

Maternal Sepsis Collaborative

ECU HEALTH PQCNC Team

Our system specific “30-90 Day Do List” and Barriers to Address:

Educate and Emphasize the importance of having a **“high functioning team”** with respect to Maternal Sepsis... **Discuss the “D” of Death** (Dismiss, Deny, Delay), Empower Nursing to use there **CUS words** (concern, uncomfortable, safety issue).

Educate and Emphasize the importance that the OB-ED or OB-Triage be **“Open and Inviting” to post-partum (4th trimester) patients** with issues.

Engage our hospital **Infectious Disease expert/committee** with respect to our local “Biograms” and illicit input on the best antibiotics to use in our Hospital/Unit for sepsis.

Engage with Pharmacy to design the best **“Sepsis Kit”** so that once a patient is recognize/identified as having sepsis, that patient can be started on antibiotics (or have then expanded in spectrum) within one hour.

Measuring **“The Septic Hour”**: Design a process to measure the number of patients that were treated within one hour of screening positive for sepsis.

Incorporate the **“Warning Signs”** for sepsis in our “Post Birth Warning Signs” education at discharge for the post-partum patients and family... the TIME mnemonic (Temperature, Infection, Mental decline, and Extremely ill feeling)

