AIM Data Submission – Obstetric Hemorrhage
7/6/2023

Agenda

- AIM Data Center Overview
- Accessing the AIM Data Center
- How to Submit Data
- Measures and Additional Guidance
- Q&A

HQI
HEALTH QUALITY INNOVATORS

MDPQC

AIM Data Center Overview

- Access Link: https://www.maternalsafety.org/users/sign_in

- National data submission system, server, and QI tool
- Track bundle implementation and Severe Maternal Morbidity
- Allows for:
  - Hospital-specific reports
  - State-specific dashboards
  - Cross-collaborative comparisons (nationwide)
- Data is automatically assessed for quality – identifies outliers
- Identifiable hospital information is only available to you and state administrators (me)

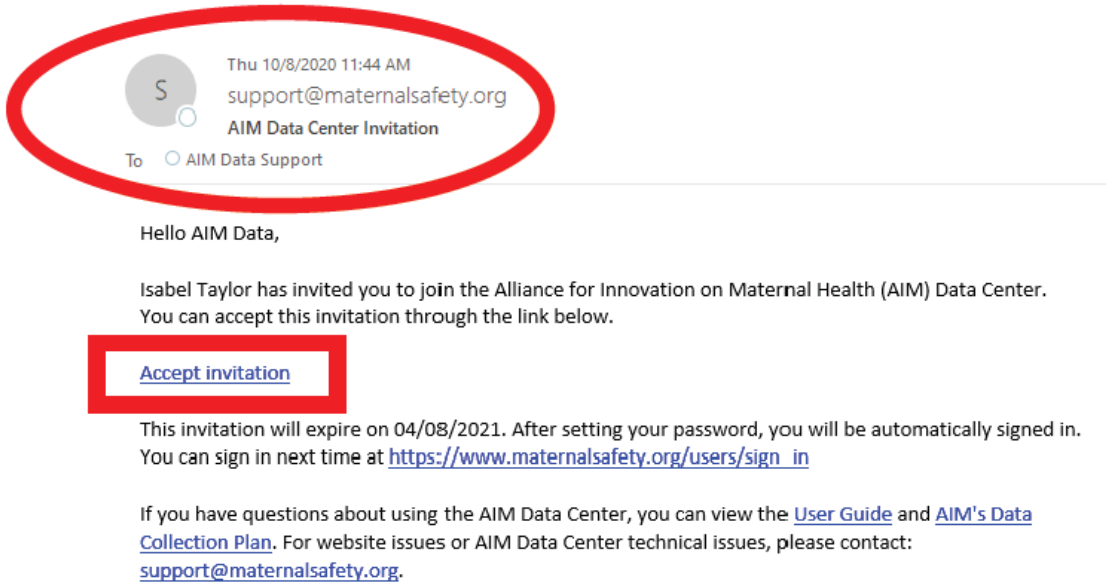
HQI
HEALTH QUALITY INNOVATORS

MDPQC

Accessing your Account

1. Activate Your Account

An email will be sent to you from **support@maternalsafety.org** with the subject line of "AIM Data Center Invitation."



Thu 10/8/2020 11:44 AM
support@maternalsafety.org
AIM Data Center Invitation
To AIM Data Support

Hello AIM Data,

Isabel Taylor has invited you to join the Alliance for Innovation on Maternal Health (AIM) Data Center. You can accept this invitation through the link below.

Accept invitation

This invitation will expire on 04/08/2021. After setting your password, you will be automatically signed in. You can sign in next time at https://www.maternalsafety.org/users/sign_in

If you have questions about using the AIM Data Center, you can view the User Guide and AIM's Data Collection Plan. For website issues or AIM Data Center technical issues, please contact: support@maternalsafety.org.

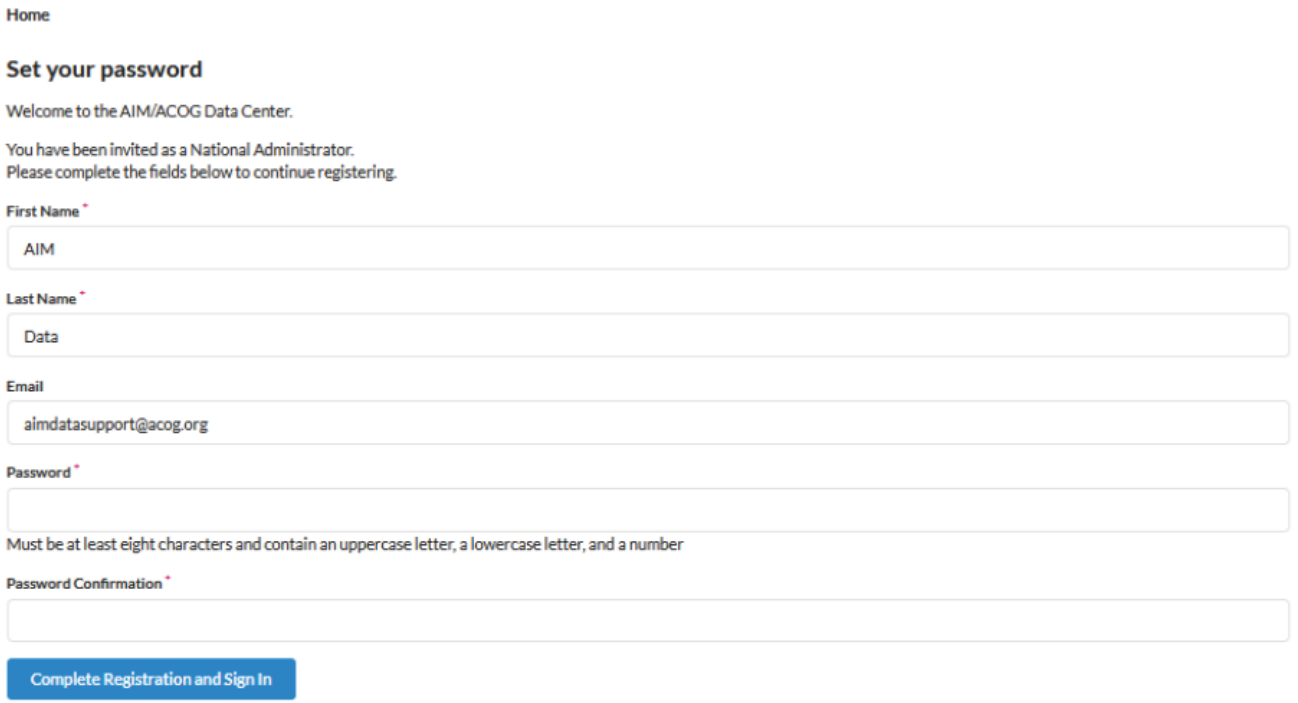
HQI
HEALTH QUALITY INNOVATORS

MDPQC

Accessing your Account

2. Set Up Your Account Details

Click on the “Accept invitation” hyperlink in the invite email to complete your registration in the AIM Data Center. On the registration page, you will be asked to enter your name, email and password.



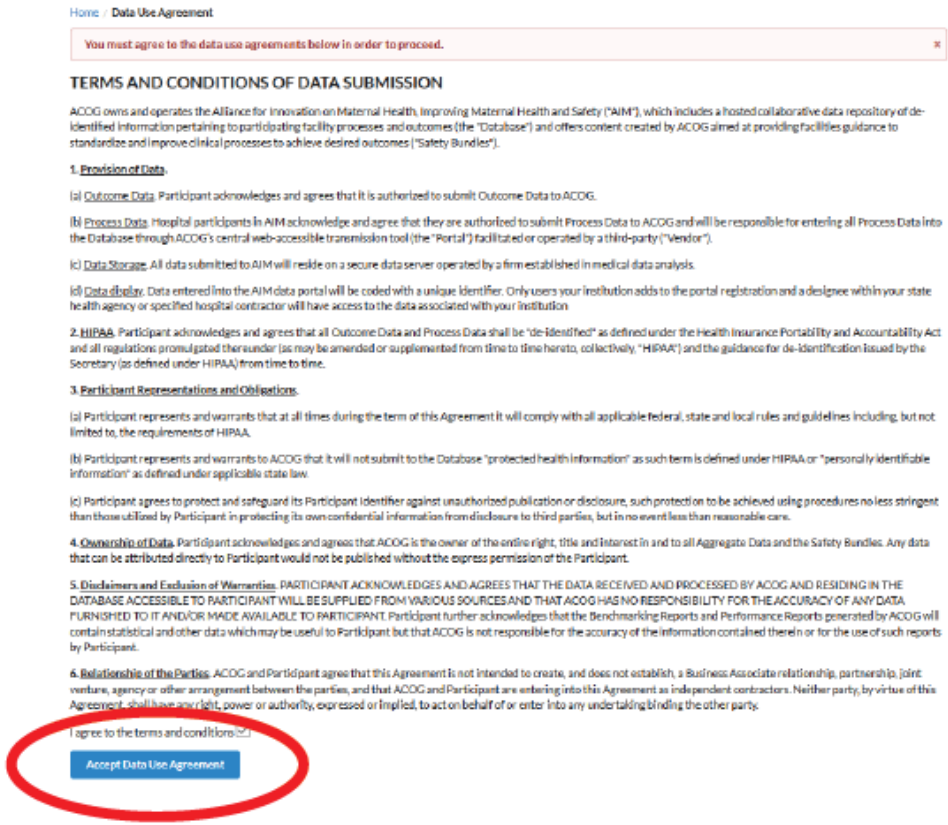
HQI
HEALTH QUALITY INNOVATORS

MDPQC

Accessing your Account

3. Sign In, Review and Accept the Data Center's Data Use Agreement.

Once you enter your information on the AIM Data Center registration page, click "Complete Registration and Sign In." This will take you to the Data Use Agreement, which is the same agreement that has been established between your state and AIM.



Home / Data Use Agreement

You must agree to the data use agreements below in order to proceed.

TERMS AND CONDITIONS OF DATA SUBMISSION

ACOG owns and operates the Alliance for Innovation on Maternal Health, Improving Maternal Health and Safety ("AIM"), which includes a hosted collaborative data repository of de-identified information pertaining to participating facility processes and outcomes (the "Database") and offers content created by ACOG aimed at providing facilities guidance to standardize and improve clinical processes to achieve desired outcomes ("Safety Bundles").

1. Provision of Data.

(a) Outcome Data. Participant acknowledges and agrees that it is authorized to submit Outcome Data to ACOG.

(b) Process Data. Hospital participants in AIM acknowledge and agree that they are authorized to submit Process Data to ACOG and will be responsible for entering all Process Data into the Database through ACOG's central web-accessible transmission tool (the "Portal") facilitated or operated by a third-party ("Vendor").

(c) Data Storage. All data submitted to AIM will reside on a secure data server operated by a firm established in medical data analysis.

(d) Data display. Data entered into the AIM data portal will be coded with a unique identifier. Only users your institution adds to the portal registration and a designee within your state health agency or specified hospital contractor will have access to the data associated with your institution

2. HIPAA. Participant acknowledges and agrees that all Outcome Data and Process Data shall be "de-identified" as defined under the Health Insurance Portability and Accountability Act and all regulations promulgated thereunder (as may be amended or supplemented from time to time hereto, collectively, "HIPAA") and the guidance for de-identification issued by the Secretary (as defined under HIPAA) from time to time.

3. Participant Representations and Obligations.

(a) Participant represents and warrants that at all times during the term of this Agreement it will comply with all applicable federal, state and local rules and guidelines including, but not limited to, the requirements of HIPAA.

(b) Participant represents and warrants to ACOG that it will not submit to the Database "protected health information" as such term is defined under HIPAA or "personally identifiable information" as defined under applicable state law.

(c) Participant agrees to protect and safeguard its Participant Identifier against unauthorized publication or disclosure, such protection to be achieved using procedures no less stringent than those utilized by Participant in protecting its own confidential information from disclosure to third parties, but in no event less than reasonable care.

4. Ownership of Data. Participant acknowledges and agrees that ACOG is the owner of the entire right, title and interest in and to all Aggregate Data and the Safety Bundles. Any data that can be attributed directly to Participant would not be published without the express permission of the Participant.

5. Disclaimers and Exclusion of Warranties. PARTICIPANT ACKNOWLEDGES AND AGREES THAT THE DATA RECEIVED AND PROCESSED BY ACOG AND RESIDING IN THE DATABASE ACCESSIBLE TO PARTICIPANT WILL BE SUPPLIED FROM VARIOUS SOURCES AND THAT ACOG HAS NO RESPONSIBILITY FOR THE ACCURACY OF ANY DATA FURNISHED TO IT AND/OR MADE AVAILABLE TO PARTICIPANT. Participant further acknowledges that the Benchmarking Reports and Performance Reports generated by ACOG will contain statistical and other data which may be useful to Participant but that ACOG is not responsible for the accuracy of the information contained therein or for the use of such reports by Participant.

6. Relationship of the Parties. ACOG and Participant agree that this Agreement is not intended to create, and does not establish, a Business Associate relationship, partnership, joint venture, agency or other arrangement between the parties, and that ACOG and Participant are entering into this Agreement as independent contractors. Neither party, by virtue of this Agreement, shall have any right, power or authority, expressed or implied, to act on behalf of or enter into any undertaking binding the other party.

I agree to the terms and conditions

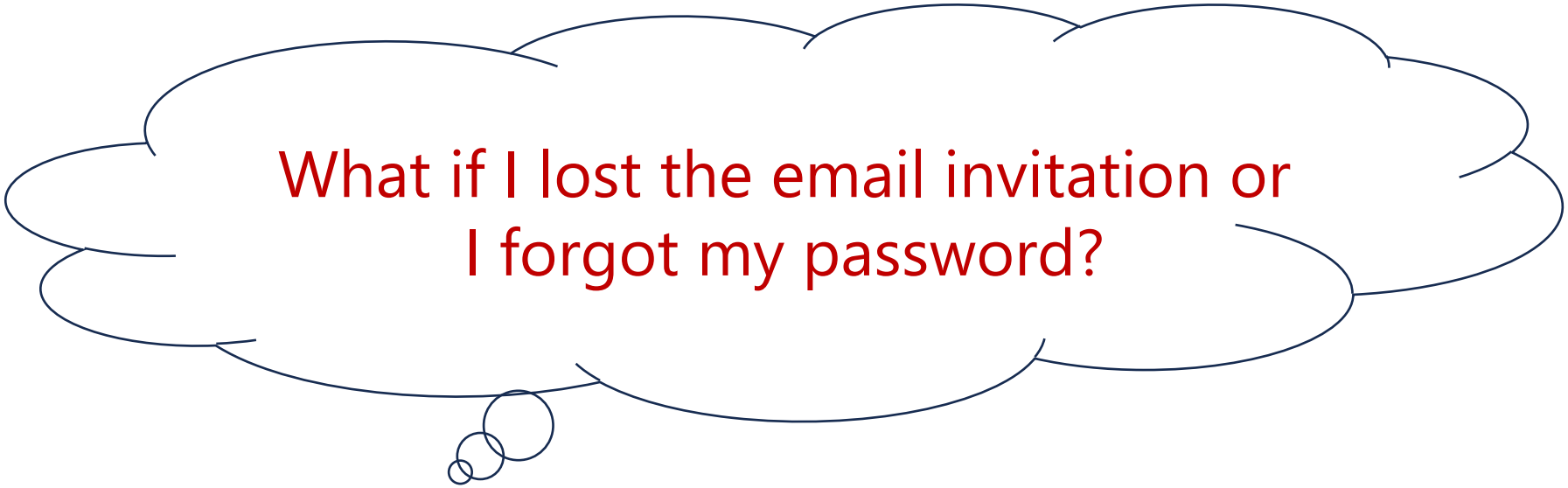
Accept Data Use Agreement

Once you click "Accept Data Use Agreement," registration is now complete, and you have access to the data center!

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Accessing your Account

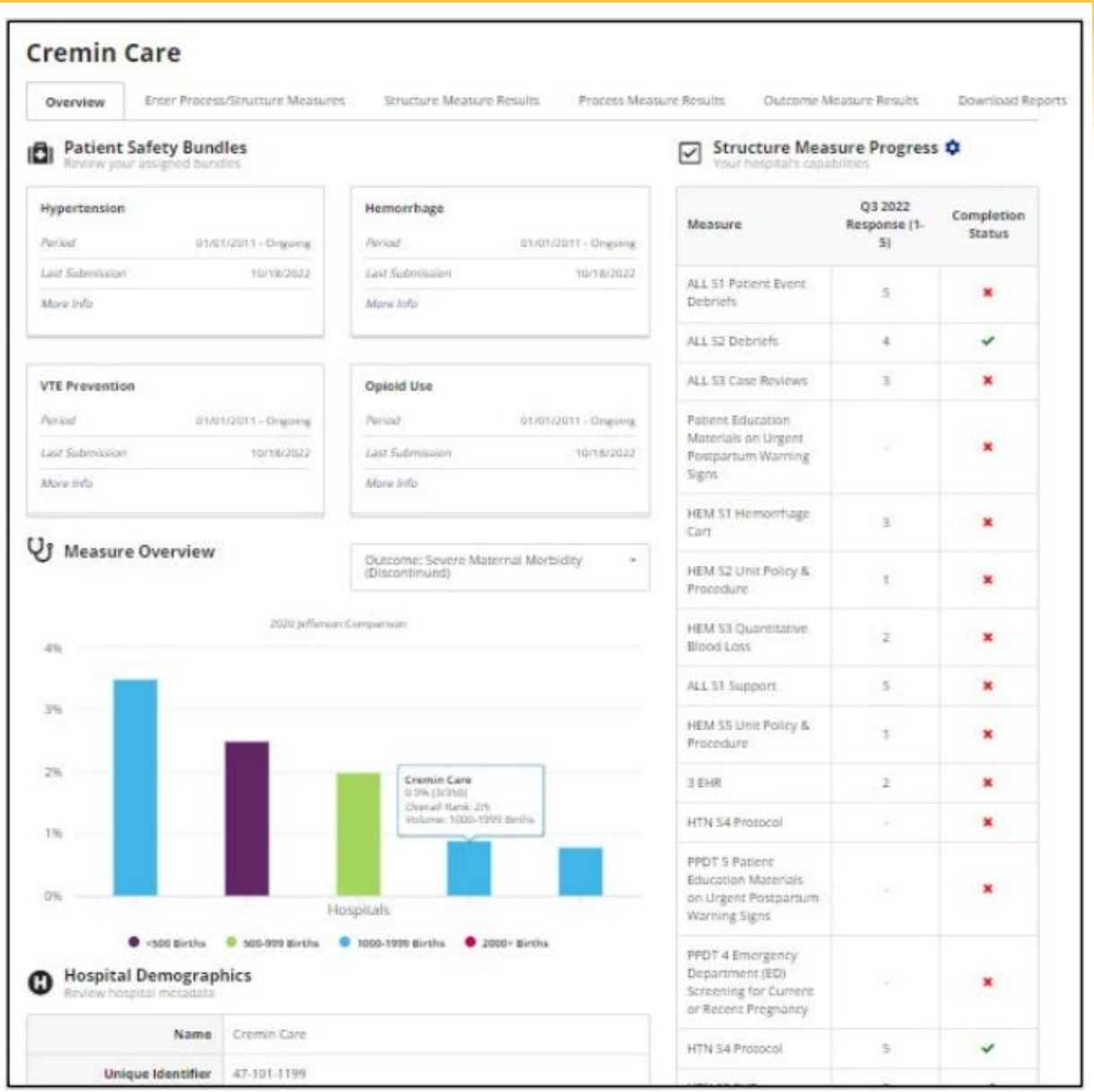


✓ **Just email us!**

HQI
HEALTH QUALITY INNOVATORS

MDPQC

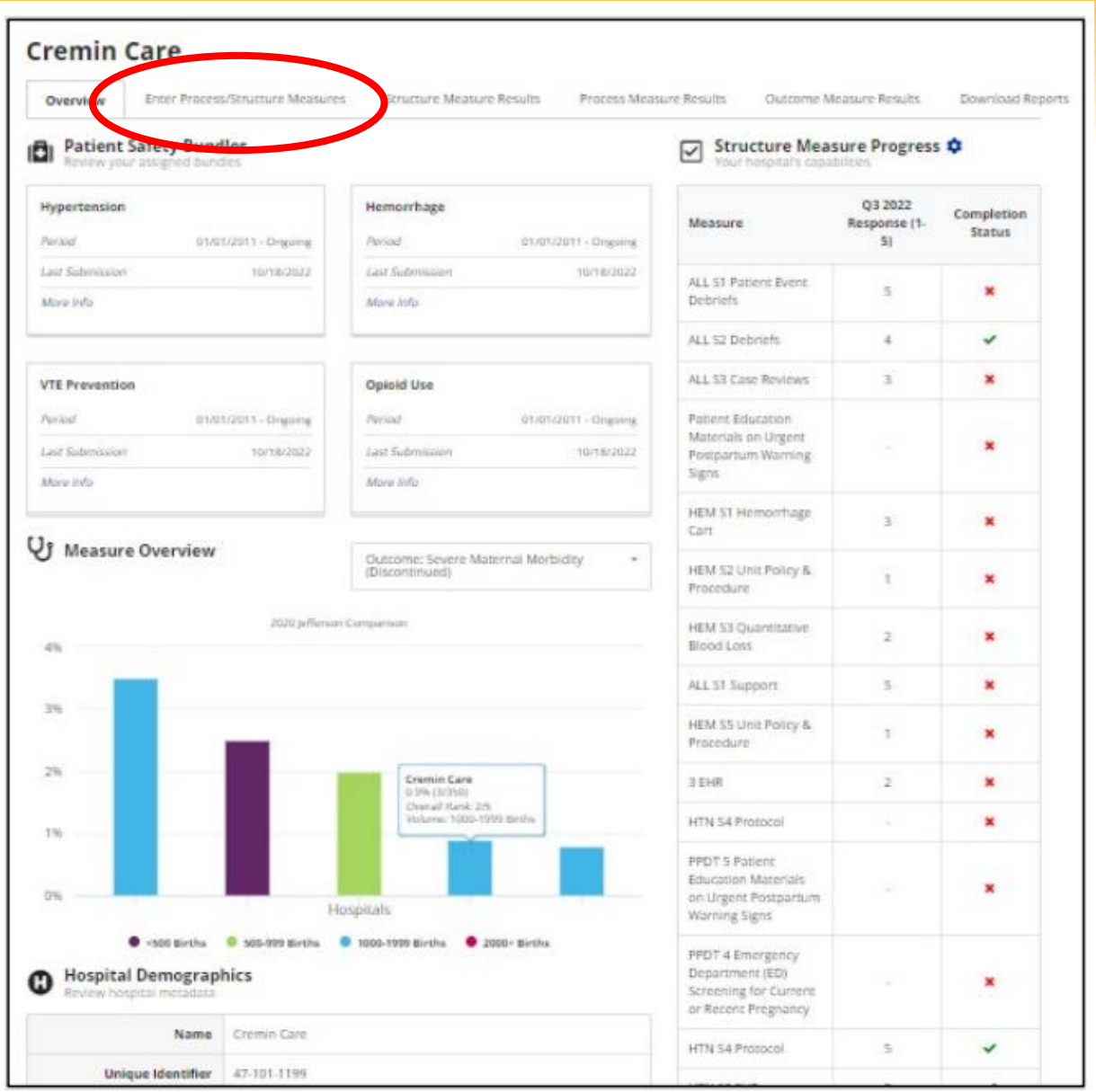
Facility At A Glance Dashboard



HEALTH QUALITY INNOVATORS

MDPQC

Submitting Data

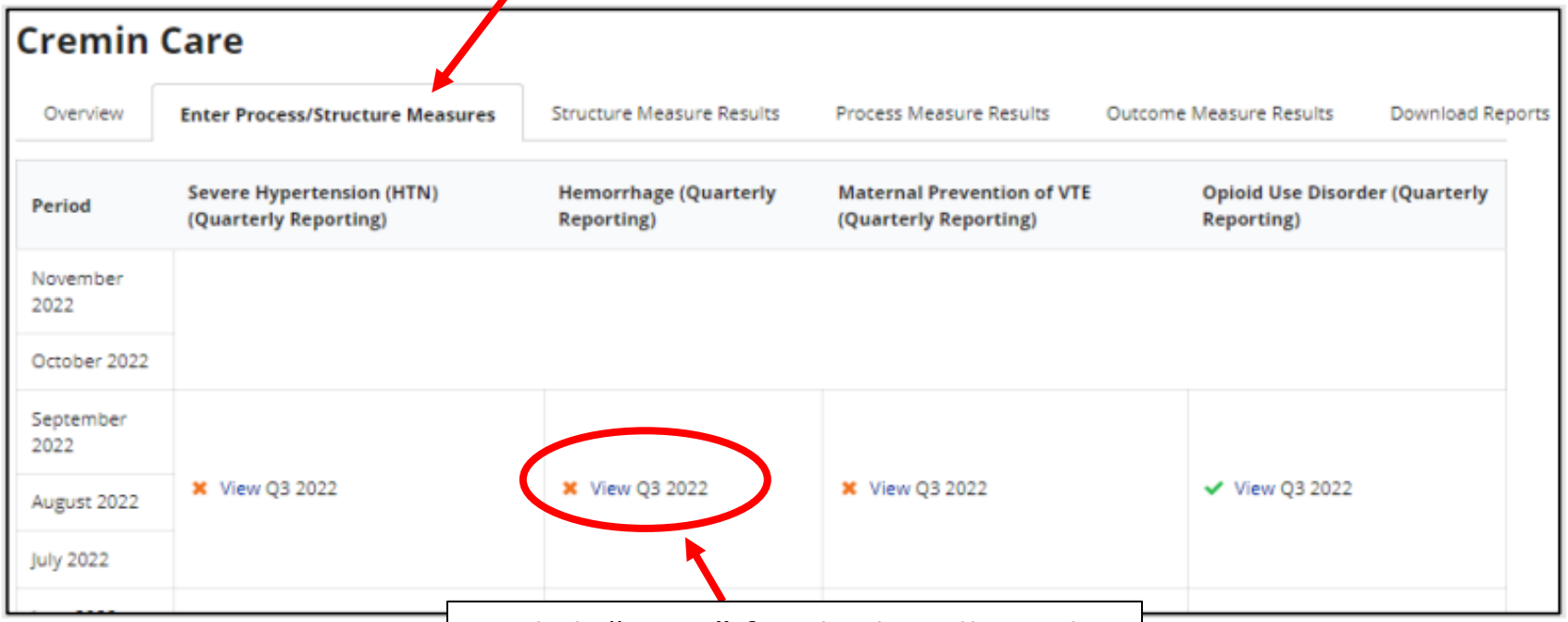


HQI
HEALTH QUALITY INNOVATORS

MDPQC

Submitting Data

Facilities can navigate to the process/structure measures tab to submit process and structure measures data for a given reporting period.

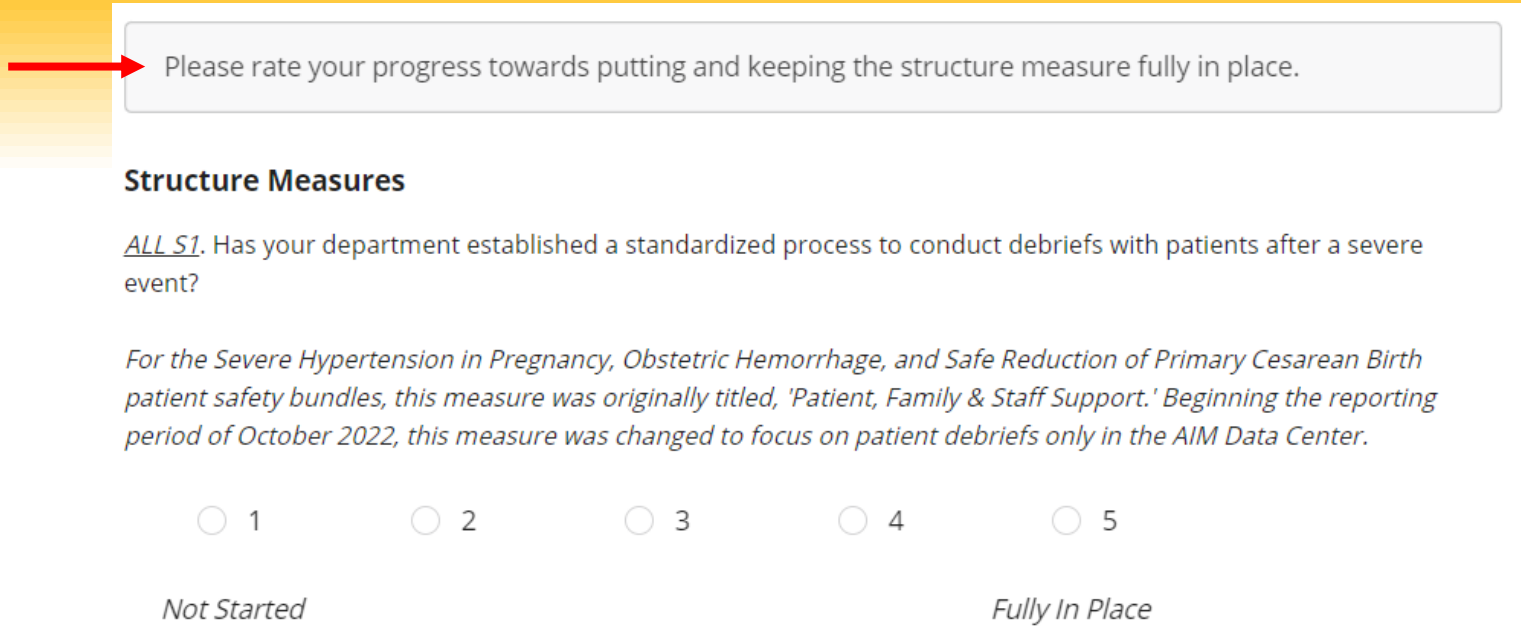


Click “View” for the bundle and period for which you are reporting to view the relevant measures.

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Submitting Data - Structure Measures



AIM has developed a flexible 5-point Likert-like scale for structure measurement that ranges from "Not Started" to "Fully in Place".

- A value of **1** indicates that the team has not started working on putting the structure in place. Previously, the lack of a date or a "No" response did not differentiate between not having started working on a structure versus some other point along the way to having it fully in place
- A value of **5** (Fully in Place) aligns with previous measures (i.e., Date or Yes) in terms of providing the information that the structure measure is in place. The simple labeling of the scale extremities can be universally applied to all structure measures

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Submitting Data – Process Measures

Following the prompts, record your hospital's process measure data for the specific time period.

Cremin Care (Q1 2021)

The process measure responses below are for Cremin Care.

Save

P1A. In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?

P1B. In this quarter, what topics were covered in the OB drills?

Topic	Yes	No
Hemorrhage	○	○
Severe Hypertension	○	○
Other	○	○

Click "Save" at the top or the bottom of the screen to save your responses.

(Don't forget to click "No" if you did not cover this topic in a drill, even in the "Other" line!)

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Any Questions on Submitting Data?

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Obstetric Hemorrhage Measures

	PROCESS MEASURES	STRUCTURE MEASURES	OUTCOME MEASURES
Reported by:	**Hospitals** to AIM Data Center	**Hospitals** to AIM Data Center	**MDH** to AIM Data Center
Reporting Frequency:	Quarterly	Quarterly – Likert scale	Quarterly
Measures:	1. Hemorrhage Risk Assessment 2. Quantified Blood Loss 3. Patient Support After Obstetric Hemorrhage 4. OB Provider Education a) Hemorrhage b) Respectful Care 5. OB Nursing Education a) Hemorrhage b) Respectful Care 6. Unit Drills **7. AND: Timely Treatment of Persistent Severe Hypertension**	1. Patient Event Debriefs 2. Clinical Team Debriefs 3. Multidisciplinary Case Reviews 4. Hemorrhage Cart 5. Unit Policies & Procedures 6. Patient Education Materials on Urgent Postpartum Warning Signs 7. Quantitative Blood Loss **8. AND: Emergency Department Screening for Current or Recent Pregnancy**	1. SMM (excluding transfusion codes) among all delivering women 2. SMM (excluding transfusion codes) among people who experienced an obstetric hemorrhage

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Outcome Measures

MDH Reports This!

Starting for Q3-2023 (July – Sept)!

Outcome

Metric	Name	Description	Notes
O1	Severe Maternal Morbidity (excluding transfusion codes alone)	**Report N/D** **Denominator**: All qualifying pregnant and postpartum people during their birth admission **Numerator:** Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone	Disaggregate by race and ethnicity, payor
O2	Severe Maternal Morbidity among People who Experienced an Obstetric Hemorrhage (excluding transfusion codes alone)	**Report N/D** **Denominator:** All qualifying pregnant and postpartum people during their birth admission who experienced an obstetric hemorrhage **Numerator:** Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone	Disaggregate by race and ethnicity, payor

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Process Measures

Metric	Name	Description	Notes
P1	Hemorrhage Risk Assessment	**Report N/D** Sample patient charts or report for all patients; report N/D **Denominator:** All birth admissions, whether from sample or entire population **Numerator:** Number of birth admissions that had a hemorrhage risk assessment completed with risk level assigned, performed at least once between admission and birth	Disaggregate by race and ethnicity, payor

✓ Can use sample of patients or all patients

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Process Measures

P2	Quantified Blood Loss	**Report N/D** Sample patient charts or report for all patients; report N/D **Denominator:** All birth admissions, whether from sample or entire population **Numerator:** Number of birth admissions that had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques	• Disaggregate by race and ethnicity, payor • Pair with S7

- ✓ Can use sample of patients or all patients
- ✓ "Recovery Period" = based on hospital protocol
  - Generally 2-3 hours before moving to general postpartum care
  - Hospital protocol should include reopening the cumulative tally and adding a major postpartum bleed that occurs in the postpartum unit

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Sampling

AIM

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

AIM Sampling Workbook Introduction

Version: July 25, 2022

The purpose of the workbook is support sampling for AIM metrics within Patient Safety Bundles.
Note that not all AIM metrics allow for sampling. The bundle-specific documentation should be reviewed thoroughly.

This workbook contains 4 worksheets:

1. *Introduction*: This page.
2. *Sampling Worksheet*: This is the main sampling tool/calculator.
3. *Minimum Data Points*: Guidance for determining the minimum data points needed (this info is needed to complete the sampling worksheet above).
4. *Recommended Reading*: Citations provided for those who would like a more thorough introduction to sampling for Quality Improvement.

HQI

HEALTH QUALITY INNOVATORS

MDPQC

Process Measures

P3	Patient Support After Obstetric Hemorrhage	**Report N/D** **Denominator:** Pregnant and postpartum people with ≥ 1,000 ml blood loss during the birth admission **Numerator:** Among the denominator, those who received a verbal briefing on their obstetric hemorrhage by their care team before discharge	• Disaggregate by race and ethnicity, payor • The denominator criteria are established for the purposes of standardized data collection and reporting and are not meant to represent all instances in which a verbal briefing with a patient may be appropriate • A verbal briefing for support should include elements such as those described in the CMQCC publication Improving Health Care Response to Obstetric Hemorrhage (version 3.0) on pages 146-162

- ✓ This measure is meant to reflect a standard part of care that is a discussion between the patient and the care team, which is sometimes seen in notes documentation in the medical record. It is not intended to be a formal disclosure of a medical error or admission of guilt, but a discussion of what happened during care.
- ✓ AIM is developing supporting resources for this measure. If you are unable to report at this time, the measure can be considered optional.

Process Measures

P4	OB Provider Education	**P4A: Provider education on obstetric hemorrhage** **Report estimate in 10% increments (round up)** At the end of this reporting period, what cumulative proportion of OB physicians and midwives has completed within the last 2 years **an education program on Obstetric Hemorrhage** that includes the unit-standard protocols and measures? **P4B: Provider education on respectful and equitable care** **Report estimate in 10% increments (round up)** At the end of this reporting period, what cumulative proportion of OB physicians and midwives has completed within the last 2 years **an education program on respectful and equitable care**?	

- ✓ There is no specific training program recommended
- ✓ You may need to consult your department chair to determine what education providers receive as part of credentialing
- ✓ Maryland 2022 re-licensing requirement to complete implicit bias training meets the requirement for P4B

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Process Measures

P5	OB Nursing Education	**P5A: Nursing education on obstetric hemorrhage** **Report estimate in 10% increments (round up)** At the end of this reporting period, what cumulative proportion of OB nurses (including L&D and Postpartum) has completed within the last 2 years **an education program on Obstetric Hemorrhage** that includes the unit-standard protocols and measures? **P5B: Nursing education on respectful and equitable care** **Report estimate in 10% increments (round up)** At the end of this reporting period, what cumulative proportion of OB nursing staff (including L&D and Postpartum) has completed within the last 2 years **an education program on respectful and equitable care**?	

- ✓ There is no specific training program recommended
- ✓ Maryland 2022 re-licensing requirement to complete implicit bias training meets the requirement for P4B

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Additional Tips and Tricks: P4/5

For the Provider/Nurse Education process measures (P4/5):

- This is a rolling 2-year period, going back to July-2021
  - Q4-2023 is going back to October-2021, etc.
- Include all staff who have worked in the department within the last 2 years
- Meant to be an informal estimate – 10% increments
- Round up

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Process Measures

P6	Unit Drills	**Report # of dills and the drill topics** **P6A:** **Report integer** In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic? **P6B:** **Report TRUE/FALSE for the following options: Hemorrhage, Hypertension, Other** In this quarter, what topics were covered in the OB drills?	

- ✓ Report the total number of drills, even if repeating the same scenario
- ✓ Not specific to hemorrhage
- ✓ Make sure you record "0" if no drills were conducted
- ✓ Considerations for reporting:
  - Drills should run through your policy/procedure of how to handle one of several OB emergencies
  - A simulation could count, but needs to involve all team members/disciplines
  - At least some drills should be systems-level, and test things like availability of meds and support staff
  - Drills do not have to be unannounced

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Structure Measures

- ✓ **Structure measures are reported quarterly on a scale of 1-to-5**
- ✓ 1 = Not Started
- ✓ 5 = Fully in Place

Metric	Name	Description	Notes
S1	Patient Event Debriefs	Has your department established a standardized process to conduct debriefs with patients after a severe event?	• Include patient support networks during patient event debriefs, as requested • Severe events may include The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death
S2	Clinical Team Debriefs	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
S3	Multidisciplinary Case Reviews	Has your hospital established a process to perform multidisciplinary systems-level reviews on cases of severe maternal morbidity (including, at a minimum, birthing patients admitted to the ICU or receiving ≥ 4 units RBC transfusions)?	
S4	Hemmorhage Cart	Does your hospital have obstetric hemorrhage supplies readily available in a cart or mobile box?	

- ✓ Debriefs (S2): Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria
- ✓ Multidisciplinary Case Reviews (S3): For greatest impact, we suggest that in addition to the minimum instances for review defined in S3, hospital teams also implement missed opportunity reviews for key bundle process measures in both unit debriefs and multidisciplinary case reviews.

Structure Measures

Metric	Name	Description	Notes
S5	Unit Policies & Procedures	Does your hospital have obstetric hemorrhage policies and procedures (reviewed and updated in the last 2 years) that contain the following: • **S5A:** An obstetric rapid response team appropriate to the facility's Maternal Level of Care • **S5B:** A standardized, stage based, obstetric hemorrhage emergency management plan with checklists and escalation policy • **S5C:** Emergency release and massive transfusions protocols • **S5D:** A protocol for patients who decline blood products but may accept alternative approaches	
S6	Patient Education Materials on Urgent Postpartum Warning Signs	Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?	
S7	Quantitative Blood Loss	Does your facility have the resources and supplies readily available to quantify cumulative blood loss for both vaginal and cesarean births?	

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Hypertension – Continued Measures

Starting for Q3 2023 (July Sept)!

Metric	Name	Description	Notes
P1	Timely Treatment of Persistent Severe Hypertension	**Report N/D** **Denominator:** Pregnant and postpartum people with acute-onset severe hypertension that persists for 15 minutes or more, including those with preeclampsia, gestational or chronic hypertension **Numerator:** Among the denominator, those who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine. The 1 hour is measured from the first severe range BP reading, assuming confirmation of persistent elevation through a second reading.	• Disaggregate by race/ethnicity, payor • Full measurement specifications can be found in this SMFM Special Statement
S6	Emergency Department (ED) Screening for Current or Recent Pregnancy	Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?	

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Tips and Tricks: Timely Treatment

- For the Timely Treatment process measure:
  - All pregnant and postpartum patients should be included
    - Do not exclude patients with chronic hypertension
  - Best practice: identify denominator using BP, and not coding
    - AIM recommends using at least 2 systems to identify cases (i.e., logbooks, EHR, pharmacy records)
  - Locations: OB triage, L&D, PP
  - Report by the patient, not by the instance
    - Only report the 1st instance of severe-range BP during admission
  - 1-hour is measured from first severe range BP reading to medication administration time
  - Count transfers in/out based on occurrence at your facility

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Data Reporting

Beginning: Quarter 3-2023 (July – Sept.)

- **First data due Oct. 31, 2023**
  - Q3-2023 (Jul-Sep) data is due by October 31st
  - Q4-2023 (Oct-Dec) data is due by January 31st
  - Q1-2024 (Jan-Mar) data is due by April 30th
  - Q2-2024 (Apr-Jun) data is due by July 31st

Uploaded to AIM Data Center

- For access: email us

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Q&A

HEALTH QUALITY INNOVATORS

MDPQC

Next Office Hours

Tuesday, August 1st
12pm – 1pm
Topic TBD

HQI
HEALTH QUALITY INNOVATORS

MDPQC

Stay Connected

MDPQC

HQI

HEALTH QUALITY INNOVATORS

For more information

Website: www.mdpqc.org

Listserv: md-pqc@listserv.mdpqc.org

Katie Richards – Collaborative Coordinator

krichards@hqi.solutions
804-289-5355