

Every Military Treatment Facility Should Participate in the US Trauma System!

Jeffrey Bailey MD FACS
Colonel, USAF, MC, FS
Professor and Director for Surgery
Department of Surgery at
Uniformed Services University
and
Walter Reed National Military Medical Center



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, Army, Navy or Department of Defense.”*

Bottom Line Up Front

1. Jeff is right

2. Matt is wrong

3. Four reasons why:

1. *Fulfills* the law of the land

- National Defense Authorization Act 2017
- Section VII Health Care Provisions
 - ***Section 703 - Hospitals***
 - Section 707 – Joint Trauma System
 - Section 708 – Trauma Education Directorate / Management Plan
 - Section 725 – Core Competencies

NDAA 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.

*OK – Jeff is *mostly right* and Matt is *mostly wrong*

NDAAs Section 703: Military Medical Treatment Facilities

- Level I or II trauma care ***capabilities?***
 - Level I = Regional Resource, Tertiary Care, Leadership in Injury from Prevention through Rehab, Trauma Education, Research, and System Planning
 - Level II = clinically equivalent to Level I with exception of complex, specialized injury
- Can a capability be effective without exercising it? ***NO!***
 - ***SO: Military Medical Centers must participate in local regional trauma systems to meet the statutory requirement****

* Jeff is still *mostly right* and Matt is still *mostly wrong*

2. Delivers the ZPD vision

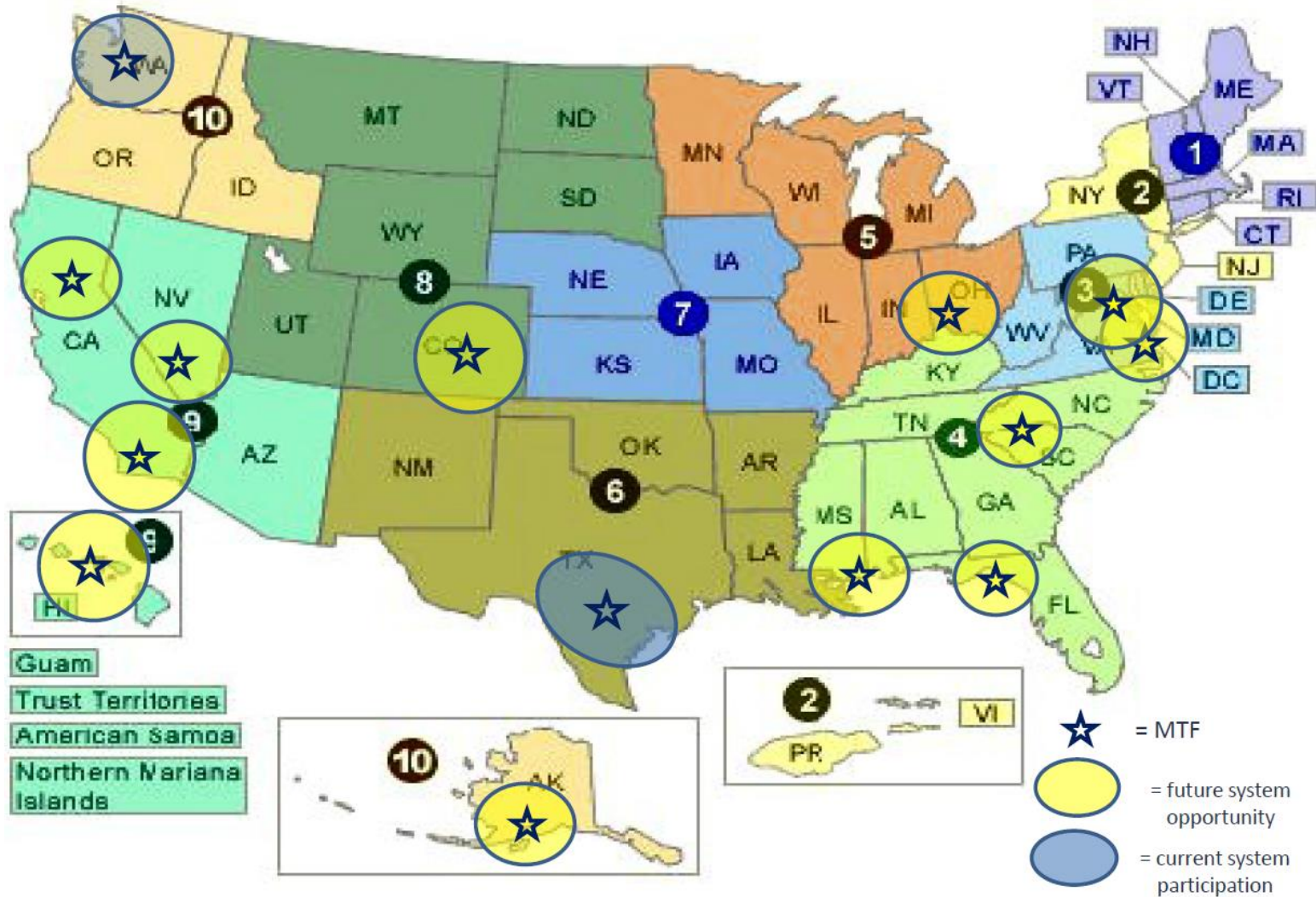
A NATIONAL TRAUMA CARE SYSTEM

**Integrating Military and Civilian
Trauma Care Systems to Achieve
Zero Preventable Deaths After Injury**

One Nation -- One System

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

One Nation One System:



3. Improves the Nation's System

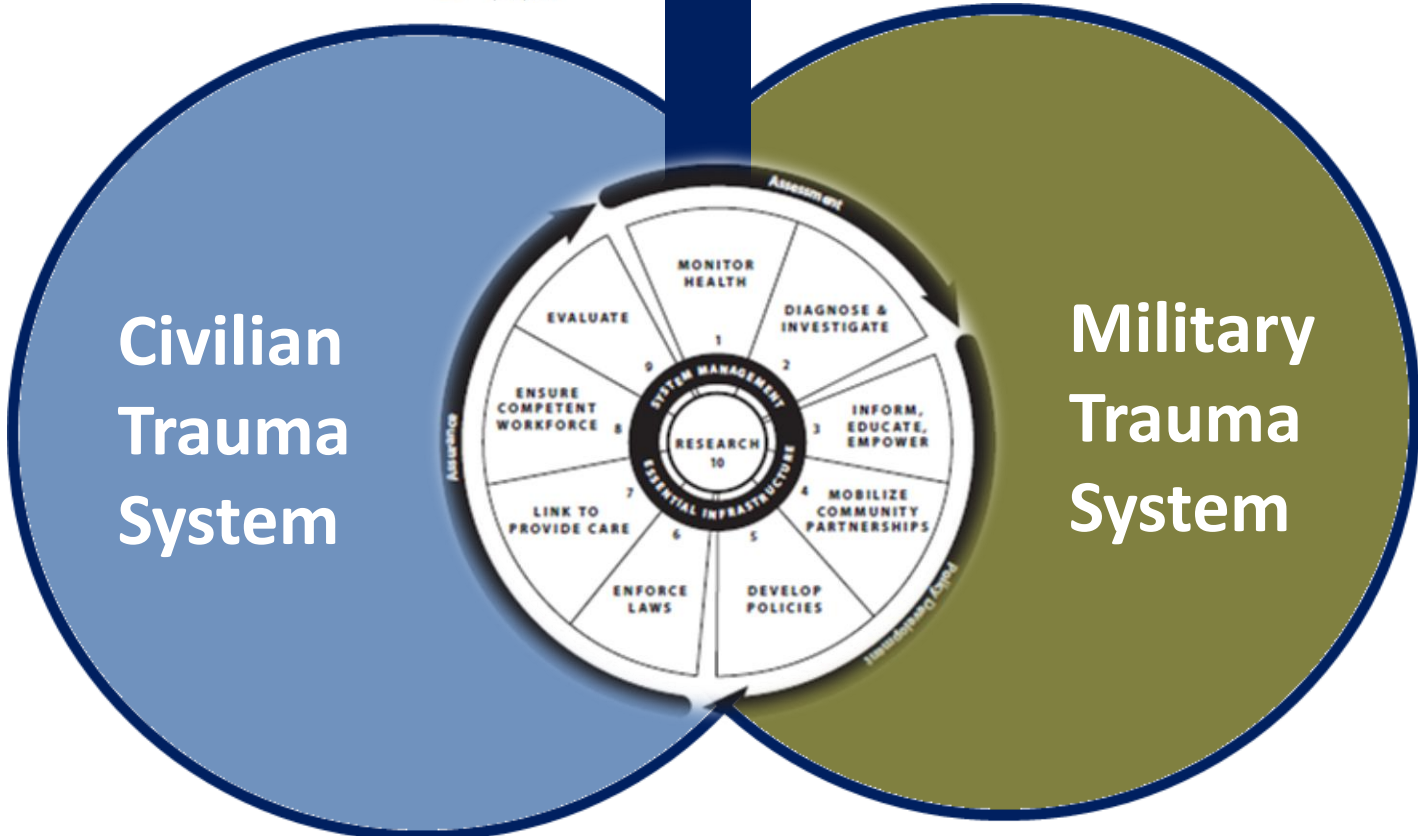
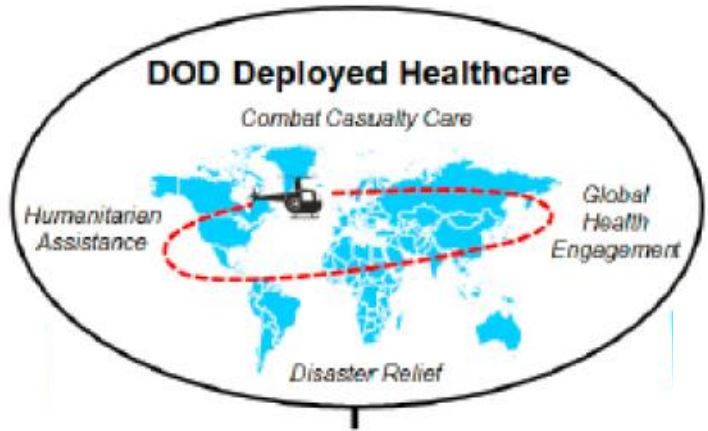
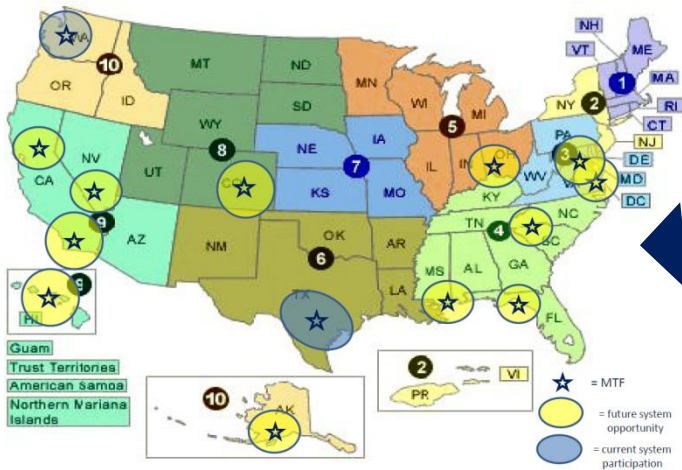
The Vision: A National Trauma Care System

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.”



4. Supports National Defense and Homeland Response



Ready DoD
Trauma
Teams

Community Needs

- Specialty Care
- Surge Capacity

Every MTF should participate in the US Trauma System:

- 1. Fulfills the law**
- 2. Delivers the ZPD vision of One Nation One System**
- 3. Improves the Nation's Trauma System**
- 4. Supports National Defense and Homeland Response**

Remember:

1. Jeff is *mostly right*
2. Matt is *mostly wrong*
3. Break Time → Free Ice Cream outside

