



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.20

May 8, 2023

DAD-MA

SUBJECT: Code Purple for Obstetric and Neonatal Emergencies

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 (e), establishes the Defense Health Agency's (DHA) procedures to standardize the emergency code, Code Purple, for obstetric (OB) and neonatal emergencies. These emergencies could be maternal, neonatal or include both birth parent and neonate. Code Purple should be implemented as a response separate and apart from any other emergency codes, in all Military Medical Treatment Facilities (MTF) with inpatient obstetrics throughout the DHA.

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. For DHA publications, the terms "market" or "direct reporting market" includes the Hawaii Market unless otherwise noted in the publication. This applies to all published DHA publications, thereby ratifying any actions taken by the Hawaii Market after establishment. This DHA AI does not apply to MTFs without inpatient obstetrics.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (e), to standardize the emergency code, Code Purple, for OB and neonatal emergencies throughout the DHA. Rapid coordinated response to OB and neonatal emergencies can decrease morbidity and mortality of all birth parents, Active-Duty Service Members, and beneficiaries.

4. CANCELED DOCUMENT. This DHA-AI cancels the following document, DHA-Procedural Instruction 6025.30, "Guidance for Service Implementation of Code Purple for Obstetric Emergencies," December 9, 2019.

5. RESPONSIBILITIES. Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (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 cancelled before this date in accordance with Reference (c).

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Enclosures

1. References
2. Responsibilities
3. Procedures

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) DHA-Procedural Instruction 6025.16, “Processes and Procedures for Implementation of Standardized Perinatal Training,” September 2, 2021, as amended

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:
 - a. Assign responsibility for establishing processes to implement and monitor compliance with all requirements set forth in this DHA-AI to the DAD-MA.
 - b. Ensure DHA-AI implementation and compliance with this issuance.
 - c. Ensure the necessary resources are provided to implement all requirements set forth in this DHA-AI.

2. DAD-MA. The DAD-MA will:
 - a. Oversee implementation and compliance to standardize the emergency code, Code Purple, for OB and neonatal emergencies, separate and apart from any other emergency codes, as specified in this DHA-AI.
 - b. Monitor compliance with the guidance outlined in this DHA-AI through the DHA headquarters Women's Health Clinical Management Team (WHCMT).
 - c. Develop a process to update this DHA-AI as evidence, technology, and clinical knowledge evolve, or as recommended by the WHCMT, WICC, and/or Clinical Community Advisory Board.
 - d. Ensure the Directors, Direct Reporting Organizations (DRO) and their aligned MTFs with inpatient obstetrics under their authority, direction, and control, are assigned responsibilities to monitor activation of the Code Purple response teams in the event of an OB and/or neonatal emergency.
 - e. Support the Directors, DROs by identifying standard clinical, business, and administrative process changes or requirements, including any conflicts with current emergency code colors, and assigning resolution to the appropriate directorate within DHA headquarters. If conflicts are not able to be resolved at the directorate level, the issue will be escalated to the Director, DHA.

3. DIRECTOR, STRATEGY, PLANS, AND ANALYTICS (J-5). The Director, J-5 will:
 - a. Develop and support standardized reporting tools that captures Code Purple metrics at the MTF level, as defined by the Chief, WHCMT and WICC Chair. Reporting should include the Measures of Success outlined in Enclosure 3 at every DRO.

b. Consult and collaborate on adjustments, as needed, for improving reporting processes and/or frequencies as recommended by WHCMT, WICC, and/or Clinical Community Advisory Council.

4. CHIEF, WHCMT. The Chief, WHCMT will collaborate with the MTF Directors, DROs, and Chair, WICC, to implement, monitor, and adhere to requirements specified in this DHA-AI, with focus on clinical business process requirements and reported outcomes.

5. CHAIR, WICC. The Chair, WICC will advise WHCMT on strategy for supporting compliance monitoring as specified in this DHA-AI, with focus on clinical process and outcome requirements.

6. DIRECTORS, DROs. The Directors, DROs will:

a. Ensure aligned MTFs with inpatient obstetrics under their authority, direction, and control develop guidance and procedures that follow this DHA-AI and that any modifications necessary due to capabilities of their facility(ies) are made with these procedures in mind.

b. Ensure all directors, administrative staff, and applicable healthcare personnel for MTFs with inpatient obstetrics are aware of and follow the guidance in this DHA-AI.

c. Report to DAD-MA, via the WHCMT, on compliance with the frequency and utilization of Code Purple, as outlined in Enclosure 3, paragraph 7.

d. Ensure dissemination of this DHA-AI to all MTF Directors.

7. DIRECTORS, MTF. The Directors, MTF will:

a. Implement an MTF-level standard operating procedure (SOP) for this DHA-AI to disseminate to all providers and healthcare personnel at MTFs with inpatient obstetrics, using the guidance outlined in Enclosure 3. The SOP will include, at a minimum, requirements to assign roles, responsibilities, and communication channels for successful Code Purple implementation and response.

b. Collaborate with the Directors, DROs (as applicable) to develop education and assign healthcare personnel to execute this DHA-AI based upon MTF capabilities.

c. Monitor compliance, perform continuous process improvement, and/or recommend additional clinical business process requirements based on clinical practices at applicable MTFs, and implement actions to ensure Code Purple activation.

d. Disseminate updates and ensure compliance to new standards, guidelines, or requirements in a timely manner as they become available to the applicable MTFs.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. A Code Purple can be called 24 hours a day, 7 days a week, to activate an emergency response for additional personnel to support a potential OB and/or neonatal emergency in MTFs with inpatient obstetrics. Obstetric and neonatal emergencies are health problems that are life-threatening for birth parent and/or their neonates. Obstetric emergencies may arise at any time during pregnancy, labor, birth, and postpartum. Neonatal emergencies may arise during birth and the newborn period. A team of providers and caregivers are summoned to the bedside to immediately assess and treat the patient with the goal of preventing maternal and neonatal morbidity and mortality. Code Purple is valid in multiple care settings within MTFs with inpatient obstetrics. Most often, Code Purple will be used in Labor and Delivery units; labor/delivery/recovery units; OB units, recovery units with birth parents and neonates, postpartum or mother baby units and emergency departments.

a. A Code Purple activation should result in a targeted response for OB and/or neonatal emergencies (e.g., Maternal events- OB hemorrhage, emergency Cesarean delivery, eclamptic seizure; Neonatal events- unresponsive, apnea, bradycardia, cyanosis) to receive additional personnel for assistance with and treatment of emergency medical conditions.

b. Neonatal resuscitation capability must be available in the event of a Code Purple activation for a maternal emergency to assume care of the neonate, or in the event of a neonatal emergency, to provide assessment/resuscitation of the neonate.

2. PLANNING. The ability to anticipate and detect impending compromise and medical conditions when they occur, initiate prompt response, and implement effective action is imperative to the continuum of safe care. Standardized perinatal training in accordance with Reference (d) supports the health care personnel's' knowledge to act upon both OB and/or neonatal emergencies. If an OB and/or neonatal crisis occurs in a facility without inpatient obstetrics resources, established internal resources for stabilizing a patient (maternal or neonate) must be initiated (e.g., Code Blue).

3. PROCEDURE. In the case of an OB and/or neonatal emergency, any staff member assessing the clinical situation/deterioration of a birth parent or neonate can initiate the Code Purple protocol 24 hours a day, 7 days a week. There are clinical events that would indicate the concurrent use of Code Blue for a cardiopulmonary arrest and Code Purple for a maternal and/or neonatal patient.

4. ACTIVATION OF THE EMERGENCY RESPONSE CODE. Activation of the emergency response for Code Purple will be consistent with MTF processes and must ensure capacity to monitor activation, response, and termination of Code Purple:

a. All OB and neonatal emergencies must be announced as “Code Purple” over the MTF emergency response system, consistent with facility policy, but must include exact location (e.g., building number, ward, room number).

b. All core and auxiliary members must be included on the notification list (tailored to the facility capabilities). The following core responder roles are recommended to respond to Code Purple events. Smaller facilities with limited staffing may need to consider some team members serving in multiple roles while activation of additional support is in progress.

(1) Designated team leader is in charge of the response, directs care, requests additional support, and makes clinical decisions. One of the following must function as the designated team leader:

(a) OB Provider: OB/Gynecologist, Family Medicine/Practice Physician, Women’s Health or Family Medicine Nurse Practitioner or Certified Nurse Midwife. If the team consists of a Family Medicine/Practice Physician or Certified Nurse Midwife, there must be a provider with surgical capabilities readily available.

(b) Neonatal Provider (may be a Family Medicine/Practice Physician, Pediatrician, Neonatal Nurse Practitioner, or Neonatologist for neonatal events or Emergency Provider).

(c) Emergency Department Provider (in the absence of an OB/Gynecologist or Neonatal provider, responsibilities include responding to Code Purple as either obstetrical or neonatal provider while the OB or pediatric provider is enroute).

(d) In the event the licensed independent provider is not present, a registered nurse may act in the role of the designated team leader.

(2) Anesthesia Provider. May be an Anesthesiologist or a Certified Registered Nurse Anesthetist.

(3) Primary Nursing Caregiver for the birth parent

(4) Primary Nursing Caregiver for the neonate

(5) Additional team members will include:

(a) Certified personnel for Neonatal resuscitation (MTF will define)

(b) Operating Room Team activation if there is an anticipated need for surgical delivery or Operating Room capacities.

(c) Respiratory Therapist

(d) Additional trained staff

c. The following personnel are considered auxiliary responders vital to support the core responders for a Code Purple event. The following departments/roles may respond to every Code Purple or respond when requested, based upon MTF protocols.

- (1) Laboratory Technician-- Blood Bank
- (2) Radiology staff
- (3) Pharmacist or Representative
- (4) Senior Clinical or Nursing Supervisor
- (5) Additional unit trained staff

d. The following additional personnel may be required/requested based on the clinical situation and may include:

- (1) Security
- (2) Pastoral Care
- (3) Social Work or Behavioral Health
- (4) Patient representative/advocate/Health Care Resolution specialist
- (5) Additional staff as designated

e. The MTF's processes must also include processes for other areas of operation that affect the Code Purple response (e.g., elevator operation, patient transfer, security, leadership notification, appropriate location for family to gather during the process).

f. MTF processes are to be documented in the SOP, which must delineate reporting procedures and the necessary materials and equipment designated staff must bring to the Code Purple (e.g., OB Emergency cart, emergency delivery packs, gurneys, and neonatal resuscitation supplies).

5. CODE COMPLETE. Once the Code Purple has been resolved, the respective designated team leader must communicate to the team that the Code Purple event has ended, consistent with facility policy.

6. DEBRIEFS. The debrief must be conducted immediately, or as close to the event as possible, to include all participating personnel. The Code Purple designated team leader will facilitate a discussion which includes, but is not limited, to timeliness of personnel, rapid and efficient

response to the event, communication and collaboration of personnel during the Code Purple, clarity and responsibilities of the roles, barriers, Lessons Learned, and actions that were unsuccessful and successful. The debrief data must be collected, reported, and used as an opportunity for continuous process improvement, in accordance with the appropriate MTF committee. If opportunities for improvement or specific patient safety concerns arise, then a Patient Safety Report must be generated in the current version of Joint Patient Safety Report system.

7. MEASURES OF SUCCESS. Measures of success will be based on effective implementation of process and outcome measures that are important to inform and identify further process improvements. Data is to be collected and submitted by the MTF on a quarterly basis. Submissions are due no later than five days after the last day of each quarter, and the quarters close on the following dates: 30 September, 31 December, 31 March, and 30 June. DROs will review MTF data and report to DHA WHCMT on compliance. MTFs are responsible for evaluating their individual performance, patient outcomes, and process improvement methods, as determined by their rates of success. Success is determined as follows:

a. The MTF Director or their designee will provide the MTF report to the next higher authority at the DROs, as appropriate, in accordance with guidance provided by WHCMT, until functionality can be integrated within an electronic platform managed by DHA.

b. MTFs will use the following measures of success when developing denominators for their reports:

(1) Use a single point in time to account for all Code Purple activations for reporting purposes. For the reporting periods, account for all Code Purple activations within 30 days after the last day of each quarter (e.g., Q1 calendar year data is due by April 30).

(2) Activation: Total Code Purple activation counts (numerator) divided by the number of deliveries (denominator) for the previous quarter of the calendar year.

(3) Response: Document time from when Code Purple is activated (as defined by MTF policy) to the time additional clinical support arrives to advance care and treatment for the patient. A minimum measure of success is defined by compliance of the arrival of additional clinical support personnel within 10 minutes of activation, for 80 percent of Code Purple events.

(4) Resolve: Debriefs are to be conducted and documented after each Code Purple event. A minimum measure of success is defined by compliance with debriefs conducted and documented after 80 percent of Code Purple events.

c. In the event an MTF is a negative outlier, defined as measure of success tracked at less than 80 percent for either Response and/or Resolve, the MTF Director or their designee must address the negative outlier with the following strategies:

(1) Identify one or more process improvement actions to ensure 80 percent or higher

compliance for Response and/or resolve for future reports. Strategies may include but are not limited to review of Code Purple activation events to assess for manning limitations, competing clinical responsibilities, financial restriction or other issues impacting the ability to respond in a timely manner or complete debriefs.

(2) Provide a report on proposed actions for improvement to their respective Market Director or DRO within 30 days of the release of data. The report is due 60 calendar days after the last day of each quarter (e.g., Q1 calendar year report is due by May 31).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

| | |
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| DAD | Deputy Assistant Director |
| DHA | Defense Health Agency |
| DHA-AI | Defense Health Agency-Administrative Instruction |
| DRO | Direct Reporting Organization |
| J-5 | Strategy, Plans, and Analytics |
| MA | Medical Affairs |
| MTF | Military Medical Treatment Facility |
| OB | obstetric/obstetrical |
| SOP | standard operating procedure |
| WHCMT | Women's Health Clinical Management Team |
| WICC | Women and Infant Clinical Community |

PART II. DEFINITIONS

DHA Component. Under the authority, direction, and control of DHA. NOTE: Includes Direct Reporting Markets, Small Market and Stand-Alone Military Treatment Facility Organization, Defense Health Agency Regions, and MTFs/Dental Treatment Facilities/Veterinary Treatment Facilities.

DROs. Direct Reporting Markets, Small Market and Stand-Alone MTF Organization, Hawaii Market, and Defense Health Agency Regions reporting to the DHA.