/IT systems: AHLTA, Essentris, AHLTA-T, TMIP Composite Health Care System Cache (TC2) and Deployable Tele-Radiology System/Theater Image Repository (DTRS/TIR), Defense Medical Logistics Standard Support (DMLSS), DMLSS Customer Assistance Module (DCAM) and GCSS-A if degraded.

4.J.3.B. Example Comments: AHLTA (YELLOW), DCAM (RED) followed by an explanation of the categorization.

4.J.4. **Comments are required** when selecting a status other than GREEN. Units that fall below the GREEN threshold must annotate why the status is YELLOW, RED, or BLACK provide an action plan to mitigate the deficiency and submit an estimated date to return of capabilities. Example: If a CT is down, the unit must provide the following information:

4.J.4.A. Item and criticality: 1/1 CT capabilities in 60 min ring route, critical to trauma care.

4.J.4.B. Specific issue: The slide used to move into and out of the chamber is not functioning.

4.J.4.C. Estimated down time: Two (2) weeks

4.J.4.D. Actions to resolve: Part order via MEDLOG, expected on XX date; sent to Japan, will return on XX date)

4.J.4.E. Mitigating Strategies: Diagnostic Peritoneal Lavage will be performed for critical abdominal trauma, no capability to rule out retroperitoneal hemorrhage and no ability to scan intracranial injuries. There is no other coalition or local national capabilities in the area.

4.J.5. Risk assessment categories:

4.J.5.A. Low (GREEN) 81 Percent and Above: Interruption of service that does not impact the delivery of care or the ability to continue to provide a service

4.J.5.B. Moderate (YELLOW) 60-80 Percent: Some disruption in service with unacceptable impact on patient care; or non-permanent loss of the ability to provide a service

4.J.5.C. High (RED) 59 Percent and Below: Sustained loss of service which has serious impact on the delivery of patient care or permanent loss of core service or facility.

4.J.5.D. Not Operational (BLACK) Unit is non-mission capable.

4.K. 72 Hour Predicted Status. Enter or update the predicted status 72 hours from the time of filling out the MEDSITREP for all equipment, supplies, personnel, and IM/IT systems. This status should updated "status now" or highlight a predicted problem that will change in the next 72 hours (positively or negatively). The status update is required every 72 hours.

4.L. Click the "Continue To Next Page" button.

4.M. **On Page 4 of 4**, review the Med Sit Rep. Under each section in the preview edit any information by clicking on the link below the section.
4.N. After review, click the "Submit Report" button at the bottom. **Do not forget this step! <u>If you do not click "Submit Report" to file the report, all your work will be lost.</u>**

4.O. To create the second part of the daily MEDSITREP. Navigate to **Annex Q Reporting, Create Report** and **Special Surveillance**.

4.O.1. Select the unit for which you would like to file the MEDSITREP.

4.O.2. This section provides unit utilization data including Disease Non Battle Injury (DNBI), Battle Injury (BI), BI Surgical Volume and total surgical volume.

4.O.3. Complete the encounters for DNBI and BI as initial visits (column one). Complete DNBI and BI admissions in column four. Columns 2 and 3 can be left blank.

4.O.4. Complete BI Surgical cases (one Operating Room) visit is a single case even if multiple procedures are performed by filling in Column one (initial visits). All other columns may be left blank.

4.O.5. Complete total Surgical Cases (one OR visit is a single case even if multiple procedures are performed) by filling in Column one (initial visits). All other columns may be left blank. Total Surgical Cases will include both BI surgical cases and non-BI surgical cases.

4.O.6. Complete Problems Identified and Corrective Actions as required.

4.O.7. Click "Preview Report".

4.O.8. Review and edit as necessary then click "Submit Report".

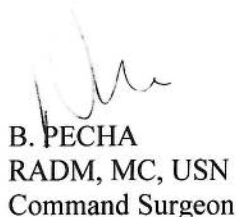
5. **Create Theater Departure Report (when redeploying out of theater).**

5.A. Log in to MSAT on the SIPRNet and click **JMeWS**.

5.B. Navigate to **Annex Q Reporting, Create Report** and **Theater Departure**. This will open the Create Theater Departure Report window. From this window you can select your unit or search for your unit if it is not already listed.

5.C. Once you have selected your unit and verified you are using the correct UIC, click on "**Depart Unit**" to file this report as your last report.

5.D. Once this report is submitted, the unit will no longer be active. To file reports for the same unit again, you must file a Joining Report first.



B. PECHA
RADM, MC, USN
Command Surgeon

Attachments:
TAB A: Definition of Medical Support Capabilities in Theater based on the (NATO) Allied Joint Medical Support Doctrine, AJP-4.10(A), dated 30 May 2011

TAB B: USPACOM Surgeon Critical Equipment List

## TAB A: Excerpts from AJP-4.10(B), May 2015

**1.2.8. Role 2 MTF - Initial Surgery Response Capability**

1. Initial surgery response capability (Role 2 MTF) is characterized by its ability to perform surgical interventions in addition to perform reception / triage of casualties; resuscitation and treatment of shock to a higher level than Role 1 facilities.

2. The deployment of Role 2 MTFs is mission-dependent, especially when:
a. There are large numbers of personnel or a risk of high numbers of casualties.
b. Geographic, topographic, climatic or operational factors may limit medical evacuation to higher levels of the continuum of care to comply with treatment timelines, especially when lines of communication are extended.
c. The size and/or distribution of the force do not warrant the deployment of a full hospital response capability (Role 3 MTF).

3. There are two main types of Role 2 MTFs:
a. Role 2 Basic (Role 2B) MTF and
b. Role 2 Enhanced (Role 2E) MTF.

4. The terms "Basic" and "Enhanced" relate to clinical capabilities and do not refer to the level of mobility of the respective MTF. Depending on the mission and operational requirements a Role 2B can be set up as a light and highly mobile MTF, as well as a fixed building or on a naval platform.

5. A Role 2 Basic MTF must provide the surgical capability, including damage control surgery and surgical procedures for emergency surgical cases, to deliver life, limb and function saving medical treatment. The surgical capability should be provided within medical timelines. A Role 2B MTF consists mandatorily of the Core Modules ( Emergency Area, Initial Surgery Response Capability, Specified Diagnostic Capabilities, Patient Holding Area, Post OP (high/medium dependency), C4I (including telemedicine support) and Medical Supply.)

6. A Role 2 Enhanced MTF must provide all the capabilities of the Role 2 Basic, but has additional capabilities as a result of additional facilities and greater resources, including the capability of stabilizing and preparing casualties for strategic aeromedical evacuation (AE). Depending on the mission, specific Enhancing Modules or Complementary Contributions will be added to the seven Core Modules.

7. Based on operational requirements the composition of Role 2 MTFs may differ significantly. In fact, no two may be composed the same way within a single operational area. Whatever, the specific composition, each deployed Role 2 facility must be declared to the operational commander in accordance the capability elements it contains. Definitions of these elements are contained in the AMedP-27 Medical Evaluation Manual.

8. In some circumstances, such as in support of Special Operations Forces or certain maritime operations, it will be necessary to provide a mission-tailored medical treatment facility including a surgical module, the so called Forward Surgical Element (FSE). An FSE is capable of providing DCS driven by the tactical environment. If an FSE is added to a Role 1 MTF, which will often be the case, this MTF has not the capabilities of a Role 2B MTF.

**1.2.9. Role 3 MTF - Hospital Response Capability**

1. A hospital response capability provides secondary health care at theatre level. A Role 3 MTF must provide all the capabilities of the Role 2E MTF and be able to conduct specialized surgery, care and additional services as dictated by mission and theatre requirements.

2. Depending on mission characteristics this includes a mission-tailored variety of clinical specialties, focusing on the provision of emergency medical care. This does not exclude nations to include other specialties as well. The provision of specialized medical care will limit the need for repatriation of patients to definitive care and, if necessary, ensure adequate survivability during evacuation to the Role 4 MTFs, where such care is provided.

3. Clinical capabilities and holding capacity of Role 3 MTFs need to be sufficient to allow diagnosis, treatment and holding of those patients who can receive adequate treatment and be returned to duty within the Joint Operations Area (JOA) in accordance with the theatre holding policy. Dental capabilities within this setting equal secondary dental care and oral-maxillofacial (OMF) surgery.

4. The mobility of Role 3 facilities depends significantly on the operational scenario. Often it needs to be deployable only for initial entry into theatre and will not require subsequent redeployment. However, in a highly mobile operation it may be necessary to redeploy Role 3 facilities in order to continuously support the force.

**TAB B: USPACOM Surgeon Critical Equipment List**
(If your unit has this equipment type, it must be reported in MSAT)

| Type |
| --- |
| Air Ambulance |
| Analyzer Blood, Portable (i.e. istat) |
| Analyzer Clinical Chemistry (i.e. Piccolo, ACT 10) |
| Anesthesia Apparatus |
| Blood Cell Counter |
| Blood Equipment (i.e. platetphoresis) |
| Blood Freezers |
| Blood Refrigerator |
| C-ARM |
| CT Scanner |
| Coagulation Timer |
| Defibrillator/Monitor |
| Electrosurgical Apparatus (i.e. Bovie) |
| Generators |
| Ground Ambulances |
| Infusion Pump |
| Monitor, Vital Signs |
| OR Tables |
| O2 Compressor |
| O2 Oxygen Generator |
| Sterilizer, Surgical |
| Suction Apparatus |
| Ventilators |
| X-Ray |
| X-Ray cassette reader |
| X-Ray image processor |
| Centrifuge |