National Partnerships with the AIM Alliance

Jeanne Mahoney
Sr. Director - AIM
AIM GOAL
Eliminate Preventable Maternal Mortality and Severe Morbidity in Every U.S. Birthing Facility

AIM STRATEGIES
BROAD PARTNERSHIP
TOOLS & TA
IMPLEMENTATION TRAINING
REAL TIME DATA
BUILD ON EXISTING INITIATIVES
INCREMENTAL BUNDLE ADOPTION
AIM Works at National, State, and Facility Levels for Implementation

National PH and Professional Organizations
- Engage/coordinate national partners and resources
- Support multi-state data platform

Perinatal Collaborative: DPH, Hospital Assoc., Professional Groups
- Support/coordinate hospital efforts
- Use state data for outcome metrics

Hospitals, Providers, Nurses, Offices, and Patients
- Create QI Team to Implement bundles
- Review progress through AIM Data Portal

Community Maternal Health Service Providers and MCH Organizations
- Increase access to care through promotion of collaborative and unfragmented maternal care.
- Engage public voice
IMPROVING POPULATION HEALTH OF WOMEN

Maternal Mortality Review Committees conduct detailed reviews to get complete and comprehensive data on maternal deaths to prioritize prevention efforts.

Perinatal Quality Collaboratives mobilize state or multi-state networks to implement quality improvement efforts and improve care for mothers and babies.

Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in maternity care.

Zaharatos, CDC, 2018
Accomplishments of AIM Partnership

1. **Created** a multidisciplinary and interagency collaboration among states, hospitals, and health systems

2. **Developed** harmonized, data-driven, continuous quality improvement processes

3. **Streamlined** bundle implementation utilizing evidence-based resources

4. **Provided** intensive technical assistance, education, and training across states, hospitals, and health systems
The Alliance 2018
Patients belong on **EVERY** partnership and State Team

**LaToshia Rouse (Patient Partner)**

She’s a patient partner for the American Congress of Obstetricians and Gynecologists, American Board of Pediatrics, Perinatal Quality Collaborative of North Carolina, and WakeMed Health and Hospitals in Raleigh, NC.

**AIM** is an opportunity to share her experience as a patient partner as well as discuss the issues facing women with the people who are improving their care.
Every Partner Contributes

**AWHONN** – Postpartum discharge teaching; connect AIM state AWHONN leaders.
**ACNM** – Birthtools web info, Leadership on Supporting Intended Vaginal Birth
**AMCHP** – Maternal mortality review web tools; focus on disparities
**ASTHO** – Engages state health officers to provide strong support.
**AAFP** – Content on bundle work groups and consultation for rural state issues.
**ABOG** – Portfolio MOC
**AHA** – Entre into hospital “C” Suites
**Emergency Nurses** – Improve postpartum triage in critical access facilities
**Healthy Start** – Provide wrap around services for pregnant/postpartum women
**MOD** – State chapters reach deep into communities
**NPWH** – Workgroup leadership, community focus, path for nursing CEUs
**SOAP** – Consultation on bundle implementation and disparities
**SMFM** – M in MFM; leadership and mentorship on state teams.
**WIC** - Identify dangerous prenatal and postpartum warning signs and refer
AIM Partners on EVERY Bundle Workgroup

Safety Bundles

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Maternal VTE Prevention
- Safe Reduction of Primary Cesarean Births

Safety Tools

- Maternal Early Warning Criteria
- SMM Case Review Forms
- Patient, Family and Staff Support

For Every Mother

- Reducing Disparities in Maternity Care
- Postpartum Care Basics
- Maternal Mental Health
- Transition to well woman care

Obstetric Care of Women with Opioid Dependence
Support state teams

- Monthly and ad hoc calls with team members
- Mentorship between state teams
- Identify and address common issues – Examples:
  - Treating severe level HTN
  - Shortages and misappropriations of critical pharmaceuticals
  - Supporting quantification of blood loss

**Tool Kits**

**E-modules**

**Resource platform – Contact AIM**

**Safety Action webinars**
AIM Keeping Current with Issues

Implementing Maternal Opioid Use Bundle
- 14 state teams built tool kit
- Clinical pathways, webinars, metrics
- Support MAT training for OB providers

Reducing Maternal Racial Disparities
- Workgroups for bundle implementation
- Women’s voices/Ask for your life

States and Partners Identify Themes
- Identify and share strategies on shortages of critical drugs such as labetalol and hydralazine
- Share need for emergency departments to improve triage of pregnant and postpartum women
- Identify ECHO and other distance learning strategies
AIM Impact

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%
Current AIM Initiatives

- **Bundle implementation guides** and **bundle commentaries**
- Obstetric care of women with **opioid use disorder**
- Reduction of peripartum **Racial Disparities/ Clinical Community linkages**
- AHRQ initiated work: **Building Team STEPPS into bundles**
- **Data** analysis and enhanced technical assistance
- Engagement of **emergency department clinicians**
- Refreshing and disseminating current **e-learning modules**
- Hospital participation **recognition program**
- Engagement of **Indian Health Service & DoD**
Texas AIM
CONTACT:
www.safehealthcareforeverywoman.org/AIM

Thank You

Jeanne Mahoney
jmahoney@acog.org