Defense Health Agency

# ADMINISTRATIVE INSTRUCTION

**NUMBER** 6025.31
May 17, 2024

DAD-MA

SUBJECT: Guidance for Implementation of the Postpartum Hemorrhage Bundle

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (k), establishes the Defense Health Agency's (DHA) procedures for military medical treatment facilities (MTFs) providing inpatient obstetrical (OB) services (hereafter OB services) to implement standardized postpartum hemorrhage (PPH) bundle practices. Note, the use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Department of Defense.

2. APPLICABILITY. This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include: assigned, attached, allotted or detailed personnel.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (k), that the DHA will establish procedures for:

a. Establishing uniform accountability and standardized processes and procedures for comprehensive risk assessment and prompt treatment of postpartum hemorrhage (PPH) to prevent maternal complications.

b. Supporting high reliability organization principles by standardizing processes and procedures to optimize readiness and quality of care in all DHA MTFs providing OB services to improve medical readiness and reduce non-beneficial clinical variation.

4. CANCELLED DOCUMENTS. This DHA-AI cancels the following document, DHA-Procedural Instruction 6025.35, "Guidance for the Implementation of the Postpartum Hemorrhage Bundle," January 22, 2021.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director, Medical Affairs (DAD-MA). When components and activities are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA, or their designee.

8. RELEASABILITY. **Cleared for public release**. This DHA AI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx.

9. EFFECTIVE DATE. This DHA-AI

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

CROSLAND.TELITA.1017383040 Digitally signed by CROSLAND.TELITA.1017383040 Date: 2024.05.17 14:47:18 -04'00'

TELITA CROSLAND
LTG, USA
Director

Enclosures
1. References
2. Responsibilities
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Glossary

ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD (HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended
(c) DHA-Procedural Instruction 5025.01, "Publication System," April 1, 2022
(d) American College of Obstetricians and Gynecologists, "Obstetric Hemorrhage"[1]
(e) DHA-Administrative Instruction, 6025.20, "Code Purple (aka Perinatal Emergency) for Obstetric and Neonatal Emergencies," May 8, 2023
(f) The Joint Commission, "R3 Report: Provision of Care, Treatment, and Services Standards for Maternal Safety," Issue 24, August 21, 2019[2]
(g) American College of Obstetrics and Gynecologists, "Obstetric Team Debriefing Form"[3]
(h) DHA-Procedural Instruction 6025.16, "Processes and Procedures for Implementation of Standardized Perinatal Training," September 2, 2021, as amended
(i) DHA-Procedural Instruction 6025.17, "Healthcare Resolutions, Disclosure, Clinical Conflict Management and Healthcare Provider (HCP) Resiliency and Support in the Military Health System (MHS)," June 18, 2019
(j) DHA-Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System," Volumes 1-7 and implementation guidance, August 29, 2019
(k) DoD Instruction 6025.13, "Medical Quality Assurance and Clinical Quality Management in the Military Health System," July 26, 2023

[1] Available from: https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/safe-motherhood-initiative/obstetric-hemorrhage
[2] Available from: https://www.jointcommission.org/standards/r3-report/r3-report-issue-24-pc-standards-for-maternal-safety/
[3] Available from: https://www.acog.org/-/media/project/acog/acogorg/files/forms/districts/smi-ob-hemorrhage-bundle-debriefing-form.pdf

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA must support and provide leadership guidance for the implementation of this DHA-AI by identifying standard clinical, business, and administrative process changes or requirements, and assign resolution to the appropriate directorate within DHA.

2. DAD-MA. The DAD-MA must:

a. Coordinate alignment of sufficient resources and expertise to support implementation of this DHA-AI.

b. Oversee collaboration of the DHA Women's Health Clinical Management Team (WHCMT), DHA Women and Infant Clinical Community (WICC), DHA Clinical Support Division, and DHA Clinical Quality Management Branch activities to identify, monitor and track this DHA-AI.

3. DAD-Health Care Operations. The DAD-Health Care Operations must:

a. Coordinate clinical business operations to support implementation of this DHA-AI.

b. Ensure Directors, Defense Health Networks (DHNs) and MTFs can access and understand the standardized processes outlined in this DHA-AI.

4. DIRECTOR, STRATEGY, PLANNING, AND FUNCTIONAL INTEGRATION (J-5). Director, J-5 must:

a. Generate reports on outcomes in all MTFs providing OB services and provide those reports to DAD-MA in accordance with Enclosure 3, Section 5.

b. Implement updates to reporting templates and/or reporting frequencies as recommended and provided by the WHCMT, WICC. Any subsequent changes made to reporting requirements (e.g., changes related to data availability or data completeness) must be coordinated in collaboration with the WICC, WHCMT, Directors, DHNs.

5. DIRECTOR, EDUCATION AND TRAINING. Director, Education and Training, at headquarters, will support development and dissemination of training as outlined in Enclosure 3.

a. Patient education will be made available through the Virtual Education Center or other platform to facilitate dissemination to patients and their designated support systems.

b. Staff education about PPH and response procedures will be made available through DHA-approved learning management systems.

6. CHIEF, WHCMT. The Chief, WHCMT at headquarters must collaborate with the Directors, DHNs and Chair, WICC, to ensure the Directors, DHNs and MTFs implement, monitor, and adhere to requirements specified in this DHA-AI, with focus on clinical business process requirements.

7. CHAIR, WICC. The Chair, WICC, at headquarters must collaborate with Directors, DHNs and Chief, WHCMT, to ensure the Directors, DHNs and MTFs implement, monitor, and adhere to requirements specified in this DHA-AI, with focus on clinical process requirements.

8. DIRECTORS, DHNs. Directors, DHNs must:

a. Ensure MTFs under their authority, direction and control develop guidance and procedures that conform to this DHA-AI and are tailored to meet the capabilities of their facility.

b. Ensure all MTF Directors, administrative staff, and healthcare personnel are aware of and follow the guidance and procedures in this DHA-AI. Policies and procedures for clinical practice will be standardized at the MTF, as practicable.

c. Sponsor provider education regarding this DHA-AI based on the individual MTF capabilities.

9. DIRECTORS, MTF. The Directors, MTF must:

a. Ensure an MTF-level standard operating procedure (SOP) is developed that specifies assigned roles, responsibilities, and communication channels for the following disciplines based on their clinical roles in caring for inpatient pregnant and postpartum persons and/or response to Code Purple (Reference (e)). These disciplines include the following; however, MTF directors retain discretion to include other staff as they deem relevant based on their staffing:

(1) Obstetrician-Gynecologist/Gynecologic Surgery and Obstetrics, Family Medicine Physician, Certified Nurse Midwife, or other Licensed Independent Provider(s);

(2) Anesthesia physician, Certified Registered Nurse Anesthetist, or Licensed Independent Provider(s) responding to Code Purple;

(3) Nurses (including labor and delivery, operating room, antepartum and postpartum nursing) responding to Code Purple;

(4) Operating Room Technician(s) responding to Code Purple;

(5) Respiratory Technician(s) responding to Code Purple;

(6) Additional Providers and Advanced Trained Staff (e.g., Emergency Room Provider(s)) responding to Code Purple;

(7) Blood Bank Technician(s) and Blood Bank Staff responding to Code Purple; and

(8) Pharmacist(s) responding to Code Purple.

b. Ensure an MTF-level SOP is developed to standardize orange wrist bands for an intentionally retained foreign object, regardless of what color they may currently be using in accordance with Enclosure 3.

c. Ensure an MTF-level SOP is developed to standardize a stage-based checklist to identify and treat PPH. The staged-based checklist must meet the minimum criteria as outlined in Enclosure 3 and include consideration for Code Purple activation, as appropriate, based on patient condition and the MTF's SOP.

# ENCLOSURE 3

# PROCEDURES

DISCLAIMER. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the DHA or Department of Defense.

1. OVERVIEW. This DHA-AI uses the National Partnership for Maternal Safety and the Council on Patient Safety in Women's Healthcare Alliance for Innovation on Maternal Health PPH as a framework. This bundle was developed to further standardize the approach and management of PPH in the DHA. PPH management started with the Navy adaptation and implementation of the Alliance for Innovation on Maternal Health PPH bundle in 2017-2018. Using the Navy product as a pilot, the WICC developed a clinical process improvement platform to refine recommendations to target improved maternal outcomes across the DHA. The goal of this instruction is to eliminate non-beneficial clinical variation in PPH management, increase responsiveness, and improve patient outcomes. This DHA-AI is not a statement of the standard of care and should not be interpreted as such. The care of patients is dependent on individual circumstances, and no policy or procedure can detail or describe each circumstance. This guidance is only meant to be a guideline and must never be a substitute for the exercise of sound medical judgment.

2. SYSTEM LEVEL READINESS. All DHA MTFs that provide OB services must adopt standardized processes and procedures to optimize readiness and quality of care in OB services. Standardized protocols and MTF instructions must be developed to support OB emergencies with the need for prompt transfusion of blood products when required. Standardization ensures consistency and familiarity despite frequent changes to personnel assignments. Electronic-health record content must be updated to enable standard documentation of PPH risk assessment, history and physical information, pertinent order sets, blood loss, and patient teaching both during hospitalization and after discharge.

a. Code Purple. A Code Purple should be activated as needed for concern of OB or neonatal emergency in accordance with Reference (e).

b. OB Emergency Cart.

(1) A standardized, dedicated, and secured OB emergency cart must be located at or immediately available in locations where OB emergencies may occur. The OB emergency cart must include emergency supplies and medications, as well as copies of written procedures and checklists for PPH response. Each MTF will use the standardized listing below and adjust levels of OB emergency cart supplies based on clinical need at the MTF.

(2) Each DHA MTF providing OB services must have a six-drawer lavender/purple cart.

(3) OB emergency carts must be inventoried on a routine basis and replenished after each use to ensure sterility, stock, and expiration dates of all items.

(4) The OB emergency cart must contain items to respond to OB emergencies, and each cart will have, at a minimum, the following contents:

(a) On top of the cart, there must be a binder that contains checklists for PPH, massive transfusion protocol (MTP), eclampsia, hypertensive crisis, and appropriate Code Purple documentation in accordance with MTF policy.

(b) Drawer 1 must contain medications for the management of OB emergencies, including but not limited to PPH, hypertension, seizures, and eclampsia. Pharmacy has the responsibility for managing medications in the cart. The medication drawer must also contain a medication card including dose, route, and contraindications.

(c) Drawer 2 must contain intravenous (IV) catheter, blood draw and medication administration supplies.

(d) Drawer 3 must contain IV and blood tubing, IV fluids, and pressure bags.

(e) Drawer 4 must contain device for hemorrhage control (intrauterine tamponade balloon (e.g., Bakri, ebb®) or vacuum-induced device (e.g., JADA®), Foley catheter, and vaginal packing supplies. Vaginal packing supplies must include radiopaque vaginal packing gauze and an orange band that will be placed on the patient's wrist to alert patient and staff of an intentionally retained foreign object. All MTF Directors must ensure their staffs develop an SOP to standardize orange wrist bands for an intentionally retained foreign object, regardless of what color they may currently be using.

(f) Drawer 5 must contain sutures and sterile instruments for curettage (3 centimeter-wide banjo curette) and laceration repair.

(g) Drawer 6 must contain sterile gloves, OR hats and masks, and hemostatic agents.

c. MTP.

(1) Every MTF providing OB services must have an MTP in place to obtain blood products quickly for OB patients. Emergency release blood must also be available for neonates.

(2) Every MTF providing OB services must have a minimum par level of two to six units of O-negative blood to support initial massive transfusion requirements or have the capacity to obtain additional blood products to meet patient needs in an emergency.

(3) MTPs must include:

(a) Procedures for the immediate issuance of two or more O-negative or type-specific packed red blood cells for mothers. This blood could be used for mother or aliquoted for neonates.

(b) Requirements for the immediate blood product issuance to arrive at the bedside within 10-15 minutes of MTP initiation.

(c) Requirements for subsequent blood products to arrive at the bedside within 60 minutes of the MTP activation in the event blood products are not readily available (e.g., frozen), the MTF MTP must address the need for intrapartum thawing for patients with high hemorrhage risk. If additional blood products are required from an external source, an established plan for obtaining blood products in a timely fashion must be part of the MTP SOP.

d. Education and Training.

(1) Patient Education

(a) Education about PPH must be provided to patients and their designated support system.

(b) Education must include signs and symptoms of PPH that alert patients to seek immediate care, both during hospitalization and after discharge.

(2) Staff Education

(a) Education about PPH and response procedures must be done at orientation and every two years, as outlined in Reference (h).

(b) Education must be provided for any changes to response procedures.

(3) Simulation and Drills

(a) PPH simulation drills will be held at least twice annually, to include progression to a stage three activation of MTP and Code Purple, as outlined in Reference (e).

(b) Multidisciplinary PPH drills, with role-appropriate activities within the simulation, will be conducted on site (e.g., in the actual patient care setting such as labor and delivery, emergency room, or intensive care unit (ICU)). Participation from each group of providers, nurses, and non-licensed personnel in collaboration with blood bank and ancillary/support staff is required.

(c) A team debrief must be held after each drill. These drills assist in collaborative team spirit and serve to identify and correct issues related to the physical environment and the response system.

(d) How to communicate with patients and families/support system must be incorporated into simulation exercises; simulation debriefs must include an assessment and guidance on how to communicate with patients during a PPH.

3. SYSTEM LEVEL RECOGNITION.

a. Risk Assessment

(1) Upon admission, a patient's PPH risk factors must be reviewed, identified, and documented in the history and physical by the admitting health care provider. The overall risk assessment must be documented in the provider note as low, moderate, or high, and can be found in the electronic health record in the Interactive View Intake & Output under the Labor, Delivery, and Recovery/Postpartum bands. Corresponding lab work, blood products, and treatment plan must be ordered consistent with risk status.

(2) A patient's risk of PPH may increase during the intrapartum and postpartum course. Therefore, the risk factors must be reassessed and communicated at all transitions of care, regardless of risk status. Risk factors must be formally documented in the electronic health record at least three times (admission, delivery, and postpartum, unless there is a precipitous delivery), and at any time the patient's risk of PPH changes. Corresponding lab work, blood products, and treatment plans must be ordered consistent with risk status.

(3) The provider postpartum note in the electronic health record must include documentation of the overall risk assessment as low, moderate, or high with orders consistent with the risk status. Any change in risk factors from the last assessment must be clearly outlined in this note.

b. Blood loss and the method for blood loss calculation (i.e., Estimated Blood Loss, Measured Blood Loss, and/or Quantitative Blood Loss) must be documented in the electronic health record.

c. Active Management of the Third Stage of Labor (AMTSL). AMTSL has been shown to reduce the incidence of PPH and must be implemented for all patients unless specifically declined by the patient. Documentation should be provided if patient declines interventions.

(1) AMTSL includes:

(a) clamping and cutting the umbilical cord after a delay of 30-60 seconds;

(b) controlled cord traction to facilitate placental separation and delivery;

(c) uterine massage; and

(d) administration of oxytocin.

1. Standardized concentration of 30 units oxytocin in 500 milliliters (mL) of normal saline or lactated ringers, prepared by pharmacy, must be infused postpartum.

2. Oxytocin must be given only via infusion pump unless IV access is not available or has been declined by the patient; in those cases, oxytocin can be given via intramuscular injection (per 4., below).

3. Postpartum oxytocin infusion must be administered for a minimum of 4 hours. The infusion dose must not exceed 60 units oxytocin over 4 hours. The infusion rate and utilization of boluses in these guidelines must be determined by patient response and clinical context.

4. If no IV access is available, an alternative administration of 10 units oxytocin can be provided via intramuscular injection in a single dose.

(2) Each MTF must develop a unit-specific SOP that standardizes administration of oxytocin using the above guidelines following birth.

4. SYSTEM LEVEL RESPONSE.

a. Hemorrhage Protocol Checklist (i.e., Stage-Based Checklist)

(1) A stage-based checklist to identify and treat PPH will be developed and made available at all MTFs and will meet the minimum criteria set forth below. The stage-based checklist must include consideration for Code Purple activation, as appropriate, based on patient condition and the MTF's SOP.

(2) To ensure the best possible outcomes, all components of the stage-based checklist must be communicated to prevent omission of critical actions. The stage-based checklist is intended to be used as a supportive tool to augment clinical experience and training. The intent is for all members of the team to identify and communicate the various stages of PPH and confirm that the appropriate management and treatment is executed based on evidence-based guidelines.

(3) The stage-based checklist must be used during management of PPH.

(a) **Stage 1** response must be utilized when blood loss exceeds 500 mL in a vaginal delivery, or exceeds 1,000 mL in a Cesarean delivery, with continued bleeding and normal vital signs. Initial steps will minimally include:

1. Obtaining the OB emergency cart and team use of the PPH checklist.

2. Determination and communication of the etiology of PPH (i.e., uterine atony, retained tissue, laceration, uterine inversion, placenta accreta, coagulopathy).

3. Treatment of the cause of bleeding.

4. Assurance of functioning 16g or 18g IV access.

(b) **Stage 2** hemorrhage response must be utilized when there is continued bleeding with total blood loss under 1,500 mL with normal vital signs and lab values or utilization of two or more uterotonics. If maternal tachycardia, hypotension, mental status changes or disseminated intravascular coagulation is suspected, move to Stage 3 regardless of volume of blood loss. Initial steps for Stage 2 will minimally include:

1. Completion of Stage 1 checklist items and use of Stage 2 checklist.

2. Mobilization of additional team members and/or Code Purple activation.

3. Consideration of additional/escalating medications and advanced interventions (i.e., uterine tamponade balloon), as determined by clinical presentation.

4. Consideration for activation of the MTP as needed.

5. Reassessment/confirmation of etiology (i.e., evaluation for laceration, hematoma, retained placenta, intraoperative assessment of broad ligaments and posterior uterus).

(c) **Stage 3** hemorrhage response must be utilized when blood loss meets or exceeds 1,500 mL with continued bleeding, **or** with maternal tachycardia and/or hypotension, mental status changes or when disseminated intravascular coagulopathy is suspected. Initial steps must minimally include:

1. Completion of Stage 1 and 2 checklist items and use of Stage 3 checklist.

2. Mobilization of additional team members and/or Code Purple activation if not already activated.

3. Activation of the MTP.

4. Consideration for definitive surgery.

5. Consideration of alternative etiologies.

6. Consultation with additional experts and consideration of transfer to higher level of care.

(d) **Stage 4** hemorrhage response can be determined by the MTF but must be used in such cases as when a new pathway of code blue **or** cardiovascular collapse occurs.

b. Communication. Communication with patients and their families/support system during and after a PPH event is important. Assistance can be provided from Healthcare Resolutions specialists in accordance with Reference (i).

c. Debriefing

(1) A debrief will be conducted with the multidisciplinary team as soon after the PPH event as possible to share information regarding what went well and what processes (both human factors and systems issues) need improvement. MTF staffs have the discretion to use any debrief format appropriate for their facility; suggestions include either the Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS®) or the American College of Obstetrics and Gynecologists Obstetric Team Debriefing Form (Reference (g)).

(2) Patient safety events must be reported in accordance with Volume 2 of Reference (j) and Reference (k). A patient safety event includes, but is not limited to:

(a) Code Purple activation.

(b) emergent administration of blood products.

(c) unanticipated transfer to the ICU.

(d) unanticipated hysterectomy.

(e) MTP activation.

(3) Topics to discuss during the debrief may include, but are not limited to, communication, role clarity, teamwork, situational awareness, decision making, availability of supplies, medications, blood products, delays in transport, and/or support from consulting services.

(4) All MTF Directors must identify personnel with expertise in unanticipated events and stress. These resources include chaplains, social workers, peer support programs and mental health providers. The debrief should include discussion on what support services must be contacted for staff, patients, and families, as needed in accordance with References (i), (j), and (k).

5. SYSTEM LEVEL REPORTING.

a. Structure, process, and outcome measures are important to plan improvements, track and monitor progress and identify further opportunities for system improvement. Structure, process, and outcome must be monitored and/or reported to the Directors, DHNs level, and must include measures consistent with DHA priorities. The DHNs must review MTF data quarterly (January, April, July, and October) on bundle compliance, which is to be reported by the MTF. DHN submission to DHA will occur on a semi-annual basis, when requested by DHA.

b. MTFs are responsible for evaluating their individual performance, patient outcomes and process improvement plans, as determined by their rates of performance. Performance is determined as follows:

(1) Bundle implementation: To be measured internally by MTF. Compliance is defined as the MTF having all eight structure and process components in practice at the MTF (yes or no) and will be reported quarterly. These include the following:

(a) Implementation of PPH Cart: MTF has at least one six-drawer lavender/purple cart, with all six drawers stocked and implemented as prescribed in paragraph 2.b. of this Enclosure.

(b) Blood loss: MTF healthcare personnel are documenting measured blood loss, estimated blood loss, and/or quantitative blood loss in the electronic health record during all deliveries, vaginal and cesarean, as prescribed in paragraph 3.b. of this Enclosure.

(c) PPH Risk Assessment: MTF healthcare personnel are evaluating and documenting a patient's risk of PPH in the electronic health record through the antepartum, intrapartum, and postpartum periods as prescribed in paragraph 3.a. of this Enclosure.

(d) Postpartum Oxytocin Infusion: MTF has developed and implemented a unit-specific SOP and is administering oxytocin in the postpartum period as prescribed in paragraph 3.c.(1)(d) of this enclosure.

(e) Hemorrhage Protocol Checklist (Stage-Based Checklist): MTF healthcare personnel have implemented a stage-based checklist to identify and treat PPH as prescribed in paragraph 4.a. of this Enclosure.

(f) MTP: MTF healthcare personnel have implemented an MTP as prescribed in paragraph 2.c. of this Enclosure.

(g) Hemorrhage Simulation and Drills: MTF healthcare personnel have completed PPH simulation and multidisciplinary PPH drills as prescribed in paragraph 2.d.(3) of this Enclosure.

(h) Education: MTF healthcare personnel have conducted and documented patient teaching about the signs and symptoms of PPH and implemented plans for initial and ongoing staff education as prescribed in paragraph 2.d.(1) and paragraph 2.d.(2) of this Enclosure.

(2) PPH Outcomes. All PPH outcome measures will be provided centrally by DHA J-5 and reported quarterly. Targets must be set annually by WICC-WHCMT. PPH outcome measures may include, but are not limited to, the following measures listed below, and are subject to change based on data availability and applicability.

(a) PPH rate: Total number of PPH events per 1,000 deliveries.

(b) ICU admissions: Total number of maternal ICU admissions postpartum among all deliveries with a diagnosis of PPH.

(c) PPH and blood transfusion rate: Total number of PPH with red blood cell transfusion events among all deliveries with a diagnosis of PPH.

(d) PPH and hysterectomy rate: Total number of PPH with hysterectomy events among all deliveries with a diagnosis of PPH.

(e) Average blood loss: Average blood loss among all deliveries, and average blood loss among all deliveries with a diagnosis of PPH.

(f) Other PPH outcomes as to be determined by WICC-WHCMT, based on data availability and applicability.

c. If an MTF is a negative outlier (two standard deviations above or below the mean in a negative direction, as identified by DHA J-5) for two or more consecutive quarters on any measure defined above, MTF Directors must ensure the MTF:

(1) Conducts a review of clinical care for each patient event tied to that measure.

(2) Provides a summary assessment to their respective DHN lead within 30 calendar days of the release of the data, which must identify all process improvement strategies implemented to ensure the MTF is within benchmarks for sequential quarters.

(3) Conducts a peer review in accordance with References (i), Volume 1 of Reference (j), and (k).

d. The MTF Director must ensure the MTF complies with References (i), Volume 1 of Reference (j), and (k) with respect to the activities outlined in this DHA-AI.

(1) In accordance with Volume 2 of Reference (j) and Reference (k), any patient safety event resulting in death, permanent harm, or severe temporary harm, including but not limited to the Joint Commission's sentinel event or the National Quality Forum's serious reportable event definitions, is classified as a DoD Reportable Event and must be appropriately reported, require a Comprehensive Systematic Analysis, and require a follow-on Corrective Action Implementation Plan. Within the realm of OB care, examples include, but are not limited to, abnormal bleeding resulting in four or more units of blood products, admission to an ICU, unanticipated death of a full-term infant (37 weeks), hypoxic ischemic encephalopathy or other serious injury, and severe neonatal hyperbilirubinemia (bilirubin greater than 30 milligrams per deciliter).

(2) MTF healthcare staff must confer with their local clinical quality, patient safety, risk management, and healthcare resolutions staff if there is/are an adverse outcome(s) for additional guidance.

# GLOSSARY

## ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| AI | Administrative Instruction |
| AMTSL | Active Management of the Third Stage of Labor |
| DAD | Deputy Assistant Director |
| DHA | Defense Health Agency |
| DHN | Defense Health Network |
| ICU | Intensive Care Unit |
| IV | Intravenous |
| J-5 | Director, Strategy, Planning, and Functional Integration |
| MA | Medical Affairs |
| mL | Milliliter |
| MTF | military medical treatment facility |
| MTP | Massive Transfusion Protocol |
| OB | Obstetrical |
| PPH | Postpartum Hemorrhage |
| SOP | Standard Operating Procedure |
| WHCMT | Women's Health Clinical Management Team |
| WICC | Women and Infant Clinical Community |