



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG - 2 2017

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The enclosed report is in response to section 707 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328), which requests an implementation plan for creating a high-level Joint Trauma System within the Defense Health Agency (DHA). The Department intends to realign the current Joint Trauma System Center of Excellence to the DHA to form the core of the Joint Trauma System. The system will have the tools necessary to fulfill the requirements in section 707 of the NDAA for FY 2017.

This report lays out high-level implementation activities with offices of primary and collateral responsibility and suspense dates to establish the Joint Trauma System within the DHA. These activities include determining the organizational structure, manpower requirements, and resources required to establish and maintain a Joint Trauma System, transitioning the existing Joint Trauma Center of Excellence as the core of the Joint Trauma System, developing a Joint Department of Defense (DoD) trauma lexicon, consolidating disparate trauma registries into the DoD Trauma Registry, and expanding capability to establish the Joint Trauma System as the reference body for trauma care provided across the Military Health System.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the House Armed Services Committee.

Sincerely,

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member



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AUG - 2 2017

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Sincerely,

A handwritten signature in blue ink that reads "A. M. Kurta".

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



**Section 707 of the National Defense
Authorization Act for
Fiscal Year 2017, (Public Law 114-328),
“Final Report on Joint Trauma System”**

Preparation of this report cost the Department of Defense a total of approximately \$10,000 for the 2017 Fiscal Year (Generated on 2017June22 1246 RefID: D-B9C8029)

**Report on Establishment of a Joint Trauma System
within the Defense Health Agency**

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INTRODUCTION

This report is in response to section 707 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328), which requires the Secretary of Defense to submit to the Committees on Armed Services of the House of Representatives and the Senate an implementation plan to establish a Joint Trauma System within the Defense Health Agency (DHA). This report is submitted by the Office of the Secretary of Defense in fulfillment of that requirement, with the full participation of the Services, Combatant Commands (CCMDs), Office of the Secretary of Defense, DHA, and other elements of the Department of Defense (DoD).

EXECUTIVE SUMMARY

This implementation plan documents a suite of integrated activities to establish a Joint Trauma System within DHA and provides that system with the tools necessary to fulfill the requirements in section 707 of the NDAA for FY 2017. Pursuant to section 707, the Joint Trauma System will serve as the reference body for all trauma care provided across the Military Health System (MHS) and will establish standards of care for trauma services provided at military medical treatment facilities (MTFs). It will coordinate the translation of research from the Centers of Excellence (CoEs) of the DoD into standards of clinical trauma care and coordinate the incorporation of lessons learned from the trauma education and training partnerships pursuant to section 708 into clinical practice.

This implementation plan will enable the DHA, in collaboration with the Services and CCMDs, to guide efforts to:

- Transition the existing Joint Trauma System CoE (JTS CoE) and its DoD Trauma Registry (DoDTR) to the DHA to form the core of the DoD Joint Trauma System
- Integrate trauma information repositories into the DoDTR, the designated trauma registry for the DoD
- Conduct an assessment to determine any changes in manpower and resource requirements for the Joint Trauma System from the existing JTS CoE
- Continue iterative development of clinical practice guidelines (CPGs) to articulate trauma standards of care
- Develop tools including a common trauma lexicon, research sharing agreements, and memoranda of understanding with CoEs and partners to facilitate the coordination and communication of research and lessons learned and incorporate those into clinical standards and practice

BACKGROUND

The NDAA for FY 2017 enacted substantial reforms to the current MHS. Section 707 focuses on the provision and improvement of trauma care delivery to injured Service Members, their dependents, and others eligible for care through the establishment of a Joint Trauma System.

For the past two decades, the DoD and the MHS have focused on developing an improved methodology for delivering and managing trauma care. These efforts have resulted in important developments in areas such as training for first responder care at point of injury; the improved

Implementation Plan for the Joint Trauma System

provision of intra- and inter-theater patient movement; the establishment of the JTS CoE¹, the DoDTR, and trauma-specific CPGs; the development of Tactical Combat Casualty Care guidelines; the publication of Department of Defense Instruction (DoDI) 6040.47, “Joint Trauma System,” (September 28, 2016); and the formation of strategic partnerships with civilian entities.

As significant as many of these improvements have been in enhancing the provision of care, and subsequently decreasing trauma-related morbidity and mortality, many changes are regional in nature, *ad hoc*, and not yet managed in a comprehensive or holistic manner. Recognizing these remaining challenges, the NDAA for FY 2017 directs the establishment of a Joint Trauma System within DHA.

This Implementation Plan provides a suite of integrated activities to establish a Joint Trauma System within DHA and provides that system with the tools necessary to meet the provisions of section 707.

ESTABLISHING A JOINT TRAUMA SYSTEM WITHIN THE DHA

The DoD is committed to successfully establishing the Joint Trauma System in order to promote the delivery, coordination, and improvement of trauma care. Section 707 will be achieved by creating a Joint Trauma System within the DHA and providing that system with the necessary tools to enable it to fulfill the requirements of this NDAA.

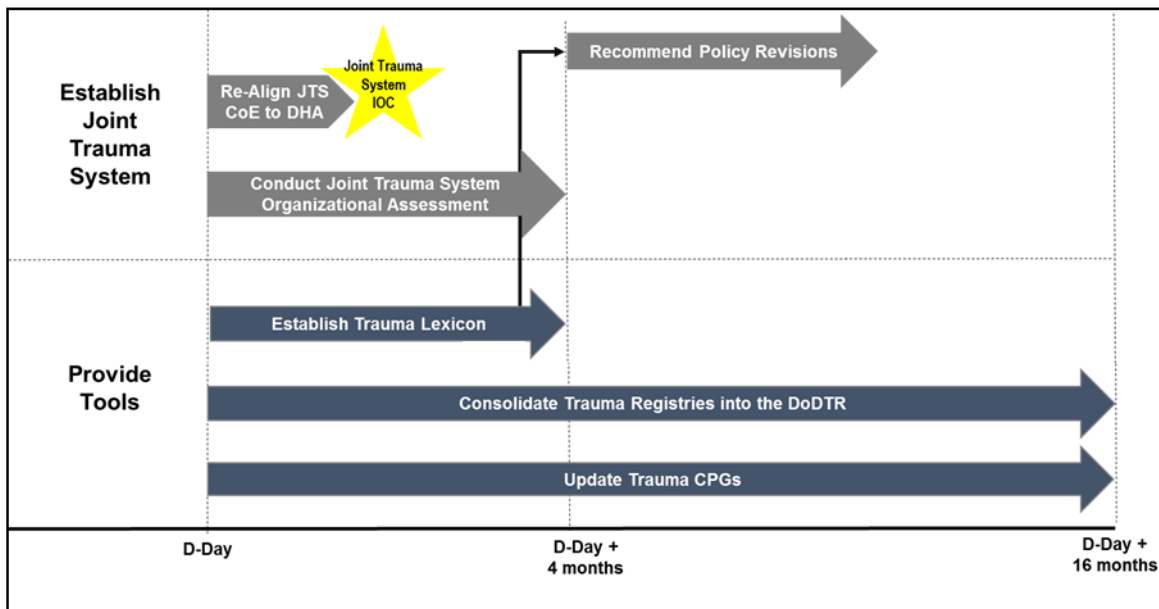


Figure 1. Implementation Activities

A table of implementation activities with offices of primary and collateral responsibility, and suspense dates are included in Attachment 1. Because section 707 requires a review of this Implementation Plan by the Comptroller General of the United States and the Secretary to account for any recommendations received from the Comptroller General, dates in the

¹ To avoid confusion throughout this document, the existing Joint Trauma System Center of Excellence is referred to as the “JTS CoE.” The Joint Trauma System described in the NDAA will be referred to as the “Joint Trauma System.”

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attachment and figures are referenced from the date of the report by the Comptroller General, plus 90 days as “D-Day.” Other dates are described from their relationship to D-Day as “D+.”

Section 707(b). Section 707 directs the Secretary of Defense to establish a Joint Trauma System within DHA that shall: (1) serve as the reference body for all trauma care provided across the MHS; (2) establish standards of care for trauma services provided at MTFs; (3) coordinate the translation of research from DoD CoE into standards of clinical trauma care; (4) coordinate the incorporation of lessons learned from the trauma education and training partnerships, pursuant to section 708, into clinical practice.

The most critical activities to implement the direction in section 707 will be conducted through the authority of the Director, DHA. To establish this Joint Trauma System within the DHA, the Department will transition the existing JTS CoE, to include the DoDTR that compiles relevant trauma data from point of injury through rehabilitation of members of the Armed Forces, currently aligned under the Commander, U.S. Army Medical Research and Materiel Command, to form the core of the Joint Trauma System. The JTS CoE will be realigned to the DHA and continue to conduct its current functions. Realignment of the JTS CoE will be managed by the DHA transition team, which uses a standardized process to realign CoEs and executive agent organizations into the DHA. To date, this team has executed project plans to realign six unique organizations into the DHA and is currently integrating three more. This transition team will facilitate the conversion of authorities, personnel, and resources to the DHA, as necessary and appropriate. To accomplish the transition, the DHA will work with the Army and with the other Services, as necessary, to develop a detailed list of actions for all affected functions (e.g., comptroller, personnel, facilities, legal, etc.). This will constitute initial operating capability of the Joint Trauma System.

Simultaneously, the DHA will conduct an organizational analysis to determine the ideal structure of the Joint Trauma System. This analysis will identify personnel and other resources required to meet the requirements of the realigned JTS CoE articulated in the NDAA for FY 2017. The DHA will work closely with the Services to ensure that new organizational requirements are practical and supportable in the short- and long-term. Implementation of these new organizational requirements, along with the activities discussed in sections 707(b)(1)-(4) below, will constitute full operating capability of the Joint Trauma System, which will be achieved at a date to be determined by the organizational analysis.

Section 707(b)(1). To meet the requirement that the Joint Trauma System serve as the reference body for all trauma care, DHA will consolidate existing disparate trauma registries into the existing DoDTR. The DoDTR is the DoD’s designated repository for all trauma data in accordance with DoDI 6040.47, “Joint Trauma System.” In accordance with the DoDI, the DoDTR will remain with the Joint Trauma System under the DHA. The Director, DHA, will continue to lead the development of a common trauma lexicon, which will enable use and assessment of trauma data.

Section 707(b)(2). To meet the requirement that the Joint Trauma System within DHA establish standards of care for trauma services provided at MTFs, the JTS CoE will continue to develop, publish, and assess trauma best practices and standards of care, as articulated as CPGs. CPGs are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data. They reflect current, evidence-based patient management recommendations for providers to follow. CPGs are generally updated on an annual basis or

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sooner in response to clinical or operational needs. The JTS CoE already develops and updates trauma-specific CPGs on a continuing, iterative basis and will continue to do so following realignment from the Army to DHA. Following realignment, DHA will determine if and how these processes can be made more effective and efficient as a normal course of institutional process improvement.

Section 707(b)(3)-(4). To meet the requirements that the Joint Trauma System coordinate the translation of research from DoD CoE and lessons learned from the trauma education and training partnerships (pursuant to section 708) into clinical standards and practice, the Joint Trauma System will incorporate this information into updates of the trauma-related CPGs, as appropriate.

Taken together, these activities will establish a Joint Trauma System within DHA and provide it with the necessary tools and personnel to meet the requirements outlined in section 707(b).

CONDUCTING AN ASSESSMENT OF THE MILITARY TRAUMA SYSTEM

Section 707 (d). Section 707(d) provides the Secretary of Defense with the authority to enter into a partnership with a non-government entity to conduct a review of the military trauma system and make publicly available a report containing such reviews and recommendations to establish a comprehensive trauma system for the Armed Forces. However, the DoD recently completed such an analysis, in which it assessed the DoD's ability to deliver, coordinate, and improve trauma care across the continuum of care (point of injury to definitive care), both in support of deployed operations and home station activities. The assessment included a comprehensive review of combat casualty care and wartime trauma systems from 2001 to the present. It identified capability requirements, determined gaps and shortfalls in current and programmed trauma care capabilities, and developed a suite of integrated solutions to mitigate those gaps and establish a comprehensive DoD trauma enterprise.

EXECUTION CONSIDERATIONS

Policy Updates. Establishment of a Joint Trauma System will necessitate revision of current policy and guidance to reflect the new organizational structure of the Joint Trauma System and management considerations for the DoDTR. Of note, the Directive related to the roles and responsibilities of the DHA (Department of Defense Directive (DoDD) 5136.13, "Defense Health Agency,") and the instruction on the Joint Trauma System (DoDI 6040.47, "Joint Trauma System") will require revision.

Assumptions and Constraints. The following assumptions and constraints will affect the execution of this implementation plan.

- The JTS CoE will transition to the DHA to form the core of the Joint Trauma System.
- The DHA and the Army, with the assistance of the Services, will develop a detailed actions list to assure transition occurs without mission degradation.

COST IMPLICATIONS

Costs of implementation of the activities in this Implementation Plan can be accounted for within previously programmed Operations and Maintenance budgets of the DoD with some reprioritization of current efforts. The establishment of the Joint Trauma System within the DHA will be conducted by the existing DHA transition team, in cooperation with the Services. The JTS CoE will transition to the DHA using an existing transition process in which the DHA and the Services develop detailed transition actions that assure funds, personnel, etc., are aligned appropriately and that the mission is not adversely affected. For consolidation of trauma registries and repositories to the DoDTR, funds associated with registries and repositories to be consolidated should be re-directed to the Joint Trauma System for continued maintenance and any changes of the DoDTR, as necessary. Implementation of these recommendations would therefore not incur additional costs unless Offices of Primary Responsibility (OPRs) desire to implement them in part through growth in non-military manpower (i.e., additional civilian billets within their organization, or through the use of contracted manpower). Should resources associated with implementing the recommendations be needed, costs will need to be programmed by the respective OPRs.

CONCLUSION

The establishment of the Joint Trauma System within DHA will present the DoD with tremendous opportunities. This is an important step to improve trauma care, and identify and incorporate best practices in a timely manner. The DoD is committed to implementing the Joint Trauma System provisions effectively, efficiently, and on time, and looks forward to working with Congress to continue improving this critical element of our MHS.

APPENDIX A. REFERENCES

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- Health Resources and Services Administration, “Model Trauma System Planning and Evaluation,” U.S. Department of Health and Human Services, February 2006
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- O’Connell, Karen, et al., “Evaluating the Joint Theater Trauma Registry as a Data Source to Benchmark Casualty Care,” *Military Medicine*, May 2012; 177(5):546-52
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- “The Significance of the Joint Trauma System and Strategic Military Civilian Partnerships: A Nation Prepared,” *U.S. Combat Casualty Care Research Program*, Executive Report, April 17, 2015

APPENDIX B. ACRONYMS

CCMD	Combatant Commands
CoE	Center of Excellence
CPG	Clinical Practice Guidelines
DCMO	Deputy Chief Management Officer
DHA	Defense Health Agency
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDTR	Department of Defense Trauma Registry
FY	Fiscal Year
JP	Joint Publication
JTS CoE	Joint Trauma System Center of Excellence
MHS	Military Health System
MTF	military medical treatment facility
NDAA	National Defense Authorization Act
OCR	Office of Collateral Responsibility
OJSS	Office of the Joint Staff Surgeon
OPR	Office of Primary Responsibility
OUSD(P&R)	Office of the Under Secretary of Defense, Personnel and Readiness

APPENDIX C. DEFINITIONS

Capability. The ability to complete a task or execute a course of action under specified conditions and level of performance. (JP 1-02)

Continuum of Care. An integrated system of care that guides and tracks patients over time and facilitates seamless movement through comprehensive health services from point of injury through definitive care

Definitive Care. Care rendered to manage conclusively a patient's condition, such as full range of preventive, curative acute, convalescent, restorative, and rehabilitative medical care. (JP 1-02)

First Responder. Anyone who provides initial and immediate treatment to self or others.

Implementation Plan for the Joint Trauma System

ATTACHMENT 1. IMPLEMENTATION PLAN

Action	Pre-Requisite	OPR(s)	Suspense Date
1. Realign and maintain the JTS CoE and its DoDTR within DHA as the Joint Trauma System.	N/A	OPR: DHA	D-Day + 2 months
2. Determine the organizational structure, manpower requirements, and additional resources required to establish and maintain a Joint Trauma System within DHA that includes the transitioned JTS CoE and DoDTR.	N/A	OPR: DHA	D-Day + 4 months
3. Develop a joint DoD trauma lexicon to define key common trauma terms such as “preventable death,” “non-survivable injury,” “potentially survivable injury,” and others, as appropriate.	N/A	OPR: DHA OCR: OJSS	D-Day + 4 months
4. Consolidate existing, disparate trauma registries into the Joint Trauma System’ DoDTR and expand capability where required to meet the direction in section 707(b)(1) of the NDAA for FY 2017 to have the Joint Trauma System within DHA serve as the reference body for all trauma care provided across the MHS.	N/A	OPR: DHA	D-Day + 16 months
5. Review, update, and/or develop, as appropriate, CPGs for trauma care at MTFs.	N/A	OPR: Joint Trauma System	Annually

Implementation Plan for the Joint Trauma System

Action	Pre-Requisite	OPR(s)	Suspense Date
6. Revise, as necessary, DoDI 6040.47, "Joint Trauma System," DoDD 5136.13, "DHA," to reflect the new organizational structure of the Joint Trauma System and management considerations for the DoDTR.	1, 2	OPRs: OUSD(P&R), DCMO OCR: DHA	D-Day + 10 months