

Integrating Military Treatment Facilities into a Civilian Trauma System

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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, Army, Navy or Department of Defense.”*

Why and How?

- **Why?**
 - ✓ **Fulfills the law**
 - ✓ **Delivers the ZPD vision of One Nation One System**
 - ✓ **Improves the Nation's Trauma System**
 - ✓ **Supports National Defense and Homeland Response**
- **How?**
 - ✓ **Patient Centered**
 - ✓ **Community Aligned**
 - ✓ **Locally Adaptable**

Why?

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

NDAAs 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.

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***

Why?

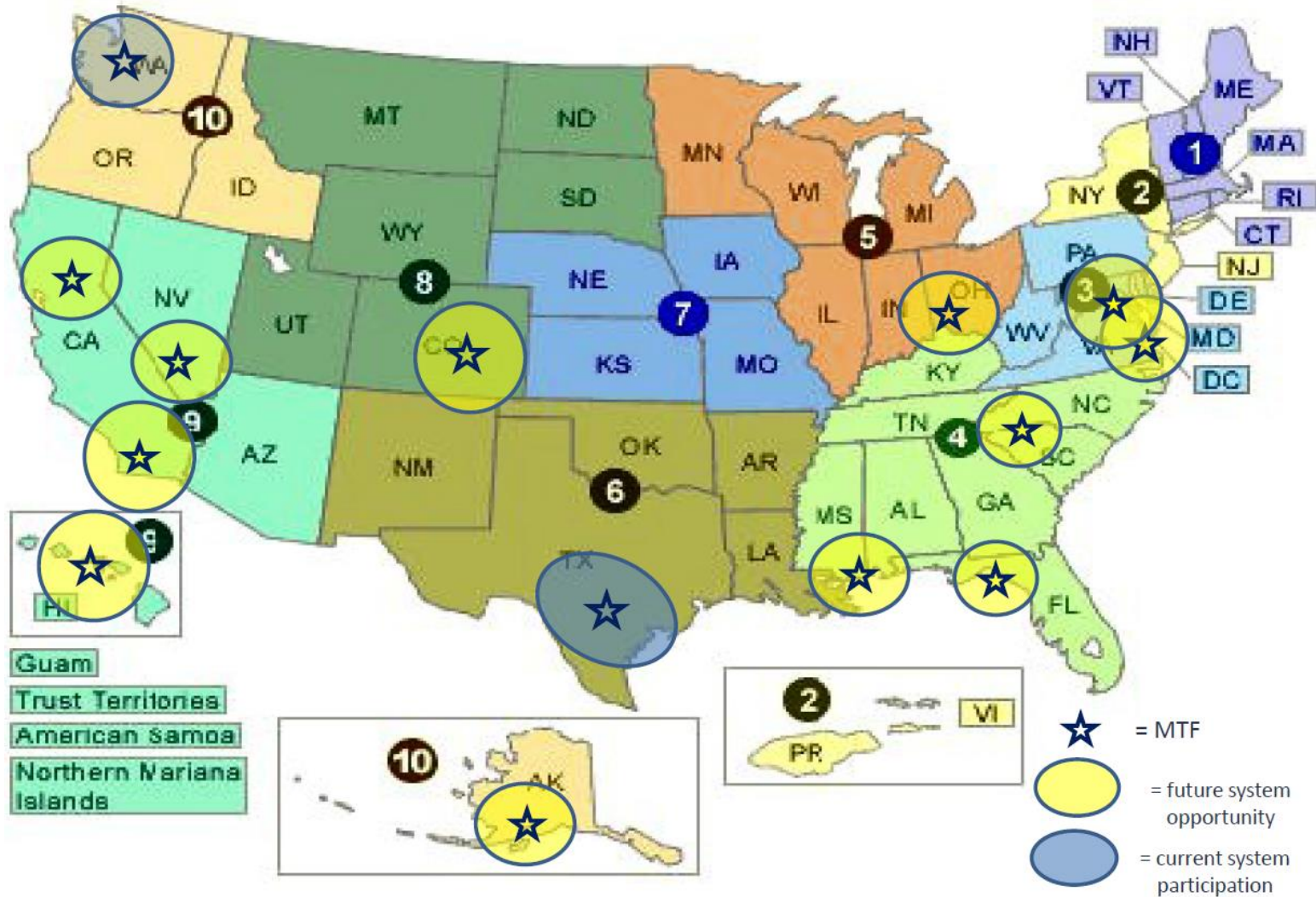
Delivers the ZPD vision

A NATIONAL TRAUMA CARE SYSTEM

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

One Nation -- One System

One Nation One System:



Why?

Improves the Nation's System

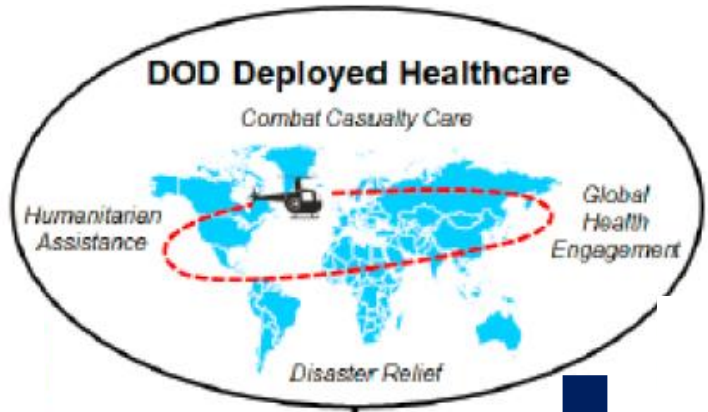
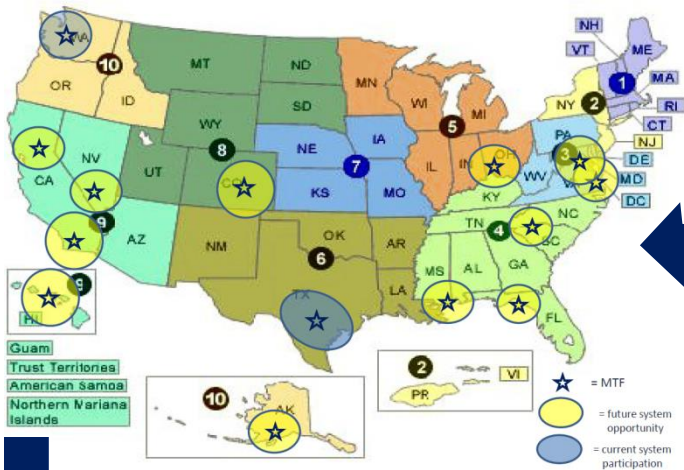
The Vision: A National Trauma Care System

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.

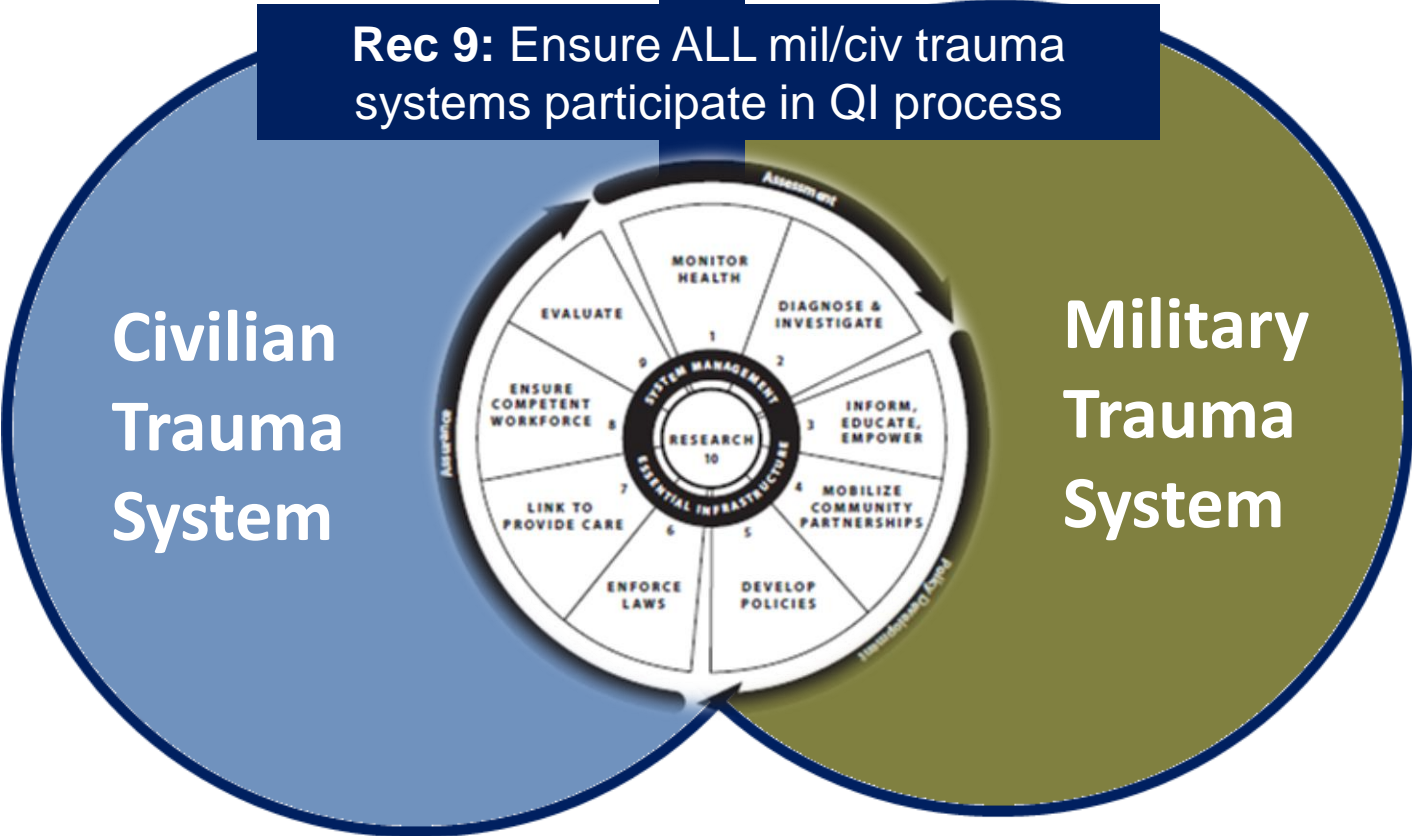
A national learning trauma care system would **ensure continuous improvement of trauma care best practices** in military and civilian sectors.



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



Rec 9: Ensure ALL mil/civ trauma systems participate in QI process



Why?

Supports National Defense and Homeland Response

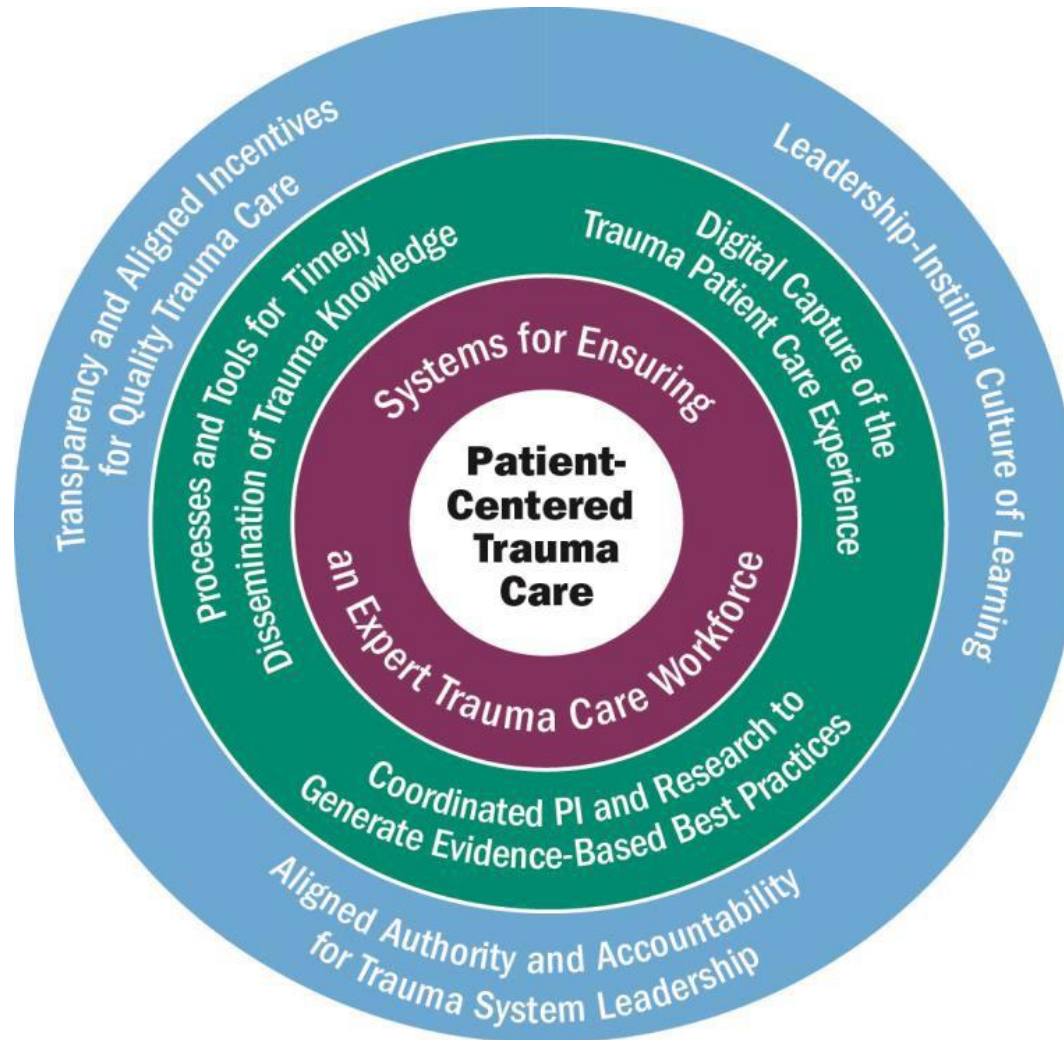


Ready DoD
Trauma
Teams

- Community Needs
- Specialty Care
 - Surge Capacity

How?

Patient at the Center of a Learning System



How?

Community Aligned



American College of Surgeons | Committee on Trauma
Trauma Systems Evaluation and Planning Committee

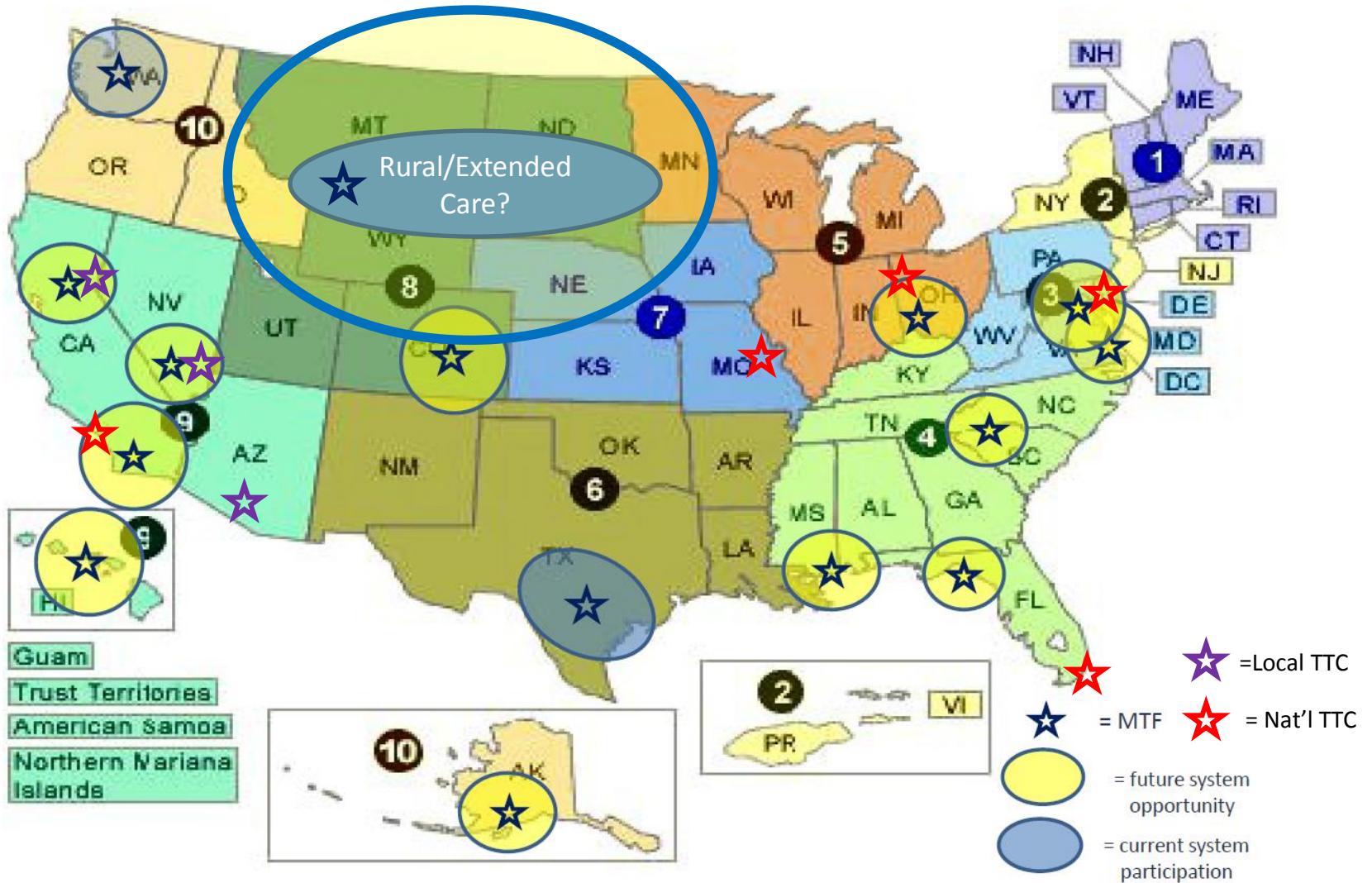
American College of Surgeons Committee on Trauma Needs Based Assessment of Trauma Systems (NBATS) Tool

Developed by the Needs-Based Trauma Center Designation Consensus Conference
convened by the American College of Surgeons Committee on Trauma¹

- Community population and trauma volume
- Existing EMS/pre-hospital and trauma centers/military assets
- Community need
- Stakeholder support

How?

Locally Adaptable



Summation

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Discussion

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