NAVY HIGH RELIABILITY NEWSLETTER

JOINT PATIENT SAFETY REPORTING (JPSR) 2.0: MODERNIZING ENTERPRISE SAFETY ACROSS NAVY

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Navy Medicine continues to advance enterprise-wide patient safety capabilities through modernization of the Joint Patient Safety Reporting (JPSR) system. JPSR 2.0 introduces an enhanced reporting platform designed to improve visibility, standardization, and collaboration across Department of Defense (DoD) and Veterans Health Administration (VHA) healthcare environments.

Originally implemented in 2011 to capture patient safety reports across the Military Health System (MHS), JPSR provides a standardized electronic method for reporting safety events within operational platforms and Military Treatment Facilities (MTFs). The system allows commands at all levels to monitor trends, assess performance, and implement targeted process improvements.

New modules guide clinical teams through a standardized Comprehensive Systematic Analysis (CSA) or Root Cause Analysis (RCA) process for high Severity Assessment Code (SAC) events. These tools support regulatory compliance while enabling commands to implement and monitor corrective action plans and share lessons learned across the enterprise.

System improvements also include streamlined reporting forms, system-driven prompts for accurate facility selection, searchable contact directories, and quick-access links for overdue events. A single standardized reporting form reduces administrative burden while improving consistency across all JPSR community users.

Fleet adoption of JPSR 2.0 will be supported through training, stakeholder engagement, and performance monitoring initiatives to ensure full operational capability and sustained integration into command-level patient safety programs.

JPSR supports a culture of safety by enabling both anonymous and self-identified reporting of patient safety events. These reports provide insight into unsafe conditions, near misses, and no-harm events—allowing commands to proactively identify risk and intervene before harm occurs.

JPSR 2.0 expands these capabilities through a cloud-hosted platform built within AWS GovCloud, improving system security, reliability, and scalability across the Federal healthcare enterprise. A new Universal Event Report standardizes data collection across MHS and VHA facilities, supporting joint reporting at shared care delivery sites and within virtual health environments.

Additional enhancements include multi-facility event collaboration without loss of visibility, integration of the Human Factors Analysis and Classification System (HFACS), revised event classification and SAC scoring, and dedicated Virtual Health and Patient Movement reporting sections with built-in documentation algorithms.

Improved dashboards, reporting tools, and analytical capabilities enable safety managers to more efficiently monitor performance data at the command, regional, and enterprise levels. These enhancements support greater data consistency, reduce reporting duplication, and improve enterprise-wide visibility of patient safety trends.

Collectively, JPSR modernization strengthens reporting processes and enhances the ability of Navy Medicine personnel to identify risk, mitigate unsafe conditions, and support continuous improvement in patient safety across joint DoD/VA healthcare operations.

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WALKING BLOOD BANK

High Reliability in Operational Support

In contested maritime environments, logistics are never guaranteed. When casualty numbers exceed onboard supply or resupply timelines are uncertain, the Navy's Walking Blood Bank (WBB) Program provides a life-saving capability at the point of injury.

The WBB is not simply an emergency backup plan — it is deliberately governed, safety-focused, and operationally integrated system that ensures whole blood can be collected, screened, transfused, and tracked when conventional supply chains cannot meet immediate demand.

Regulatory oversight remains foundational. Each Navy Blood Donor Center operates under FDA requirements, including adverse event monitoring, mandatory lookbacks, consignee notification, and full traceability from donor to final disposition. Recipients of emergency whole blood undergo follow-up testing at 3-, 6-, and 12-month intervals.

Standardization is advancing under the Maritime Whole Blood CONOPS, aligning activation triggers, donor screening, documentation, and

governance across MEUs, EXMED units, CVNs, and hospital ships. The target date for standardization is November 2026. The target date for equipment standardization is May 2027.

Assumptions about donor pool size are routinely challenged. Eligibility factors such as medications, anemia, weight restrictions, and prior positive tests may significantly reduce availability. Routine screening and updated rosters remain critical safeguards.

Shipboard activation typically occurs in Dental spaces under direction of the Senior Medical Officer. Decisions are based on casualty volume, injury severity, and on-hand inventory. OCONUS MTFs may establish WBB capability; CONUS MTFs rely on FDA-approved blood supply.

Frequent MASCAL drills test surge capacity, equipment redundancy, and activation timelines. Frozen blood provides backup capability but requires significant processing time.

If operational demand exceeds WBB capacity, coordination with the Joint Blood Program Officer enables resupply support. Integration across Role II and Role III platforms ensures continuity of care throughout the expeditionary continuum.

Every activation requires an After-Action Report to the Navy Blood Program Office, ensuring lessons learned are institutionalized across the Fleet.

The WBB program embodies High Reliability Organization principles: preoccupation with failure, sensitivity to operations, deference to expertise, commitment to resilience, and reinforcement of a just culture.

Blood saves lives. Readiness sustains the mission. For more information, contact LCDR Fae Ramirez at fae.l.ramirez.mil@health.mil.

PHOTO: Hospital Corpsman Nathaniel Christoff, left, inserts a needle into Seaman Nayshla Castillo's arm during a pre-screening for the Walking Blood Bank, aboard America-class amphibious assault ship USS Tripoli (LHA 7), Jan 26, 2026. Tripoli is currently underway conducting routine operations in the U.S. 7th Fleet area of operations. U.S. 7th Fleet is the U.S. Navy's largest forward-deployed numbered fleet, and routinely interacts and operates with allies and partners in preserving a free and open Indo-Pacific region. (U.S. Navy photo by Mass Communication Specialist 1st Class Danian C Aiko-Douglas)

ENTERPRISE-WIDE PRIVILEGING: ENHANCING CLINICAL WORKFORCE MOBILITY IN SUPPORT OF FLEET MISSION READINESS

Mission Readiness Through Clinical Agility

The Military Health System Enterprise-Wide Privileging (MHS-EWP) initiative enhances Navy Medicine's ability to deliver safe, high-quality care across operational and fixed medical environments by enabling credentialed providers to transition seamlessly between platforms without redundant privileging actions. Effective 15 October 2025, clinical privileges granted within one Military Health System (MHS) entity are now portable across all MHS operational and garrison environments. This enterprise approach reduces administrative delays that historically slowed provider reassignment between shipboard medical departments, Expeditionary Medical Units, operational platforms, and shore-based Military Treatment Facilities (MTFs).

Operational Impact to Fleet Medicine

Enterprise-wide privileging strengthens mission execution by enabling rapid integration of clinical personnel during mission transitions, continuity of care across operational and garrison environments, assignment of providers aligned to highest level of training and competence, and reduced credentialing burden during contingency operations. Providers transferring between MHS entities now complete a standardized Scope of Work Attestation, allowing gaining commands to verify authorized scope of practice without requiring re-credentialing or local privileging board review. Enterprise privileges remain valid across the MHS for the duration of the provider's current appointment and may be renewed at the gaining command for an additional three-year period.

Governance and Clinical Oversight

While enterprise portability improves workforce agility, Privileging Authorities remain responsible for all care delivered within their Area of Responsibility (AOR), including care provided by clinicians operating under previously granted enterprise privileges or DHA Form 456 provider attestations.

High Reliability Organization (HRO) Alignment

HRO PRINCIPLE	*OPERATIONAL APPLICATION*
Sensitivity to Operations	Enables real-time reassignment of clinical personnel
Commitment to Resilience	Maintains workforce continuity during deployment cycle
Deference to Expertise	Reduces onboarding variability across commands
Preccupation with Failure	Reduces onboarding variability across commands
Reluctance to Simplify	Preserves enterprise oversight and governance

Navy Medicine Line of Effort

LINE OF EFFORT	*EWP CONTRIBUTION*
Medical Force Generation	Accelerated provider integration
Expeditionary Readiness	Reduced administrative delays
Operational Care Delivery	Continuity across care environments
Quality & Patient Safety	Enterprise privileging oversight
Human Performance Optimization	Competency-aligned assignment

Enterprise-Wide Privileging improves Navy Medicine's ability to rapidly deploy qualified clinical personnel across the continuum of care—ensuring medical capability remains synchronized with Fleet operational requirements.

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