JOINT REQUIREMENTS OVERSIGHT COUNCIL

THE JOINT STAFF WASHINGTON, D.C. 20318-8000

JROCM 126-17 11 December 2017

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Department of Defense Trauma Enterprise DOTmLPF-P Change Recommendation

- 1. The Joint Requirements Oversight Council (JROC) reviewed the Department of Defense (DoD) Trauma Enterprise (DTE) DOTmLPF-P Change Recommendation (DCR). The JROC approves the enclosed actions and designates the Office of the Joint Staff Surgeon as the lead organization for their implementation.
- 2. This DCR identifies gaps in DoD's ability to deliver and manage trauma care across the continuum of care (from point of injury through definitive care) in support of deployed operations and home station activities conducted in a garrison environment. It presents a suite of integrated DOTmLPF-P solutions to mitigate the gaps.
- 3. The JROC requests that the Office of the Secretary of Defense, the Services, and the Combatant Commands implement actions as outlined in the enclosure. The JROC also requests the Office of the Joint Staff Surgeon provide a DTE DCR semiannual update to the Health Readiness Working Group and an annual update to the Force Support Functional Capabilities Board.

PAUL J. SELVA

General, United States Air Force

Vice Chairman

Of the Joint Chiefs of Staff

Enclosure

DISTRIBUTION:

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Office of the Joint Staff Surgeon

ENCLOSURE

DoD Trauma Enterprise (DTE) DOTmLPF-P Change Recommendation (DCR) Actions

| DOTmLPF-P Category and OPR | Action | Suspe | nse Date |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|
| DOTmLPF-P: Doctrine OPR: OJSS OCR: DHA, Services, and CCMDs | 1. Review, assess, and recommend, as appropriate, updates to relevant Joint doctrine, including JP 4-02, to include key considerations of the Joint Trauma System | JROCM year | + 1 |
| DOTmLPF-P: Doctrine OPR: OJSS OCR: DHA, Services, and CCMDs | 2. Review, assess, and recommend, as appropriate, updates to relevant Joint doctrine, including JP 3-0, Joint Operations, JP 3-33, Joint Task Force Headquarters, and JP 5-0, Joint Operation Planning, to include key considerations of the CTS | JROCM year | + 1 |
| DOTmLPF-P: Doctrine OPR: DHA OCR: OJSS | 3. Develop a Joint DoD trauma lexicon to define key common trauma terms such as "preventable death," "nonsurvivable injury," "potentially survivable injury," and others, as appropriate | JROCM year | + 1 |
| DOTmLPF-P: Doctrine OPR: OJSS | 4. Review and recommend updates to CJCSG 3130 series, APEX to include specific considerations related to the delivery and management of trauma care in operational environments and the initiation and subsequent execution of a CTS in support of theater operations | JROCM year | + 1 |
| DOTmLPF-P: Organization OPR: DHA | 5. Determine the organizational structure, manpower requirements, and resources required to establish and maintain a Joint Trauma | JROCM year | + 1 |

| DOTmLPF-P Category and | Action | Suspense |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| OPR | | Date |
| | System within DHA, that includes a Joint Trauma Education and Training Directorate, to promote improved trauma care | |
| DOTmLPF-P: Organization OPR: DHA | 6. Establish the Joint Trauma System within DHA, initially re- aligning and maintaining the JTS CoE under DHA Joint Training Plans include: | JROCM + 6 months |
| DOTmLPF-P: Training OPR: Services OCR: DHA | 7. Develop Joint KSAs that articulate evidence-based currency and competency requirements for medical and non-medical personnel performing expeditionary medicine and delivering trauma care in both operational and garrison environments | JROCM + 1 year |
| DOTmLPF-P: Training OPR: Services OCR: DHA | 8. Review and revise trauma training courses for medical and non-medical personnel delivering trauma care in both operational and garrison environments | Task 7 complete + 1 year |
| DOTmLPF-P: Training OPR: DHA OCR: OJSS | 9. Review and recommend updates, as appropriate, to programs of instruction for relevant Joint planning courses (e.g., Joint Medical Operations Course [JMOC] and the Joint Medical Planning Tool [JMPT] Course) | JROCM + 2 years |
| DOTmLPF-P: Training OPR: Services OCR: DHA | 10. Review and recommend updates, as appropriate, to programs of instruction for relevant Service planning courses (e.g., Naval Medical Planning Operations and | JROCM + 2 years |

| DOTmLPF-P Category and OPR | Action | Suspense Date |
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| | Medical Intelligence [POMI] Course, and the Army Captain's Career Course). | |
| DOTmLPF-P: Materiel OPR: DHA, OJSS OCR: USD(AT&L), Services | 11. Enhance existing DOD trauma registry, by leveraging existing IT structure in order to operate an adaptive, agile, and passive collection system to automate trauma information collection and sharing in the pre-hospital environment as well as the subsequent mapping of trauma injuries to clinicians, and providing clinical support tools in an operating environment. | JROCM + 18 months |
| DOTmLPF-P: Leadership & Education OPR: DHA OCR: Services | 12. Review and recommend updates to trauma care initial and continuing education courses, based on established standards of care and KSAs for medical and nursing personnel, and provide recommendations and guidance to evaluate proficiency and currency of clinical KSAs as outlined in NDAA Section 707 and DODD 5136.13 | Task 7 complete + 1 year |
| DOTmLPF-P: Leadership & Education OPR: Services, DHA | 13. Review and recommend updates to Joint/Service PME curricula in order to incorporate trauma care management concepts into JPME I/II and General Officer/Flag Officer (GO/FO)-level capstone courses | JROCM + 2 years |
| DOTmLPF-P: Personnel OPR: Services OCR: ASD(HA), OUSD(P&R) | 14. As part of the establishment of a personnel management plan for wartime medical specialties: | JROCM + 1 year |
| | Establish career pathway criteria for critical wartime specialty | Finclosure |

| DOTmLPF-P Category and OPR | Action | Suspense Date |
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| 1 | personnel | |
| DOTmLPF-P: Policy OPR: OUSD(P&R) OCR: DHA | 15. Review and update DODI 6040.47, Joint Trauma System, to enact the recommendations of the 2017 NDAA and this Joint DCR | Task 5 complete + 6 months |
| DOTmLPF-P: Policy OPRs: OUSD(P&R), ASD(HA), USD (AT&L) OCR: DHA | 16. Revise, as necessary, DODI 5154.30, Armed Forces Medical Examiner System, DODD 6025.21E, Medical Research for Prevention, Mitigation and Treatment of Blast Injuries, DODI 1322.24, Medical Readiness Training, and any other DoD Issuances necessary to enact the direction of Sections 707 and 708 of the 2017 NDAA and the recommendations in this Joint DCR | Task 16 complete + 18 months |
| DOTmLPF-P: Policy OPR: DHA, Services | 17. Develop an approach to establish and maintain reciprocal partnerships with and between military medical treatment facilities, civilian academic medical centers and large metropolitan teaching hospitals that have Level I, II, or III trauma centers, trauma systems, and qualified PN/HN civilian and military hospitals. | Task 5 complete + 1 year |
| DOTmLPF-P: Policy OPR: DHA OCR: JS J8, CCMDs, Services | 18. Conduct an assessment of the requirements for and feasibility of providing an exportable CTS capability, under the developmental guidance, operational support, and clinical oversight of the Joint Trauma System, to assist CCMDs with the initial management of trauma | JROCM + 18 months |

| DOTmLPF-P Category and OPR | Action | Suspense Date |
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| | resources and data in response to a contingency operation or emergency situation | |
| DOTmLPF-P: Policy OPR: DHA | 19. Consolidate existing, disparate trauma registries into DoDTR, the designated, comprehensive trauma care registry, and expand capability, where required, to meet the direction in Section 707(b)(1) of the 2017 NDAA to have the Joint Trauma System within DHA serve as the reference body for all trauma care provided across the MHS | JROCM + 2 years |
| DOTmLPF-P: Policy OPR: DHA | 20. Publish a DHA Administrative Instruction that provides guidance to the Director, JTS, and Director, Armed Forces Medical Examiner (AFME) to facilitate comprehensive and recurring review of all trauma-related cases (deaths that occurred following treatment) in deployed areas as they relate to CPGs, treatment TTPs, tactical trends, PPE, evolving injury patterns, and operations tempo, based upon formal investigations from unit-level to theater-wide operations. | JROCM + 1 year |

| DOTmLPF-P: Policy OPR: USTRANSCOM OCR: USD (AT&L) | 21. Establish standards for patient movement at military installations and define responsibilities for Joint Base patient movement to include coordination of military ground/air evacuation and civilian EMS capabilities provided in support of military training locations and other activities | JROCM + 1 year |
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