

PQCNC AIM Sepsis in Obstetric Care Data Dictionary

The purpose of the AIM Sepsis in Obstetric Care Data Dictionary is to develop consistency in data entry. This Data Dictionary refers to all elements in the Obstetric Sepsis Monthly Data Collection Form.

Inclusion criteria:

All qualifying pregnant and postpartum people during their birth admission. Qualifying admissions include those who were diagnosed with sepsis (see [ICD-10 codes](#)).

Note: While monitoring sepsis among all obstetric admissions, including those that occur prenatally and postpartum, is preferable, and the PQCNC encourages you to do so internally in your ongoing review of current processes and outcomes, given that it is not currently feasible for all participating PQCNC facilities to identify all obstetric admissions using administrative datasets, we will only be requiring Delphi submission for birth admissions.

Obstetric Sepsis Data Collection

1. **Month/Year:** Enter the month/year the patient is to be included in – you can group by admission or discharge date, just be consistent.
2. **Race/ethnicity:** The patient’s race/ethnicity. Patients of Indian or Middle Eastern descent should be listed as “Asian.”
3. **Payor:** The entity paying for delivery services.
4. **Chart number:** Enter a unique identifier based on the system you develop locally. This ID **SHOULD NOT** be the medical record number or a date.
5. **Multidisciplinary case review:** record if the patient had a structured multidisciplinary case review documented. As defined by AIM, a multidisciplinary case review should:
 - Identify all sepsis cases,
 - Determine adherence to sepsis response protocols,
 - Determine whether instances of bias may have impacted care (i.e., race, ethnicity, socioeconomic status, insurance status, etc.), and
 - Identify and implement ways to make system improvements.

Findings from reviews should be shared with all associated staff and involved facility stakeholders.

Emphasize process mapping to identify systemic gaps, identifying trends and opportunities, and implementing interventions to address them and measuring improvements

6. **Appropriate and timely follow-up:** defined by AIM as your facilities' adherence to your institution-specific processes to do the following in a timely manner:
 - Antimicrobial initiation within 1 hour
 - Fluid resuscitation
 - Vasopressor initiation, as needed
 - Evaluation of source (cultures), severity of end organ injury
 - Need for higher level of care (such as ICU)