



# Defense Health Agency

## ADMINISTRATIVE INSTRUCTION

NUMBER 107  
July 29, 2019

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AD, Combat Support

SUBJECT: Comprehensive Review of All Trauma-Related Deaths in the Deployed Setting

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 to conduct a comprehensive review of all trauma-related deaths in the deployed setting.
2. APPLICABILITY. This DHA-AI applies to all DHA personnel to include: assigned, attached, or detailed Active Duty and Reserve members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA, to include intermediate management organizations, markets, and military medical treatment facilities.
3. POLICY IMPLEMENTATION. It is DHA's policy, pursuant to Reference (d), all trauma-related deaths in deployed setting be reviewed as they relate to survivability, trauma, DHA performance improvement (PI) clinical practice guidelines, evolving injury patterns, and preventability. The DHA serves as the DoD's authoritative source for forensic pathology investigations, through the Armed Forces Medical Examiner System (AFMES) pursuant to References (e) and (f), and as the Reference body for all trauma care, through the Joint Trauma System (JTS), pursuant to Reference (g).
4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Not cleared for public release.** This DHA-AI is available to users with Common Access Card authorization on the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

7. 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).



R. C. BONO  
VADM, MC, USN  
Director

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
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Joint Requirements Oversight Council Memorandum 126-17, “Department of Defense Trauma Enterprise DOTmLPF-P Change Recommendation,” December 11, 2017
- (e) United States Code, Title 10, Subsection 1471, “Forensic Pathology Investigations,” October 5, 1999
- (f) DoD Instruction 5154.30, “Armed Forces Medical Examiner System (AFMES) Operations,” December 29, 2015, as amended
- (g) Public Law 114-328, Section 707 and Section 708, “National Defense Authorization Act for Fiscal Year 2017,” December 23, 2016
- (h) DoD Instruction 6055.07, “Mishap Notification, Investigation, Reporting and Record Keeping,” August 31, 2018
- (i) DoD Instruction 6040.47, “Joint Trauma System (JTS),” September 28, 2016, as amended
- (j) DoD Instruction 6040.45, “DoD Health Record Life Cycle Management,” November 16, 2015, as amended
- (k) DHA-Procedural Instruction 6040.03 “Joint Trauma Lexicon,” August 21, 2018

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the USD(P&R) through the ASD(HA), and in accordance with Reference (b), the Director, DHA, will:

a. Exercise oversight and provide direction for the comprehensive review of all trauma-related deaths in the deployed setting.

b. Oversee the implementation of this DHA-AI to oversee consistent application across the DHA.

c. Coordinate with the Secretaries of the Military Departments (MILDEPs) and Combatant Commanders (CCDRs) to provide circumstantial reporting of any incident in which there is a trauma-related death in a deployed setting in accordance with reference (h).

d. Coordinate with Secretaries of the MILDEPs and CCDRs to provide trauma-related medical and treatment records generated in deployed settings in accordance with Reference (j) to the Assistant Director (AD), Combat Support (CS).

e. Provide the Assistant Secretary of Defense for Health Affairs, Secretaries of the MILDEPs, Joint Staff, and CCDRs with the results from the review of trauma-related deaths from the deployed setting.

2. AD, CS. The AD, CS, will:

a. Assign responsibilities within the Directorate to execute the development and review of all trauma-related deaths in the deployed setting.

b. Inform the Services, CCDRs, and Joint Staff through the appropriate Health Readiness Governance councils about PI initiatives related to trauma-related deaths.

c. Coordinate as required, with the Joint Operational Medical Information System Program Management Office to request information technology assistance in support of PI initiatives associated with the review of trauma-related deaths.

3. CHIEF, AFMES. The Chief, AFMES may:

a. Conduct a forensic pathology investigation, including a complete autopsy, on all trauma-related deaths in a deployed setting accordance with References (e) and (f). The location of the Forensic Pathology Investigation will be determined at the discretion of the Chief, AFMES.

b. Provide trauma subject matter experts (SMEs), including an 0-5 or above senior board-certified forensic pathologist as AFMES-JTS liaison, to assist in the following determinations: killed in action (KIA), died of wounds (DOW), survivable injury, potentially survivable injury, non-survivable injury, preventable death, potentially preventable death, and non-preventable death of each trauma related death in a deployed setting in conjunction with the JTS and in accordance with Reference (g).

c. Provide administrative control and oversight of all assigned AFMES-JTS liaison positions.

d. Provide to the Director, DHA, in conjunction with the JTS, a monthly report on all trauma-related deaths in a deployed setting with emphasis on cause of death, mechanism of death, injury patterns, medical interventions, survivability of injuries, and preventability of death.

e. Support activities as related to the review of all trauma-related deaths in a deployed setting.

f. Coordinate with CCDRs and intelligence entities (e.g., National Ground Intelligence Center), as applicable to provide secure operational information.

4. CHIEF, JTS. The Chief, JTS will:

a. Perform a comprehensive review of all trauma care provided prior to death for all trauma-related deaths in a deployed setting in accordance with Reference (g).

b. Provide trauma SMEs with appropriate clearance (i.e., Secret, Top Secret) to assist in the determination of KIA, DOW, survivable injury, potentially survivable injury, non-survivable injury, preventable death, potentially preventable death, and non-preventable death of each trauma-related death in a deployed setting in conjunction with the AFMES and in accordance with Reference (i).

c. Provide the Director, DHA, in conjunction with the AFMES, a monthly report on all trauma-related deaths in a deployed setting with emphasis on cause of death, mechanism of death, injury patterns, medical interventions, survivability of injuries, and preventability of death, in accordance with Reference (g), and opportunities for improvement in casualty care.

d. Support activities as related to the review of all trauma-related deaths in a deployed setting.

ENCLOSURE 3

PROCEDURES

1. OBJECTIVE. This DHA-AI outlines responsibilities and provides uniform processes for the review of trauma-related deaths in a deployed setting.

2. REVIEW. All trauma-related deaths in a deployed setting will be reviewed by the AFMES and JTS using the following process:

a. All trauma-related deaths in a deployed setting will undergo a forensic pathology investigation by the AFMES, (every attempt will be made to conduct the forensic pathology investigation at Dover Air Force Base, Delaware), in accordance with References (e) and (f). This investigation may include a complete autopsy examination with photographs and radiography, specifically computed tomography.

b. Prior to autopsy examination, AFMES will receive all trauma care documentation from Combatant Commands, DHA, and the Services.

c. Following the forensic pathology investigation, a preliminary autopsy diagnoses will be generated that includes the injuries sustained, medical intervention observed, additional information on personal protective equipment identified during autopsy examination. The injuries will be coded using the most up to date and accepted anatomic based injury scoring system (such as the Abbreviated Injury Scale).

d. All forensic pathology investigation results will be consolidated on a weekly basis by the AFMES-JTS liaison.

e. On a scheduled monthly basis, the AFMES-JTS liaison will facilitate a review of each trauma-related death by at least one SME from AFMES and JTS with emphasis on survivability of injuries and preventability of death as defined in Reference (k), and opportunities for improvement of the trauma care provided.

f. Generate a report consolidating all trauma-related deaths in a deployed setting.

3. REPORTING. The Armed Forces Medical Examiner, in conjunction with the JTS, will generate monthly reports consolidating the results of all trauma-related death reviews in the deployed setting. These reports will be submitted to the Director, DHA and include:

a. Determination of cause of death and mechanism of death of each individual.

- b. Determination of KIA, DOW, survivable injury, potentially survivable injury, non-survivable injury, preventable death, potentially preventable death, and non-preventable death, in accordance with Reference (k).
- c. Determination of opportunities for improvement of the trauma care provided.
- d. Recommendations for changes to current clinical practice guidelines of trauma-related care.
- e. Determination of circumstances that may have limited prompt and/or optimal care.
- f. Determination of injury patterns by cause of death.
- g. Information related to personal, protective equipment when available.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Assistant Director
AFMES	Armed Forces Medical Examiner System
CCDR	Combatant Commander
CS	Combat Support
DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DOW	died of wounds
JTS	Joint Trauma System
KIA	killed in action
MILDEP	Military Department
PI	performance improvement
SME	subject matter expert

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this DHA-AI.

AFMES-JTS Liaison. A senior O-5 or above board certified forensic pathologist, appointed to by the Armed Forces Medical Examiner to represent the AFMES, responsible for coordinating preventable death reviews in support of this DHA-AI. The assigned medical examiner liaison will be assigned to AFMES with “duty at” JTS.

cause of death. The injury or disease causing a physiologic derangement that leads to death (e.g. gunshot wound, blast injuries, atherosclerotic cardiovascular disease, etc.).

deployed setting. All troop movement of Active Component and Reserve Component personnel resulting from a Joint Chief of Staff or unified command deployment to a location outside the United States.

DOW. A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who dies of wounds or other injuries received in action after reaching damage-control surgical capability and as determined by the Armed Forces Medical Examiner.

injury. 1). A term comprising such conditions as fractures, wounds, sprains, strains, dislocations, concussions, and compressions; 2). Conditions resulting from extremes of temperature or prolonged exposure; 3). Acute poisonings (except those due to contaminated food) resulting from exposure to a toxic or poisonous substance.

KIA. A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who is killed outright or who dies as a result of wounds or other injuries before reaching damage - control surgical capability and as determined by the Armed Forces Medical Examiner.

mechanism of death. The physiologic derangement that leads to death (e.g. hemorrhage, pneumothorax, arrhythmia, etc.). A mechanism of death can have different causes of death.

non-preventable death. A death that occurred from a survivable or potentially survivable injury when the tactical situation prevented prompt and/or optimal medical care.

non-survivable injury. An injury so severe the casualty would not have survived even if all required medical resources were available and appropriate medical care was optimally administered initially and throughout the continuum of care.

potentially preventable death. A death that occurred from a survivable or potentially survivable injury when the tactical situation limited prompt and/or optimal medical care.

potentially survivable injury. An injury that the casualty might have survived if all required medical resources were available and appropriate medical care was optimally administered initially and throughout the continuum of care.

preventable death. A death that occurred from a survivable injury when the tactical situation did not limit prompt or optimal medical care.

survivable injury. An injury that the casualty should have survived if all required medical resources were available and appropriate medical care was optimally administered initially and throughout the continuum of care.