The Alliance For Innovation on Maternal Health (AIM): Maternal Mortality Support to States

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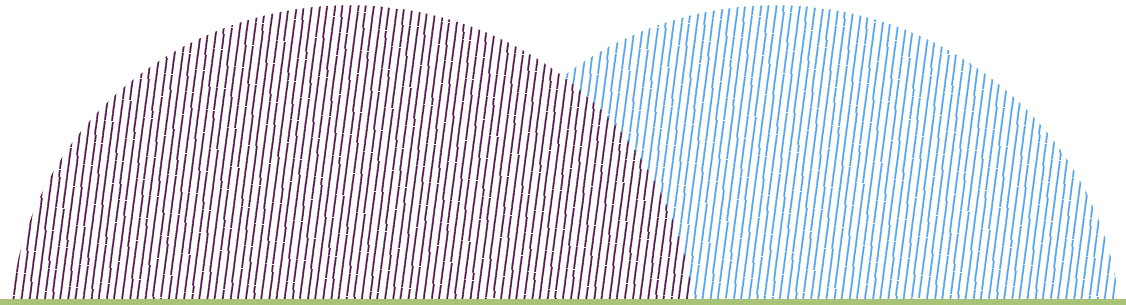
THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS · WOMEN'S HEALTH CARE PHYSICIANS · 1951

COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman


Google
WHAT IS THE ALLIANCE FOR INNOVATION ON MATERNAL HEALTH (AIM)?
Google Search
I'm Feeling Lucky

AIMs Growth Over The Years

1987 – 2007	2010	2012	2013	2014
• Maternal Deaths Double	• CDC/ACOG explore cases of “near misses” NY/CA PQCs report on increased complications around time of delivery	• SMFM Workgroup on *Putting the “M” Back in MFM* • IHI coins the concept of “Bundles” (Hemorrhage, HTN, VTE, MEWS) • Council for Patient Safety in Women’s Health Care formed by ACOG.	• MCHBs National Partnership for Maternal Safety formed (ACOG, SMFM, ACNM, AWHONN). • AMCHP received funding to develop state maternal mortality and morbidity review teams	• HRSA/MCHB funds the Alliance for Innovation on Maternal Health.



HRSA awards $2M to maternal mortality program

U.S. Department of Health & Human Services
Health Resources and Services Administration

HRSA NEWS ROOM
http://newsroom.hrsa.gov

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The Health Resources and Services Administration (HRSA) today awarded $2 million to the American College of Obstetricians and Gynecologists to reduce maternal morbidity and mortality through the Alliance for Innovation on Maternal Health (AIM).

"The rate of pregnancy-related deaths in the United States has more than doubled over the last two decades, and for every death, about 100 women suffer severe complications," said HRSA Administrator George Sigounas, MS, Ph.D. "Today's award is a clear example of HRSA's leadership in addressing these serious public health issues."

AIM will engage provider organizations, state-based health and public health systems, consumer groups, and other stakeholders in a national partnership. Together they will help teams implement evidence-based maternal safety bundles proven to reduce severe maternal morbidity and maternal mortality. Maternal safety bundles are a set of small straightforward evidence-based practices that when implemented collectively and reliably in the delivery setting have improved patient outcomes. The funding will also enable data analysis for continuous improvement.

"Evidence shows that many cases of maternal mortality and severe maternal morbidity are preventable through increased use of safe maternity care protocols," said Laura Kavanagh, Acting Associate Administrator of HRSA's Maternal and Child Health Bureau. "HRSA's award will provide health care providers with tools that advance the quality and safety of maternity care to give women across the U.S. the best possible chance of a healthy pregnancy and beyond."

In late June 2018, HRSA hosted the HRSA Maternal Mortality Summit, which gathered experts from the U.S. and internationally to highlight innovative strategies in reducing maternal morbidity and mortality. For more information on the Summit, visit https://www.hrsa.gov/maternal-mortality/2018-summit.html and watch the videos on YouTube. To learn more about how HRSA is addressing maternal mortality, see https://www.hrsa.gov/maternal-mortality/index.html.

AIM's Goal

- Eliminate Preventable Maternal Mortality and Severe Morbidity in Every U.S. Birthing Facility

By:

- Promoting safe maternal care for every US birth.
- Engaging **multidisciplinary partners** at the national, state and hospital levels.
- Developing and implementing **evidence-based maternal safety bundles**.
- Utilizing **data-driven quality improvement** strategies.
- Aligning existing safety efforts and developing/collecting resources.

Funded through HRSA (federal) Maternal and Child Health Bureau with a cooperative agreement.

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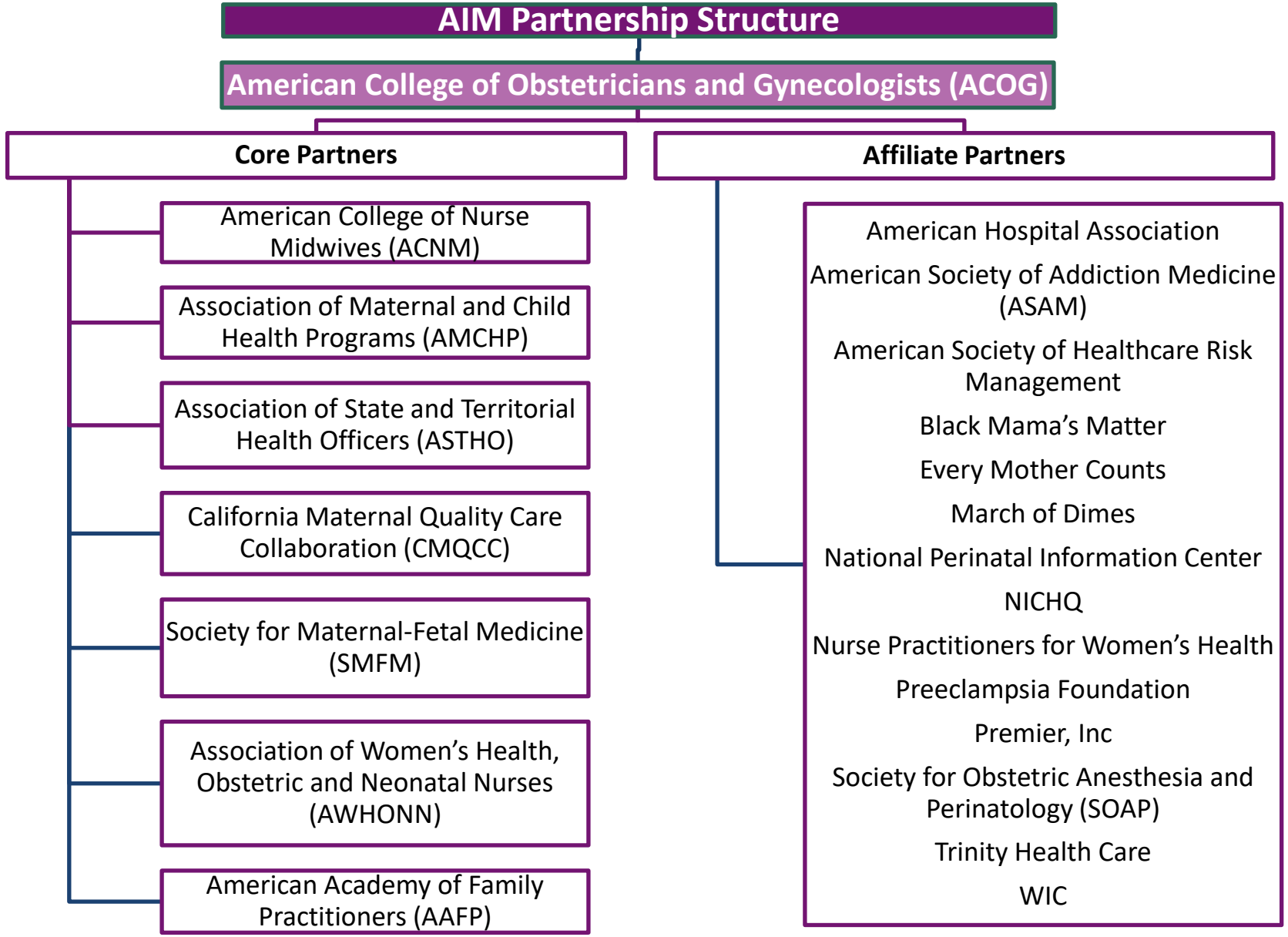
AIM Partners



AIM Works at National, State, and Facility Levels

National PH and Professional Organizations

- Engage/coordinate national partners and resources.
- Develop QI tools
- Support multi-state data platform.
- Support inter-state collaboration.

Perinatal Collaborative: DPH, Hospital Assoc., Professional Groups

- Support/coordinate hospital efforts.
- Share tools, resources, and best practices.
- Use state data for outcome metrics.
- Share and interpret progress.

Hospitals, Providers, Nurses, Offices and Patients

- Create QI team
- Implement bundles.
- Share best practices.
- Collect structure and process metrics.
- Review progress.

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Requirements for AIM Enrollment

- ✓ Maternal Mortality Review Committee
- ✓ Ability to collect data
- ✓ A state-based multidisciplinary coordinating body/PQC

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HOW DOES AIM WORK?

AIM PROVIDES IMPLEMENTATION SUPPORT AND DATA TRACKING FOR OPEN ACCESS PATIENT SAFETY BUNDLES AND TOOLS. ENROLLMENT IS BASED ON VOLUNTARY PARTICIPATION AND HAS A ROLLING ONBOARDING PROCESS.

CONNECT WITH YOUR STATE'S LEADING PERINATAL COORDINATING BODY.

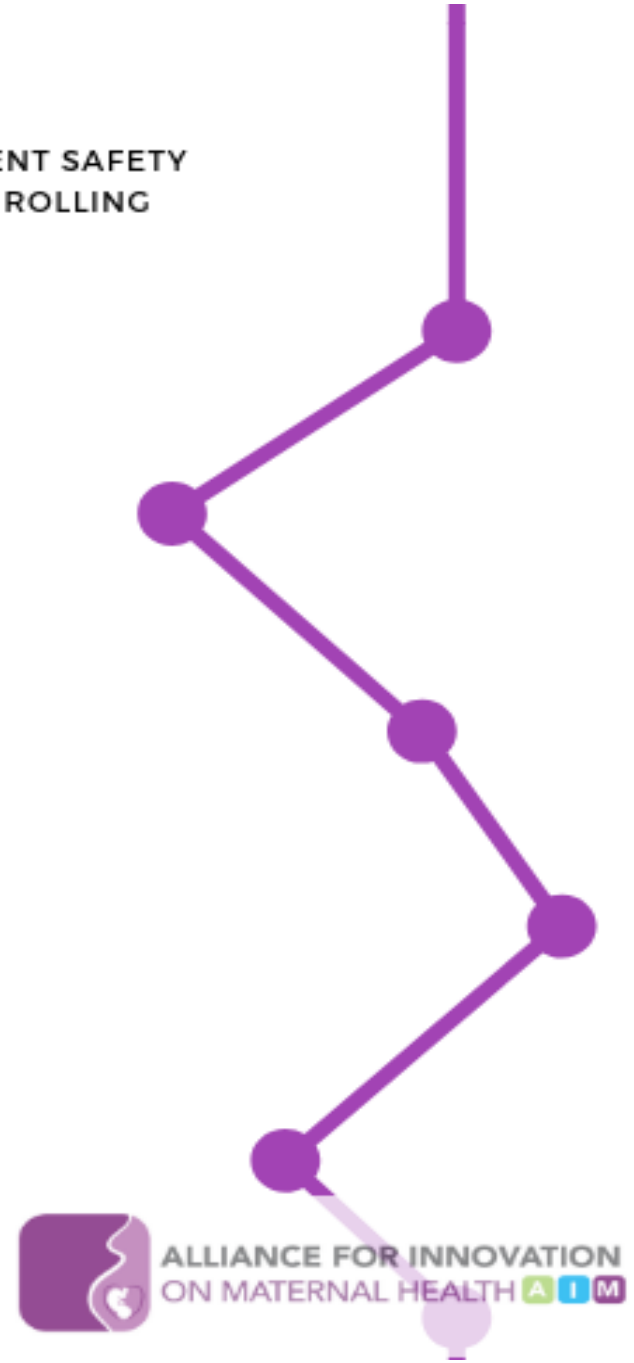
COMPLETE THE AIM ENROLLMENT FORM.

CONDUCT AN ENVIRONMENTAL SCAN OF CAUSES OF MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY IN YOUR STATE.

LEARN ABOUT AIM-SUPPORTED PATIENT SAFETY BUNDLES AND TOOLS THAT FIT YOUR NEEDS.

DISTRIBUTE AND COMPLETE THE AIM BASELINE SURVEY FOR HOSPITAL ENGAGEMENT.

BEGIN IMPLEMENTATION AND DATA BENCHMARKING.



AIM IS FUNDED BY GRANT #UC4MC28042 THROUGH A COOPERATIVE AGREEMENT WITH THE MATERNAL AND CHILD HEALTH BUREAU (MCHB) AND HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA).

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AIM IMPLEMENTATION TIMELINE

Enrollment
1-3 Months

- ❿Completion/Submission of AIM Enrollment Form.
- ❿Review of AIM Enrollment Form by AIM Executive Team/Partners.
- ❿Acceptance of AIM Enrollment Form.

Onboarding
3-6 Months

- ❿Establish meetings with State Partners.
- ❿Establish monthly meeting schedule with AIM Program Manager and State Lead Coordinator.
- ❿Review and Submit signed MOU to AIM National Team.
- ❿Create Implementation Workplan and Submit to AIM National Team.
- ❿Review/Edit and Distribute Baseline Survey to hospitals.
- ❿Coordinate/Schedule Kick-off.

Data Onboarding
6-9 Months

- Establish meetings with State Data Coordinator, AIM Program Manager, and AIM Data Consultant.
- Review and Submit signed DUA to AIM National Team.
- Review data files, data user manual, SMM Codes List, and Demo Data Portal.
- Determine Data Reporting Pathway.
- Submit Participating hospital list to AIM Data Consultant.
- AIM Data Consultant develops State section in AIM Data Portal.

Implementation
9-12 Months

- Monthly meetings with AIM Program Manager and State Lead Coordinator/Team.
- Submit AIM Quarterly Progress Reports.
- Submit Data Quarterly.
- Participate in AIM Monthly Calls.
- Attend Annual AIM Meeting.
- Submit State Resources to AIM National Team for website.

Evaluation & Sustainability
12-24 Months

- AIM National Team visit at 18 months.

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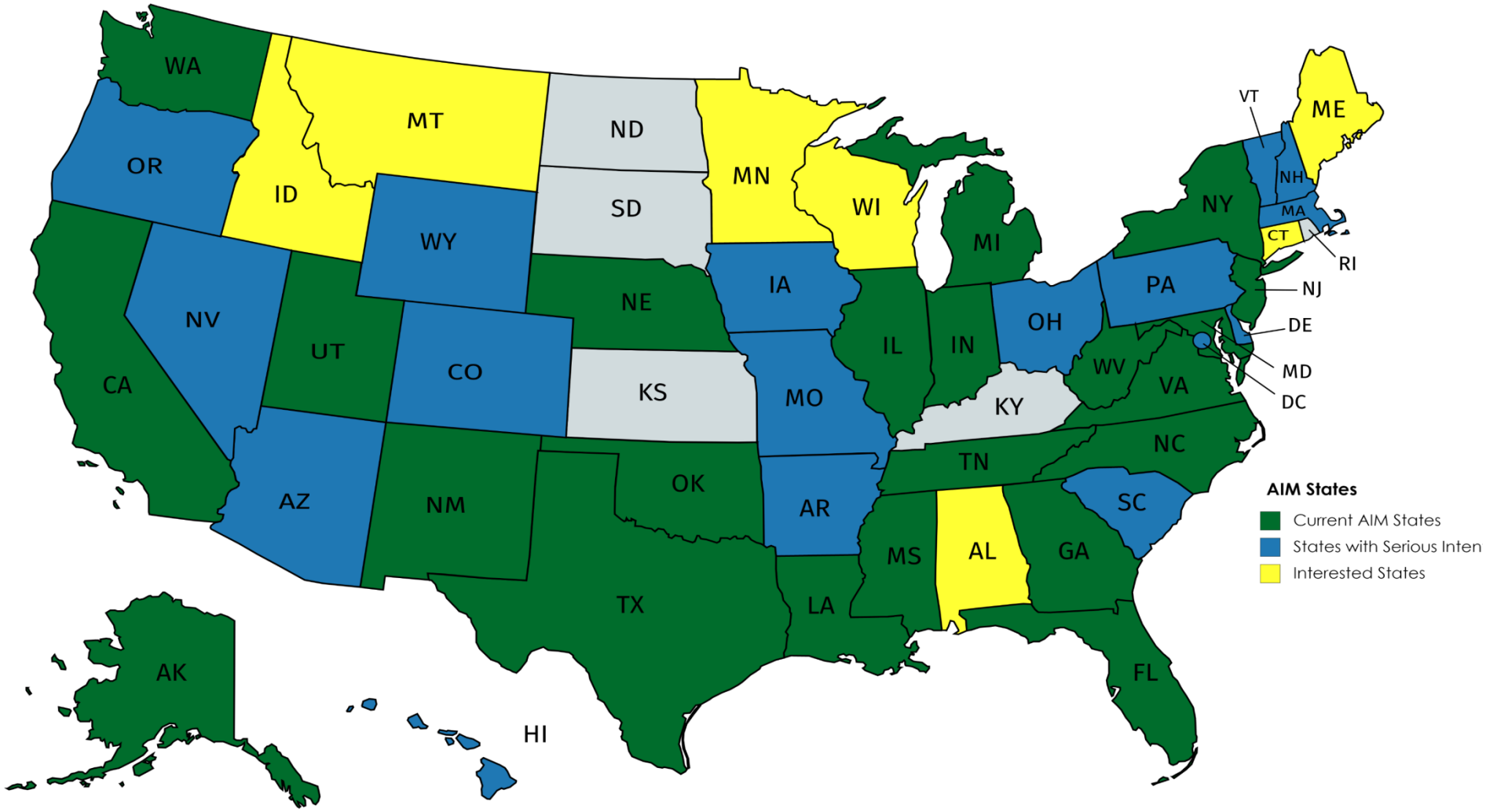

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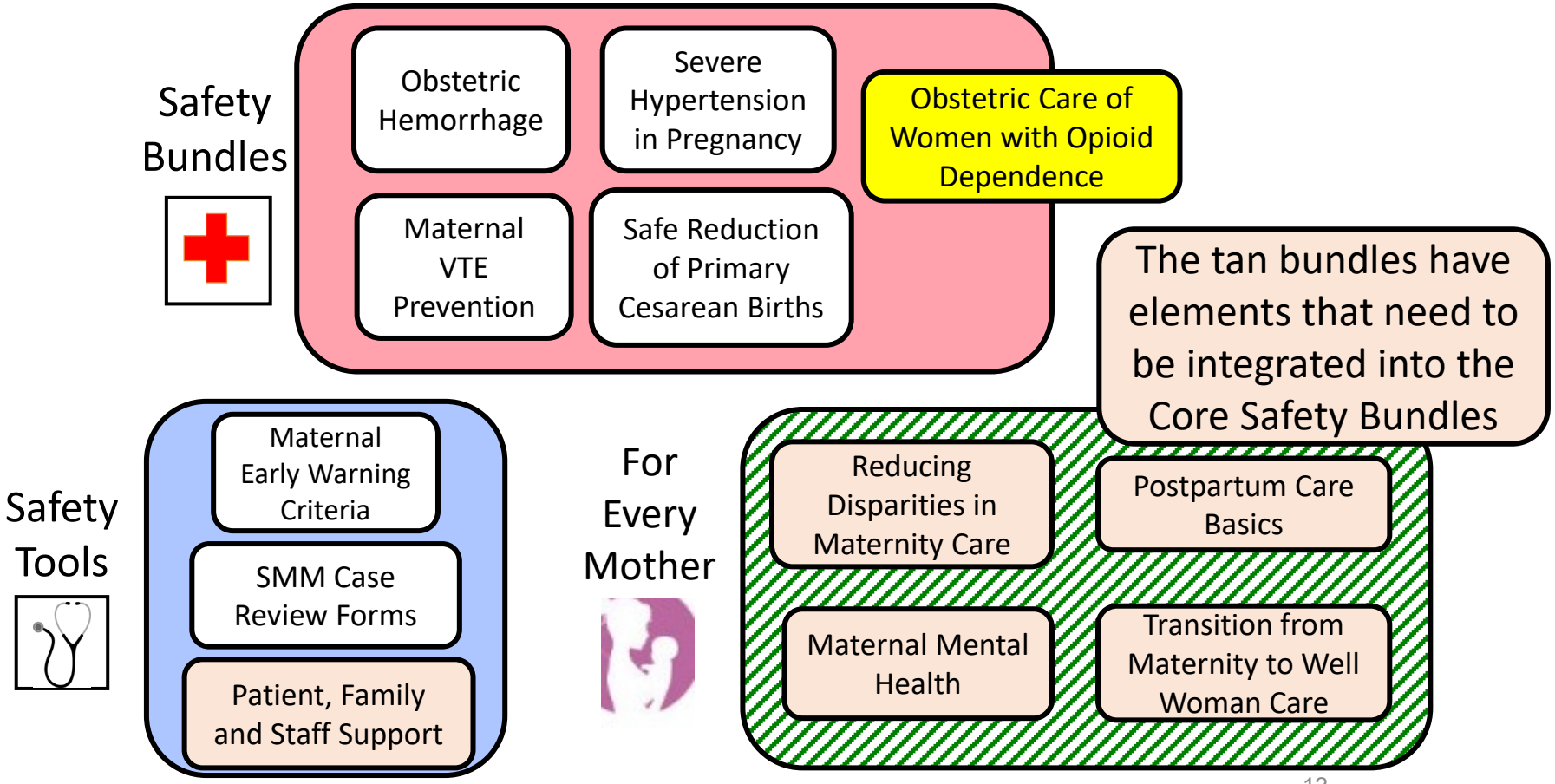
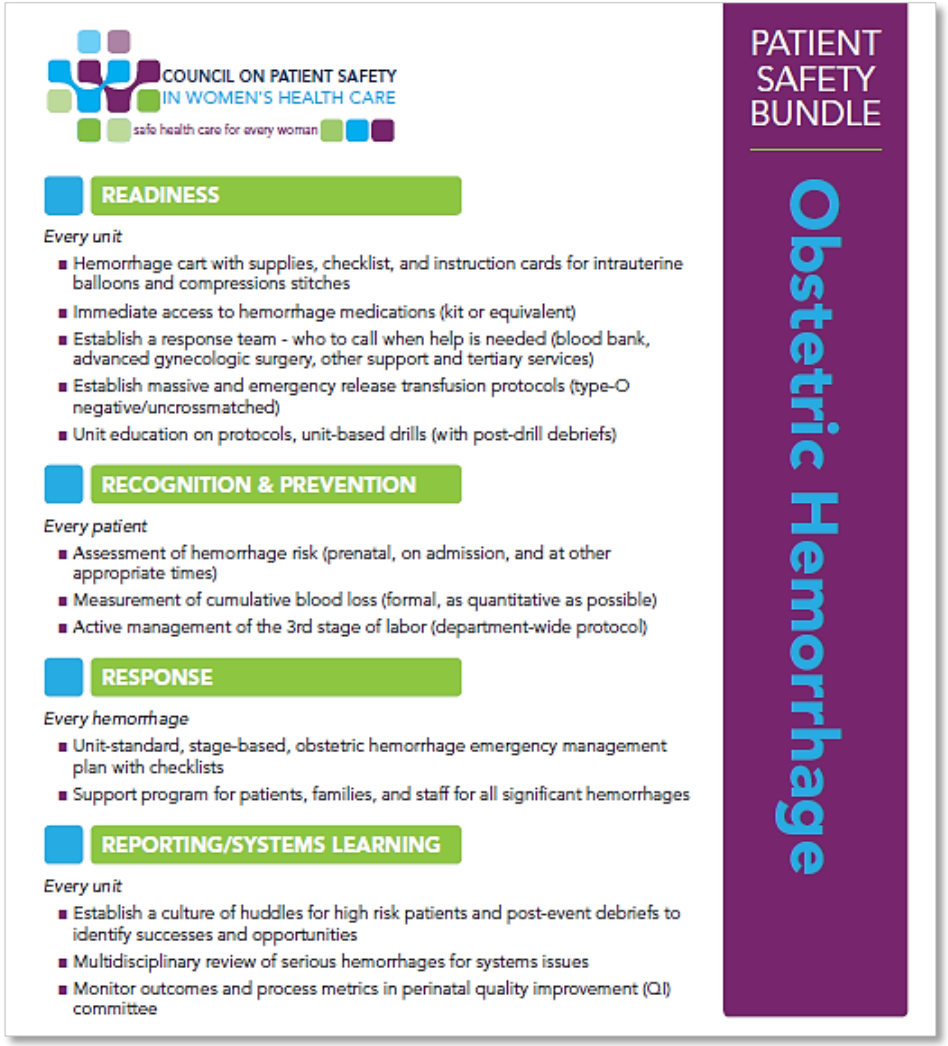
AIM Safety/Quality Improvement Bundles



Maternal Safety Bundles

Uniform Structure:

- Readiness
  - Every unit—prepare and educate
- Recognition & Prevention
  - Every patient—before event
- Response
  - Every Event—team approach
- Reporting/Systems Learning
  - Every unit—systems improvement



Available at: safehealthcareforeverywoman.org with resource links.

Why an AIM Data Center?

- Data-driven / Data-supported Quality Improvement
- You can follow your own progress and compare to other “like” facilities in your state and other states (all de-identified)
- The State Collaborative leaders can track how you are doing and provide help and nudges where appropriate
- Everyone can track overall progress towards the state and national goals

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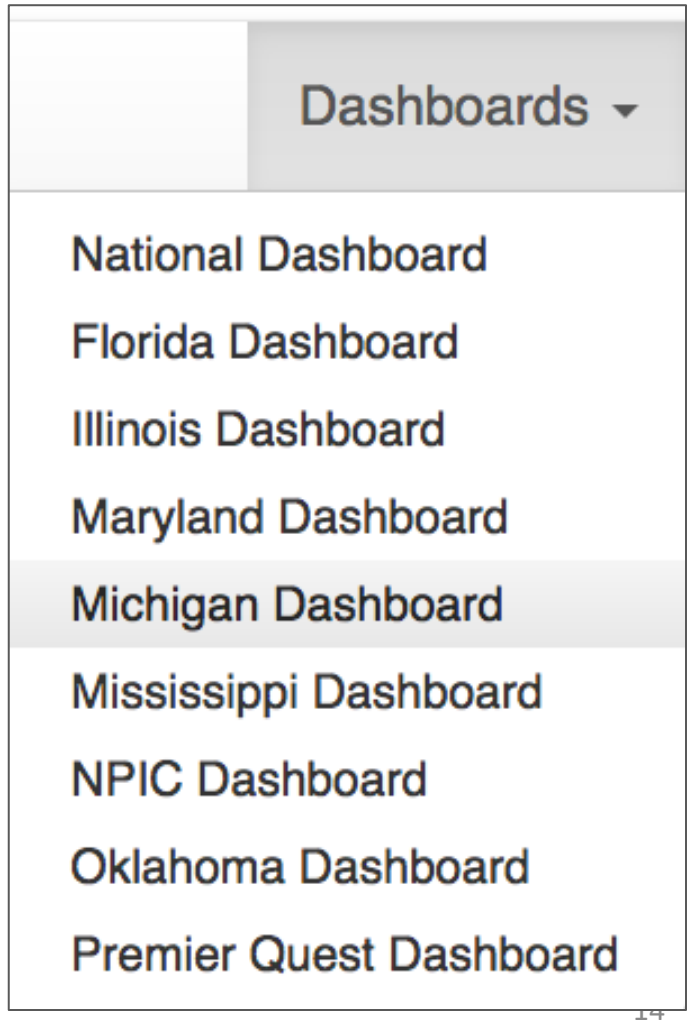
AIM DATA CENTER



Three Audiences

- Participating Hospitals
  - Track measure results and progress
  - Benchmark against peers (both in-state and across state collaboratives)
- Collaborative-wide Leads
  - Track collaborative progress
  - Track data submission progress
  - Benchmark against peer collaboratives
- AIM National
  - Understand which interventions have the biggest impact
  - Assess state support needs
  - Evaluate program

Data Sharing Policies

- All hospital data is de-identified
- Hospital names are not revealed to other collaborative members or to national leads
- Hospital can be bucketed for comparison purposes by volume (or other criteria) into 4 large groupings

- Only exception: State collaborative leads have access to all information submitted

Data Portal Overview

Combines Data from several sources:

- Outcome Measures
  - Submitted to portal by, sourced from existing data collection processes
  - Based on administrative data (ICD-9/10 coding)
- Structure and Process Measures
  - Submitted to portal by collaborative hospitals
  - Based on direct data collection at the hospital
- Data from other AIM collaboratives
  - Allowing for improved benchmarking

Data Submission: Outcome Measures

- Outcome Measures
  - **No action needed** by collaborative hospitals
    Big Win—keeps hospital burden low and provides uniform data
  - All are collected from state-wide sources:
    --All-payer hospital discharge diagnosis files (SMM rate)
    --State Department of Health (Maternal Mortality rate)
    --Vital Records (NTSV Cesarean rate)

Data Submission:
Structure and Process Measures

- Option 1: Hospitals submit directly to AIM Data portal
  - Does not require collaborative to have robust data collection capabilities and allows participating hospitals to view trends and comparisons directly
- Option 2: Hospitals Process and structure measures sent to collaborative; collaborative then submits to AIM data portal
  - Allows for collection of additional measures, or measures structured differently. Collaborative leads can still see graphs and comparisons to other collaboratives. An still generate hospital-specific reports to share with hospitals

Structure Measures

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	Severe Preeclampsia	Obstetric Hemorrhage	Supporting Vaginal Birth/ Reducing Primary CS
1	Unit Policy and Procedure	Unit Policy and Procedure	Unit Policy and Procedure
2	Multidisciplinary Case Reviews	Multidisciplinary Case Reviews	Multidisciplinary Case Reviews
3	EHR Integration	EHR Integration	EHR Integration
4	Patient, Family & Staff Support	Patient, Family & Staff Support	Patient, Family & Staff Support
5	Debriefs	Debriefs	
6		Hemorrhage Cart	

Date completed is reported by the Unit Director

Process Measures

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	Severe Preeclampsia	Obstetric Hemorrhage	Supporting Vaginal Birth/ Reducing Primary CS
1	Unit Drills (#)	Unit Drills (#)	Consistency with ACOG/SMFM Guidelines (Bundle Compliance)* (%)
2	Provider Education (%)	Provider Education (%)	Provider Education (%)
3	Nursing Education (%)	Nursing Education (%)	Nursing Education (%)
4	Timely Treatment of Severe HTN* (%)	Risk Assessment (%)	
5		Quantified Blood Loss (%)	

Based on Unit Director estimates except ones marked with * require chart review

Outcome Measures

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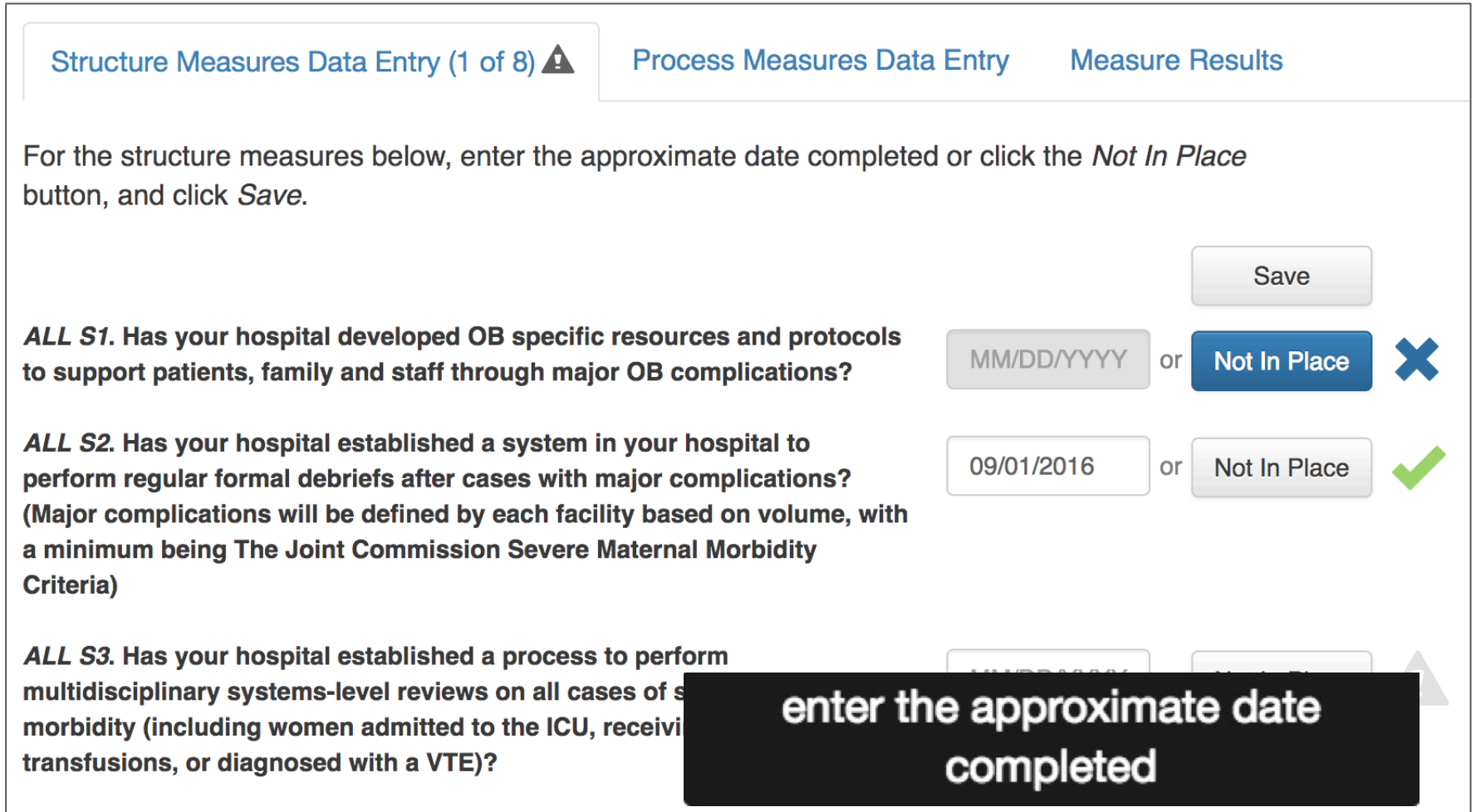
	Severe Preeclampsia	Obstetric Hemorrhage	Supporting Vaginal Birth/ Reducing Primary CS
1	Severe Maternal Morbidity	Severe Maternal Morbidity	Severe Maternal Morbidity
2	Severe Maternal Morbidity (excluding transfusion codes)	Severe Maternal Morbidity (excluding transfusion codes)	Severe Maternal Morbidity (excluding transfusion codes)
3	Severe Maternal Morbidity among Preeclampsia Cases	Severe Maternal Morbidity among Hemorrhage Cases	C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population
4	Severe Maternal Morbidity (excluding transfusion codes) among Preeclampsia Cases	Severe Maternal Morbidity (excluding transfusion codes) among Hemorrhage Cases	C/S Delivery Rate among Nulliparous, Term, Singleton, Vertex (NTSV) Population after Labor Induction

All derived from HDD or BC (via state agency) quarterly

Structure Measures

- Mark either:
  - Approximate date achieved or Not in place



Hospital and State Measure Results

- Hover on measure name for definition
- Hover on rate for numerator/denominator
- Scroll to access structure and process measures

Structure Measures Data Entry (1 of 8) ⚠ | Process Measures Data Entry | Measure Results

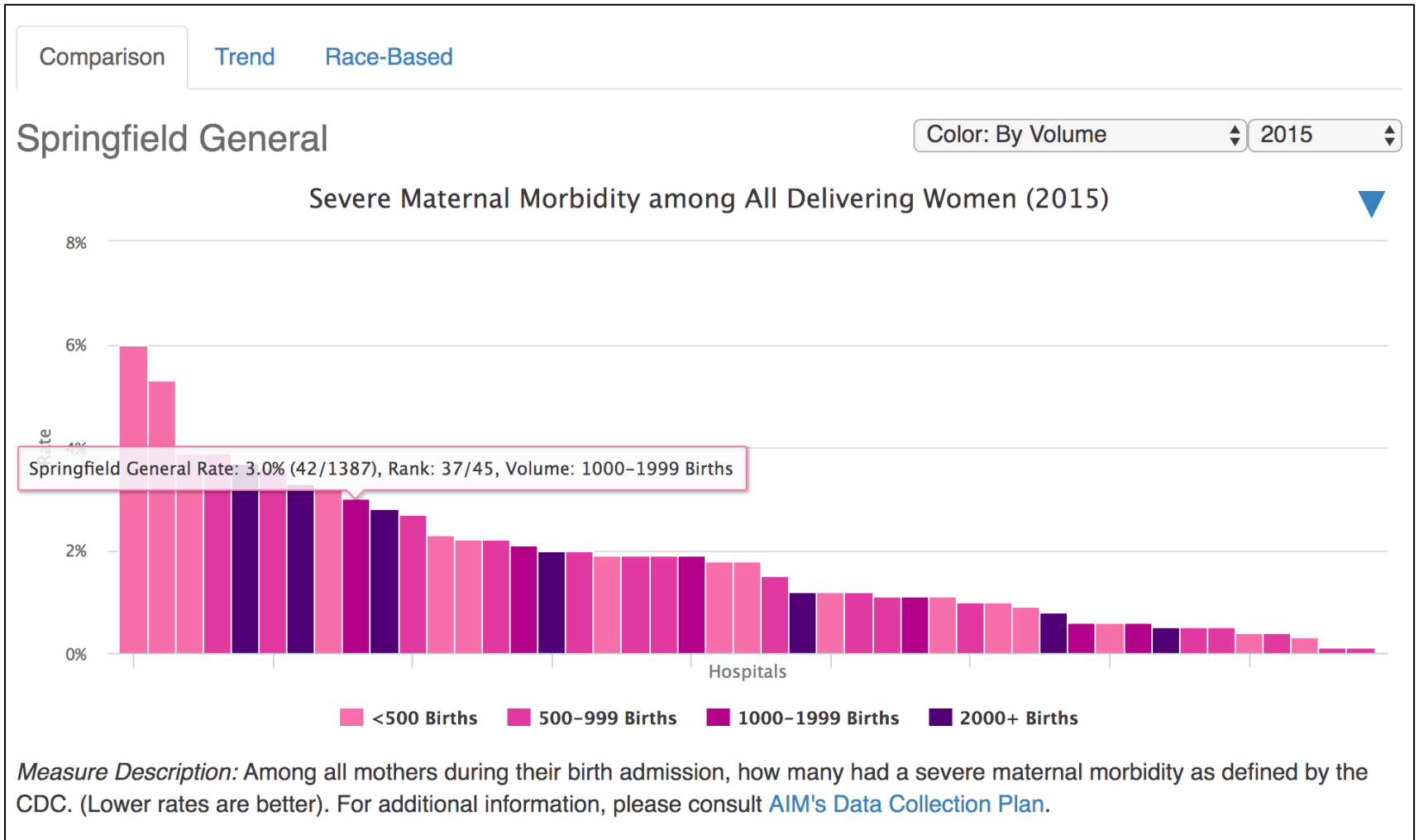
Outcome Measures

No data entry required. Data obtained through hospital discharge data previously submitted to the hospital association.

Measure	2011	2012	2013	2014	2015
Severe Maternal Morbidity among All Delivering Women	2.8%	2.1%	2.2%	3.4%	3.0%
Severe Maternal Morbidity (excluding transfusion codes) among All Delivering Women	0.5%	0.5%	0.1%	0.6%	0.4%
Severe Maternal Morbidity among Hemorrhage Cases	51.4%	31.8%	41.3%	49.5%	59.7%
Severe Maternal Morbidity (excluding transfusion codes) among Hemorrhage Cases	4.1%	5.7%	2.2%	1.1%	4.5%

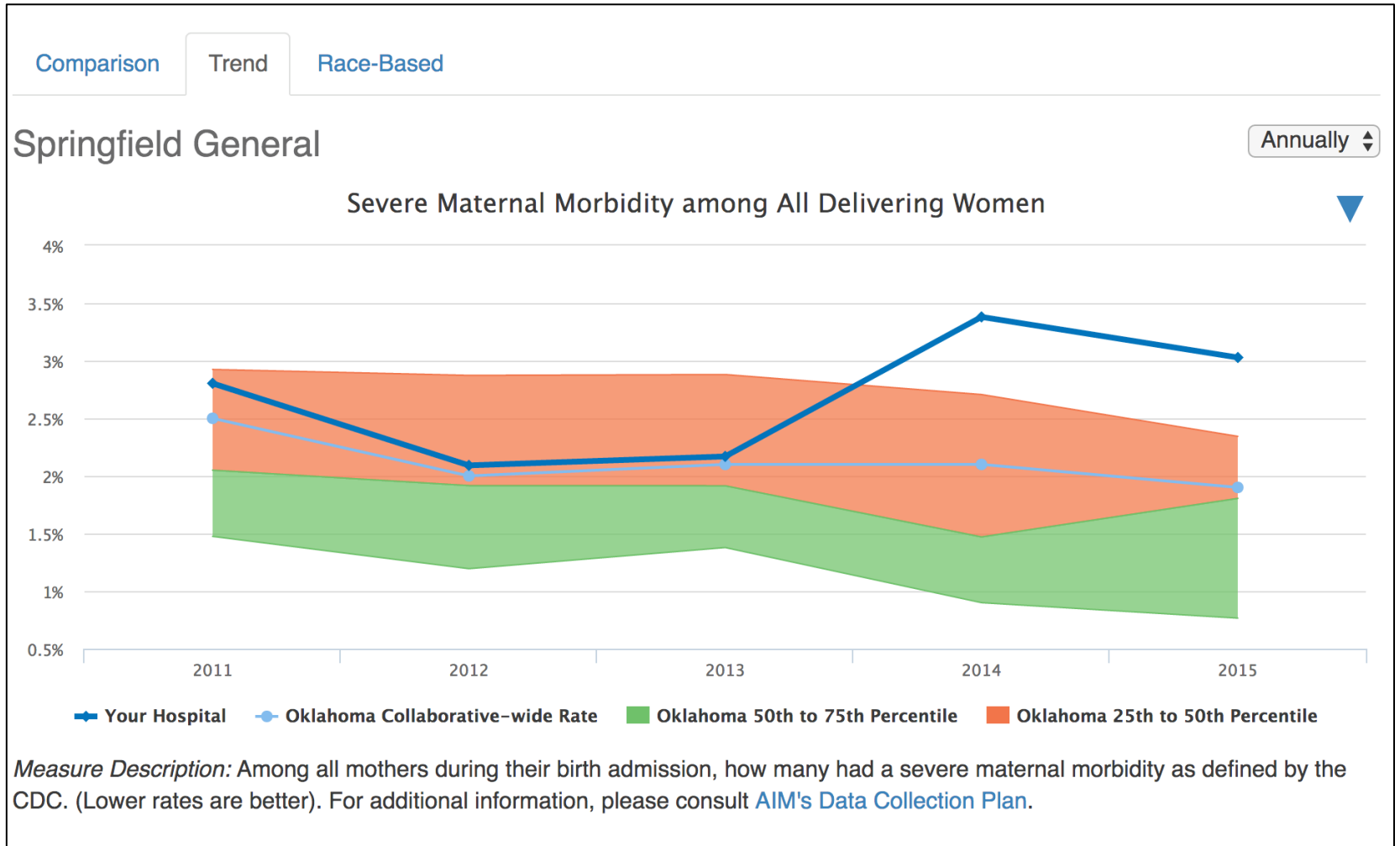
Measure Comparison

- Bar per hospital; your hospital is flagged
- Can customize strata (color), time period, download

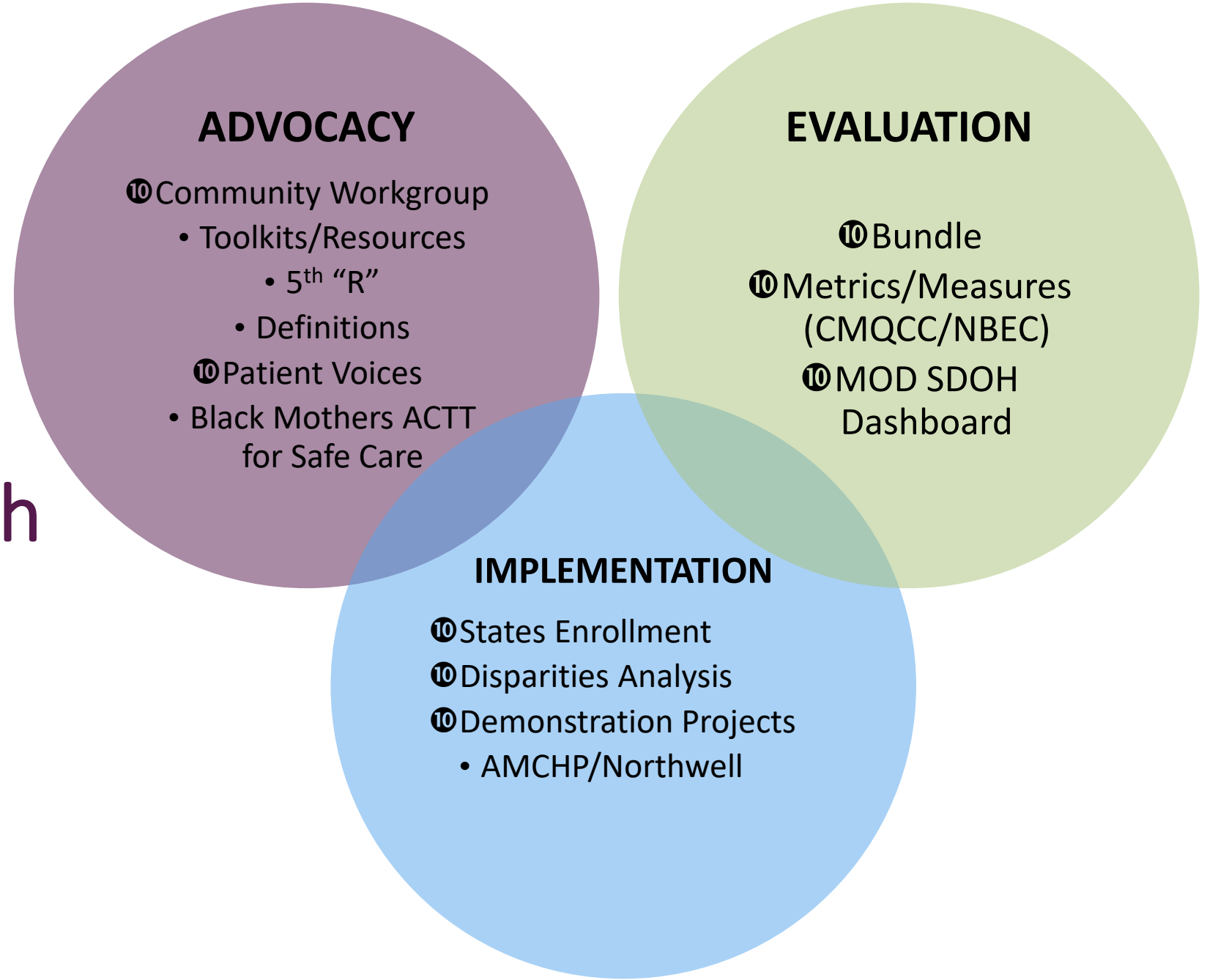


Measure Trend

- Trend for your hospital, collaborative
- Can customize time frequency , download



AIM Strategies for Achieving Health Equity



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AIM National Team Support

1. Collaborate with AIM State Teams with developing a maternal safety bundle implementation workplan.
2. Collaborate with AIM State Teams with developing state and hospital level data plans.
3. Host monthly Data Collection and Hospital Implementation technical assistance calls.
4. Share AIM resources, implementation strategies and lessons learned with AIM State Teams.

Benefits of AIM Participation

1. Alignment of maternal safety efforts on a national, state and local level.
2. Access to leading implementation and quality improvement experts for continuous QI Support.
3. Intensive technical assistance for team-based communication, effective collaboration and harmonized data collection.
4. Evidence-based implementation resources to streamline adoption of maternal safety bundle components.

AIM Impact to Date

Initial “Class of 2015” (CA, FL, IL, MI, OK)

- 5 States
- 8.3 to 22.1% decrease in Severe Maternal Morbidity

California: Reduction of SMM from Hemorrhage

- In 126 Participating hospitals: -20.8%
- In 48 Control hospitals: -1.2%

Illinois: Treatment of Severe Hypertension

- In 102 Participating hospitals:
- Timely treatment (<60min) rose from 14% to 71%
- SMM among HTN patients fell from 15% to 9%

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