



PQCNC AIM Obstetric Sepsis Prework

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1. Your facility: *

2. Date of Prework: *



3. Your name: *

4. Your email: *

5. Your role and unit (L&D, NICU, Nursery, etc.): *

6. Number of patients diagnosed with obstetric sepsis at your facility in 2023? *

7. Of those diagnosed, how many had a multidisciplinary case review conducted? *

Submit

0%