

Idaho PQC Kickoff Meeting

October 16th, 2023

Introductions - Idaho PQC Establishment Team

- **Idaho Department of Health and Welfare – Maternal and Child Health Program**
 - Katherine Humphrey, Section Manager
 - Jen Liposchak, Health Program Manager
- **Comagine Health – Maternal Health Program**
 - Ami Hanna, Program Manager
 - Genevieve Rasmussen, Project Manager
 - Phillip Wetmore, Sr Project Coordinator



Introductions

- Please drop your name, role, and affiliation in the chat!



**Idaho Perinatal
Quality
Collaborative**

Idaho Perinatal Quality Collaborative (IDPQC) Overview

What is the Idaho Perinatal Quality Collaborative (IDPQC)?

- Perinatal Quality Collaboratives (PQCs) are statewide networks of teams working to improve the quality of care for mothers and babies.
 - Provide infrastructure to support quality improvement efforts addressing obstetric care and outcomes.
- PQC members identify health care processes that need to be improved and use the best available methods to make changes as quickly as possible.
- PQCs partner with hospitals, providers, nurses, patients, public health, and other stakeholders to provide opportunities for **collaborative learning, rapid response data, and quality improvement science** to achieve systems-level change.

ID PQC Mission, Vision, and Values

Mission

The Idaho Perinatal Quality Collaborative works to improve the quality of maternal health outcomes for all Idahoans. We promote evidence-based best practices in perinatal and neonatal care, work to reduce disparities, and improve the overall health and well-being of families. Together, we can achieve our goal of providing equitable, compassionate, and effective care to all who need it.

Vision

The ID PQC envisions a future where all Idahoans have access to and receive safe, equitable, and high-quality perinatal and neonatal care.

Values

Access: We believe that every person should have access to high-quality perinatal and neonatal care, regardless of their background, circumstances, or location.

Equity: We are committed to promoting health equity by reducing disparities in access to care and health outcomes.

Patient-Centered: We recognize the importance of elevating patient voice in decision-making to ensure care, policy, and advocacy meet community needs.

Collaboration: We recognize that improving perinatal and neonatal care requires collaboration and coordination among stakeholders. We are committed to working together with partners across Idaho to advance our shared goals.

Through these values, we aim to create a community of sharing, learning, and improvement that benefits all Idahoans.

Alliance for Innovation on Maternal Health (AIM)



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

AIM 101

OCTOBER 2023



WHAT IS THE AIM TA CENTER?

The **Alliance for Innovation on Maternal Health (AIM) Technical Assistance Center** provides comprehensive, high impact, TA to the AIM quality improvement initiative within the United States



AIM TA SPECIALISTS



Sita Chandra,
TA Specialist
(she/her)



Chelsea Lennox,
TA Specialist
(she/they)



Andrea Carrillo,
TA Specialist
(she/her)



Karmah McIlvain
TA Specialist
(she/her)

What can you expect from your TA Specialist:

Monthly check-ins to discuss current activities,
Facilitation of collaboration, learning and information sharing amongst quality improvement teams, and
Support navigating resources and TA available via the AIM TA Center

AIM TA CENTER

PROJECT OVERSIGHT



Provide technical assistance to state teams on the development of bundle implementation workplans. Offer ongoing guidance to help state teams achieve program objectives.

ENGAGEMENT OPPORTUNITIES



Facilitate opportunities for collaboration, learning, and information sharing amongst state teams. Offerings include TAP webinars, Communities of Learnings and more.

DATA STRATEGY



Support state teams with the development of a data collection strategy that meets local needs. Provide resources to enable ongoing collection and reporting of hospital-level data.

AIM BUNDLES

- AIM Patient Safety Bundles can be found on the AIM website: www.saferbirth.org
- Bundles are accompanied by resources and documents to support implementation



AIM BUNDLES



**SAFE REDUCTION OF PRIMARY
CESAREAN BIRTH**



**SEVERE HYPERTENSION
IN PREGNANCY**



**PERINATAL MENTAL
HEALTH CONDITIONS**



**CARE FOR PREGNANT AND
POSTPARTUM PEOPLE WITH
SUBSTANCE USE DISORDER**



**POSTPARTUM DISCHARGE
TRANSITION**



**CARDIAC CONDITIONS
IN OBSTETRIC CARE**

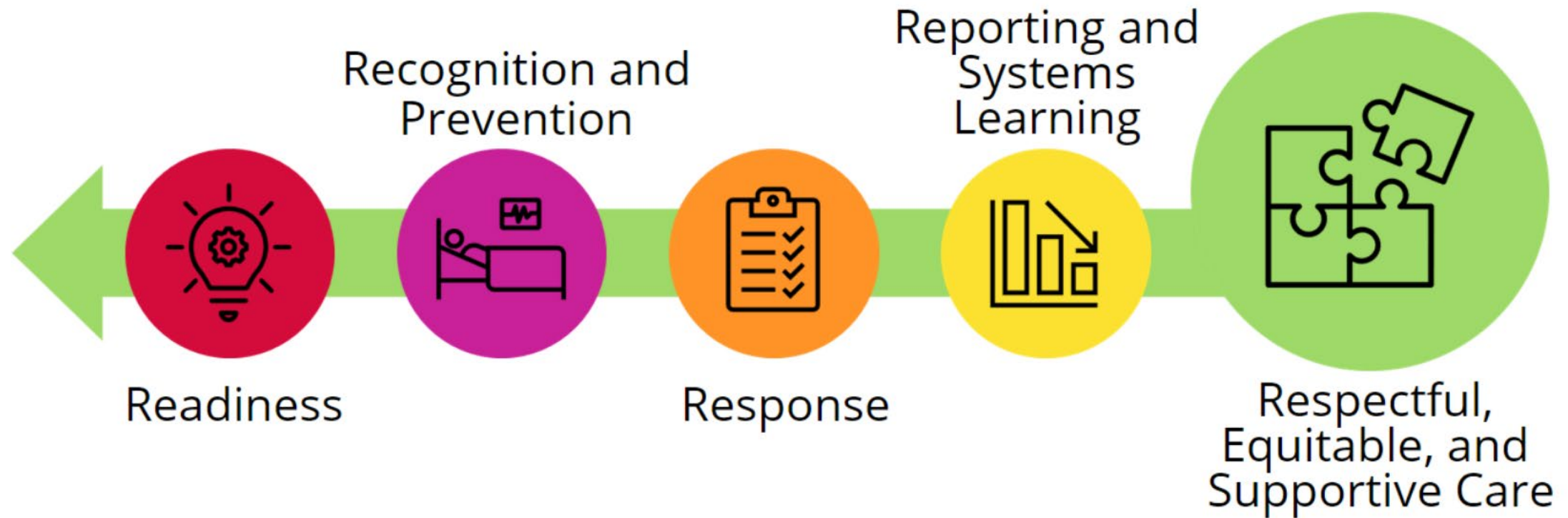


**SEPSIS IN
OBSTETRICAL CARE**



OBSTETRIC HEMORRHAGE

AIM 5R FRAMEWORK

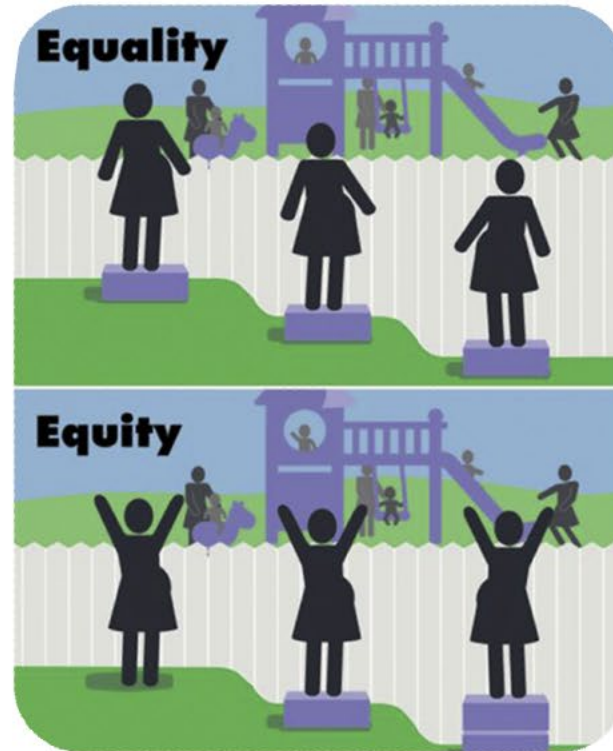


RESPECTFUL CARE

WHAT DO WE MEAN WHEN WE SAY RESPECTFUL CARE?

The goal is to build
a patient safety
culture centering

- Equity
- Teamwork
- Open
Communication




To ensure an
equitable dynamic
of power in healing
and whole person,
patient-centered,
trauma-informed
care for every
patient, in every
clinical encounter


HTN INTRO VIDEO


The video player interface features a dark blue background with a faint ECG line. The title 'Introduction to Severe Hypertension in Pregnancy' is centered in white, with 'Introduction to' in a standard font and 'Severe Hypertension in Pregnancy' in a larger, bold, italicized font. Below the title, 'AIM Patient Safety Bundle' is written in a smaller white font. The bottom of the player is a light blue bar containing three logos: ACOG (The American College of Obstetricians and Gynecologists), AIM (Alliance for Innovation on Maternal Health), and HRSA (Maternal & Child Health). At the very bottom, a black control bar includes play, pause, and stop buttons, a progress bar, and icons for volume, settings, and full screen.

Introduction to
Severe Hypertension in Pregnancy

AIM Patient Safety Bundle

 **ACOG**
The American College of
Obstetricians and Gynecologists

 **AIM**
ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

 **HRSA**
Maternal & Child Health

SEVERE HYPERTENSION IN PREGNANCY

Obstetric Emergency Readiness Resource Kit: HTN Response

Severe Hypertension in Pregnancy and Postpartum

Clinical Takeaways

- Severe hypertension is a systolic blood pressure of 160mm Hg or greater or a diastolic blood pressure of 110 mm Hg or greater, or both, during pregnancy and the postpartum period and is a medical emergency.
- As patients are stabilized to be discharged, healthcare professionals should ensure patients receive condition-specific education on hypertensive emergencies and when to seek immediate care.

Background

- Hypertensive disorders in pregnancy (HDP) are the underlying cause of 6.5% of pregnancy-related deaths in the United States.¹
- 60% of pregnancy-related deaths due to HDP occur 0-6 days postpartum.²
- Around 1 in 25 pregnant and postpartum people experience preeclampsia.³
- HDP rates are increasing in the United States and are highest among non-Hispanic Black people.⁴

Definition

Severe hypertension is a systolic blood pressure of 160mm Hg or greater or a diastolic blood pressure of 110 mm Hg or greater, or both, during pregnancy and the postpartum period and is a medical emergency. **Table 1** contains additional key definitions of hypertensive disorders in pregnancy.

Table 1. Hypertensive Disorders of Pregnancy

Hypertensive Disorder	Definition
Gestational hypertension	Systolic blood pressure of 140 mm Hg or more or a diastolic blood pressure of 90 mm Hg or more, on 2 occasions at least 4 hours apart after 20 weeks gestation in a patient with previously normal blood pressure. In cases of severe hypertension (a systolic blood pressure of 160mm Hg or greater or a diastolic blood pressure of 110 mm Hg or greater, or both), follow up blood pressure may need to be taken within 15 minutes to facilitate timely antihypertensive treatment.

Institute for Healthcare Improvement | AIM
Alliance for Innovation on Maternal Health

Severe Hypertension in Pregnancy Change Package

HTN Change Package

AHRQ Toolkit to Reduce Hypertension in Pregnancy

AHRQ Agency for Healthcare Research and Quality

Search of AHRQ sites

Topics | Programs | Research | Data & Analytics | Tools | Funding & Grants | News | About

Home | Patient Safety | Patient Safety Resources by Setting | Hospital Labor and Delivery Units | Perinatal Care Toolkits, Phase 2

SHARE: f t e+

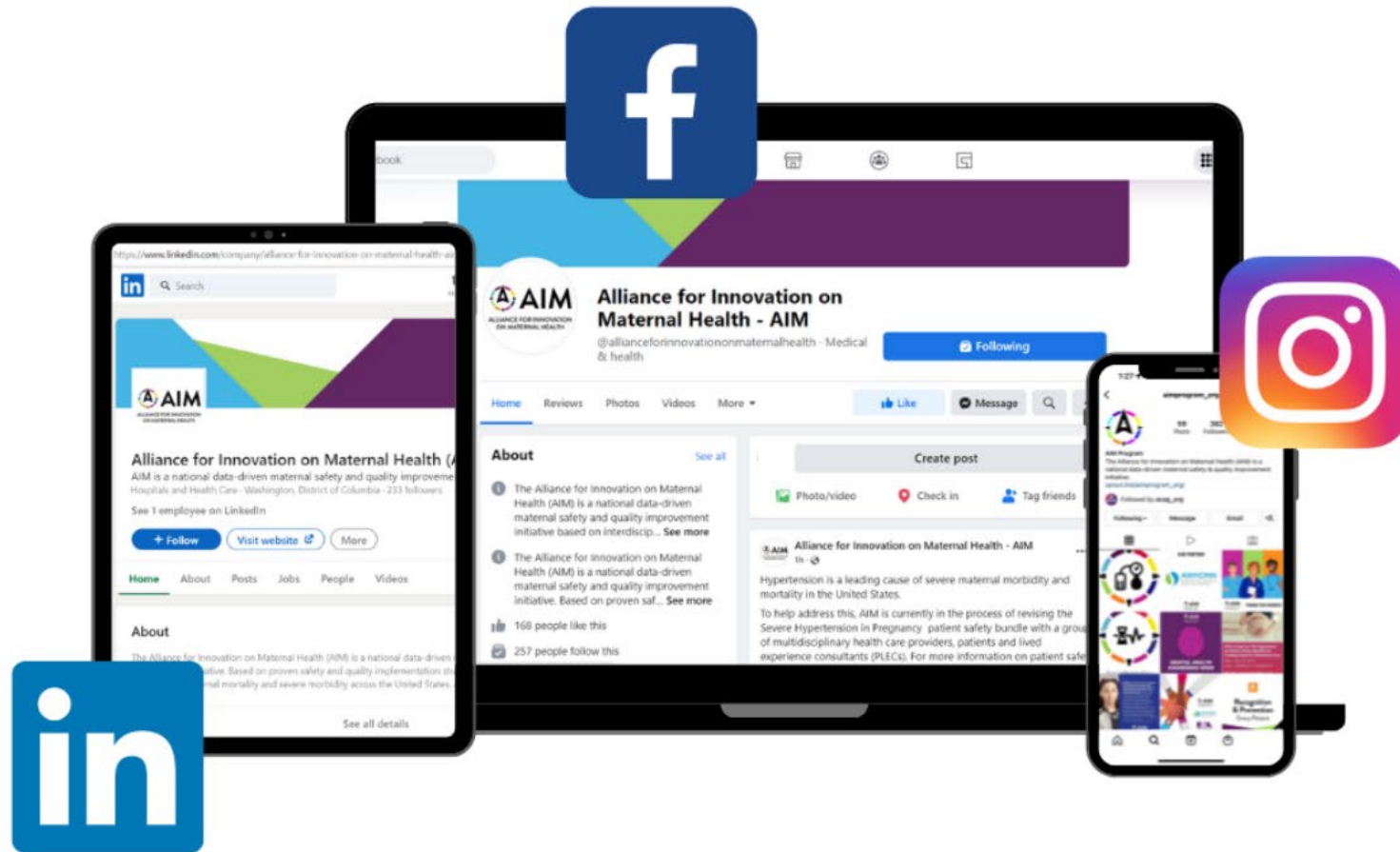
Toolkits To Reduce Hypertension in Pregnancy and Obstetric Hemorrhage

AHRQ Safety Program for Perinatal Care, Phase 2

Following the release of AHRQ's [Toolkit for Improving Perinatal Safety](#), a second bundle of AHRQ tools is available to improve the safety culture of labor and delivery (L&D) units. The second bundle provides resources that align the toolkit's adaptive care processes with the clinical care processes recommended in the [Alliance for Innovation on Maternal Health \(AIM\) program](#).¹ The new tools are designed to help L&D units reduce obstetric hemorrhage and severe hypertension in pregnancy, two leading known causes of preventable maternal mortality and severe maternal morbidity in the United States.

- [Toolkit Background](#)
- [What Are the Hemorrhage and Hypertension Toolkits?](#)
- [How To Use the SPCC-8 Toolkit](#)

AIM SOCIALS



FOLLOW US ON LINKEDIN, FACEBOOK AND INSTAGRAM



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AIM Data Overview

Objectives

- ▶ Review AIM Data Process
- ▶ Understand AIM data collection plans, measure types, and how to access data for states and hospitals
- ▶ Identify the purpose of and key features of the AIM Data Center

Data is Critical to AIM



Identifies QI opportunities



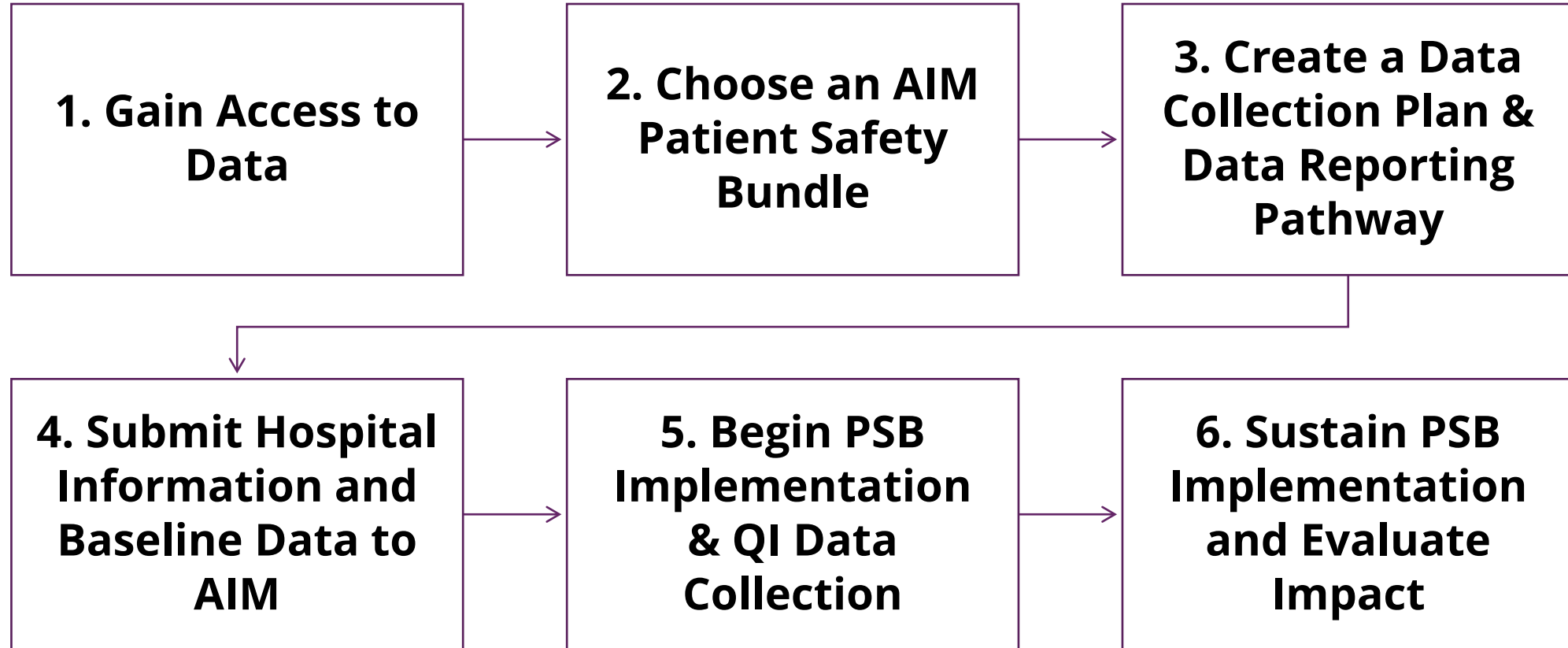
Drives process
improvement & technical
assistance



Evaluates QI activities &
programmatic goals



AIM Data Process



AIM Data Collection Plans

- ❑ Developed by members of a PSB workgroup, experts in quality improvement measurement, and the AIM Data Team to help operationalize PSBs
- ❑ Contain measures that highlight key areas and priorities for quality improvement, despite potential complexities collecting such data
- ❑ Are organized into a series of process, structure, outcome, and, as relevant, state surveillance measures
- ❑ Should be used to help monitor improvements in care, implement Plan-Do-Study-Act cycles, and ensure sustainment of best practices

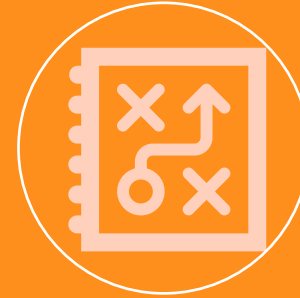
Getting Started with AIM Data Collection Plans – State Teams



Review the AIM Data Collection Plan associated with your selected AIM PSB



Identify questions and potential barriers for data collection and request technical assistance

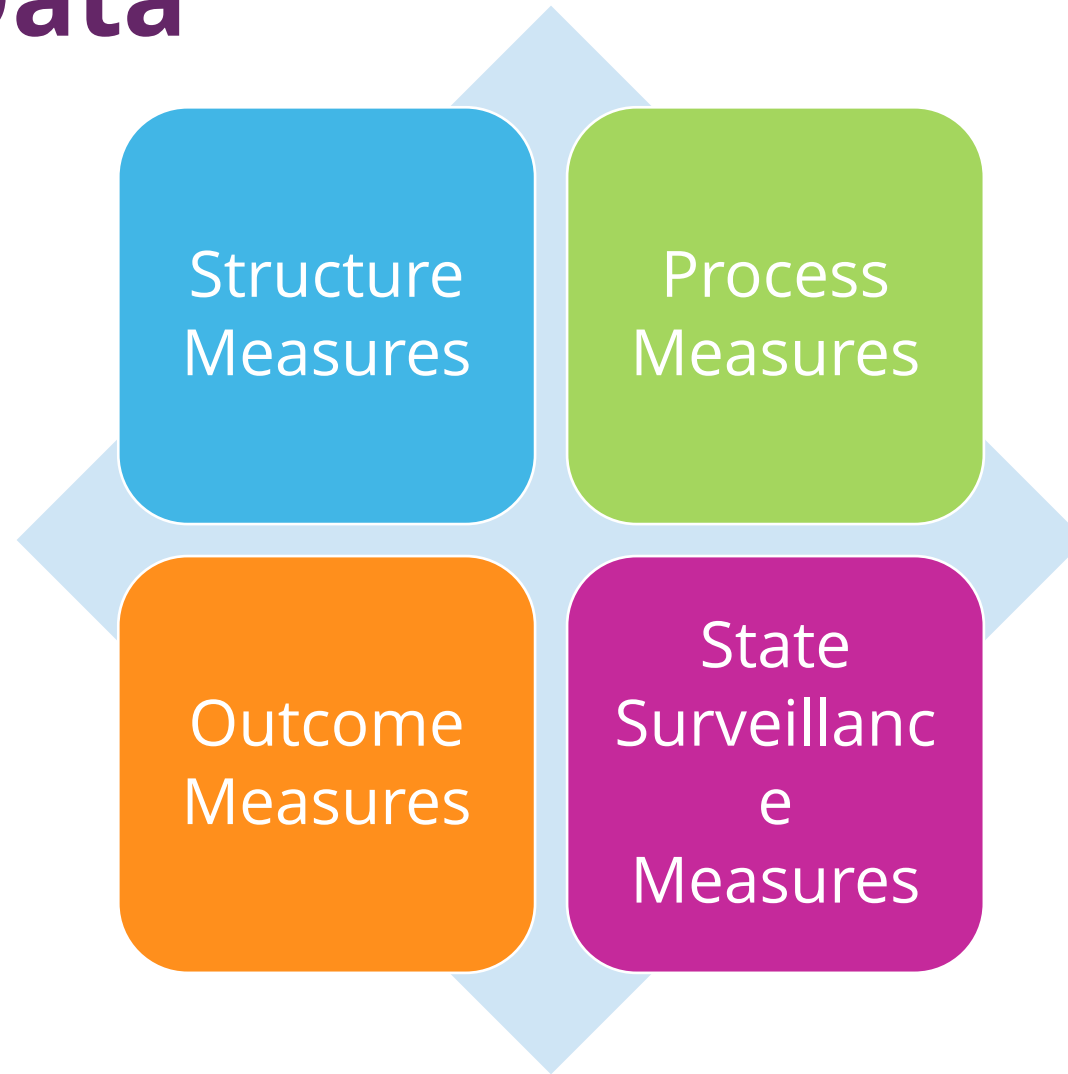


Develop supporting documentation and materials to support facility-level data collection



Engage facilities and execute necessary agreements so you may share data with the AIM TA Center

Types of Data



Structure Measures



Assess if systems, protocols, and materials have been established to improve patient care



Reported either monthly or quarterly on a 5-point Likert-scale that ranges from Not Started to Fully in Place



Collected and reported directly by facility teams



Establishing and ongoing monitoring of structures can help improve readiness to respond an obstetric emergency

Process Measures



Monitor the adoption and implementation of evidence-informed best practices



Reported either monthly or quarterly



Collected and reported directly by facility teams



Facility teams can use collected data to identify areas for improvement and monitor maintenance of best practices

Outcome Measures



Examine changes that occur in the health of an individual, group of people, or population that can be attributed to the adoption of evidence-informed best practices



Include severe maternal morbidity (SMM) and the rate of nulliparous, term, singleton, vertex (NTSV) Cesarean births, among others



Should be disaggregated by race, ethnicity, and other social and structure drivers or health to examine inequities.



Typically calculated and reported by AIM state teams on behalf of facility teams using administrative data, but this may vary by patient safety bundle

State Surveillance Measures



Process and outcome measures calculated statewide and not specific to hospitals due to small counts



Support public health monitoring and surveillance



May not be appropriate to attribute directly to hospital level quality improvement activities but are still important to examine



Include measures such as pregnant and postpartum people with diagnosed cardiac conditions, pregnancy-associated deaths, and postpartum readmissions

Choose a Data Collection Pathway

1. Facilities submit process and structures measures data **directly to the AIM Data Center**

- ▶ Recommended for any state-based team, but especially those who:
 - ▶ Do not have the resources to develop & maintain their own data collection system
 - ▶ Do not have the resources to regularly upload process and structure measures data directly to the Data Center on facilities' behalf

2. Facilities submit process and structure measures data to **a state-team developed data collection system**; state-based team uploads data on facilities' behalf

- ▶ Suitable for state-based teams:
 - ▶ With a pre-existing data collection system
 - ▶ Who have the resources to maintain their pre-existing data collection system and submit process and structure measures data to AIM
 - ▶ Want more customizations than the AIM Data Center can accommodate



Submit Hospital Information and Baseline Data to AIM

1. Collect, format and submit contextual facility data as part of a **hospital demographics file**

- A. Minimum elements of a hospital demographics file include:
 - i. **Unique identifier** – used to submit deidentified data to Data Center; state-based team is expected to provide this information
 - ii. **Name of the facility** – used to build out state administrator views in the Data Center, not viewable by national administrators
 - iii. **State facility is located** – used to identify regional or cross-state collaborations
 - iv. **Urbanization level** – whether the facility is in a rural or urban county based on HRSA’s Rural Health Grants Eligibility Analyzer
 - v. The start date of PSB implementation

Submit Hospital Information & Baseline Data to AIM, cont.

2. Submit information on your state-based team's PSB implementation

3. Calculate, format and submit baseline outcome measures data

- ▶ Baseline data helps assess the impact of AIM PSB implementation
- ▶ Recommend calculating 3+ years of baseline outcomes
- ▶ Report baseline outcomes disaggregated by race and ethnicity and or payor , as data allow

Data Use Agreements (DUAs)

- ▶ In order to get access to the AIM Data Center, state team must have a signed data use agreement.
- ▶ A Data Use Agreement is signed **between** the state entity and American College of Obstetricians and Gynecologist (ACOG).
- ▶ AIM Team is working on revising the Data Use Agreements. Once finalized, *AIM Technical Specialist* will work with you on the DUA process.
- ▶ The state team may choose execute a data use agreements with their hospital teams.
 - ▶ *The AIM Data Team may provide context on data submitted to Data Center to inform DUA process*

AIM Data Center

AIM

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Welcome to the AIM Data Center!

Email

Password

Sign in

[Forgot your password?](#)

The AIM Data Center is a national data submission and quality improvement tool used to report and benchmark maternal health clinical quality improvement outcomes. For more information on AIM and its work, [click here](#).

Background

- ❑ A national data submission system and quality improvement tool.
- ❑ Used by AIM state-based teams to report, monitor and benchmark maternal health clinical quality improvement data as part of AIM patient safety bundle implementation.
- ❑ Available to AIM state-based teams upon execution of a Data Use Agreement with ACOG, who will then make it available to participating hospital teams
- ❑ Does **not** collect protected health information – all information is entered in aggregate form

AIM Data Center Access and Views by User

National Administrator

- View QI data attributable to collaboratives.
- Invite and manage state administrators in the AIM Data Center.

State Administrator

- View QI data attributable to facilities.
- Benchmark data against other state-based teams.
- Invite and manage hospital users and state users for their state-based team.

Hospital Administrator

- View QI data attributable to their facility.
- Benchmark hospital QI data against their collaborative's data.
- Invite and manage other users for their facility.



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Further Questions?

aimdatasupport@acog.org

Enrollment Process

Access to the AIM Data Center



Decided to participate in the IDPQC patient safety bundle implementation



Contact the IDPQC team and join a cohort of hospital implanting the bundle.

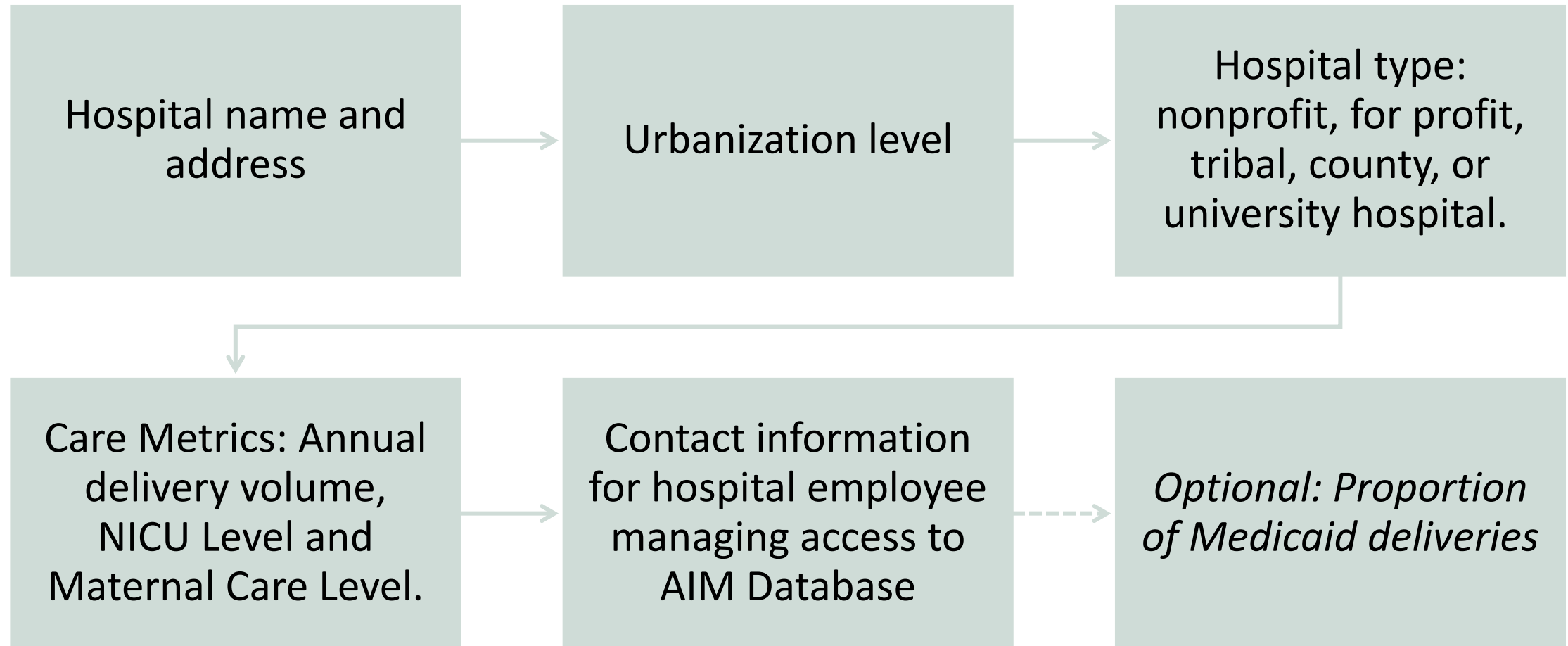


Receive, complete, and return the Hospital Demographics File to Comagine Health (grasmussen@comagine.org)



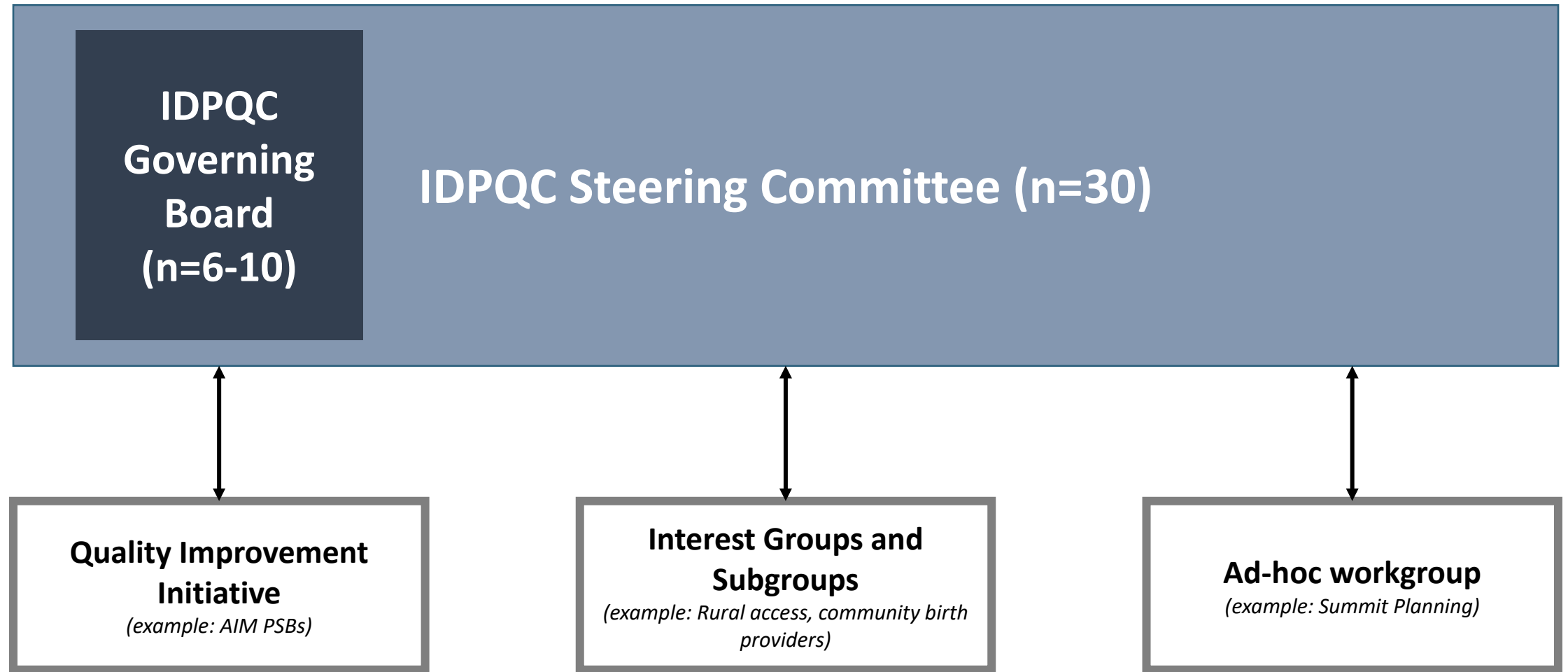
Receive an invitation to join the AIM Data Center.

Hospital Demographics Data Elements



IDPQC Governance

IDPQC: Governing Board & Steering Committee



Governing Board Structure

- Purpose:
 - Providing leadership, strategy, and direction for the IDPQC.
 - Serving as the decision-making body for the IDPQC.
- Scope:
 - Leading IDPQC convenings and direct the work of the IDPQC with support from ID DHW and Comagine Health staff.
 - Identifying and championing quality improvement projects, interest groups or subcommittees.
 - Serving as subject matter experts on identified topics and assisting in identifying contacts/partners.
 - Championing IDPQC requests and needs within their own organizations.

Steering Committee Structure

- Purpose:
 - Conduct mission-aligned maternal health quality improvement work in Idaho on behalf of the IDPQC.
- Scope:
 - Advocating for the healthcare needs of their communities & highlighting areas where the IDPQC could provide support.
 - Assisting with the implementation of QI initiatives.
 - Staffing interest groups, subcommittees, and ad-hoc workgroups identified by the IDPQC Governing Board.
 - Serving as subject matter experts and assisting in identifying appropriate clinical or programmatic contacts.
 - Championing IDPQC requests and needs within their own organizations.

IDPQC: Open Positions



Governing Board

Chair: Responsible for leading IDPQC meetings, setting agenda topics, representing IDPQC as needed

Vice Chair: Provide support to the Chair and fills that role when the Chair is unavailable

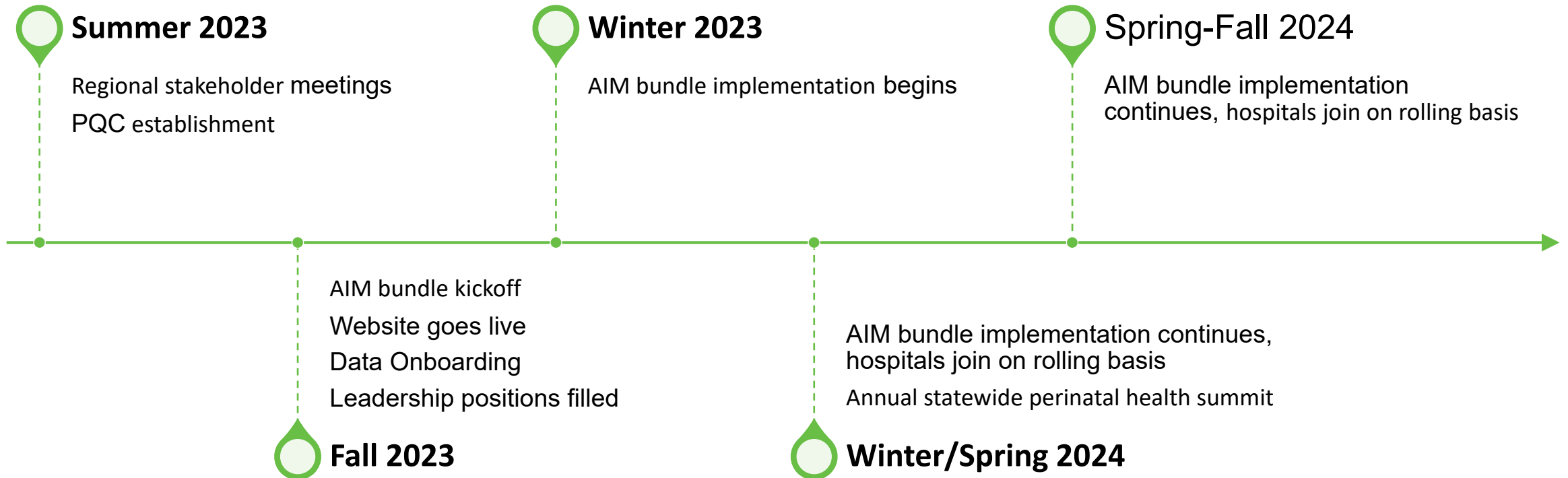
Governing Board Member: Provides technical expertise and decision making.



Steering Committee

Steering Committee Members: Provides technical expertise. Lead or co-lead IDPQC Subgroups.

Timeline



Questions?



Thank you!