

Pennsylvania Perinatal Quality Collaborative

PA PQC Virtual Session

March 11, 2026

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

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Learning Objectives

- ❖ Discuss preparation for successfully moving active initiatives into sustainment.
- ❖ Identify challenges to sustainment and strategies for overcoming common barriers.

Agenda

- 1. Welcome** — Jennifer Condel, SCT(ASCP)MT, Senior Program Manager, Perinatal Health, Jewish Healthcare Foundation
- 2. New PA PQC Data and QI Report Submission Process: Qualtrics demonstration** — Lisa Boyd, PA PQC Data Manager and QI Coach, Jewish Healthcare Foundation
- 3. Sustaining Your PA PQC Maternal Sepsis Work** — Hadar Re'em, Program Associate and PA PQC QI Coach, Jewish Healthcare Foundation
- 4. Peer-to-Peer Sharing** — facilitated by Maureen Saxon-Gioia, MHA, BSN, RN, PA PQC QI Coach, Jewish Healthcare Foundation
- 5. Wrap-up & Next Steps** — Kristen Brenneman, MSN, Women's Health Program Specialist, Jewish Healthcare Foundation

Qualtrics Demonstration

LISA BOYD, PA PQC DATA MANAGER AND QI COACH, JEWISH HEALTHCARE
FOUNDATION

Transition to Single Platform for Survey, Data, and QI Report Outs

- ❖ Starting April 1, 2026, PA PQC teams will no longer be using the LifeQI platform to submit their hospital's Data and QI Report Out
 - All LifeQI data has been archived with the PQC
 - All initiative data currently in LifeQI will be deleted from the platform
- ❖ On April 1, teams will receive a single survey link with 3 sections:
 - Section 1 - Structure Measure Survey Questions (Milestone 3)
 - Section 2 - Outcome and Process Data Measures (Milestone 4 - formerly submitted in LifeQI)
 - Section 3 - QI Report Out narrative questions (Milestone 2 - formerly submitted in LifeQI)
- ❖ To assist with survey submission, teams are strongly encouraged to use the Maternal Sepsis Survey Worksheet
 - <https://www.papqc.org/data/surveys/document-versions-of-site-surveys/999-2026-2027-maternal-sepsis-survey/file>

Maternal Sepsis Survey Worksheet

2/23/2026



Maternal Sepsis Survey

If your hospital is participating in the PA Maternal Sepsis initiative, please complete this entire survey by the due date for the designated quarter.

As of April 1, 2026, this survey includes three sections for the PA Maternal Sepsis initiative:

Maternal Sepsis Survey Worksheet

The screenshot shows the PA PQC website interface. At the top, there is a blue navigation bar with the PA PQC logo and menu items: Home, About, Initiatives, Hospitals, Events, Data, and Resources. A dropdown menu is open under 'Initiatives', listing SUD/OD (Substance Use Disorder), SEN/NAS (Substance Exposed Newborn), Safe Sleep, Maternal Sepsis (highlighted with a red arrow), and Past Initiatives. To the right of the dropdown is a blue button labeled 'Urgent Maternal Warning Signs Sprint Materials'. Below the navigation bar is a white section with a location pin icon and the text 'Initiatives'. Below this is a photograph of a person lying in a hospital bed. On the right side of the page, there is a dark red sidebar titled 'Maternal Sepsis Project Tools'. This sidebar contains a list of resources: Patient Safety Bundle, Data Collection Plan, Change Package, 2026-2027 Maternal Sepsis Qualtrics Survey (highlighted with a red arrow), and another link for the 2026-2027 Maternal Sepsis Qualtrics Survey.

Maternal Sepsis Survey Worksheet

The screenshot shows the PA-PQC website interface. At the top, there is a navigation bar with the PA-PQC logo and menu items: Home, About, Initiatives, Hospitals, Events, Data, and Resources. The 'Data' menu is open, showing options for Life QI, Life QI Training, Surveys (highlighted with a red arrow), Annual Reports, and Quarterly Reports. Below the navigation bar, there is a breadcrumb trail 'Data / Surveys' and a 'Download selected' button. The main content area displays four survey cards: 'Safe Sleep Survey' (Popular), 'Maternal OUD/SUD Survey' (Popular), 'NAS/SEN Survey' (Popular), and '2026-2027 Maternal Sepsis Survey' (New). On the right side, there is a vertical list of survey options, including 'Maternal Opioid/Substance Use Survey', 'Neonatal Abstinence Syndrome/Substance Exposed Newborn Survey', 'IPLARC Survey', 'Safe Sleep Survey', 'Maternal Sepsis Survey', and 'Document Versions of Site Surveys' (highlighted with a red arrow).

Survey Demo

Takeaways

- ❖ Starting April 1, 2026, PA PQC teams will receive a single survey link with 3 sections:
 - Section 1 - Structure Measure Survey Questions (Milestone 3)
 - Section 2 - Outcome and Process Data Measures (Milestone 4 - formerly submitted in LifeQI)
 - Section 3 - QI Report Out narrative questions (Milestone 2 - formerly submitted in LifeQI, not required for initiatives in sustainment)
- ❖ To assist with survey submission, teams are strongly encouraged to use the Survey Worksheets
- ❖ For the April 1 – 30, 2026 submission period, please note the following:
 - Active Initiative – Maternal Sepsis: teams are requested to submit a poster in lieu of their usual QI report out
 - Sustaining Initiative – Safe Sleep: teams will receive a single link for their sustaining Safe Sleep submission
 - Sustaining Initiatives – OUD and NAS: these initiatives are closed and there will be no further submissions

Questions?

LISA BOYD, PA PQC DATA MANAGER AND QI COACH, JEWISH HEALTHCARE
FOUNDATION

Sustaining Your Maternal Sepsis Work

HADAR RE'EM, PROGRAM ASSOCIATE AND QI COACH, JEWISH HEALTHCARE
FOUNDATION

Example:

UMWS Sprint-Quality Improvement Cycle

Sustainment

New best practice (standard), Spread and disseminate to peers

ACT

- Adjust workflow based on barriers
- Conduct the next PDSA
- Continue PDSA cycles to expand UMWS patient education to ED, OB outpatient, etc.

PLAN

- Identify team/stakeholders
- Determine tool and teach-back script
- Develop and document new workflow

STUDY

- Conduct staff pulse checks
- Develop and implement a method for patient feedback
- Identify what is working well and areas of opportunity for improvement

DO

- Train staff in new workflow
- Roll out new UMWS patient education workflow in one unit
- Track % of patients educated



Sustainment

- One year period following the active implementation
- The PA PQC will not be actively providing services and content related to sustaining initiatives
- Your team **CAN** continue implementing new interventions independently
- Coaching and support during this time is focused on sustainability of key interventions that have been implemented to date
- Yes! You are **STILL** considered a participating PA PQC hospital!

Reminder: Active vs. Sustained Initiatives

ACTIVE IMPLEMENTATION

Designations

Education Content

QI Coaching Calls

Quarterly Data, Survey and QI Reports

SUSTAINMENT

Not Part of Designations Program

QI Coaching Initiative Non-Specific Virtual Sessions

Sustainment Plans

Quarterly Data and Surveys

Action Planning Tool to Sustain



Our Goal:

Intervention Achieved:

Date Started Plan: _____ **Date Implemented:** _____

Department(s) Involved: _____

Team Members/Roles: _____

Tasks/ Action Items (Specific Work Activities)	By Whom (Team Member(s)/ Role(s))	Target Date (Due By)	Status (Monitor Progress)	Results &/Or Barriers (What Happened/Learned)

Action Planning To Sustain: Example

Our Goal: Establish a system-wide Maternal Sepsis education program for all staff (clinical & non-clinical) within 6 months

Intervention Achieved: Developed a comprehensive 15 min standard MS education learning module for all staff to access 24/7. Incorporated into bi-annual education requirements and new hire onboarding process.

Date Started Plan: 4/1/24

Date Implemented: 10/15/24

Department(s) Involved: OB, Education, Learning MS, IT

Team Members/Roles: Jen (CNO), Kristen (CMO), Maureen (Education), Lisa (IT), Hadar (LMS), Karena (RN)

Tasks/ Action Items (Specific Work Activities)	By Whom (Team Member(s)/ Role(s))	Target Date (Due By)	Status (Monitor Progress)	Results &/Or Barriers (What Happened/Learned)
MS education program go live	Maureen/Education, Jen/CNO, Kristen/CMO, Karena/RN, Hadar/LMS	10/15/24	Completed	Learning module successfully launched for clinical & non-clinical staff; some non-clinical staff unable to access
Establish written policy for staff education expectations (new hire orientation, clinical & non-clinical staff)	Maureen/Education, Karena/RN, Jen/CNO, Kristen/CMO	12/10/24	Completed	Barrier: accessing LMS for non-clinical staff- work with Lisa/IT
Establish dashboard for ongoing monitoring of process for MS learning module participation	Maureen/Education, Karena/RN	3/15/25	Ongoing	
Provide quarterly monitoring updates during MS team meeting for review and discussion	Maureen/Education, Hadar/LMS, Karena/RN	3/15/25, 6/15/25, 9/15/25	Ongoing	



PA PQC Maternal Sepsis: Sustainability Plan

Compliance Monitoring of key process measures:

1. Cases coded as sepsis during the birth admission
2. Severe maternal morbidity (excluding transfusion codes alone)
3. Multidisciplinary case reviews for obstetric sepsis
4. Proportion of clinical OB providers and nursing staff that have received education on the recognition of and/or unit-standard response to suspected and confirmed obstetric sepsis within the last 2 years
5. Proportion of clinical OB providers and nursing staff that have completed an education program on respectful and equitable care within the last 2 years

Measures will be collected *QUARTERLY* (please continue to submit data for the first year of sustainment)

Will you continue to track additional data internally? Yes No

Name and email address of team member(s) in charge of data reporting (include name and contact for a backup person/role):

How often will your QI team meet to review hospital data reports and develop and implement PDSA cycles if compliance on measures starts to decline?

Weekly Monthly Quarterly Other

New Hire Education Plan (applicable for all new hires)

What education tool(s) will you use for new hires?

How will you incorporate Maternal Sepsis education, workflows, and protocols into hospital new hire education?

Ongoing Education for all staff

What education tool(s) will you use for ongoing education for all staff?

How will you incorporate Maternal Sepsis education, workflows, and protocols into ongoing education?

Nursing Champion(s): _____ Provider Champion(s): _____

Drafted Date: _____ Quarterly Review Dates: _____

Hospital Name: _____



Scan the QR code for PDF of
PA PQC Maternal Sepsis
Sustainability Plan

Compliance Monitoring Measures

Compliance Monitoring of key process measures:

1. Cases coded as sepsis during the birth admission
2. Severe maternal morbidity (excluding transfusion codes alone)
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Measures will be collected *QUARTERLY* (please continue to submit data for the first year of sustainment)

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How often will your QI team meet to review hospital data reports and develop and implement PDSA cycles if compliance on measures starts to decline?

Weekly Monthly Quarterly Other

Data Planning

1. Is there another process/workflow at your site that is regularly tracked? (i.e. SSI, NTSV c/s)
2. Planning for ***data monitoring*** – who, what, and how often?
3. ***Action planning*** - What is your data “trigger” to prompt intervention? (i.e. timeframes, thresholds, trends)
4. What challenges do you foresee?

Education Planning

New Hire Education Plan (applicable for all new hires)

What education tool(s) will you use for new hires?

How will you incorporate Maternal Sepsis education, workflows, and protocols into hospital new hire education?

Ongoing Education for all staff

What education tool(s) will you use for ongoing education for all staff?

How will you incorporate Maternal Sepsis education, workflows, and protocols into ongoing education?

Nursing Champion(s): _____ Provider Champion(s): _____

Drafted Date: _____ Quarterly Review Dates: _____

How do you plan on weaving your sustainment education plan into your:

1. ***new staff*** education?
2. ***annual staff*** education?

Peer-to-peer Sharing

MAUREEN SAXON-GIOIA, MHA, BSN, RN, PA PQC QI COACH, JEWISH HEALTHCARE FOUNDATION

Considerations for sustainment plan

- Structuring your sustainment plan
- Concerns about moving Maternal Sepsis initiative into sustainment
- Lessons learned from prior sustainment plans
 - How to apply lessons learned from barriers faced to Maternal Sepsis sustainment plan development

Wrap-Up |

KRISTEN BRENNEMAN, MSN, WOMEN'S HEALTH PROGRAM SPECIALIST, JEWISH
HEALTHCARE FOUNDATION

Upcoming Virtual Sessions

APRIL 8

Peer-to-peer Learning: Questions About Maternal Sepsis

11:00 a.m. – 12:00 p.m.

Zoom

MAY

No virtual sessions this month – register and join us at our in-person Annual Meeting in Altoona!





PA Maternal Health Symposium

Register Today!

May 19-20, 2026

Blair County

Convention Center

One Convention Center Drive

Altoona, PA 16602

Registration deadline: May 7

[Registration](#)



The PA PQC Annual Meeting is an in-person event, there is no option to attend virtually.

Post-Designations Survey: **due by 11:59p.m. on 3/31**

The screenshot shows the PA PQC website interface. At the top left is the PA PQC logo with the tagline "Pennsylvania Perinatal Quality Collaborative". The navigation menu includes "Home", "About", "Initiatives", "Hospitals", "Events", "Data", and "Resources". A dropdown menu under "Hospitals" is open, showing "Participation Requirements", "Awards", and "Designations" (highlighted with a red arrow). Below the navigation is a "Hospitals" filter button. The main content area features a "Designations" heading and a paragraph: "The designation levels are based on meeting the milestone criteria per established frequency over a 12-month period, starting with the April 2025 through March 2026 implementation period. Designations will be initiative-specific, meaning milestones cannot be 'mixed-and-matched' if a PA PQC Healthcare Team is participating in". To the right, a "Designations Project Tools" box contains a "Designations Packet" section, which includes a link for the "2025-2026 Post-Designations Survey". A red arrow points from this link to the text on the right.

Upload the **entire completed** Designations Packet in the Post-Designations Survey

Learn about the
Initiatives

Access Session
Materials

Pennsylvania Perinatal Quality Collaborative

The PA PQC provides quality improvement support to healthcare teams to improve the standard of care for pregnant and postpartum people and babies.

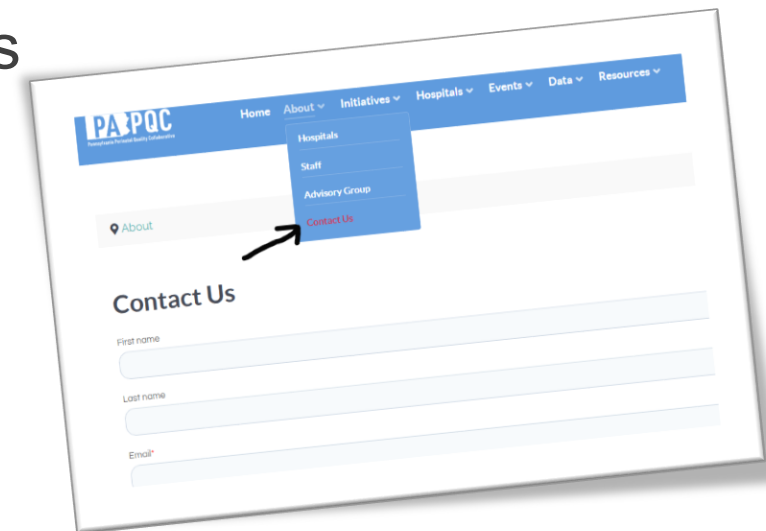
[REGISTER FOR SESSIONS](#)

<https://www.papqc.org/>

Updated Contact Info.

Upcoming changes to your email address? Haven't heard from us in a while?

- Please reach out to your coach to provide them updated contact info. for anyone at your site who is involved in the PA PQC.
- If you haven't gotten a newsletter or PA PQC emails in a while, check to make sure you are subscribed to our newsletter with your updated email address.
- You can always reach us [here](#)



PA PQC QI Coaches



Kristen Brenneman,
MSN, RN
Women's Health
Program Specialist,
Jewish Healthcare
Foundation



Lisa Boyd
Data Manager and QI
Coach, Jewish
Healthcare
Foundation



Jennifer Condel,
SCT(ASCP)MT
Senior Program
Manager, Perinatal
Health, Jewish
Healthcare
Foundation



Karena Moran,
PhD
Improvement
Optimization
Advisor, Geisinger
Health & NEPaPQC



Maureen Saxon-Gioia,
MHA, BSN, RN
Nurse Project Manager,
Jewish Healthcare
Foundation



Hadar Re'em
Program Associate and
QI Coach, Jewish
Healthcare Foundation

Credentialing Guidelines:

PLEASE complete the electronic evaluations by Wednesday, March 18th: <https://www.surveymonkey.com/r/WGL782M>

1. Please indicate on the evaluation which CEUs you are requesting: CME, CNE or Social Worker credits.
2. The UPMC Center for Continuing Education will follow up with you, via email, after Wednesday, March 18th to notify you about how you can claim your credits.
 - To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.



Thank You!



Pennsylvania Perinatal Quality Collaborative



Northeastern Pennsylvania Perinatal Quality Collaborative

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