

PA PQC Annual Meeting Poster Session Instructions

During the Annual Meeting (May 19-20, 2026), all Healthcare Teams will present a poster that tells others about their work. The purpose of these posters are to give the rest of the attendees an idea of what your Healthcare Team is working on. We want you to highlight what makes your Healthcare Team special!

Poster Size & Submission Guidelines

- Only one poster per Healthcare Team is required, regardless of number of participating active initiatives.
- Healthcare Teams will be required to submit an electronic copy of their poster to their QI Coach by **April 30, 2026** & print a hard copy to display at the Annual Meeting
- This will count as your QI report (Milestone 4) for Q1 for your active initiative.

Printing Your Poster:

- Posters must be **no wider than 3 feet, though can be smaller than this.**
- You may choose to create & print a large scientific poster, or share your information in a PPT (print one slide per page to hang on the display boards)
- Instructions for locating display area will be provided at in person meeting registration table.

Display Tips for Poster

- Be creative! Keep it simple & straightforward—we don't want you to spend a lot of time but have fun!
- Pictures are great (including of people/team members)
- Use a large font size
- Use color to highlight key messages
- Use clear titles & labels if you include graphs (X & Y axes, dates, brief explanation)

Elements to Include on Posters

- Required Elements:
 - Organization Name
 - Problem Statement
 - Focus Area
 - Status
 - Measures
 - Key Interventions
 - Results
 - “On this topic, our team would most like to learn from our peers...”
- Optional Elements:
 - Health Equity/Patient Voice
 - Engagement & Buy-In
 - Launching Initiative
 - Dissemination
 - Sustainability

Use these templates if they are helpful – you are more than welcome to design your own poster.



Helpful Tips



For printing purposes, keep your poster content inside the border on Slide 1. You don't have to keep the border, it's there as a guide, so feel free to delete it if it doesn't work with your poster design!

In addition to images, you can also use shapes & icons to draw reader attention. To insert a shape or icon, click on the "Insert" menu in the ribbon & then the corresponding button. For icons, a sidebar will open where you can search through the hundreds in the collection, select the ones you like, & then click on "Insert" to add them to your slide. You can change their colors by clicking on the "Graphics Format" menu & then change the "Graphics Fill" & "Graphics Outline" options.

General poster design tips:

- **Use contrast** – when putting different colors next to each other, make sure to use colors that differ not just in terms of shade, but also in tint (brighter vs darker) & saturation (muted vs vibrant) to make your content stand out
- **Use "empty" space to your benefit** – not over-stuffing your poster will help each element stand out & be more readable
- **Limit font & color choices** – choosing a couple fonts that work well together (like one for headers & one for text) & a small group of colors (3-4 main colors) will help keep consistency & increase legibility
- **Use fonts that are easy to read** – as fun as they may seem, stay away from using complex, script, or graphic-heavy fonts for your text
- **Use colors that work together** – try to stay away from neon colors (they don't print well) & from having excessive color differences; you can use a color palette generator ([like this one](#)) to help find complimentary colors
- **Break your content up into blocks** – this will make your poster easier to read & to highlight multiple points of focus; the sample layout slides have some 6-block layout options as examples
- **Use backgrounds & frames to your benefit** – you don't have to stick to white for the background color, & adding borders or shapes around images or text will help them pop (though for print, use lighter colors for backgrounds so the content on top of them stands out better)



From Education to Equity: Improving Recognition in Obstetric Sepsis

Magee-Womens, UPMC Hamot



Jennifer Young, MSN, RNC-OB, C-EFM, C-ONQS, C-OBE; Laura Wise, MPAS, PA-C, C-EFM, C-OBE; Emma Mack MHA; Margaret Bressler, MSN, RNC-OB, C-EFM; Maria Grosselin MSN, MEDSURG-BC, C-EFM; Brook Posten BSN, RN

Problem

- Obstetric (OB) sepsis is a major contributor to pregnancy-related morbidity & mortality, often preceded by intraamniotic infection (IAI).
- Although over 60% of OB sepsis deaths are preventable, disparities & structural inequities persist, potentially increasing risk among patients at Magee-Womens, UPMC Hamot.
- Pregnancy-related physiologic changes can mask early OB sepsis signs, & limited clinical exposure may contribute to missed cues & delayed recognition & treatment.

Focus Area

Strengthen early recognition, equitable evaluation, & timely management of OB sepsis, serious infection, & IAI through multidisciplinary review, education, & patient follow-up to reduce preventable maternal morbidity & mortality.

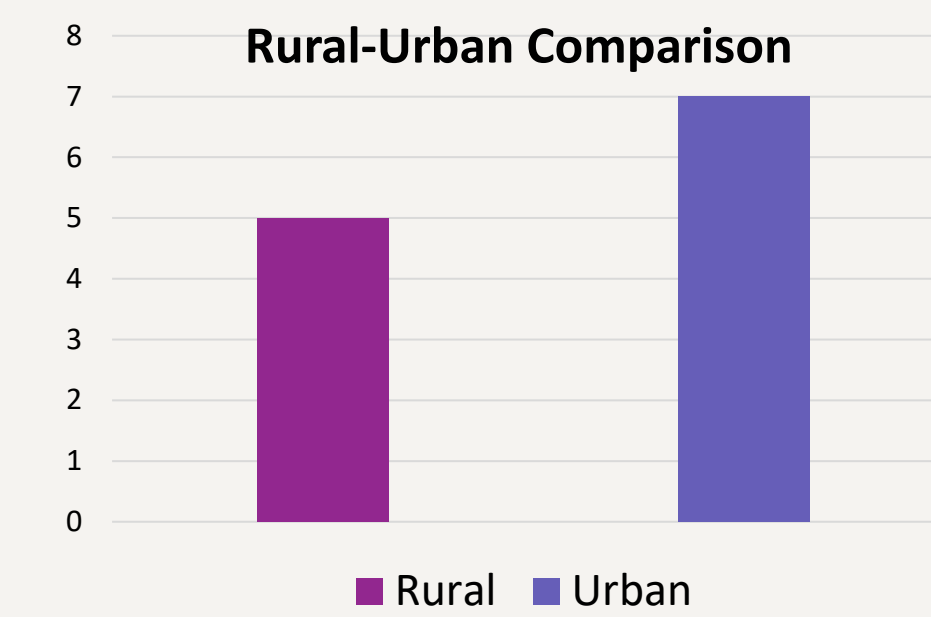
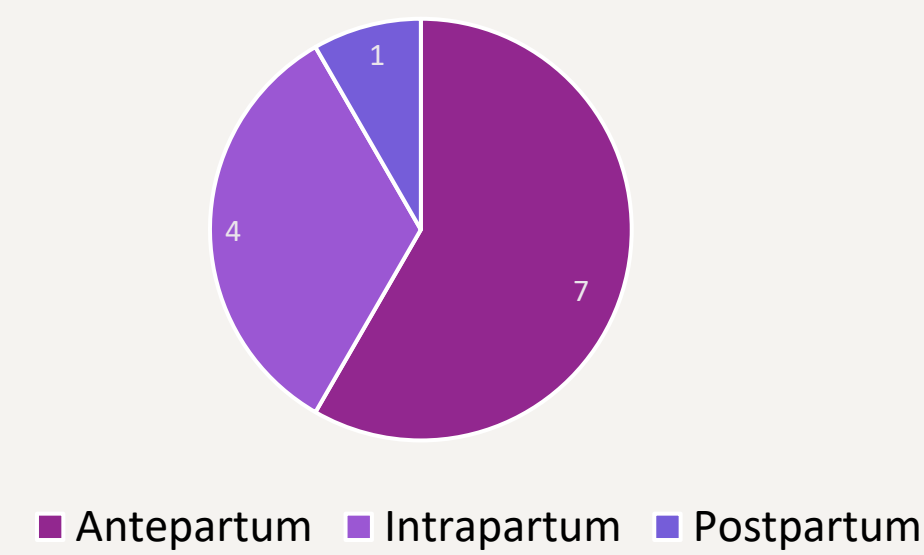
Key Interventions

- Identified & reviewed OB sepsis, serious infection, & IAI cases to detect trends in social determinants of health (SDOH), disparities, & treatment practices
- Partnered with the multidisciplinary Women's Hospital Patient Safety & Quality (WH PSQ) Committee to review cases & discuss SDOH, disparities, & opportunities for improvement
- Conducted nurse leader rounds & follow up phone calls on delivery admissions to reinforce maternal urgent warning signs

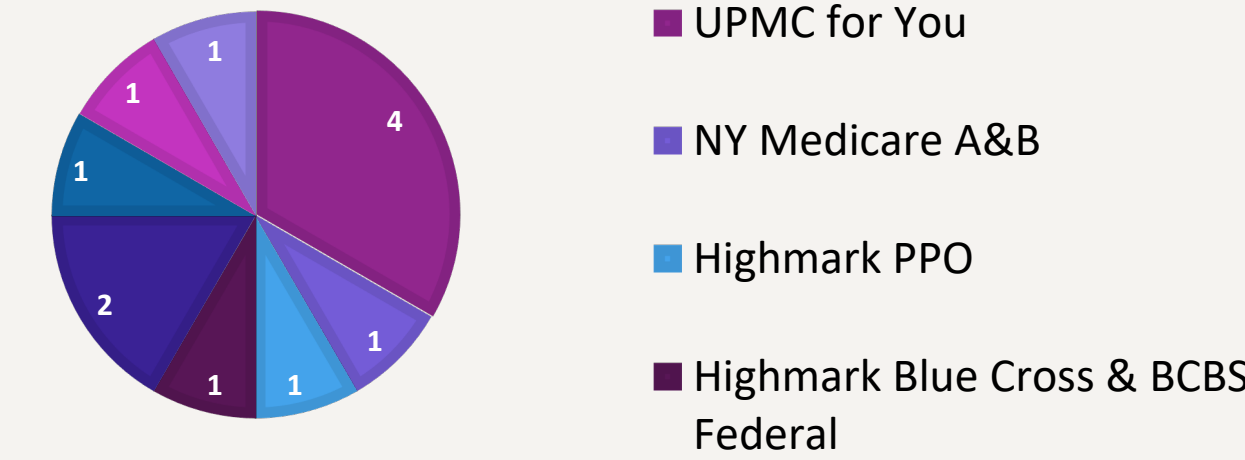
Results from July 1, 2025 – March 31, 2026

Findings for Sepsis / Serious Infection

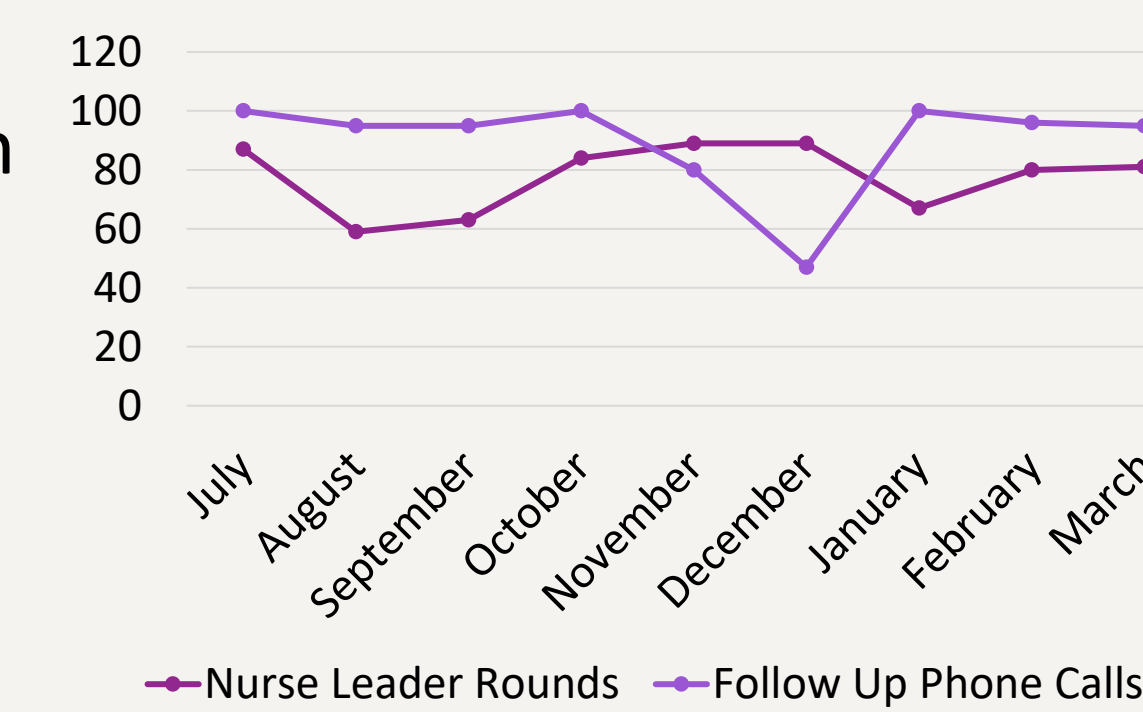
Pregnancy Stage During Sepsis / Serious Infection Warning Signs



Health Insurance



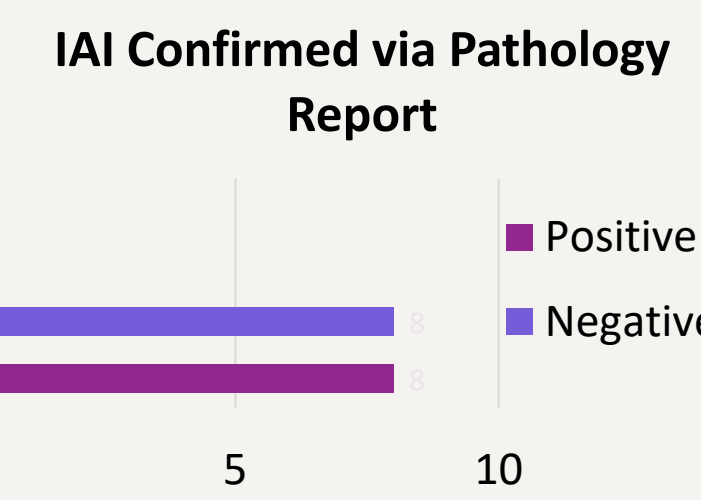
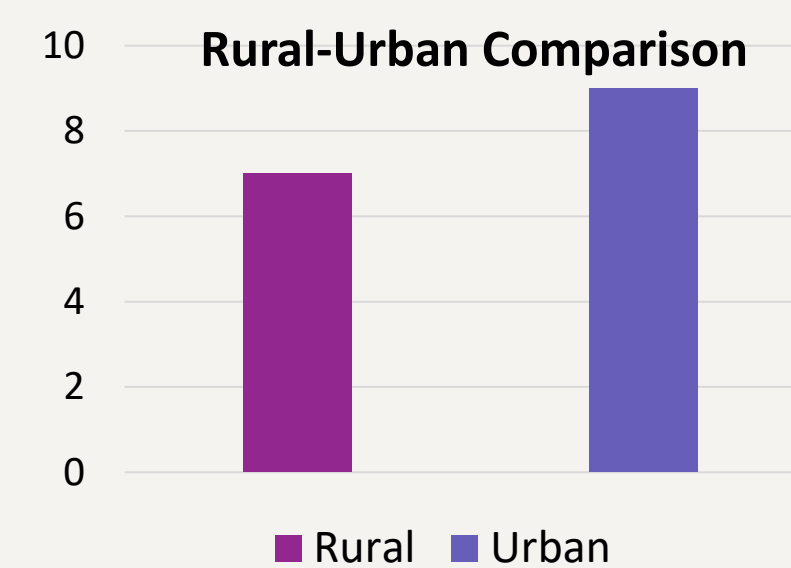
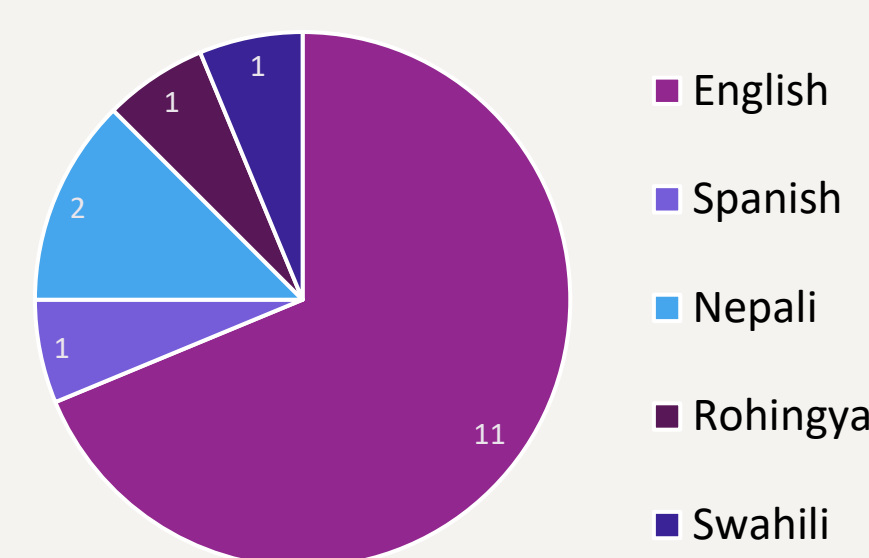
Percentage of Delivery Admission Patient Rounds & Postpartum Follow-Up Phone Calls



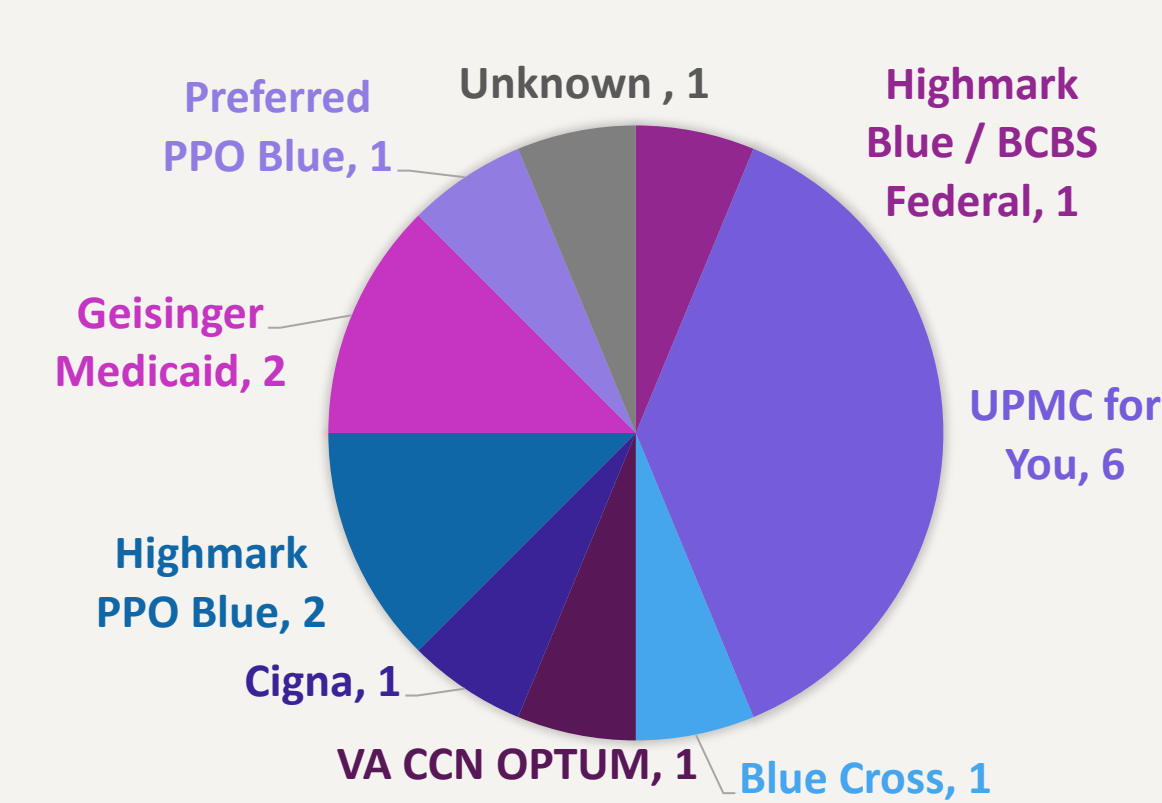
- Due to the low number of sepsis patients, serious infection cases were also reviewed during the antepartum, intrapartum, & postpartum periods
- 12 cases reviewed (9 serious infections, 1 sepsis, & 2 septic shock)
- Rising incidence of sepsis/serious infection among antepartum patients compared with prior reporting; 2 antepartum patients with septic shock requiring transfer to ICU
- 100% of patients were white with the average age of 25
- SDOH included teen pregnancy, language barrier (8% Spanish speaking), late prenatal care (PNC) due to no health insurance, multiple chronic health conditions, & lack of transportation
- 67% of the time providers utilized the sepsis order set versus entering separate orders for antibiotics & labs

Findings for IAI

Spoken Language



Health Insurance



- 16 IAI cases identified, 0 IAI cases led to sepsis, & 3 IAI cases displayed signs of serious infection
- 75% of patients were white, 19% were Asian, & 6% were black with the average age of 30
- SDOH included language barriers, late PNC due to no insurance, no PNC, gestational carrier, housing/food concerns
- 50% of infants were admitted to the NICU; 38% of infants received antibiotics; 1 infant died due to extreme prematurity

Education Strategies

- Delivered targeted OB sepsis education through monthly Nursing M&M meetings, incorporating the patient voice
- Provided OB sepsis education & simulation to 100% of nurses, advanced practice providers, & patient care technicians emphasizing OB sepsis signs and symptoms, bedside evaluation, hearing the patient voice, & patient education
- Distributed OB sepsis badge buddies to all staff
- Shared ongoing case review data & education across WH PSQ, OB Department, & Nursing M&M meetings

<20 weeks gestation & after 72 hours postpartum / Adult pathway	≥20 weeks gestation up to 72 hours / OB Pathway
Vital signs & WBCs: 2 or more	Vital signs & WBCs: 2 or more
Temp >38.3 or <36 C	Temp ≥38 or <36 C
HR >90	HR >110
RR >20	RR >24
WBCs >12,000 or <4,000 or >10% Bands	WBCs >15,000 or <4,000 or >10% Bands

Future Directions

- Prepare staff for UPMC System OB Sepsis Policy
- Conduct OB sepsis in-situ simulations on all OB units
- Continue chart reviews, nurse leader rounds, & follow up phone calls to improve equitable care & outcomes
- Our teams would most like to learn about electronic medical alerts for OB sepsis criteria

