Expeditionary Operations Panel:
Canadian Forces Health Services Reserves

Col Kristiana Stevens
Dir HS Res/HS Res Advisor
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Scope

- Health Services Reserves – Organization/Demographics
- Deployment Stats
- Lessons Learned & Impact on: Recruiting, Training, Deployment, Retention
- Future
Health Services Reserves Geographical Footprint

[Map showing locations and facilities across Canada with labels for cities such as Edmonton, Montreal, Victoria, Vancouver, etc., and codes like Fd Amb for facilities.]
Health Services Reserves Manning - Ave Paid Strength
FY 09/10

Grand Average = 1173

CF Health Services Primary Reserve List:  
Class A: 39  
Class B: 131

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Health Services Reserves - Demographics

**Gender Distribution**
- 62% Male
- 38% Female

**First Official Language**
- 74% English
- 26% French

Field Ambulance: Average Age = 31 yrs

Health Services Primary Reserve List: Average Age = 46 yrs

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Health Service Reserves Occupations

Med Tech/Med A
66.22%

Med
4.02%

Nur
7.98%

HCA/HSO
7.28%

Dent
1.40%

Pharm
0.70%

Socw
0.12%

Physio
0.06%

Other
12.00%

Bio
0.23%

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Health Services Reserves – Support to National Roles

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

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Health Services Reserves – Support to National Roles

- 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, life-saving treatment, evacuation
  - Role 3 – initial wound surgery, post-operative care, short-term surgical/med in-patient care
  - Role 4 – Definitive Care
### Force Employment – ALL Taskings

#### Health Services Reserve Units vs CF Total
Tasking nominations occurring wholly or partly in FY

<table>
<thead>
<tr>
<th></th>
<th>FY 00/01</th>
<th>FY 01/02</th>
<th>FY 02/03</th>
<th>FY 03/04</th>
<th>FY 04/05</th>
<th>FY 05/06</th>
<th>FY 06/07</th>
<th>FY 07/08</th>
<th>FY 08/09</th>
<th>FY 09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>CF Total (incl H Svc Res)</td>
<td>35,017</td>
<td>43,479</td>
<td>47,310</td>
<td>55,107</td>
<td>60,155</td>
<td>62,572</td>
<td>70,681</td>
<td>69,259</td>
<td>75,748</td>
<td>89,098</td>
</tr>
<tr>
<td>H Svc Res Units- Total</td>
<td>657</td>
<td>756</td>
<td>698</td>
<td>969</td>
<td>1,508</td>
<td>1,304</td>
<td>1,923</td>
<td>1,598</td>
<td>1,445</td>
<td>1,550</td>
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</tbody>
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### HS Reserves Deployed - by Command

<table>
<thead>
<tr>
<th></th>
<th>FY 05/06</th>
<th>FY 06/07</th>
<th>FY 07/08</th>
<th>FY 08/09</th>
<th>FY 09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANOSCOM</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>CEFCOM</td>
<td>25</td>
<td>39</td>
<td>79</td>
<td>91</td>
<td>95</td>
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<tr>
<td>Canada COM</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>2</td>
<td>103</td>
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</tbody>
</table>

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HS Reserves Deployed Today (snapshot taken 31 Mar 10)

<table>
<thead>
<tr>
<th></th>
<th>Canada Command</th>
<th>JTF</th>
<th>Misc</th>
<th>OP HESTIA</th>
<th>AFGHANISTAN</th>
<th>TF FREETOWN (OP)</th>
<th>TF SUDAN (OP SAFARI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>57</td>
<td>18</td>
<td>16</td>
<td>21</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>57</strong></td>
<td><strong>18</strong></td>
<td><strong>16</strong></td>
<td><strong>21</strong></td>
<td><strong>1</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
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Impact - State of HS Reserves

Not Occupationally Qualified

~22%

In Direct Support of operational tasks

~25%

Support to Brigades/Domestic Ops and Trg
Unit Leadership Trg/PD/Instr

~53%

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Health Services Group Lessons Learned

• The Process

  – 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

Action:
- 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

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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

Action:

- 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

Action:

- 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

Action:

- 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

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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?