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

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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**

- 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*
NDAA 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

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.”

The National Academies of Sciences · Engineering · Medicine
4. Supports National Defense and Homeland Response

Community Needs
- Specialty Care
- Surge Capacity

Ready DoD Trauma Teams
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 $\rightarrow$ Free Ice Cream outside