



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D C 20301-1200

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Coordination of Policy to Establish a Joint Theater Trauma Registry

Collection and aggregation of combat casualty care epidemiology, treatment and outcome is essential to understanding the challenges, successes and failures the military medical corps faces in providing effective and timely care for combat casualties. Scientifically valid analysis of aggregated data can provide important information for prevention and mitigation of wounds, effective and timely deployment of medical resources and rapid identification of needed improvements. It can also provide a foundation for training, planning and medical resourcing. An accurate medical record is essential for developing such a database. The absence of such impedes the effective delivery of care and makes adequate quality management of the process of medical care evacuation and logistics supply incomplete and inaccurate. Therefore, it is essential to establish a Joint Theater Trauma Registry (JTTR) to ensure documentation and archiving of combat casualty epidemiology, treatment, and outcome.

The first step in establishing a JTTR is for the Services to collaborate on and implement an effective custodial chain of medical records from Level 1 through Level 5 care. This particularly refers to adequate transfer of records from Level 2 to Level 3, and Level 3 to Level 4 facilities through the evacuation chain. This will at a minimum be the Theater Trauma Record, Narrative Summary, and all Operations Reports. These records are an essential part of any Service member's medical history, and will be integrated into the clinical data repository (CDR). Each service maintaining a trauma registry will work with the point of contact for the CDR to develop a plan for this integration.

Army, Navy/Marine, and Air Force medical personnel will collaborate on and implement a Theater Trauma Record. This document will provide uniform descriptions of the epidemiology, nature and severity of injuries, the time of and nature of care provided and patient outcome. The Army Trauma Record is attached as an example.

Army, Navy/Marine, Air Force and the Armed Forces Institute of Pathology will collaborate and implement a JTTR using data from the Theater Trauma Record no later than April 2005. Each Service should record and accurately enter its Theater Trauma Record data into a service/institution specific database, which will then be pooled as de-identified data at the USA Institute of Surgical Research for detailed analyses.

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Compatibility of service/ institution specific registries must be ensured. Based on the POM cycle we estimate that by Calendar Year 2008 this information will be captured in CHCS II and CHCS IIT (theater).

During times of active conflict, information reporting of de-identified data from the databases will be provided to the Assistant Secretary of Defense for Health Affairs and the Surgeons Generals of the Army, Navy, and Air Force on a monthly and year-to-date aggregate quarterly basis.

My POC for this action is Salvatore Cirone, Program Director for Health Science Policy. He can be contacted at (703) 575-2670 or at Salvatore.Cirone@ha.osd.mil.


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Attachment
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Commander, USAMRMC