

Introduction

Problem: Obstetric sepsis remains a leading cause of maternal mortality in the United States and throughout the world.

Goal: Implement the AIM (Alliance for Innovation on Maternal Health) Severe Maternal Sepsis and Septic Shock Bundle hospital-wide to standardize screening, improve early identification, and reduce variation in maternal sepsis care

Our Commitment: To ensure timely recognition and equitable treatment of maternal sepsis through standardized screening, staff education, and consistent application of evidence-based protocols

Phases of Execution

Phase 1: Baseline Assessment & Preparation

- Develop and implement paper maternal sepsis screening tool
- Conduct baseline workflow and compliance assessment
- Provide initial staff education on maternal sepsis recognition and screening
- Review AIM bundle components and integrate into workflow planning

Phase 2: Implementation

- Launch maternal sepsis screening process on labor and delivery
- Educate providers and staff on early recognition and use of screening tool
- Distribute screening tool into patient charts
- Reinforce completion and documentation expectations
- Integrate patient education on sepsis recognition and urgency of symptoms

Phase 3: Evaluation (Post-Implementation Review)

- Audit screening completion and identify gaps in workflow reliability
- Review stratified data (race, ethnicity, language, insurance status) for equity analysis
- Analyze screening compliance rates and incomplete documentation trends
- Share findings at system-level and PQC meetings
- Develop action plans to transition to EMR-based screening tool

Benefits of Implementing Maternal Sepsis Bundle

- **Improved Early Recognition:** Standardized screening supports timely identification of maternal sepsis
- **Consistent Care Delivery:** Ensures uniform use of evidence-based AIM Severe Maternal Sepsis and Septic Shock Bundle
- **Enhanced Patient Safety:** Reduces delays in treatment initiation
- **Equity in Care:** Enables analysis of disparities in screening and treatment
- **Staff Engagement:** Improves interdisciplinary communication and awareness

Engagement Strategy

To promote staff engagement, we implemented interactive and multi-modal education strategies:

- Participation in CMQCC maternal sepsis learning sessions
- Development of a paper-based screening tool for real-time clinical use
- Staff education on early recognition and importance of timely screening
- Reinforcement of workflow expectations through ongoing feedback
- This approach encouraged active participation and improved awareness of maternal sepsis recognition across disciplines

Understanding Maternal Sepsis key principles

Based on the AIM Severe Maternal Sepsis and Septic Shock Bundle:

- **Early Identification:** Prompt recognition using standardized screening tools
- **Rapid Response:** Immediate escalation for suspected sepsis
- **Timely Treatment:** Initiation of sepsis protocol without delay
- **Interdisciplinary Care:** Collaboration between nursing, providers, and ancillary staff
- **Continuous Monitoring:** Ongoing reassessment for clinical deterioration

Patient Voice:

Goal:
By February 28, 2026, integrate a maternal sepsis patient experience video into staff education, with ≥90% of staff completing education.

Results:

- 45 of 49 staff members (92%) completed maternal sepsis education
- Education included AIM bundle training, podcast, and patient experience video

Process:

- Selected patient experience video and educational materials
- Embedded education into existing staff learning workflows
- Tracked completion and followed up with non-compliant staff
- Shared rationale and expectations during staff meetings

Impact:
Patient storytelling strengthened staff understanding of urgency in maternal sepsis recognition and improved engagement with the material.

Health Equity:

Goal:
Achieve 90% maternal sepsis screening compliance by February 2026 while evaluating disparities by race, ethnicity, and language.

Interventions:

- Standardized maternal sepsis screening tool implemented
- Data stratified by race, ethnicity, language, and insurance status
- Development of Epic-based reporting tool (in progress)
- Staff education on equitable screening practices

Results:

- 72% screening initiation rate achieved
- No significant disparities identified in limited sample
- Identified gaps in workflow completion and documentation reliability

Next Steps:

- Transition from paper to EMR-integrated screening tool
- Strengthen data infrastructure for equity monitoring
- Continue iterative process improvement using AIM bundle framework

Key Lessons Learned

- Implementation success depends on workflow integration, not just tool creation
- Paper tools improved initial engagement but limited sustainability
- Early EMR integration would have improved compliance and data quality
- Patient and staff education improved awareness but requires reinforcement
- Equity analysis requires robust data infrastructure and sufficient sample size