

# Qualtrics Demonstration

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

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- ❖ 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  - All LifeQI data has been archived with the PQC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 encouraged to use the Maternal Sepsis Survey Worksheet

# Maternal Sepsis Survey Worksheet

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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'. At the bottom of the page is a photograph of a person lying in a hospital bed. On the right side, there is a dark red sidebar titled 'Maternal Sepsis Project Tools' containing 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.

# 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 links: '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 Elements – Landing Page

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

This survey includes three sections for the **PA Maternal Sepsis** initiative:

- 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)

Please follow the instructions for each section to complete your submission.

Note: If your team historically has had different individuals completing the survey and LifeQI submissions, please adjust your workflows to ensure the person completing the survey has the necessary outcome or process measure data. To simplify your submission process, we strongly recommend using the [Maternal Sepsis Worksheet](#) to collect your answers for each section before completing the survey.

# Time Frame & Hospital Information

## Reporting Time Frame and Hospital Information

Please select the time frame that you are currently reporting on.

January-March 2026

October-December 2025

July-September 2025

April-June 2025

January-March 2025

October-December 2024

July-September 2024

April-June 2024

January-March 2024

1. What is your name?

2. What is your title/role?

3. Which site/hospital within your health system are you submitting data for?

Next

# Section 1 - Structure Measure Survey Questions (Milestone 3)

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- ❖ Questions 4 – 12 are the structure measure questions
- ❖ Teams are asked to answer every question
- ❖ The PQC has been using this survey link for the duration of the project, so these questions and format should be familiar to the team

For each of the following questions, please rate your progress – from 1, not yet started, to 5, fully in place – towards putting and keeping the structure measure fully in place.

4. Has your department established a standardized process to conduct debriefs with patients after a severe event\*?

*\*Severe events may include TJC sentinel event definition, severe maternal morbidity, or fetal death*

1 - Not yet started <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 - Fully in place <input type="radio"/>
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5. Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications\*?

*\*Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria*

1 - Not yet started <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 - Fully in place <input type="radio"/>
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# Section 2 – Outcome & Process Data Measures

## Milestone 4 - formerly submitted in LifeQI

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- ❖ Questions 13 – 17 are the outcome and process measure data questions and correspond with Milestone 4
- ❖ Teams have previously been submitting this data in LifeQI
- ❖ Teams are asked to answer **at least one** of the five questions to get credit for Milestone 4
- ❖ For these questions, **please enter numbers only** for the measure(s) you are submitting – i.e. no text or symbols
- ❖ Each measure will be shown on the subsequent slides with instructions

# Section 2 – Outcome & Process Data Measures

## Patients Diagnosed with Sepsis During Birth Admission

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- ❖ For the denominator, enter the number of birth admissions for the reporting quarter
- ❖ For the numerator, enter the number of patients who were diagnosed with sepsis during their birth admission during the reporting quarter

### 13. Patients Diagnosed with Sepsis During the Birth Admission:

Please enter the number of birth admissions and the number of patients who were diagnosed with sepsis during their birth admission during the reporting quarter in the designated fields below:

Numerator: Number of patients who were diagnosed with sepsis during their birth admission



Numerator

Denominator: All qualifying pregnant and postpartum people during their birth admission.



Denominator

# Section 2 – Outcome & Process Data Measures

## Severe Maternal Morbidity (excluding transfusion codes alone)

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- ❖ For the denominator, enter the number of birth admissions for the reporting quarter
- ❖ For the numerator, enter the number of patients who experienced Severe Maternal Morbidity (SMM), excluding those who experienced transfusion alone for the reporting quarter

### 14. Severe Maternal Morbidity (excluding transfusion codes alone):

Please enter the number of birth admissions and the number of patients who were diagnosed with SMM (excluding transfusion codes alone) during their birth admission during the reporting quarter in the designated fields below:

Numerator: Those who experienced severe maternal morbidity, excluding those who experienced transfusion alone



Numerator

Denominator: All qualifying pregnant and postpartum people during their birth admission.



Denominator

## Section 2 – Outcome & Process Data Measures

### OB Provider and Nursing Education on Respectful & Equitable Care

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- ❖ For this measure, please calculate and enter the percent of staff educated, **without rounding**
- ❖ Please enter just the number, no symbols or text

#### 15. Provider and Nursing Education on Respectful and Equitable Care

At the end of this reporting period, what cumulative proportion of OB clinicians have received in the last 2 years education program on respectful and equitable care? (***please enter actual percentage of staff educated***)



Percent of staff educated

# Section 2 – Outcome & Process Data Measures

## OB Provider and Nursing Education on Obstetric Sepsis

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- ❖ For this measure, please calculate and enter the percent of staff educated, **without rounding**
- ❖ Please enter just the number, no symbols or text

### 16. OB Provider and Nursing Education on Obstetric Sepsis

At the end of this reporting period, what cumulative proportion of OB clinicians have received in the last 2 years education on the recognition of and/or unit-standard response to suspected and confirmed obstetric sepsis? (**please enter actual percentage of staff educated**)



Percent of staff educated

# Section 2 – Outcome & Process Data Measures

## Multidisciplinary Case Review

- ❖ For the denominator, enter the number of diagnosed cases of obstetric sepsis, including those that occurred prenatally, during the birth admission, and post partum, for reporting quarter
- ❖ For the numerator, enter the number of obstetric sepsis cases that underwent a structured, multidisciplinary case review during the reporting quarter

### 17. Multidisciplinary Case Reviews for Obstetric Patients with Sepsis:

Please enter the number diagnosed instances of obstetric patients with sepsis during the reporting period, including those that occurred prenatally, during the birth admission, and postpartum that underwent a multidisciplinary case review during the reporting quarter in the designated fields below:

Numerator: Among the denominator, those that had a structured multidisciplinary case review documented



Numerator

Denominator: All diagnosed instances of obstetric patients with sepsis during the reporting period, including those that occurred prenatally, during the birth admission, and postpartum



Denominator

# Section 3 – QI Report Out Questions (Milestone 2 - formerly submitted in LifeQI)

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- ❖ Questions 18 – 20 are the QI Report Out questions, which correspond with Milestone 2
- ❖ Teams have previously been submitting this information by generating reports in LifeQI
- ❖ Teams are asked to enter a brief narrative response to each question

## Pennsylvania Perinatal Quality Collaborative

### Section 3 – QI Report Out

This section of the survey is the **QI report** for the designated reporting period. Please enter a brief narrative for each question, as applicable.

18. Describe the specific activities your team is implementing:

19. Results: provide quantitative and/or qualitative outcomes to date

# Takeaways

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- ❖ 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?

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