Patient Data

1. Period of admission (month/year only)
2. Race/ethnicity
   ___ White
   ___ Asian American
   ___ Black or African American
   ___ Hispanic or Latino
   ___ Native Hawaiian & Other Pacific Islander
   ___ American Indian or Alaska Native
   ___ Multiracial
   ___ Refused
3. Payor
   ___ Medicaid
   ___ BCBS/State
   ___ Uninsured
   ___ Other
4. Chart number __________________
5. Was a multidisciplinary case review conducted for this patient? 
   _____ Yes    _____ No
6. Did appropriate and timely follow-up occur for this patient? 
   _____ Yes    _____ No
7. Did this patient receive education about Urgent Postpartum Warning Signs? 
   _____ Yes    _____ No
8. For patients diagnosed with obstetric sepsis, did patient participate in a Patient Event Debrief? 
   _____ Yes    _____ No
Perinatal Quality Collaborative of North Carolina

Monthly Data

_____ Number of admissions
_____ Number of admissions diagnosed with obstetric sepsis