



PERSONNEL AND  
READINESS

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

FEB 14 2018

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

Dear Mr. Chairman:

The enclosed interim report is in response to section 708 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328), which requires the establishment of a Joint Trauma Education and Training Directorate.

The interim response partially satisfies the section 708(e) requirement for an implementation plan. The interim response is necessary to allow the Department sufficient time to fully develop a personnel management plan for the specified medical specialties as required in section 708(d), and to assure full integration with implementation plans emerging from other NDAA for FY 2017 provisions, such as section 702. This proposed interim response contains the final implementation plan addressing sections 708(a) and 708(c), but not section 708(d). We expect to submit a final report and implementation plan in July 2018 that will address the personnel management plan required under section 708(d).

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 handwritten signature in black ink that reads "Robert L. Wilkie".

Robert L. Wilkie

Enclosure:  
As stated

cc:  
The Honorable Jack Reed  
Ranking Member



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

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Robert L. Wilkie

Enclosure:  
As stated

cc:  
The Honorable Adam Smith  
Ranking Member

**Section 708 of the National Defense Authorization Act for Fiscal Year 2017**

**(Public Law 114-328)**

**“Establishment of Joint Trauma Education and Training Directorate”**

**Interim Report and Implementation Plan**



The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$110,000 in Fiscal Years 2017 - 2018. This includes \$4,020 in expenses and \$106,000 in DoD labor.

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*Interim Report and Implementation Plan for  
the Joint Trauma Education and Training Directorate*

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## INTRODUCTION

This interim report and implementation plan is provided in accordance with section 708 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114-328), which requires the Secretary of Defense (SECDEF) to submit to the Committees on Armed Services of the House of Representatives and the Senate an implementation plan to establish a Joint Trauma Education and Training Directorate (JTETD). This report was created with the full participation of the Military Departments (MILDEPs), Office of the Joint Staff, Office of the Secretary of Defense (OSD), the Defense Health Agency (DHA), and other elements of the Department of Defense (DoD). This interim report contains the final implementation plan for sections 708(a), 708(b), and 708(c). Within this draft, discussion of the Personnel Management Plan, section 708(d), should not be regarded as final. A final report will be submitted in May 2018, containing the final implementation plan for the section 708(d) Personnel Management Plan.

## EXECUTIVE SUMMARY

This report and implementation plan document a suite of integrated activities to establish a JTETD positioned to fulfill the requirements contained in section 708 of the NDAA for FY 2017. The JTETD will serve as the reference body for coordination of partnerships with civilian academic and large metropolitan hospitals, sharing partnership lessons learned, developing standardized combat casualty care instruction for all members of the Armed Forces, and promoting the use of standardized trauma training platforms. In conjunction with the Joint Trauma System (JTS) established under section 707, the JTETD will develop a comprehensive trauma care registry, direct the conduct of research on the leading cause of combat morbidity and mortality of members of the Armed Forces, and develop quality of care outcome measures designed to improve combat casualty care across the Military Health System (MHS).

This section 708 implementation plan will guide efforts of OSD, the MILDEPs, Joint Staff, and the DHA to:

- Establish a JTETD within the DHA.
- Develop a comprehensive trauma care registry with the JTS containing relevant data from point of injury through rehabilitation.
- Develop quality of care outcome measures for combat casualty care in coordination with the JTS.
- Establish goal-based criteria for entry into partnerships with civilian academic and metropolitan teaching hospitals, and establish performance metrics for these partnerships.
- Select and, at the discretion of the SECDEF or MILDEPs, enter into and coordinate partnerships with civilian academic and metropolitan teaching hospitals to provide integrated combat trauma teams exposure to high volume of patients with critical injuries.
- Promote communication, coordination, and dissemination of lessons learned from such partnerships.
- Direct the conduct of research on the leading causes of combat morbidity and mortality of members of the Armed Forces in coordination with the JTS.



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- Develop standardized combat casualty care instruction for all members of the Armed Forces, including the use of standardized trauma training platforms.
- Identify appropriate manpower and resource requirements upon completion of final implementation plan.

This plan is based on the assumption that the MILDEPs and the DHA will work together in determining training requirements (including trauma training). The MILDEPs will describe Service training requirements in support of operational medical readiness to the DHA Director. The DHA will support the operational medical readiness mission of the MILDEPs. For example, the JTETD will provide support to the MILDEPs and the DHA, which may enter into partnerships with civilian academic institutions that enable military-led trauma teams to work in trauma centers to maintain trauma care professional competency. In addition, the JTETD within the DHA will provide the MILDEPs a listing of current and planned dedicated functions and resources in support of the readiness mission. The JTETD will develop standardized agreement support documents and templates that can be used for both JTETD and MILDEPs-initiated partnerships.

## **BACKGROUND**

The NDAA for FY 2017 enacted substantial requirements for reform of the MHS. Section 708 focuses on the education, training, and career management of wartime medical trauma specialty personnel to optimize combat casualty care through the establishment of a JTETD.

For the past two decades, the DoD and MHS have focused on developing an improved methodology for delivering and managing combat casualty care. These efforts resulted in advancements in critical areas such as training for first responder care at the point of injury, the improved provision of intra- and inter-theater patient movement, the JTS Center of Excellence, the Department of Defense Trauma Registry (DoDTR), and trauma-specific clinical practice guidelines; the development of Tactical Combat Casualty Care guidelines; Department of Defense Instruction (DoDI) 6040.47, “Joint Trauma System,” (September 28, 2016); and partnerships with civilian entities.

## **IMPLEMENTATION PLAN OVERVIEW**

The DoD is committed to successfully establishing the JTETD and the JTS. Working synergistically, these entities will enable standardized combat casualty care competency development and sustainment. Implementation of section 708 provisions will be achieved by establishing a JTETD with the necessary tools and authority to fulfill all specified requirements. This section 708 implementation plan is informed by implementation planning for multiple NDAA provisions including, but not limited to, sections 702, 703, 706, 707, 721, 725 and 749.

A table of major implementation plan milestones with designated Offices of Primary and Collateral Responsibility (OPR and OCR) is included in Appendix C. The included timeline is modeled after the interdependent section 707 implementation plan establishing the JTS. For the purposes of this implementation plan, all dates in Appendix C will be described from their

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relationship to the date of Armed Services Committees' acceptance of the final JTETD implementation plan for all subsections within section 708, to include sub-section (d).

## **ESTABLISHING A JOINT TRAUMA EDUCATION & TRAINING DIRECTORATE**

### ***Implementation of Section 708 (a-b), Joint Trauma Education and Training Directorate***

Section 708(a) of the NDAA for FY 2017 directs the SECDEF, in collaboration with the Secretaries of the MILDEPs, to establish a JTETD to ensure that Armed Forces combat casualty care personnel maintain readiness and are able to be deployed rapidly for future armed conflicts. Section 708(b) specifies the duties and functions of the JTETD.

In accordance with section 708(a), the SECDEF will establish the JTETD within the DHA. The JTETD Director will collaborate with the JTS Director, the Secretaries of MILDEPs, and the DHA Director or designees to support combat casualty care readiness. The specific task order alignment of the JTETD within the DHA is deferred to the DHA Director, pending completion of a full analysis of implementation requirements. The JTETD will serve as a point of contact for combat casualty care education and training inquiries. The JTETD will coordinate with military health care system subject matter experts to assist with the execution of JTETD duties and initiatives.

The JTETD will select civilian academic medical centers and large metropolitan teaching hospitals to consider for entry into partnerships in order to implement duties specified in sections 708(b)(1)-(5). These selections will be based on patient volume, acuity, and other factors determined necessary to ensure the readiness of combat casualty care personnel and teams. The JTETD will serve as a resource for facilitating entry into partnerships providing high volume and appropriately complex patient care experiences contributing to the development of knowledge, skills, and ability (KSAs) competencies required of combat casualty care teams. Additionally, the JTETD will support the MILDEPs as needed in the sustainment, development, and execution of Service-specific partnerships determined necessary to meet current and emerging Service-specific training requirements. The DHA Director, in collaboration with the Secretaries of the MILDEPs, will use a systematic approach consisting of the development and application of goal-based criteria designed to promote consistent, high-quality training and competency maintenance in trauma care. The JTETD will facilitate the establishment of a repository for JTETD- and MILDEPs-initiated trauma related partnership agreements, lessons learned, and partnership metric data. The JTETD repository will be used to analyze the performance of partnerships. The JTETD will explore the availability and capability of existing automation systems for the coordination and communication of both administrative and clinical lessons learned to the JTS in support of subsection (b)(5).

In order to implement duties in section 708(b)(6), the DHA Director and the JTETD Director, in collaboration with the Secretaries of the MILDEPs, will develop and systematically update standardized combat casualty care instruction for all members of the Armed Forces, to include standardized curricula, guidelines, and training tools. Standardized instruction for all Service members may be expanded for various combat casualty care roles (made up of occupational specialties). The JTETD will review and recommend updates to relevant initial and continuing

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education courses based on established standards of care, KSAs, and emerging evidence-based casualty care initiatives. Standardized instruction will be developed for use in standardized trauma training platforms within the MILDEPs and DHA.

In order to implement duties specified in sections 708(b)(7), the JTETD will, in coordination with the JTS, further develop the DoDTR compiling data from existing data systems and other data sources to provide data from the point of trauma injury through rehabilitation. In accordance with DoDI 6040.47, “Joint Trauma System,” section 1.2.c, the DoDTR is the designated repository for all DoD trauma data. The DoDTR will be aligned with the JTS within the DHA.

In order to implement duties specified in sections 708(b)(8), the JTETD will develop quality of care outcome measures for combat casualty care. The JTETD, in conjunction with the JTS, will identify combat casualty care outcome measures and will adhere to DoDI 6040.47, section 1.2.e directing the DoD to identify, track, and recommend performance improvement measures to improve patient survival and outcomes.

In order to implement duties specified in sections 708(b)(9), the JTETD, with input from the MILDEPs, will direct the conduct of research on leading causes of combat related morbidity and mortality. The JTETD Director, in coordination with the JTS Director, will identify trauma specific research priorities on an annual basis. The JTETD will communicate these priorities to the Combat Casualty Care Research Program, Joint Program Committee-6, and related trauma research sponsorship and oversight bodies. The JTETD will not independently sponsor trauma research. The JTETD will facilitate separately funded and approved studies involving the DoDTR, quality outcome measures, and lessons learned directly related to JTETD functions.

## **ESTABLISHING PARTNERSHIPS WITH CIVILIAN ACADEMIC CENTERS**

***Implementation of Section 708(c), Partnerships.*** Section 708(c) directs that the SECDEF “*may enter into partnerships with civilian academic medical centers and large metropolitan teaching hospitals that have Level I trauma centers to provide integrated combat trauma teams, including forward surgical teams, with maximum exposure to a high volume of patients with critical injuries.*”

Currently, the DoD lacks sufficient combat casualty care training mechanisms and opportunities (tools, technologies, facilities). Therefore, the JTETD will explore partnerships with civilian academic medical centers and large metropolitan hospitals with Level I trauma centers as specified in section 708(c). The JTETD and JTS will also develop an approach to enable the JTETD and MILDEPs to develop partnerships with Level II and III civilian trauma centers that meet training needs and goal-based criteria. This will expand training opportunities for military trauma personnel and teams. Embedding military-led trauma teams in civilian trauma centers on an enduring basis will be mutually beneficial to the MHS and host institutions. For example, partnerships will create increased opportunities to maintain critical wartime combat casualty care skills and potentially expand trauma care services or capacity into underserved areas.

Section 708 provides that the SECDEF may enter into partnerships with civilian academic



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medical centers and large metropolitan teaching hospitals. The JTETD Director, in collaboration with the Secretaries of the MILDEPs, will use a systematic approach to develop goal-based partnership criteria. These criteria will be used by the JTETD to evaluate civilian academic trauma center partnership opportunities for use by trauma teams of the MILDEPs. The approach will leverage lessons learned from current MILDEPs-initiated civilian partnerships and establish a listing of civilian partnerships entered into by the JTETD and the MILDEPs. The JTETD will facilitate entry into and coordination of partnerships that will be made available to the MILDEPs if such partnerships are expected to meet established criteria and support the goal of maintaining the trauma care professional competence of military-led teams.

The JTETD will also support the establishment of partnerships by developing standardized agreement support documents and templates that address such considerations as logistics requirements and the legal review processes. These documents and templates will be made available as non-exclusive options for establishing both JTETD-facilitated and MILDEPs-initiated partnerships.

The JTETD, in collaboration with the MILDEPs, will also use a systematic approach to acquire lessons learned from civilian partnerships. This will include the development and coordination of partnership metric data. The JTETD will provide lessons learned information to the JTS for contributions to the development and evolution of clinical practice guidelines as outlined in sections 707 and 708.

## **ESTABLISHING A TRAUMA PERSONNEL MANAGEMENT PLAN**

**Section 708(d).** Sections 708(d)(1)(A)-(F) direct the SECDEF to establish a Personnel Management Plan for wartime medical specialties (Emergency Medical Services/Prehospital Care, Trauma Surgery, Critical Care, Anesthesiology, Emergency Medicine, and other specialties deemed appropriate by the SECDEF).

The MILDEPs completed an initial assessment of total medical personnel requirements and continue to integrate the plans of related NDAA provision work groups such as the NDAA FY 2017 section 721 working group. Preliminary accession plans, crucial assignments, and career pathways will be assembled and integrated into a cohesive personnel management plan in the final report to be submitted in May 2018 following full coordination and staffing by all stakeholders.

## **EXECUTION CONSIDERATIONS**

**Policy Updates.** Establishment of a JTETD may necessitate the revision of current policy and guidance to reflect the new organizational structure and management considerations for the JTETD and JTS. In addition, specific personnel management regulations and policies of the DoD and the MILDEPs may require revision, to include addressing guidance for selection boards evaluating trauma personnel candidates.

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**Assumptions and Constraints.** The following assumptions and constraints will impact the execution of this implementation plan:

- Alignment of the JTETD within the DHA is at the discretion of the DHA Director pending completion of a full analysis of implementation requirements.
- Civilian academic medical centers and teaching hospitals with trauma systems are available to enter into the agreements and memoranda of understanding enabling trauma training, research collaboration, and lessons learned sharing.
- There are currently available civilian academic and teaching hospitals that are expected to meet goal and objective based criteria for entry into partnerships. These criteria will be developed by the JTETD in collaboration with the Secretaries of the MILDEPS.
- Establishment of the JTETD may require policy updates.
- Plan implementation may require additional resources beyond what is already programmed in Operations and Maintenance and military personnel budgets of OPR.

## CONCLUSION

The establishment of the JTETD presents a tremendous opportunity to advance combat casualty care across the DoD. This implementation plan will ensure the holistic delivery, coordination, and improvement of trauma care, and the timely identification and incorporation of best practices and lessons learned from within the DoD and from partnerships with civilian academic medical centers. The DoD is committed to implementing the JTETD provisions effectively, efficiently, and on time, and looks forward to working with Congress to continue improving this critical element of the MHS.

## APPENDICES

Appendix A. References

Appendix B. Acronyms

Appendix C. Implementation Plan Major Milestones

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## **APPENDIX A. REFERENCES**

- Bailey, Jeffrey, et al., “Joint Trauma System: Development, Conceptual Framework, and Optimal Elements,” U.S. Army Institute for Surgical Research, 2012.
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## **APPENDIX B. ACRONYMS**

<b>ASD(HA)</b>	Assistant Secretary of Defense for Health Affairs
<b>DHA</b>	Defense Health Agency
<b>DoD</b>	Department of Defense
<b>DoDD</b>	Department of Defense Directive
<b>DoDI</b>	Department of Defense Instruction
<b>DoDTR</b>	Department of Defense Trauma Registry
<b>FY</b>	Fiscal Year
<b>GAO</b>	Government Accountability Office
<b>JTETD</b>	Joint Trauma Education and Training Directorate
<b>JTS</b>	Joint Trauma System
<b>KSA</b>	Knowledge, Skills, and Ability
<b>MHS</b>	Military Health System
<b>MILDEPs</b>	Military Departments
<b>NDAA</b>	National Defense Authorization Act
<b>OCR</b>	Office of Collateral Responsibility
<b>OPR</b>	Office of Primary Responsibility
<b>OSD</b>	Office of the Secretary of Defense
<b>SECDEF</b>	Secretary of Defense

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**APPENDIX C. IMPLEMENTATION PLAN MAJOR MILESTONES**

<b>Action</b>	<b>Pre-Requisite</b>	<b>OPR(s)</b>	<b>Suspense Date</b>
1. Determine the organizational structure, manpower requirements, and additional resources required to establish and maintain a JTETD within the DHA.	N/A	OPR: DHA OCR: MILDEPs	D-Day* 4 months
2. Establish JTETD within the DHA (initial operational capability).	1	OPR: DHA OCR: MILDEPs, OJSS, ASD(HA)	D-Day + 6 months
3. JTETD at full operational capability.	1	OPR: DHA	D-Day + 24 months

*\*D-Day is defined as the date of Armed Services Committees receipt of final JTETD implementation plan Report to Congress*