



Obstetric Hemorrhage Initiative (OHI) 2.0 Hospital-Level Data Collection Form



- 1 - Not Started
- 2 - Planning/Developing
- 3 - Started Implementing - Started implementing in the last 3 months
- 4 - Implemented - Less than 80% compliance after at least 3 months of implementation (not routine practice)
- 5 - Fully Implemented - At least 80% compliance after at least 3 months of implementation (routine practice)

To what extent has your hospital:	Not Started	Planning/ Developing	Started to Implement	Implemented	Fully Implemented
Implemented standard protocols, guidelines, and/or processes, reviewed and updated in the last 2 years...					
... for the identification, management, and treatment of OB hemorrhage?					
... for the management of the third stage of labor?					
... ensuring patients who are identified as high-risk for hemorrhage receive consistent and timely counseling on hemorrhage risk?					
... for the formal assessment and management of anemia?					
Ensured access to obstetric hemorrhage supplies readily available in a cart or mobile box and rapid access to obstetric hemorrhage medications?					
Implemented a transfer algorithm <i>and</i> written protocol identifying designated facilities for timely maternal transfer in obstetric emergencies requiring a higher level of care?					
Implemented a process to ensure, for every birth, the availability of supplies and equipment to support timely and ongoing QBL documentation and communication?					
Implemented periodic education and engagement for ED physicians and staff about OB hemorrhage?					
Implemented 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?					
Established a standardized process to conduct clinical team debriefs after cases with a major complication?					
Established a standardized process to conduct briefs with patients after a severe event?					
Established a process to perform interdisciplinary systems-level reviews of cases of severe maternal morbidity (including, at minimum, pregnant and PP patients admitted to the ICU or who received ≥ 4 units RBC transfusions)?					
Implemented a multidisciplinary stage-based OB hemorrhage emergency management process for all perinatal and ED units?					
Held interprofessional and interdepartmental team-based drills with timely debriefs that include the use of simulated patients?					
Engaged a Patient Advisor in the QI team?					

Unit Drills

How many interprofessional and interdepartmental team-based drills to prepare for the recognition and treatment of OB hemorrhage has your unit held in the reporting quarter?

Aggregate Patient Data

of patients admitted for delivery

of patients admitted for delivery with documented cumulative QBL

of patients admitted for delivery with 3 risk assessments documented (at admission to L&D, pre-birth, and admission to PP)

The following measures need to be calculated with ICD-10 codes:

of patients admitted for delivery with Obstetric Hemorrhage (ICD-10 codes)

of patients with SMM* during delivery admission (*excluding transfusion-only cases*)

of patients with SMM* (*excluding transfusion-only cases*) who experienced an obstetric hemorrhage

of patients with Severe Obstetric Complications (*excluding transfusion-only cases*) during delivery admission (**optional**)

of patients with Severe Obstetric Complications (*excluding transfusion-only cases*) during delivery admission who experienced an obstetric hemorrhage (**optional**)

*As defined by the CDC (ICD-10 code list available)

Staff Education and Training

Please add the percentage of nurses, physicians & midwives that are educated on the following topics:

What percentage of your staff has received education on...	Nurses	Physicians & Midwives
Obstetric hemorrhage policies, guidelines, or procedures?	_____ %	_____ %
Respectful Care and commitment to Respectful Care practices?	_____ %	_____ %

Questions? Please contact FPQC@usf.edu

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