



Obstetric Hemorrhage Initiative - OHI 2.0

The purpose of the Obstetric Hemorrhage Initiative (OHI 2.0) is to support Florida maternity hospitals and providers in improving maternal health through hospital-facilitated timely recognition and treatment of obstetric hemorrhage during labor, delivery and the postpartum period.

Hospitals will report:

- 1. Quarterly Aggregate Patient-Level Data:** Severe Maternal Morbidity (required), Obstetric Severe Complication cases (optional), cumulative QBL documentation, and OB hemorrhage risk assessment documentation
- 2. Quarterly Hospital-Level measures:** Policies, procedures, or guidelines to increase hospital's capacity to implement the initiative; staff education and training
- 3. Monthly Abstracted Patient-Level Data:** The first 10 cases of patients who deliver at your hospital who experience $\geq 1,000$ mL blood loss (stage 2 Obstetric Hemorrhage) **AND** the first 5 patients who deliver at your hospital with stage 3 ($\geq 1,500$ mL blood loss) or stage 4 (Cardiovascular Collapse) obstetric hemorrhage.

The measures listed in this document will be calculated and reported monthly to participating hospitals in a quality improvement data report so that facilities can track their progress. These measures are subject to change during the process of finalizing data collection and reporting tools.

#	OUTCOME MEASURES	Description	Reported	Source
O1	Severe Maternal Morbidity (excluding transfusion codes alone)	<p>Denominator: patients during their delivery admission.</p> <p>Numerator: among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone.</p> <p>Find SMM definition and ICD-10 codes here.</p>	Quarterly – Aggregate Patient data	Abstracted from medical chart
O2	Severe Maternal Morbidity among patients who experienced an Obstetric Hemorrhage (excluding transfusion codes alone)	<p>Denominator: patients during their delivery admission who experienced an obstetric hemorrhage (based on AIM ICD-10 code list – page 9).</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity (SMM), excluding those who experienced transfusion alone.</p> <p>Find SMM definition and ICD-10 codes here.</p>	Quarterly – Aggregate Patient data	Abstracted from medical chart
#	PROCESS MEASURES	Description	Reported	Source

P1	Obstetric hemorrhage risk assessment	<p>Aggregate Quarterly data:</p> <p>Denominator: patients during their delivery admission.</p> <p>Numerator: among the denominator, those who had documented hemorrhage risk assessments completed at least three times: at admission to L&D, pre-birth, and on admission to postpartum.</p> <p>Sample Monthly Patient Data:</p> <p>Denominator: qualifying patients in sample.</p> <p>Numerator: among the denominator, those who had documented hemorrhage risk assessments completed at three time points: admission to L&D, pre-birth, and admission to postpartum.</p> <p>In addition to this overall measure, we'll also track separate compliance rates for each individual time point.</p> <p>AWHONN Risk Assessment Tool may be used.</p>	<p>Quarterly – Aggregate Patient data</p> <p>Monthly – Patient sample: Disaggregated by race-ethnicity, insurance type, and language</p>	Abstracted from medical chart
P2	Cumulative and quantitative blood loss measurement	<p>Aggregate Quarterly data:</p> <p>Denominator: patients during their delivery admission.</p> <p>Numerator: among the denominator, those who had documented cumulative and quantitative blood loss measurement.</p> <p>Sample Monthly Patient Data:</p> <p>Denominator: qualifying patients in sample.</p> <p>Numerator: among the denominator, those who had a documented cumulative and quantitative blood loss measurement from birth through the immediate postpartum period (typically 2 hours post-birth*).</p> <p><i>*If bleeding is excessive or persists beyond this period, QBL tracking must continue until bleeding is controlled and the patient is clinically stable. If a patient is soaking more than one pad per hour postpartum, QBL tracking should be resumed, and the provider promptly notified.</i></p> <p><i>For significant blood loss prior to placental delivery (e.g., abruption or previa), teams should include that loss in the total QBL to support accurate clinical interpretation.</i></p>	<p>Quarterly – Aggregate Patient data</p> <p>Monthly – Patient sample</p> <p>Disaggregated by delivery type race-ethnicity, insurance type, and language</p>	Abstracted from medical chart

#	PROCESS MEASURES	Description	Reported	Source
P3	Oxytocin as first-line medication	Denominator: the # of qualifying patients in sample. Numerator: among the denominator, the # of patients that received oxytocin as their first medication.	Monthly – Patient sample	Abstracted from medical chart
P4	Received TXA less than 3 hours from obstetric hemorrhage onset	Denominator: the # of qualifying patients in sample who experienced a Stage 3 or Stage 4 obstetric hemorrhage. Numerator: among the denominator, the # of patients that received their first dose of TXA in less than 3 hours from the onset of the OB hemorrhage event.	Monthly – Patient sample	Abstracted from medical chart
P5	Use of any device intervention	Denominator: the # of qualifying patients in sample who experienced a Stage 3 or Stage 4 obstetric hemorrhage. Numerator: among the denominator, the # of patients who had any device intervention implemented.* <i>*Device interventions include an intrauterine balloon tamponade, intrauterine vacuum, or other.</i>	Monthly – Patient sample	Abstracted from medical chart
P6	Uterine artery ligation	Denominator: the # of qualifying patients in sample who experienced a Stage 3 or Stage 4 obstetric hemorrhage. Numerator: among the denominator, the # of patients who had a uterine artery ligation.	Monthly – Patient sample	Abstracted from medical chart
P7	Unplanned hysterectomy	Denominator: the # of qualifying patients in sample Numerator: among the denominator, the # of patients who had an unplanned hysterectomy.	Monthly – Patient sample	Abstracted from medical chart
P8	Other surgical intervention	Denominator: the # of qualifying patients in sample who experienced a Stage 3 or Stage 4 obstetric hemorrhage. Numerator: among the denominator, the # of patients who had a surgical intervention.* <i>*Not including a uterine artery ligation, planned hysterectomy, or unplanned hysterectomy.</i>	Monthly – Patient sample	Abstracted from medical chart

#	PROCESS MEASURES	Description	Reported	Source
P9	Massive transfusion protocol	Denominator: the # of qualifying patients in sample who experienced a Stage 3 or Stage 4 obstetric hemorrhage. Numerator: among the denominator, the # of patients who had Massive Transfusion Protocol (MTP) initiated.	Monthly – Patient sample	Abstracted from medical chart
P10	Blood products given	Denominator: the # of qualifying patients in sample who experienced a Stage 3 or Stage 4 obstetric hemorrhage. Numerator: among the denominator, the # of patients who had blood products given <u>during</u> an acute obstetric hemorrhage.	Monthly – Patient sample	Abstracted from medical chart
P11	Physician and nurse debrief	Denominator: the # of qualifying patients in sample. Numerator: among the denominator, the # of cases where the physician and nurse conducted a debrief after the severe event. See AWHONN debrief form here . (sample-may use a different format)	Monthly – Patient sample	Abstracted from medical chart
P12	Interdisciplinary review of SMM cases	Denominator: the # of patients who experienced a Severe Maternal Morbidity (SMM) event. Numerator: the # of SMM cases for which a referral was made for interdisciplinary case review. Note: Referrals are typically made to the hospital’s Quality Assurance (QA) or Patient Safety Committee, Maternal Mortality or Morbidity Review Committee, or a designated interdisciplinary Review Team responsible for case evaluations and system-level learning.	Monthly – Patient sample	Abstracted from medical chart
P13	Patient education <i>*Measure combines P14 and P15 below</i>	Denominator: the # of qualifying patients in sample. Numerator: among the denominator, the # of patients who received 1. Verbal and written education on urgent postpartum warning signs; and 2. A verbal debrief by physician and nurse. * *Patient debrief definition: a structured conversation where the physician and nurse share with the patient the details of the obstetric hemorrhage event, including any complications, treatment, and follow-up care.	Monthly – Patient sample	Abstracted from medical chart

#	PROCESS MEASURES	Description	Reported	Source
P14	Patient given verbal and written education on urgent postpartum warning signs	Denominator: the # of qualifying patients in sample. Numerator: among the denominator, the # of patients who received verbal and written urgent postpartum warning signs.	Monthly – Patient sample	Abstracted from medical chart
P15	Patient verbally debriefed by physician and nurse	Denominator: the # qualifying patients in sample. Numerator: among the denominator, the # of patients who were verbally debriefed by physician and nurse. * *Patient debrief definition: a structured conversation where the physician and nurse share with the patient the details of the OB hemorrhage event, including any complications, treatment, and follow-up care. “• Include patient support networks during patient event debriefs, as requested. • This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team.” (AIM, 2024)	Monthly – Patient sample	Abstracted from medical chart
P16	Breastfeeding/pumping at discharge	Denominator: the # of qualifying in patients in sample. Numerator: among the denominator, the # of patients who either breastfeed or pumped prior to discharge.	Monthly – Patient sample	Abstracted from medical chart
P17	Postpartum discharge assessment (Vital Signs close to discharge and appropriate response)	Denominator: the # of qualifying in patients in sample. Numerator: among the denominator, the # of patients who had a postpartum discharge assessment completed just prior to discharge. See PP Discharge Assessment here	Monthly – Patient sample	Abstracted from medical chart
P18	Scheduled follow-up within 14 days post discharge	Denominator: the # of qualifying patients in sample. Numerator: among the denominator, the # of patients with a scheduled follow-up within 14 days post discharge.	Monthly – Patient sample	Abstracted from medical chart
P19	Physician/midwife education & training	Percentage of physicians and midwives who have received educated on: 1. Your unit’s obstetric hemorrhage policies, guidelines, and procedures. 2. Respectful Care and have committed to Respectful Care practices.	Quarterly	Varies per hospital (tally, system report, etc.) Hospital-level data

P20	Nurse education & training	Percentage of nurses who have received educated on: <ol style="list-style-type: none"> 1. Your unit’s obstetric hemorrhage policies, guidelines, and procedures. 2. Respectful Care and have committed to Respectful Care practices. 	Quarterly	Varies per hospital (tally, system report, etc.) Hospital-level data
#	BALANCING MEASURE	Description	Reported	Source
B1	ICU admissions	Denominator: the # of qualifying patients in sample. Numerator: among the denominator, the # of patients who were admitted to the ICU.	Monthly – Patient sample	Abstracted from medical chart
B1	Unplanned hysterectomy	Denominator: the # of qualifying patients in sample. Numerator: among the denominator, the # of patients who had an unplanned hysterectomy.	Monthly – Patient sample	Abstracted from medical chart

Hospitals need to implement and/or reinforce key processes, guidelines, policies, and resources to support PROMPT. Hospitals will report structural measures until they have them fully implemented. Quarterly updates are required. Report as follows:

- **Not Started**
- **Planning**
- **Started Implementing** - started implementation in the last 3 months
- **Implemented** - less than 80% compliance after at least 3 months of implementation (not routine practice)
- **Fully Implemented** - at least 80% compliance after at least 3 months of implementation (routine practice)

#	STRUCTURAL MEASURES	Description	Source
S1	Implement standard protocol, guidelines and/or processes for identification, management, and treatment of obstetric hemorrhage	Implementation of Obstetric Hemorrhage policies, guidelines or procedures (reviewed and updated in the last 2 years) that contain the following: <ul style="list-style-type: none"> • An obstetric rapid response team appropriate to the facility’s Maternal Level of Care • A standardized, stage-based, obstetric hemorrhage emergency management plan with checklists and escalation policy 	Hospital-level data

		<ul style="list-style-type: none"> • Emergency release and massive transfusion protocols • A protocol for patients who decline blood products but may accept alternative approaches 	
S2	Implement standard protocols, guidelines and/or processes for management of the 3 rd stage of labor	Implementation of 3 rd stage of labor-management policies, guidelines, or procedures, reviewed and updated within the last 2 years.	Hospital-level data
#	STRUCTURAL MEASURES	Description	Source
S3	Implement standard protocols, guidelines, and/or processes ensuring patients who are identified as high-risk for hemorrhage receive consistent and timely counseling on hemorrhage risk	Implementation of a protocol, guideline, or process, reviewed and updated within the last 2 years, ensuring patients who are identified as high-risk for hemorrhage receive consistent and timely counseling on hemorrhage risk by their care team.	Hospital-level data
S4	Implement standard protocols, guidelines, and/or processes for the formal assessment and management of anemia	Implementation of a protocol, guideline, or process, reviewed and updated within the last 2 years, for the formal assessment and management of anemia.	Hospital-level data
S5	Hemorrhage Cart	Ensure access to obstetric hemorrhage supplies are readily available in a cart or mobile box and ensure rapid access to obstetric hemorrhage medications	Hospital-level data
S6	Transfer Algorithm	Implement a transfer algorithm and written protocol identifying designated facilities for timely maternal transfer in obstetric emergencies requiring a higher level of care	Hospital-level data
S7	Ongoing QBL Documentation & Communication	Implement a process to ensure, for every birth, the availability of supplies and equipment to support timely and ongoing QBL documentation and communication	Hospital-level data
S8	ED Physician and Staff Education	Implement periodic education and engagement for ED physicians and staff on obstetric hemorrhage.	Hospital-level data
S9	Patient Education Materials on Warning Signs	Develop patient education materials on urgent postpartum warning signs, OB hemorrhage risk factors, early warning signs, postpartum complications risk, and counseling for patients at a higher OB hemorrhage risk that align with culturally and linguistically appropriate standards	Hospital-level data
S10	Clinical Team Debriefs	Establish a standardized process to conduct clinical team debriefs after cases with a major complication. Major complications will be defined by each facility	Hospital-level data

		based on volume, with a minimum being <u>The Joint Commission Severe Maternal Morbidity Criteria</u> .	
S11	Patient Debriefs	<p>Establish a standardized process to conduct debriefs with patients after a severe event. AIM recommendations:</p> <ul style="list-style-type: none"> - Include patient support networks during patient-event debriefs, as requested. - This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and the care team. <p>Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death.</p>	Hospital-level data
#	STRUCTURAL MEASURES	Description	Source
S12	Multidisciplinary case reviews	Establish a process to perform multidisciplinary, systems-level reviews of cases of severe maternal morbidity (including, at a minimum, pregnant and postpartum patients admitted to the ICU or who received ≥ 4 units RBC transfusions)	Hospital-level data
S13	Stage-based OB Hemorrhage Emergency Management Process	Implement a multidisciplinary stage-based OB hemorrhage emergency management process for all perinatal and ED units.	Hospital-level data
S14	Unit drills - number of drills	<p>During the reporting period, report the number of OB drills* (In Situ and/or Sim Lab) performed in your unit for Obstetric Hemorrhage. Report separately the number of in situ vs sim lab drills.</p> <p>*AIM recommendation: Interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients.</p>	Hospital-level data
S15	Engage a Patient Advisor in the QI team	<p>Identify, engage, and onboard a patient advisor in your QI team. Provide a clear role description, goals, contact information, whether it will be an in-person/virtual/hybrid role, and a meeting schedule.</p> <p>Patient advisors may assist by sharing insights from lived experiences, reviewing materials, enhancing trust and communication with patients, helping to align care strategies with patient needs, promoting shared decision-making, identifying care gaps from the patient's perspective, etc. Find resources in the FPQC toolbox.</p>	Hospital-level data

Questions? Please contact FPQC@usf.edu

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