AIM

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Sepsis in Obstetric Care Patient Safety Bundle

Core Data Collection Plan

Version 1.1 January 2024

Sepsis in Obstetric Care Patient Safety Bundle
Core Data Collection Plan

Measurement Statement: Quality improvement projects and associated measurement strategies for obstetric sepsis can cover a wide range of topics, such as prevention of infections, timely recognition and response to infections ranging in specificity of type and timing of infection, and timely recognition and response to suspected and confirmed obstetric sepsis. For the purposes of AIM's Sepsis in Obstetrical Care patient safety bundle, its associated project measurement strategy focuses on the establishment of structures to improve inpatient readiness to respond to obstetric sepsis and its sequalae.

State Surveillance Measures

Metric	Name	Description	Notes
SEP SS1	Patients Diagnosed with Sepsis During the Birth Admission	**Report N/D** ***Disaggregate by race and ethnicity, payor*** **Denominator:** All qualifying pregnant and postpartum people during their birth admission **Numerator:** Among the denominator, those who were diagnosed with sepsis (see **ICD-10 codes**)	• Use the Severe Maternal Morbidity denominator criteria to calculate the denominator for this measure • While monitoring sepsis among all obstetric admissions, including those that occur prenatally and postpartum, is preferable, it is not currently widely feasible identify all obstetric admissions using administrative datasets • This may be analyzed at the hospital level. However, due to relatively small case counts AIM suggests at minimum monitoring statewide rates of sepsis during the birth admission.

Outcome Measures

Metric	Name	Description	Notes
ALL O1*	Severe Maternal Morbidity (excluding transfusion codes alone)	**Report N/D** ***Disaggregate by race and ethnicity, payor*** **Denominator:** All qualifying pregnant and postpartum people during their birth admission **Numerator:** Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone	• One of AIM's programmatic goals is to reduce preventable severe maternal morbidity (SMM) • Monitoring instances of severe maternal morbidity in facilities helps support reporting and systems learning • Monitoring SMM among those who experienced sepsis is not feasible, as sepsis is an SMM indicator. Therefore, SMM among those who experienced sepsis would be 100%.

Process Measures

Metric	Name	Description	Notes
ALL P1-Version 2*	Provider and Nursing Education on Respectful and Equitable Care	**Report estimates in 10% increments (round up)** At the end of this reporting period, what cumulative proportion of OB clinicians† has received in the last 2 years **education program on respectful and equitable care?**	†The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.

* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

Metric	Name	Description	Notes
SEP P1	OB Provider and Nursing Education on Obstetric Sepsis	**Report estimates in 10% increments (round up)** At the end of this reporting period, what cumulative proportion of OB clinicians† has received in the last 2 years education on **the recognition of and/or unit-standard response to suspected and confirmed obstetric sepsis?**	†The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.
SEP P2	Multidisciplinary Case Reviews for Obstetric Patients with Sepsis	**Report N/D** ***Disaggregate by race and ethnicity, payor*** **Denominator:** All diagnosed instances of obstetric patients with sepsis during the reporting period, including those that occurred prenatally, during the birth admission, and postpartum **Numerator:** Among the denominator, those that had a structured multidisciplinary case review documented	These reviews may be part of pre-existing reviews of sepsis in the general population

Structure Measures

Metric	Name	Description	Notes
ALL S1*	Patient Event Debriefs	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your department established a **standardized process to conduct debriefs with patients** after a severe event?	• Include patient support networks during patient event debriefs, as requested. • Severe events may include **The Joint Commission sentinel event definition**, severe maternal morbidity, or fetal death. • 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.
ALL S2*	Clinical Team Debriefs	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your department established a system to perform regular **formal debriefs with the clinical team** after cases with major complications?	Major complications will be defined by each facility based on volume, with a minimum being **The Joint Commission Severe Maternal Morbidity Criteria**
ALL S4*	Patient Education Materials on Urgent Postpartum Warning Signs	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your department developed/ curated **patient education materials on urgent postpartum warning signs** that align with culturally and linguistically appropriate standards?	

* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

Metric	Name	Description	Notes
ALL S5*	Emergency Department (ED) Screening for Current or Recent Pregnancy	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your ED established or continued **standardized verbal screening for current pregnancy and pregnancy in the past year** as part of its triage process?	More detail on screening for current and recent pregnancy can be found in **AIM's Pregnancy Screening Statement**.
SEP S1	Multidisciplinary Case Reviews for Obstetric Sepsis	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your hospital established a process to perform multidisciplinary systems level reviews on cases of sepsis that occur during pregnancy, birth, and the postpartum period?	
SEP S2	Obstetric Sepsis Screening & Diagnosis System	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your facility implemented a system for screening and diagnosis of pregnant and postpartum people for sepsis?	

* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

Metric	Name	Description	Notes
SEP S3	Protocols for Management of Suspected and Confirmed Obstetric Sepsis	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your facility established standard protocols and escalation policies for management of pregnant and postpartum people with suspected sepsis and sepsis that include: • Rapid response protocol for unstable patients • Standardized order set for sepsis evaluation/management • Rapid access to laboratory results to assist in identifying severity and potential source • Protocol for source control starting with least invasive means	
SEP S4	Identification of Post-Obstetric Sepsis Resources and Referral Pathways	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your facility created a comprehensive list of resources and referral pathways tailored to **obstetric patients** who experienced sepsis?	Resources and referral pathways should include at minimum occupational therapy, physical therapy, pain clinics, psychiatry
SEP S5	Emergency Department (ED) Education Program on Recognition of Obstetric Emergencies	**Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place** Has your facility developed a process and/ or program for educating ED staff on signs and symptoms of potential obstetric emergencies?	

AIM Sepsis in Obstetric Care ICD-10 Sepsis Codes List

Code	Definition
T8112XA	Postprocedural septic shock, initial encounter
T8144XA	Sepsis following a procedure, initial encounter
A021	Salmonella sepsis
A200	Bubonic plague
A227	Anthrax sepsis
A267	Erysipelothrix sepsis
A327	Listerial sepsis
A400	Sepsis due to streptococcus, group A
A401	Sepsis due to streptococcus, group B
A403	Sepsis due to Streptococcus pneumoniae
A408	Other streptococcal sepsis
A409	Streptococcal sepsis, unspecified
A4101	Sepsis due to Methicillin susceptible Staphylococcus aureus
A4102	Sepsis due to Methicillin resistant Staphylococcus aureus
A411	Sepsis due to other specified staphylococcus
A412	Sepsis due to unspecified staphylococcus
A413	Sepsis due to Hemophilus influenzae
A414	Sepsis due to anaerobes
A4150	Gram-negative sepsis, unspecified
A4151	Sepsis due to Escherichia coli [E. coli]
A4152	Sepsis due to Pseudomonas
A4153	Sepsis due to Serratia

Code	Definition
A4159	Other Gram-negative sepsis
A4181	Sepsis due to Enterococcus
A4189	Other specified sepsis
A419	Sepsis, unspecified organism
A427	Actinomycotic sepsis
A5486	Gonococcal sepsis
B376	Candidal endocarditis
B377	Candidal sepsis
B488	Other specified mycoses
B49	Unspecified mycosis
I76	Septic arterial embolism
O85	Puerperal sepsis
O8604	Sepsis following an obstetrical procedure
R6520	Severe sepsis without septic shock
R6521	Severe sepsis with septic shock
R7881	Bacteremia

This document was developed with support by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award, UC4MC49476, totaling $3,000,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.