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

PERSONNEL AND
READINESS

JUN 30 2020

The Honorable Richard C. Shelby
Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to House Report 115-952, page 451, accompanying H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245), is enclosed. The Secretary of Defense is required to submit a report on the status of improving trauma training for trauma teams including the use of the Joint Trauma Education and Training Directorate.

The report provides current initiatives and plans on how to best coordinate trauma teams of the DoD with trauma partners in the civilian sector through the use of a single DoD point of contact and a set of uniform standards. The Director, Defense Health Agency continues to coordinate with the Secretaries of the Military Departments, Assistant Secretary of Defense for Health Affairs, and the Joint Staff Surgeon on improving trauma training for trauma teams of the DoD through the use of the Joint Trauma Education and Training.

Thank you for your continued support for the health and well-being of our Service members, veterans, and their families. I am sending identical letters to the other congressional defense committees.

Sincerely,

//SIGNED//
Matthew P. Donovan
USD for Personnel & Readiness

Enclosure:
As stated

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PERSONNEL AND READINESS

JUN 30 2020

The Honorable Richard J. Durbin
Vice Chairman
Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Senator Durbin:

The Department's response to House Report 115-952, page 451, accompanying H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245), is enclosed. The Secretary of Defense is required to submit a report on the status of improving trauma training for trauma teams including the use of the Joint Trauma Education and Training Directorate.

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The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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JUN 30 2020

The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Senator Reed:

The Department's response to House Report 115-952, page 451, accompanying H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245), is enclosed. The Secretary of Defense is required to submit a report on the status of improving trauma training for trauma teams including the use of the Joint Trauma Education and Training Directorate.

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PERSONNEL AND
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JUN 30 2020

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to House Report 115-952, page 451, accompanying H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245), is enclosed. The Secretary of Defense is required to submit a report on the status of improving trauma training for trauma teams including the use of the Joint Trauma Education and Training Directorate.

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PERSONNEL AND
READINESS

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

JUN 30 2020

Dear Representative Thornberry:

The Department's response to House Report 115-952, page 451, accompanying H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245), is enclosed. The Secretary of Defense is required to submit a report on the status of improving trauma training for trauma teams including the use of the Joint Trauma Education and Training Directorate.

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PERSONNEL AND
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JUN 30 2020

The Honorable Peter J. Visclosky
Chairman
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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PERSONNEL AND
READINESS

JUN 30 2020

The Honorable Ken Calvert
Ranking Member
Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Representative Calvert:

The Department's response to House Report 115-952, page 451, accompanying H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245), is enclosed. The Secretary of Defense is required to submit a report on the status of improving trauma training for trauma teams including the use of the Joint Trauma Education and Training Directorate.

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(Public Law 115-245)

Report on Trauma Training

June 2020

Cost Estimate: The estimated cost of this report or study for the DoD is approximately $ 5,500. This includes $4,000 in expenses and $ 1,500 in DoD labor.

Contents

INTRODUCTION

This report is in response to House Report, 115-952, page 451, accompanying H.R. 6157, the Department of Defense (DoD) and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245). The conference report directs the "Secretary of Defense to submit a report…on improving trauma training for trauma teams of the Department of Defense, including through the use of the Joint Trauma Education and Training Directorate established under section 708 of the National Defense Authorization Act [NDAA] for Fiscal Year [FY] 2017" (Public Law 114-328).

On April 1, 2019, an interim report was submitted to the congressional defense committees, outlining that the Defense Health Agency (DHA) conducted a full assessment and established the Joint Trauma Education and Training (JTET) Branch within the DHA's Joint Trauma System (JTS) of the Combat Support Division. The DHA in coordination with the Military Departments (MILDEPs), Office of the Joint Staff Surgeon, and Office of the Assistant Secretary of the Defense for Health Affairs (OASD(HA)) finalized the JTS Organizational Assessment on October 15, 2018, that captured both JTS and the JTET requirements as outlined in both law and policy. JTET was established as a branch within the DHA with an initial operating capability (IOC) date of March 29, 2019, under the JTS as their missions were assessed to be inextricably linked. The JTET will serve as the reference body for coordinating partnerships with civilian hospitals, share partnership lessons learned, and develop standardized combat casualty care instruction to include the use of standardized trauma training platforms as outlined in section 708 of the NDAA for FY 2017.

As noted in the section 708(a)-(c) of the NDAA for FY 2017 interim report to the Armed Services Committees, dated February 14, 2018, there are "Execution Considerations;" the establishment of the JTET necessitated revisions of current policies and guidance in order to reflect new organizational and management considerations. The JTS reprioritized organic funding and redistributed internal manpower in order to establish JTET IOC functions, and an active duty trauma surgeon assigned to the Army volunteered to perform the duties as the interim JTET Branch chief. No additional resources were provided to the DHA in support of the JTET functions. Currently, the JTET is developing standardized Tactical Combat Casualty Care curricula in accordance with Department of Defense Instruction (DoDI) 1322.24 (one of several Combat Casualty Care courses earmarked for standardization). Without funding and Service manpower authorizations, the JTET will not be able to fulfill the responsibilities outlined in section 708 of the NDAA for FY 2017or progress towards becoming fully operational. Ongoing coordination with the Assistant Secretary of the Defense for Health Affairs (ASD(HA)) and the Secretaries of the MILDEPs continues in order to identify appropriate resources to staff and fund this capability as an enduring requirement.

This report will give the congressional defense committees an update on the following areas.

1. Plans on how to best coordinate trauma teams of the DoD with trauma partners in the civilian sector;

2. Evaluating how trauma surgeons and military physicians can best partner with civilian level I trauma centers that are verified by the American College of Surgeons (ACS);

3. Including in that evaluation trauma centers that are linked to a burn center that offer burn rotations and clinical experience in order to provide adequate training of providers to treat critically injured burn patients and other military trauma victims.

HISTORY

Section 708 of the NDAA for FY 2017 provided that the Secretary of Defense shall establish a Joint Trauma Education and Training Directorate to ensure that the traumatologists of the Armed Forces maintain readiness and are able to be rapidly deployed for future armed conflicts. In response to the mandate the Office of the Under Secretary of Defense for Personnel and Readiness submitted the section 708(a)-(c) interim report that excluded the personnel management plan (subsection (d) of section 708) to allow proper analysis and coordination between OASD(HA), MILDEPs, and DHA.

The report outlined a systematic approach to achieve the congressional mandate. The report and implementation plan documented a suite of integrated activities to establish a JTET capability. The JTET Directorate was established as a Branch within the DHA's JTS to assist the MILDEPs in establishing military and civilian partnerships (MCPs). Expanding current MCPs supports sharing lessons learned and developing a standardized combat casualty care instruction to include the use of standardized trauma training platforms.

The section 708 implementation plan was developed to guide efforts of the Office of the Secretary of Defense, OASD(HA), MILDEPs, Joint Staff, and DHA to:

- Establish a JTET within the DHA.
- 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 Secretary of Defense 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.
- 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 a final implementation plan.

The plan was based on the assumption that 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 Director, DHA.

Section 719 of the NDAA for FY 2019 (Public Law 115-232), "Improvements to trauma center partnerships," revised section 708(c) the NDAA for FY 2017, language by striking the "large metropolitan teaching hospitals that have level I civilian" and striking, "the trauma centers of the medical centers and hospitals" and inserting "trauma centers." This allows the DoD to broaden the MCPs outside of level one trauma centers and academic medical centers, expanding partnerships when the civilian hospitals meets the readiness requirements of the DoD.

PART I – PLANS TO COORDINATE TRAUMA TEAMS OF THE DOD WITH TRAUMA PARTNERS IN THE CIVILIAN SECTOR

The conference report accompanying H.R. 6157, the DoD and Labor, Health and Human Services, and Education Appropriations Act, 2019, and Continuing Appropriations Act, 2019 (Public Law 115-245), requests the Department's assessment "on how to best coordinate trauma teams of the DoD with trauma partners in the civilian sector, including evaluating how trauma surgeons and military physicians can best partner with civilian level I trauma centers." Each Military Service has unique readiness requirements and each civilian center has its own clinical model, complicating standardization, although the DoD will benefit from a single core set of metrics to select partnerships and assess performance in a joint registry.

When section 708 was enacted, all but two large military medical treatment facilities (MTFs) (Walter Reed National Military Medical Center and Fort Belvoir Community Hospital) fell under the authority, direction, and control of the MILDEPs. The Military Services immediately expanded their MCPs based on their individual Service-specific operational requirements and in order to meet the intent of the law. Simultaneously, DHA established the JTET Branch at IOC and began working with the Military Services and the ACS to establish standardized criteria (known as the "Blue Book") to be considered in the selection and subsequent evaluation of institutions that wish to participate in MCPs designed for training, sustainment, and readiness. On February 7, 2020, DoDI 6000.19, "Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers," was published providing specific guidance with respect to MCPs and tracking both their existence and performance.

Ongoing coordination between the ASD(HA); Secretaries of the MILDEPs; Director, DHA; and the ACS leadership continues to establish MCP standards.

PART II – EVALUATING HOW TRAUMA SURGEONS AND MILITARY PHYSICIANS CAN BEST PARTNER WITH CIVILIAN LEVEL 1 TRAUMA CENTERS THAT ARE VERIFIED BY THE AMERICAN COLLEGE OF SURGEONS

A robust core of MTFs providing high-volume and high acuity medical care is required to sustain the full spectrum of skills required for a rapidly deployable medical force ready to meet the challenges of the battlefield of the future. Where gaps in skill sustainment occur, MCPs are

necessary to augment medical readiness resources. In U.S. locations with an identified need in the civilian trauma system, MTFs in coordination with the ACS, have pursued trauma center designation and have integrated into the civilian trauma system by receiving approved patients from civilian Emergency Medical Services and transfers from civilian hospitals and participating in system-wide performance improvement, which is beneficial to both military and civilian participants. In locations where robust civilian trauma centers already exist, military trauma teams have been embedded into the civilian centers to care for civilian trauma patients. These relationships allow embedded members to optimize their own trauma skills and also sponsor rotations for other military members who require exposure to trauma. In the absence of any formal MCPs, Military Health System (MHS) trauma providers commonly receive experience through off-duty employment. While deployed, expanded access to host nation casualties through less restrictive medical rules of engagement provides broader exposure to wartime casualty care and optimizes team performance in the deployed environment. Additional options for relevant clinical exposure include Department of Veterans Affairs partnerships, global health engagements, and overseas readiness platforms such as the one under development in the United Arab Emirates.

Skills sustainment and trauma career field management are closely related; surgeons who separate from military service consistently cite low case volumes and limited clinical exposure as primary factors in their decision to separate. A robust in-garrison practice supporting the full spectrum of wartime surgical specialties is relevant not only for skill sustainment, but also for retention in the military. Until the development of the knowledge, skills, and abilities (KSA) metric, there has not been a comprehensive way to link clinical exposure to the readiness mission. The KSA metric bridges this gap by empowering clinicians and their leadership to develop more robust clinical activity for all wartime specialties, which will improve the care provided to wounded warriors in all theaters of operations. It is expected that a majority of this activity will need to occur in new or expanded MCPs and through substantial changes in the clinical practice at MTFs.

Given that MCPs are expected to increase in number over time, there have been several noteworthy efforts to provide structure and coordination of these relationships. First, the JTS' JTET Branch was established to monitor and steer MCPs to ensure they meet the needs of the MILDEPs. Second, the Military Health System Strategic Partnership American College of Surgeons (MHSPACS) produced the "Blue Book" which establishes metrics for civilian institutions.

PART III – INCLUDING THOSE THAT ARE LINKED TO BURN CENTERS THAT OFFER BURN ROTATIONS AND CLINICAL EXPERIENCE

Similar to the Trauma Center Validation process as outlined in the American College of Surgeons Committee on Trauma "Resources for Optimal Care of the Injured Patient," the American Burn Association (ABA) validates burn units as burn centers. This validation process is a peer-review process that ensures that burn centers deliver a baseline, comprehensive level of care to the burned patient as well as maintain a robust performance improvement program. Many of the ABA Validated burn centers throughout the country are co-located with Level 1 or

Level 2 trauma centers. Additionally, they tend to be busier centers and prioritize performance improvement at a levels recommended by the MHSPACS.

The DoD's goal is to establish MCPs that are co-designated as Level 1 Trauma Centers and ABA Verified burn centers. Other options are to explore are those facilities that are designated as Level 1 Trauma Centers which are in close proximity to and have a relationship with an ABA Verified burn center.

The DoD has identified that civilian trauma centers that also offer burn care are particularly competitive as prospective partners' additional emphasis, incentives, and coordination will be required to enter into partnerships outside of the MHS' Brooke Army Medical Center. Trauma surgeons, trauma teams, and military medical providers who rotate at civilian trauma centers that also offer burn care will be evaluated in a manner consistent with pre-established guidelines that govern the MHS' trauma rotations.

SUMMARY

The Director, DHA, continues to coordinate with the Secretaries of the MILDEPs, ASD(HA), and Joint Staff Surgeon on improving trauma training for trauma teams of the DoD through the use of the JTET. This report outlined the current initiatives and perspectives on how to best coordinate trauma teams of the DoD with trauma partners in the civilian sector through a coordinated process and a set of uniform standards (Blue Book). The JTS in collaboration with the MHSPACS led efforts to draft the Blue Book to ensure that uniform DoD standards are applied to selection and sustainment of civilian trauma partnerships and fulfill the congressional requirements to ensure our trauma surgeons and military physicians can best partner with civilian ACS verified trauma centers. There are ongoing initiatives to expand MCPs with trauma centers that are ABA verified, although additional emphasis, incentives, and coordination will be required to enter into partnerships outside of the MHS' Brooke Army Medical Center. The JTET was established as IOC March 29, 2019, and has operated in a no growth environment since it was established as a branch within the JTS. Utilizing JTS' organic funding, borrowed military manpower, DHA research support, and relying on the JTS' collaboration with the ACS, the JTET has been able to establish a framework to fulfill responsibilities outlined in section 708 of the NDAA for FY 2017. As noted in the 708 interim report, "Execution Considerations," the establishment of the JTET necessitated revisions of current policies and guidance in order to reflect new organizational and management considerations. JTET will seek to sustain the progress it has made and reach full operational capability to fulfill the duties and responsibilities mandated in section 708.