

# NDAA- What is it and Why is it Important?

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AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:  
Highest Standards, Better Outcomes*



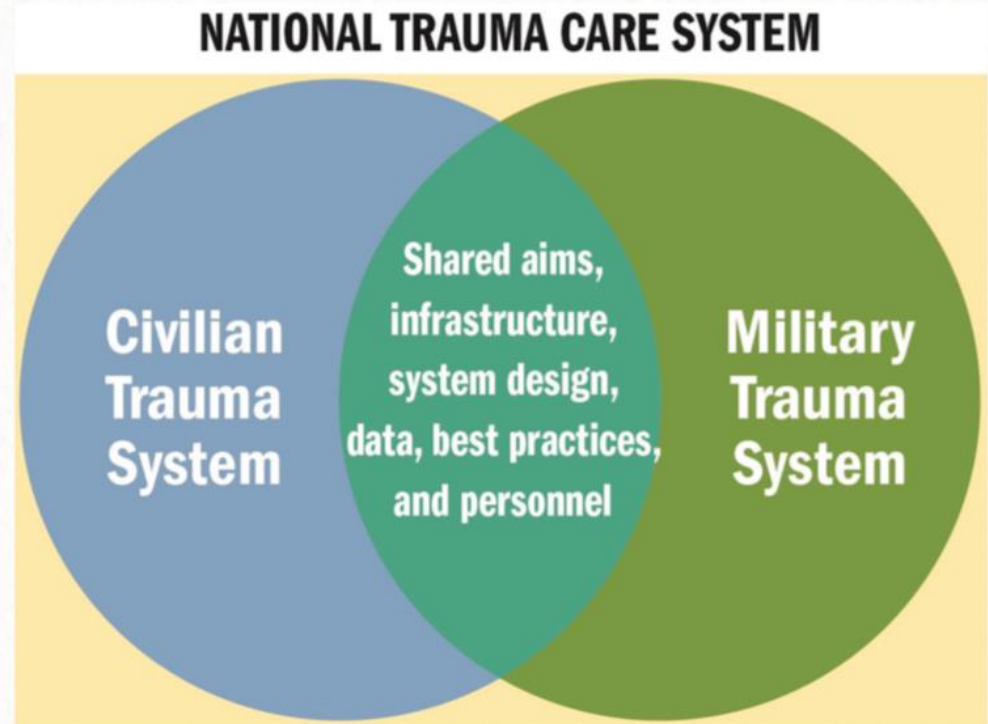
# Disclosure and Disclaimer

- Nothing to disclose
- *“The opinions or assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the Department of the Air Force or the Department of Defense.”*

# The Vision: A National Trauma Care System

A national strategy and joint military–civilian approach for improving trauma care is lacking. **A unified effort is needed** to ensure the delivery of optimal trauma care **to save the lives of Americans** injured within the United States and on the battlefield.

A national learning trauma care system would **ensure continuous improvement of trauma care best practices** in military and civilian sectors.



*“Military and civilian trauma care will be optimized together, or not at all.”*

# NDAA

- Defense bill
- Total appropriation (\$611.2 billion)
  - \$543.4 billion in base budget
  - \$67.8 billion for Overseas Contingency Operations (OCO)
- Section VII Selected Sections
  - Section 703 – Hospitals
  - Section 707 – Joint Trauma System
  - Section 708 – Trauma Education Directorate / Management Plan
  - Section 725 – Core Competencies

# Section 703: Military Medical Treatment Facilities

- Medical centers shall serve as referral facilities for members and covered beneficiaries who require comprehensive health care services that support medical readiness
  - Inpatient and outpatient tertiary care facilities that incorporate specialty and subspecialty care.
  - Graduate medical education programs
  - Residency training programs
  - Level one or level two trauma care capabilities
  - The Secretary may designate a medical center as a regional center of excellence for unique and highly specialized health care services, including with respect to polytrauma, organ transplantation, and burn care.

# Military Academic Health Center



- **Faculty**
  - 87
- **Clinical Productivity**
  - 12,313 total cases
    - 7,553 in-patient cases (61%)
    - 4,760 out-patient cases (39%)
- **Medical Education & Training**
  - 4 fellows
  - 131 residents
  - 170 medical students (yearly)
- **Research Productivity**
  - Four major Centers (SC2i, MCC, CPDR, CBCP)
  - > 225 publications (yearly)
- **Readiness**
  - > 60 months deployed
  - 10 surgeons in combat zones



## Walter Reed National Military Medical Center

- ACS verified level II trauma center
  - 288 total beds
  - 13, 125 admissions
  - 1,315 total births
- 5.41 days average length of stay
- 30,244 emergency department visits

# Sec 707: Joint Trauma System

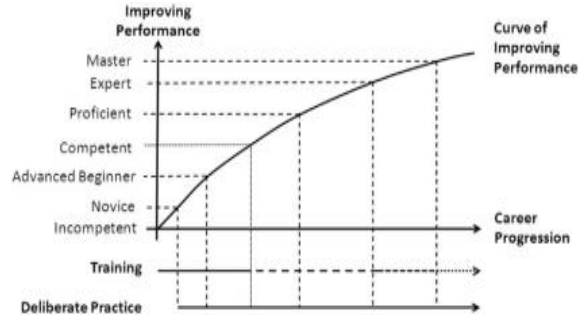
- Establish a Joint Trauma System within the Defense Health Agency (DHA)
- Serve as the reference body for all trauma care provided across the military health system
- Establish standards of care for trauma services provided at military medical treatment facilities
- Coordinate the translation of research from the centers of excellence of the Department of Defense into standards of clinical trauma care
- Coordinate the incorporation of lessons learned from the trauma education and training partnerships into clinical practice.

# Sec 708: Creation of a Joint Trauma Education and Training Directorate

- Establish a Joint Trauma Education and Training Directorate
- Enter into partnerships with civilian academic medical centers and teaching hospitals to provide combat trauma teams with maximum exposure to a high volume of patients with critical injuries
- Embed DoD trauma teams within the trauma centers of the medical centers and hospitals on an enduring basis
- Select medical centers and teaching hospitals to enter into partnerships to ensure that DoD traumatologists and associated clinical support teams have adequate and continuous exposure to critically injured patients.
- Establish a personnel management plan for wartime medical specialties



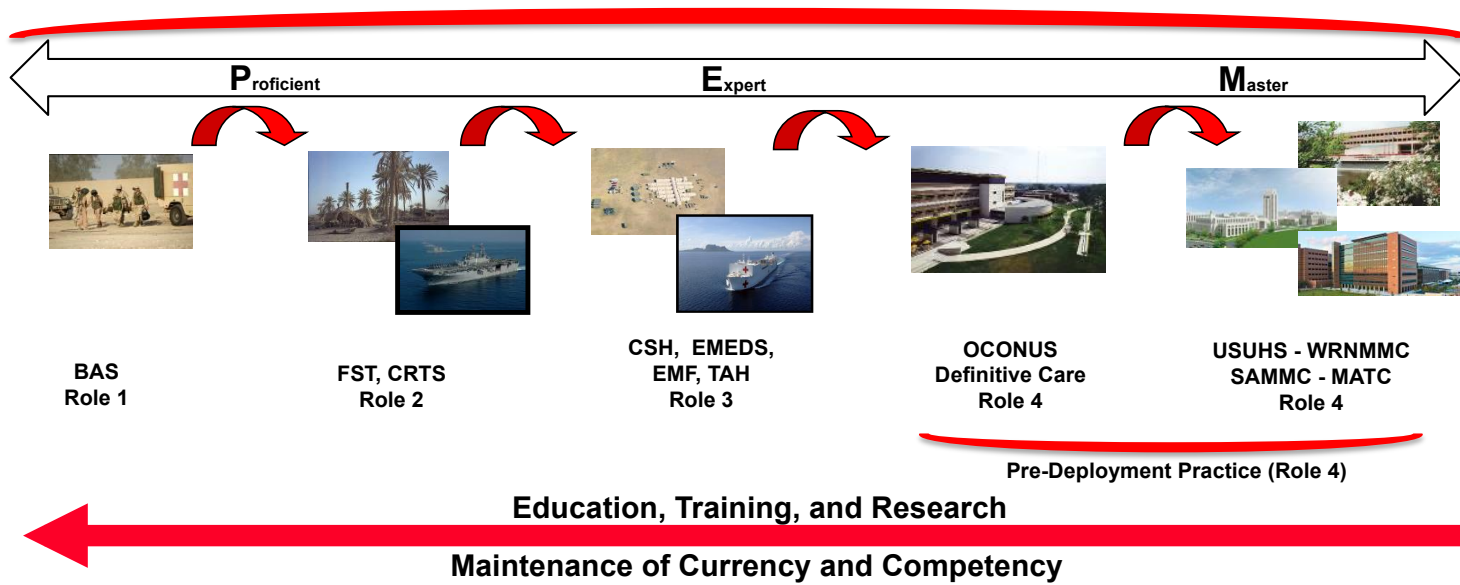
# Defense Trauma Enterprise: Expert Trauma System



Conceptual framework for performance assessment: Competency, competence and performance in the context of assessments in healthcare – Deciphering the terminology (Kamran Khan et al, 2012).

- Master:**
  - . Sets new standards of performance
  - . Mostly deals with complex situations intuitively
  - . Able to train other experts at national or international level
- Expert:**
  - . Achieves excellent performance
  - . In complex situations, moves easily between analytical and intuitive solutions
  - . All options related to the given task are considered
  - . Able to train and supervise others performing routine and non-routine complex tasks
- Proficient:**
  - . Able to perform on acceptable standards routinely
  - . Able to deal with complexity analytically
  - . Related options also seen beyond the given task
  - . Able to train and supervise others performing routine complex tasks

## Feedback & Assessment (individual / system + adaptability)



# **Sec 725: Adjustment of medical services, personnel authorized strengths, and infrastructure in MHS to maintain readiness and core competencies of health care providers**

- Implement measures to maintain the critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces
- Medical services provided through the military health system at military medical treatment facilities
  - maintain the critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces; and
  - ensure the medical readiness of the Armed Forces

# Expeditionary General Surgery

- Developed 480 KSAs in 5 day off-site at ACS HQ – KSAs grouped into 8 domains
- Maintenance of Currency and Competency based on knowledge and skills assessment
- Allow for appropriate remediation/practice transitions
- Develop readiness metric assessing the volume, acuity and diversity of clinical practice relative to KSAs
- Implementing life-cycle assessment process

Wound & Amputation /Fx Mgt	Head and Spine Injury	Torso Trauma
Management of War Wounds	Cervical and TL Spine Injury	Pelvic Fracture Care
Compartment Syndrome and Fasciotomy	Concussion /mTBI Management	Burns/Abdominal Trauma
Amputation	Neurosurgical Management	Damage Control Surgery (ABD)
Burn Care	Cervical Spine Evaluation	Damage Control Surgery (Chest)
High Bilateral Amputations	Management of Severe Head Injury	Damage Control Surgery (Neck)
Extremity Trauma/ Hands and Feet		Thoracic Trauma
		Wartime Vascular Injury
Transfusion and Resuscitation	Airway and Breathing	Critical Care/Prevention
Frozen Blood	Trauma Airway Management	Hypothermia Prevention
Damage Control Resuscitation	Acute Respiratory Failure	Prevention of DVT
Fresh Whole Blood	Trauma Anesthesia	Catastrophic Care
Inj Doc POCUS Record	Inhalational Injury	Infection Control
REBOA for Hemorrhagic Shock		Management of Pain/Anxiety/Del
Emergency Thoracotomy		Critical Care additional
Military Other	Universal Domains	
UNO Management	Systems Based Practice	
TCCC/Prehospital Care	Practice Based Learning and Improvement	
EPW & Detainee Care	Interpersonal and Communication Skills	
Obstetric / GYN Acute Care	Professionalism	
Pediatric Trauma		
In Theater Transport		
Clinical Mgt of Mill Working Dogs		
Initial Care of acclut/adrenal injuries		
Joint Trauma System		

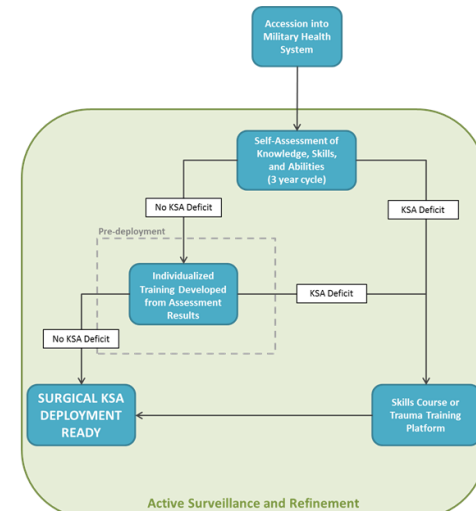
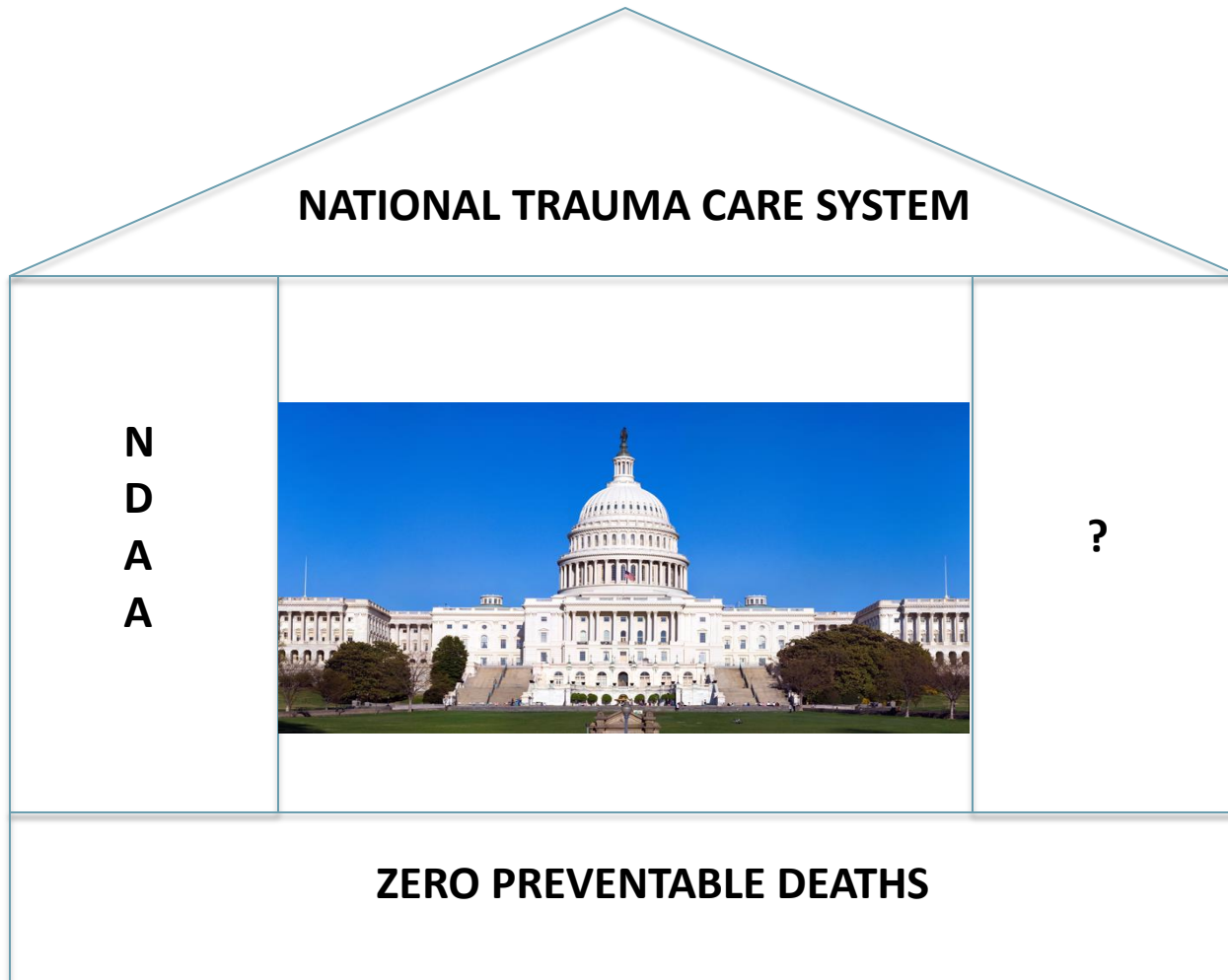


Diagram of Military Surgery Maintenance of Expeditionary Competency and Currency

Combat Casualty Care team working through this process (orthopedics, critical care, emergency medicine, and anesthesia)

# Pillars for Success



**Education & Training**



**Expeditionary Experience**