

Joint Theater Trauma System: Saving Lives on the Battlefield
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Problem:

Approximately 600 trauma victims per month are currently cared for in Iraq. With a limited health care system, it was clearly identified that an organized trauma system was needed in order to effectively care for that volume of traumatically injured military and civilian casualties.

Evidence:

American regional trauma systems designed to reduce morbidity and mortality from injury were developed in the mid 1960s. Celso, et al (2005) determined that at least a 15% reduction in mortality is gained from the presence of a community trauma system.

Strategy:

Strategic casualty analysis coupled with key leadership observations in theater and personal experience in a stateside regional trauma system paved the way to link battlefield trauma care with the establishment of a "Joint Theater Trauma System (JTTS)".

Practice Change:

The JTTS was established in December of 2004 to ensure that the right patient got to the right place at the right time for the right care. The implementation of the JTTS involved establishing a theater trauma registry, clinical practice guidelines, and clear lines of communication between the casualties point of injury through the healthcare continuum.

Evaluation:

Measurement criteria involve more than 108 data points for every casualty. These data points include outcome criteria related to mechanism of injury, preventive measures, resuscitation techniques, as well as morbidity and mortality information.

Results:

Results of JTTS implementation include a 25% reduction in mortality. Improved trauma care is realized through seamless collaborative care, revised resuscitation guidelines and timely controlled, transport to the right level of care.

Recommendations:

Currently there are seventeen JTTS clinical practice guidelines in place. The JTTS has proven improvement in mortality and morbidity outcomes related to traumatic injury on the battlefield. The JTTS staff continuously focus on data analysis to guide the development of evidence based practice guidelines in order to improve care.

The opinions or assertions contained herein are the private views of the author(s) and are not to be construed as official or reflecting the views of the U.S. Department of Defense, U.S. Army, or Army Nurse Corps

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