DoD INSTRUCTION 6040.47

JOINT TRAUMA SYSTEM (JTS)

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Approved by: Peter Levine, Acting Under Secretary of Defense for Personnel and Readiness

Purpose: In accordance with the authority in DoD Directive 5124.02, this issuance:

- Establishes policy, assigns responsibilities, and provides procedures to develop and maintain an enduring global trauma care capability that supports a full range of military operations, including a comprehensive DoD Trauma Registry (DoDTR).
- Establishes the Secretary of the Army as the Military Health System (MHS) Lead Agent for trauma care and recognizes the JTS as a DoD Center of Excellence (DCoE).
- Establishes an integrated Combatant Command (CCMD) Trauma System (CTS) modeled after the Joint Theater Trauma System (JTTS), and a requirement to input data into the DoDTR to support unique CCMD mission requirements.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the CCMDs, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the "DoD Components").

1.2. POLICY. It is DoD policy that:

a. The DoD supports trauma care research to increase readiness and decrease injuries and preventable death, while improving health and quality of life for those Service members who have suffered traumatic injuries.

b. Trauma initiatives focus on the prevention, diagnosis, mitigation, treatment of trauma injuries, and rehabilitation of injured Service members.

c. The DoD uses a central trauma data repository to standardize and facilitate performance improvement.

d. Trauma-related data through the full spectrum of military operations is gathered and analyzed in order to exchange information across the DoD, and across national and international trauma communities of interest.

e. The DoD identifies, tracks, and recommends performance improvement measures to ensure the appropriate evaluation and treatment of injured Service members across the continuum of care.

f. The DoD adheres to the priorities outlined in the approved Joint Requirements Oversight Council Memoranda (JROCM), in accordance with the Force Health Protection JROCM 031-14, Combat Casualty Care Medical Research and Development JROCM 025-15, and the Joint Theater Patient Evacuation JROCM 048-15.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(HA):

a. Ensures the allocation of funds from the Defense Health Program appropriation for an annual operating budget to maintain the JTS.

b. Monitors compliance with this issuance, develops procedural guidance, and implements measures of effectiveness as necessary.

c. Informs the Under Secretary of Defense for Personnel and Readiness of development and deployment of DoD trauma care capabilities, and provides supporting guidance to this issuance as necessary.

d. Approves standardized trauma care guidance, recommended by the JTS, for distribution and inclusion in training throughout the Military Departments.

2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH READINESS POLICY AND OVERSIGHT (DASD(HRP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HRP&O):

a. Functions as the DoD proponent for trauma-related policy recommendations from the JTS.

b. Establishes and maintains communications with the appropriate Military Health System senior governance council to present and address policy matters related to DoD trauma care.

c. Coordinates with the DoD Components on policy issues related to trauma care.

d. Facilitates communication among the Joint Staff, operational commanders, Service medical communities, and the JTS on matters related to DoD trauma care requirements.

e. Specifies key force health protection elements, reporting frequency, and measures of success for quality assurance pursuant to DoD Instruction (DoDI) 6200.05.

f. Develops and coordinates trauma care policy to incorporate changes or updates recommended by the JTS.

g. Updates and modifies this issuance based upon emerging science and medical data provided by the JTS.

2.3. DIRECTOR, DEFENSE HEALTH AGENCY (DHA). Under the authority, direction, and control of the USD(P&R) through the ASD(HA), the Director, DHA:

a. Through the CJCS, supports the CCMDs as the designated Combat Support Agency pursuant to DoD Directive 5136.13 on DoD trauma care initiatives, standards, and education to ensure Service trauma capabilities meet CCMD requirements.

b. Budgets annually for the Secretary of the Army, as MHS Lead Agent, to implement and maintain DoD trauma care requirements.

c. Develops technical guidance, regulations, and procedural instructions, in accordance with DoD Directive 5136.13, for the DoD Components in the administration of trauma care delivery in support of this issuance.

d. Facilitates communication among the Joint Staff, operational forces and medical communities, and the JTS on matters related to DoD trauma care.

e. Coordinates with the JTS, through established governance to recommend standardized DoD trauma education and training on medical readiness and trauma care delivery within DoD.

f. Incorporates medical readiness training and skills sustainment across the full range of military operations in accordance with DoDI 1322.24 to support current and emerging trauma care initiatives.

g. Develops and provides periodic trauma surveillance reports to the DASD(HRP&O) to inform policy decisions.

h. Facilitates changes and updates to the DoD trauma care delivery processes and procedures recommended by the JTS, as outlined in Section 3.

i. Reviews comprehensive summary data generated from JTS for Combat Support Agency applicability, and submits the appropriate data to DASD(HRP&O).

2.4. SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries of the Military Departments:

a. Plan, program, and budget for Service-specific trauma care initiatives.

b. Develop and implement doctrine, tactics, training, security procedures, and logistical support for trauma care in accordance with this issuance.

c. Nominate, through the Surgeon General of their respective Departments, a clinically active trauma surgeon to be the Director, JTS.

d. Designate clinically active, expert trauma team personnel (e.g., doctors, nurses, corpsmen or medics) to serve in nominative liaison positions within the JTS; the Secretary of the Navy will designate two personnel to represent both the Navy and the Marine Corps.

e. Assign personnel to support the JTS for trauma care and unit-based trauma management in conjunction with Combatant Commanders (CCDRs).

f. Support standardized trauma education and training across the continuum of care.

g. Incorporate and execute emerging best practices for DoD trauma care delivery.

h. Support CCMDs in submitting trauma injury reports to the JTS, as operational conditions permit, preferably within 24 hours of injury.

i. Provide support for trauma sustainment platforms, through the Planning, Programming, Budgeting and Execution Process to ensure identified operational requirements are met, including cadre, students, and curriculum development to the JTS in coordination with the DHA.

2.5. SECRETARY OF THE ARMY. In addition to the responsibilities in Paragraph 2.4., the Secretary of the Army, through the Surgeon General of the Army, serves as Lead Agent for the JTS; these responsibilities may be delegated as the Secretary deems appropriate, but to a level not lower than the Commander, U.S Army Medical Research and Material Command (USAMRMC), and as such, oversees the functions and activities necessary for the operation of the JTS, which include:

a. Providing budgetary requirements to the ASD(HA) for sufficient resources to support common DoD trauma care requirements for the JTS, including facilities, equipment, security, secure communications, personnel, logistics, research, training and development programs, and administrative services.

b. Through the Surgeon General of the Army, supporting the JTS by:

(1) Designating the Director, JTS, from nominees of the Service Surgeons General; this post will rotate by Service.

(2) Monitoring trauma surveillance reports and providing periodic in-process reviews to the Services and the Director, DHA, to inform trauma care policy decisions.

(3) Recommending changes and updates to the DoD trauma care delivery processes and procedures to the DASD(HRP&O), in coordination with the Military Services, the Joint Staff, and the DHA.

(4) Updating and sustaining DoD trauma care guidelines in coordination with the DHA, the Joint Staff, and the CCMDs.

(5) Ensuring medical records are handled in accordance with DoDI 6040.45.

(6) Coordinating with the Services and CCMDs to:

(a) Establish standard performance metrics and procedures for DoD trauma care in coordination with the JTS.

(b) Support and maintain medical readiness training and trauma care programs in accordance with DoDI 1322.24.

2.6. CJCS. The CJCS:

a. Incorporates this issuance into relevant joint doctrine, training, and plans.

b. Ensures trauma-related information is incorporated into the Joint Capabilities Integration Development System processes.

c. Updates and sustains DoD trauma care initiatives and medical lessons learned for each CCMD, in coordination with the DHA, the JTS, and the Joint Staff Joint Force Development Directorate through the Commander, USAMRMC.

d. Facilitates communications among the operational force and medical communities on matters related to DoD trauma care requirements.

2.7. CCDRs. The CCDRs:

a. Integrate DoD trauma care into operational planning, exercises, demonstrations, and combat operations.

b. Plan for and develop an integrated CTS, modeled after the JTTS, and in collaboration with the JTS, import data into the DoDTR or most current DoD system of record to support unique CCMD mission requirements, as described in Section 3 of this issuance.

c. Submit trauma data to the DoDTR, as operational conditions permit, preferably within 24 hours of injury.

d. Establish theater policy for specific trauma training in coordination with the DHA, the Joint Staff, and the Services; establish processes and procedures to ensure adequacy of training, compliance with established guidelines, and proper documentation of trauma care.

e. Facilitate communications between the operational force and DoD medical communities on matters related to DoD trauma care. Training events for all personnel assigned to CTS will be hosted and funded by JTS as part of pre-deployment activities.

SECTION 3: JTS AND CTS COMPOSITION AND PROCEDURES

3.1. JTS. The JTS is the DCoE for MHS trauma care delivery. It provides the overarching organized and coordinated capability for injury prevention, care, and rehabilitation in support of DoD trauma initiatives and activities. The JTS performs these functions through three separate but interdependent divisions: Trauma Care Operations; DoDTR; and Performance Improvement and Education Divisions. The DoDTR Division is further divided into three separate sections, comprised of the Data Acquisition, Data Automation, and Data Analysis Branches.

a. Staffing.

(1) The Director, JTS, is an active duty O-6 trauma surgeon who is responsible for all aspects of the JTS.

(2) The Deputy Director is a General Schedule-15 (or pay band equivalent) government civilian employee who manages all aspects of the JTS and the DoDTR, and who serves as the principal Health Informatics Officer.

(3) The Chief Nurse is an O-5 who oversees all nursing services activities and serves as the JTS Liaison to Military Service Nurse Corps leadership and programs.

(4) The JTS Administrator serves as Chief of Staff and Chief Financial Officer.

(5) The JTS Non-Commissioned Officer in Charge/Leading Chief Petty Officer is an (E-8) Army Combat Medic, Navy Medical Corpsman, or Air Force 4N091/Aerospace Medical Service, with operational experience, who serves as the JTS Senior Enlisted Advisor to the Director, JTS; this position will rotate by Service.

(6) The Performance Improvement Director manages all JTS performance improvement operations and activities, including development, monitoring, and review of clinical practice guidelines.

(7) The Trauma Care Operations Director is an active duty O-6 Medical Corps officer with a background in battlefield medicine, and is the principal JTS subject matter expert of the clinical continuum of care.

(8) The Education Director manages all JTS education operations and activities.

b. Communications. The Director, JTS, reports directly to the Commander, USAMRMC, and in coordination with the Military Services, has the authority to communicate and collaborate with CCMD elements that impact trauma care.

(1) The Director, JTS, should ensure timely and effective communication with operational and medical leaders across the continuum of trauma care.

(2) The JTS will collaborate with national and international trauma care experts outside of the MHS to reduce morbidity and mortality.

c. Director, JTS. The Director, JTS:

(1) Advises the Commander, USAMRMC, on DoD trauma care initiatives, standards, capabilities, and education.

(2) Recommends changes and updates to DoD trauma care delivery processes, procedures, and initiatives through the Commander, USAMRMC; the Service Surgeons General; the Director, DHA; the Joint Staff; and the CCMDs.

(3) Exercises authority, direction, and control over JTS divisions, committees, and attached personnel.

(4) Ensures that JTS committees and their functions are appropriately chartered and updated as required to support the ongoing JTS mission.

(5) Develops evidence-based best-practice trauma care guidelines for clinical practice and program improvement processes.

(6) Develops a Service-neutral core curriculum, in addition to existing Service-specific training, to standardize trauma sustainment and training platforms. This ensures trainees achieve the desired skill sets that have equity across the DoD.

(7) Ensures the development of the Tactical Combat Casualty Care (TCCC) Guidelines, curricula, and training tools that are customized for operational environments. The TCCC Guidelines will be staffed through the Offices of the Military Department Surgeons General and updated annually in support of Service-specific training calendars.

(8) Functions as the clinical subject matter expert for the DoDTR and advises the CCMDs on the management of trauma.

(9) Analyzes trauma injury data and coordinates relevant data analyses; distributes summaries to: the CCMDs; Secretaries of the Military Departments; Service Chiefs; Director, DHA; and the Assistant Secretary of Defense for Research and Engineering to monitor injury trends. Recommends changes to this issuance to the DASD(HRP&O), based on trauma injury data.

(10) Submits relevant trauma-related information to the Director, DHA, in order to generate procedural instructions, and facilitates in-process reviews with the DASD(HRP&O) to inform policy decisions.

(11) Leverages civilian academia to assist in the development of standardized processes for evaluation, selection, verification, adaptation, and sustainment of new platforms.

(12) Informs and verifies standards for combat casualty care practice along the continuum of care.

(13) Provides CTS personnel training and advises the CCMD Surgeon on CTS-specific requirements.

(14) Collaborates and coordinates with the Director, Combat Casualty Care Research Program, to inform and improve research in accordance with DoDI 3216.02.

3.2. CTS. The CTS is a regional trauma system that can be scaled to contingency requirements identified by the CCMD. The CTS may maintain operations between contingency operations to sustain capability for rapid expansion and adaptation based on the CCMD's requirements. The CTS operates with the developmental guidance, operational support, and clinical oversight of the JTS in the JTS's capacity as DCoE for trauma care and trauma systems.

a. Staffing. The CTS is intended to be a flexible system of trauma care specialists that provide CCMD's with in theater casualty and trauma care expertise.

b. Functions.

(1) Enables accurate and timely entry of casualty and trauma care data into the DoDTR or current DoD system of record.

(2) Develops, assesses, and recommends best practices in treating traumatic injuries, including clinical practice guidance and TCCC Guidelines adapted to the medical mission requirements.

(3) Assists in identifying trauma-care-related requirements for education and training, research, informatics, and operations.

(4) Supports the timely reporting of casualty care and trauma-related metrics.

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
CCDR	Combatant Commander
CCMD	Combatant Command
CJCS	Chairman of the Joint Chief of Staff
CTS	Combatant Command Trauma System
DASD(HRP&O)	Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight
DCoE	DoD Center of Excellence
DHA	Defense Health Agency
DoDI	DoD instruction
DoDTR	DoD Trauma Registry
JROCM	Joint Requirements Oversight Council Memorandum
JTS	Joint Trauma System
JTTS	Joint Theater Trauma System
MHS	Military Health System
TCCC	tactical combat casualty care
USAMRMC	U.S. Army Medical Research and Materiel Command

G.2. DEFINITIONS.

Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

clinical practice guidelines. Statements and recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

Combat Support Agency. Defined in Joint Publication 1-02.

continuum of care. An integrated system of care that guides and tracks patients over time and facilitates seamless movement through comprehensive health services from point of injury to discharge from definitive care.

CTS. An organized system modeled after the JTTS and embedded within a specified CCMD that supports the trauma care mission within that CCMD’s area of responsibility.

DCoE. A DoD military medical organization that focuses on an associated and well-defined and bounded group of clinical conditions and creates value by achieving improvement in outcomes through clinical, educational and research activities.

DoDTR. A registry consisting of a systematic collection and aggregation of trauma casualty care epidemiology, treatment, and outcomes data for a predefined purpose.

JTS. An organization of subject matter experts that serves as a DCoE for performance improvement and the delivery of trauma care. The JTS is responsible for the coordinated effort that supports the global DoD continuum of trauma care delivery.

JTTS. A former trauma system that supported monitoring and data collection while embedded within the United States Central Command. Now known as a "CTS."

MHS. Defined in Joint Publication 1-02.

MHS Lead Agent. The military medical organization that provides management and leadership in meeting the responsibilities to support a specific MHS compliance-related area and function.

registry. An organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes.

TCCC. A set of trauma management guidelines customized for use in the operational setting that maintains a focus on the most common causes of preventable deaths resulting from combat.

trauma system. A trauma system represents a coordinated effort along a continuum of integrated care, between out-of-hospital and in-hospital providers and specialists, in a defined geographic area that delivers the full range of medical care to injured patients.

trauma sustainment platforms. Provides support for medical readiness skill development and sustainment through the planning, programming, and budgeting process to ensure identified operational requirements are met, to include cadre, students, and curriculum development.

REFERENCES

DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008

DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013

DoD Instruction 1322.24, “Medical Readiness Training,” October 6, 2011

DoD Instruction 3216.02, “Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research,” November 8, 2011

DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015

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Joint Requirements Oversight Council Memorandum, 031-14, “Force Health Protection DOTmLPF-P Change Recommendation,” March 26, 2014[1]

Joint Requirements Oversight Council Memorandum, 025-15, “Combat Casualty Care Medical Research and Development DOTmLPF-P Change Request,” March 12, 2015[1]

Joint Requirements Oversight Council Memorandum, 048-15, “Joint Theater Patient Evacuation DOTmLPF-P Change Recommendation,” May 15, 2015[1]

[1] Available at https://jrockmdsbpm.js.smil.mil