

# PA PQC Annual Meeting Poster Session Instructions

During the Annual Meeting (May 21, 2025), all Healthcare Teams will present a poster that tells other Healthcare Teams about their work. The purpose of these posters is 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 how many initiatives your Team is participating in.
- Healthcare Teams will be required to submit an electronic copy of their poster to their QI Coach by **April 30, 2025** & print a hard copy to display at the Annual Meeting
- This will count as your QI report out for whichever initiative you choose (for example if your team participates in both OUD & NAS, you can create a poster for NAS then submit your usual QI report vis LifeQI for OUD).

## 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 with thumb tacks)
- Instructions for locating display area & push pins for displaying posters will be provided at registration.

## 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
- 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:

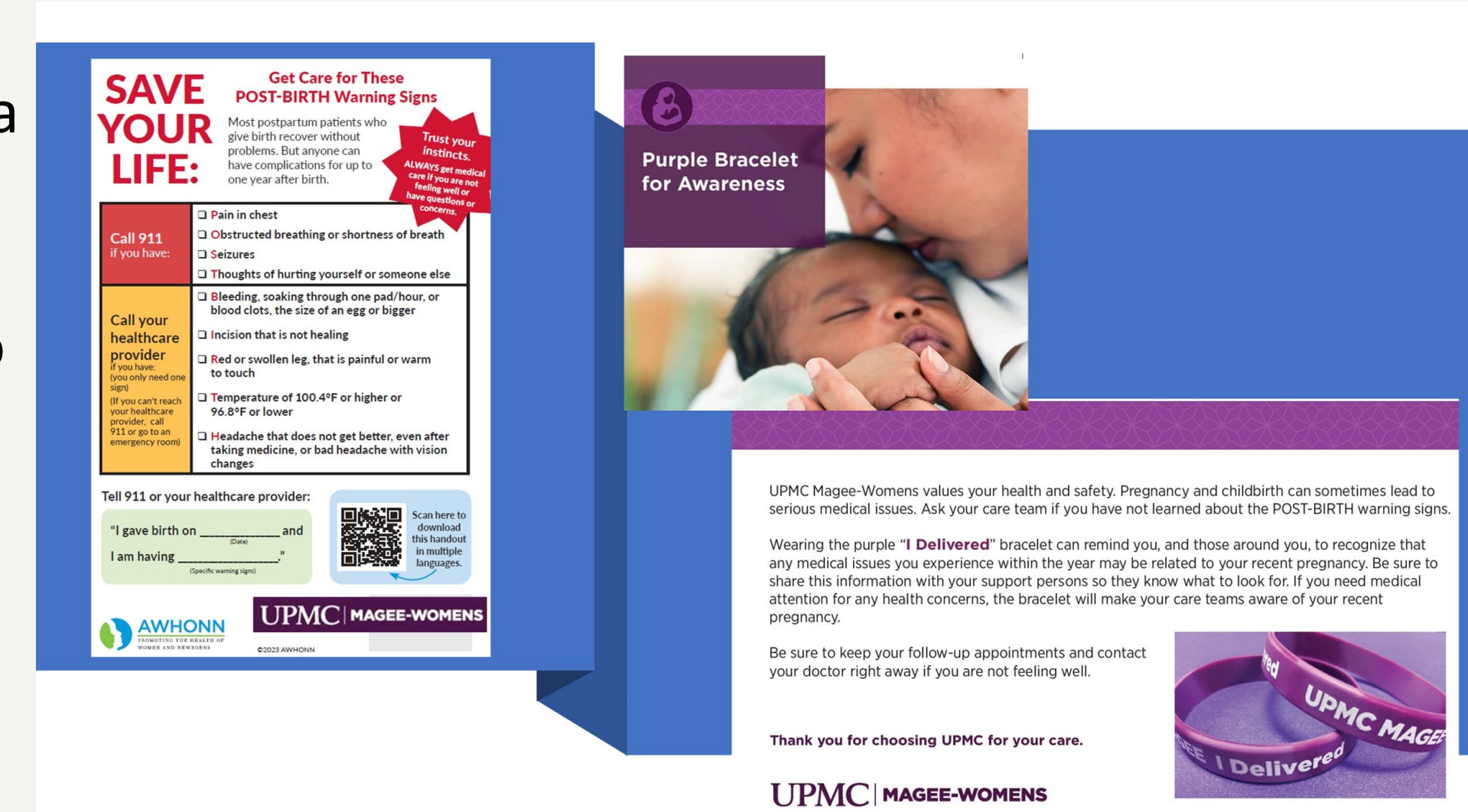
- **Use contrast** – when putting different colors next to each other, make sure to use colors that differ not just in terms of shade, but also in tint (brighter vs darker) & saturation (muted vs vibrant) to make your content stand out
- **Use “empty” space to your benefit** – not over-stuffing your 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 stand out better)

## Problem Statements

- Obstetric (OB) sepsis is a life-threatening condition causing organ dysfunction during pregnancy, delivery, post-abortion, or postpartum
- OB sepsis is the 2<sup>nd</sup> leading cause of maternal mortality; 3<sup>rd</sup> leading cause of Severe Maternal Morbidity (SMM) at delivery; 1<sup>st</sup> leading cause of SMM during antepartum & postpartum periods
- Approximately 63–73% of sepsis-related maternal deaths are preventable
- Significant racial inequities disproportionately impact underrepresented minority groups
- Early warning signs can be missed as vital-sign changes may be mistaken for normal pregnancy physiology

## Key Interventions

- Developed a systemwide sepsis policy draft in collaboration with a multidisciplinary team to strengthen early identification
- Facilitated OB sepsis education, incorporating the patient voice to enhance awareness & understanding
- Established monthly systemwide multidisciplinary case review meetings using the AIM Severe Maternal Morbidity (SMM) data & case review form
- Distributed OB sepsis badge buddies to frontline staff as point-of-care reminders
- Provided all birthing patients with updated AWHONN Post-Birth Warning Signs magnets & "I Delivered" purple bracelets during birth admissions
- Recognized Maternal Health Awareness Day across UPMC with April Chavez sharing her sepsis story, highlighting her experience with 12 of 15 Urgent Maternal Warning Signs



## Lessons Learned

- Subtle changes in vital signs may indicate early sepsis; a 3–5 breaths/min increase in respiratory rate can be clinically significant
- Incomplete vital-sign documentation (RR, MAP, temperature) limits early recognition
- Patient engagement matters: listening, clear education on when to seek care, & ensuring patients feel heard are essential
- Current sepsis reporting tools do not fully reflect OB-specific criteria
- Sepsis dashboards emphasize labor admissions, highlighting opportunities to review antepartum & postpartum readmissions
- Awareness of risk factors & bias is critical, including SDOH, prior C-section, GBS history, substance use disorder, mental health disorders, & race

## Focus Areas

- Develop a system-wide OB sepsis policy aligned with CMQCC guidance & educate OB teams on early recognition & timely treatment
- Leverage system-wide multidisciplinary collaboration to review OB sepsis cases, assess progress of AIM initiatives, & identify opportunities for care improvement

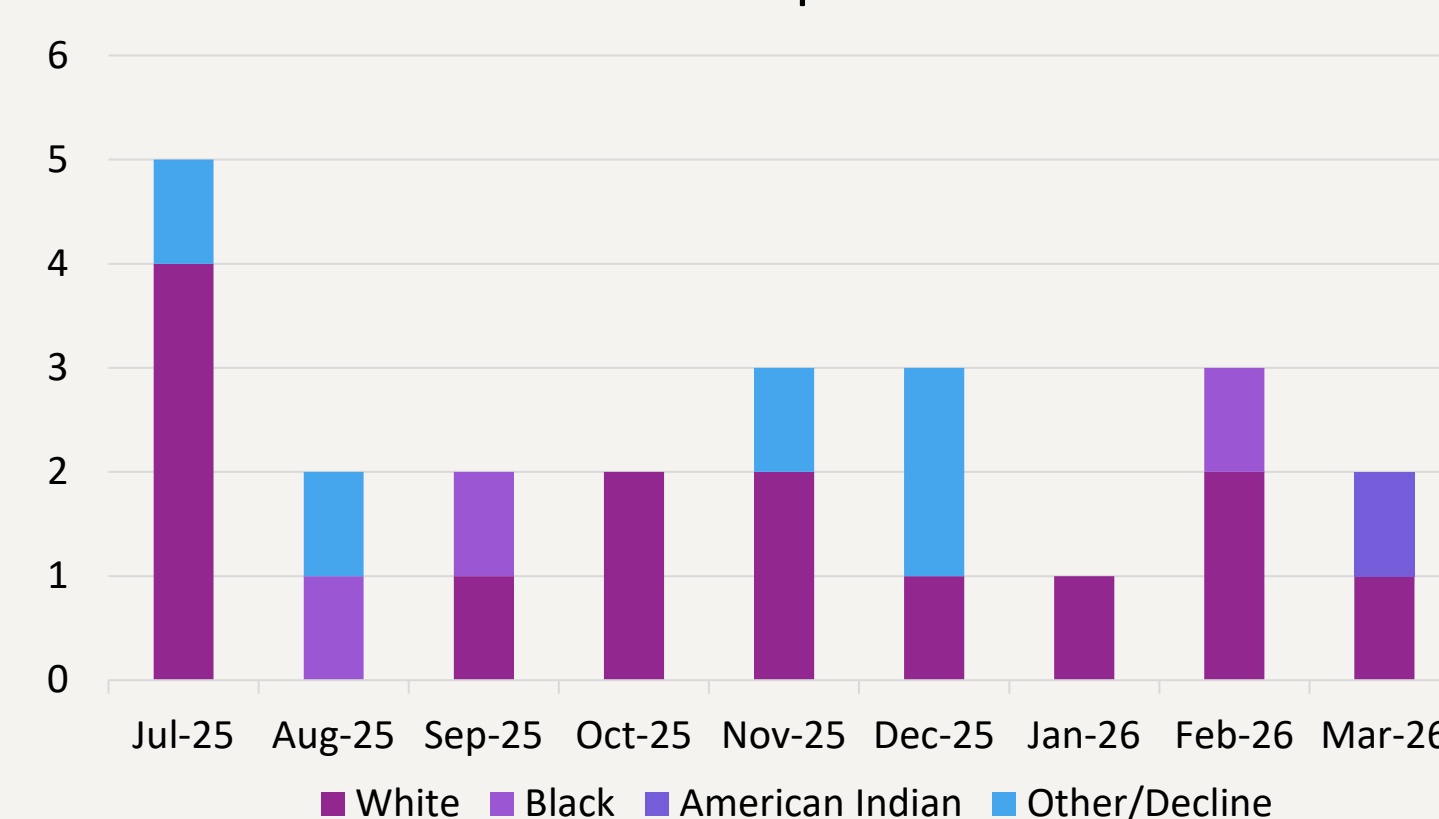
## Scan below for participating hospital results

- Altoona
- Hamot
- Hanover
- Harrisburg
- Horizon
- Magee-Womens
- Memorial
- Northwest
- Wellsboro/Williamsport

QR code

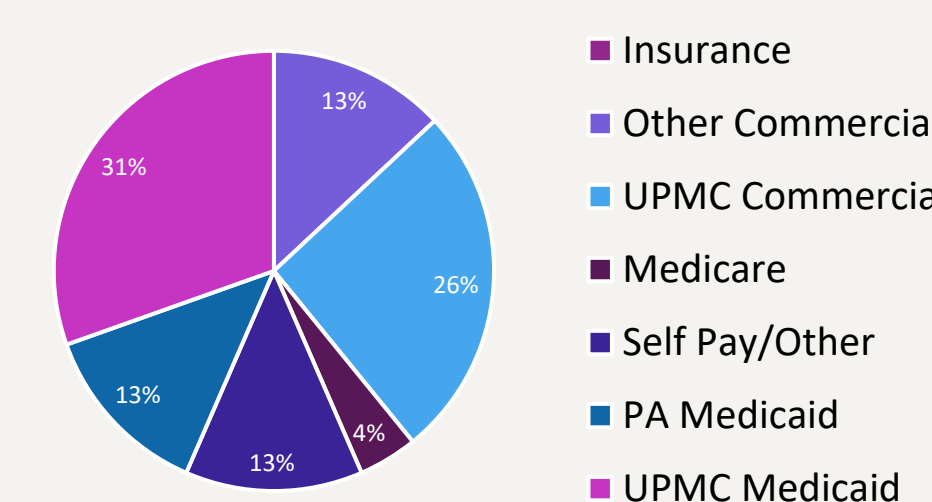
## Measures & Results

UPMC OB Sepsis Cases

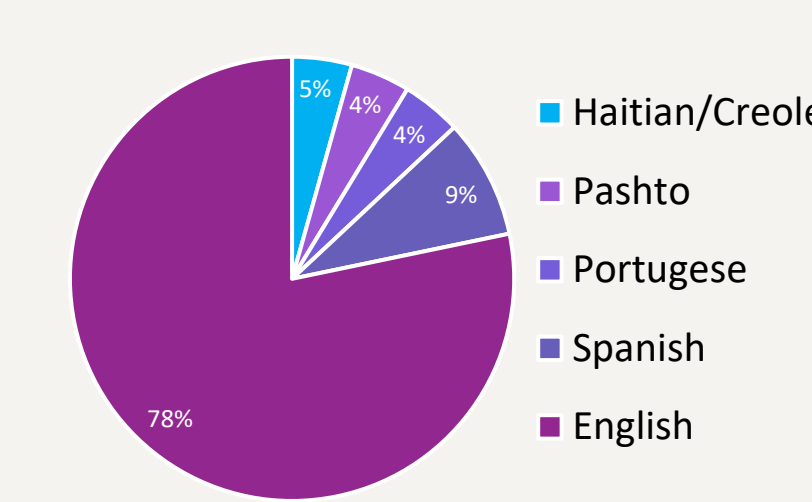


17,568 total births across UPMC from July 1, 2025 – March 31, 2026

Insurance



Spoken Language



## Future Goals

- Prepare teams for system-wide OB sepsis policy implementation
- Partner with Informatics to embed early-warning triggers & OB-specific sepsis criteria in the new electronic medical record
- Collaborate with ED & ICU teams to support early identification & management of OB sepsis

