Title: Combat Casualty Care improvement: a quality process

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Editorial

Combat Casualty Care improvement: a quality process

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In the current issue, Falzone et al. [1] present triage in military settings. The concept of triage from the French word "trier" – to sort, dates back to the Napoleonic wars. Wars have often served as vehicles spreading medical innovations to every one through the constraints and injuries they caused. Military and civilian Medicine have stimulated one another translating back and forth lessons learned, improvements and research efforts. For instance, many aspects of our current civilian trauma systems derive from what the military learned from past and recent conflicts.

In modern warfare, deaths are prevented through: 1. Primary prevention, of combats and incidents leading to injuries; this is the field of engagement politics, diplomacy and war strategy ; 2. Secondary prevention, of the number and severity of injuries through tactical contingency planning and personal protective equipment (e.g. through military helmet, eye protection, body armor); and 3. Tertiary prevention, through efficient triage, efficient prehospital care with optimized tactical casualty response at point of injury and during evacuation, forward or early damage control resuscitation and damage control surgery. Among all these tools triage appears crucial in military settings. Hence the Joint Theater Trauma Registry (JTTR) has been a key step to shed light on and improve triage strategies. .

In 1999 the U.S. Special Operations Command (USSOCOM) funded that combat registries to improve the understanding of combat casualties.in a similar fashion as the Wound Data and Munitions Effectiveness Team (WDMET) database (7989 patients, 1967–1968) did for our understanding of combat casualty care during the Vietnam War. However, while the WDMET database sampled combat injuries retrospectively, the JTTR is continuously updated and offers near real-time assessment, opening new grounds of analysis and improvements. Hence, it is possible to benchmark triage methods, identify best practices in the field, document the effectiveness of the combat care or reveal gaps in care needing correction. The theater registry is expected to have an impact on care optimization, and on the outcomes of battlefield injuries. This lead the US Department of Defense to create a Joint Theater Trauma System (JTTS) modeled on the civilian trauma systems.

The JTTS is to provide a structured and coordinated chain of care to combat casualties, from point of injury to rehabilitation. It also sets up a performance improvement cycle based on the JTTR analysis and aiming at continuously and swiftly adjusting trauma care protocols, procedures, and clinical guidelines in order to improve morbidity and mortality outcomes. The JTTS summarizes in four simple tenets: "the right patient, at the right place, at the right time, for the right care" and one goal: survival and functional recovery. JTTS subsequently