

# National Partnerships with the AIM Alliance

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ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH **A I M**

## 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



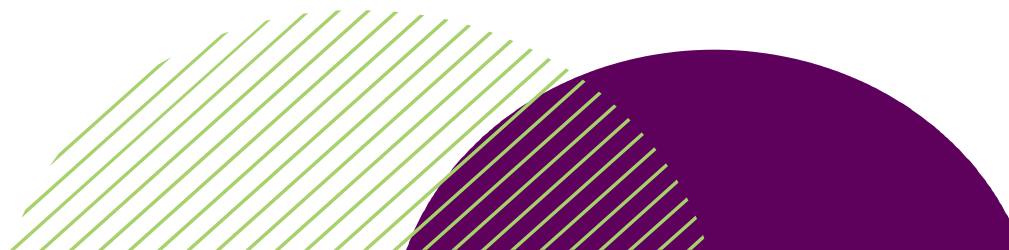
## **Hospitals, Providers, Nurses, Offices, and Patients**

- Create QI Team to Implement bundles
- Review progress through AIM Data Portal

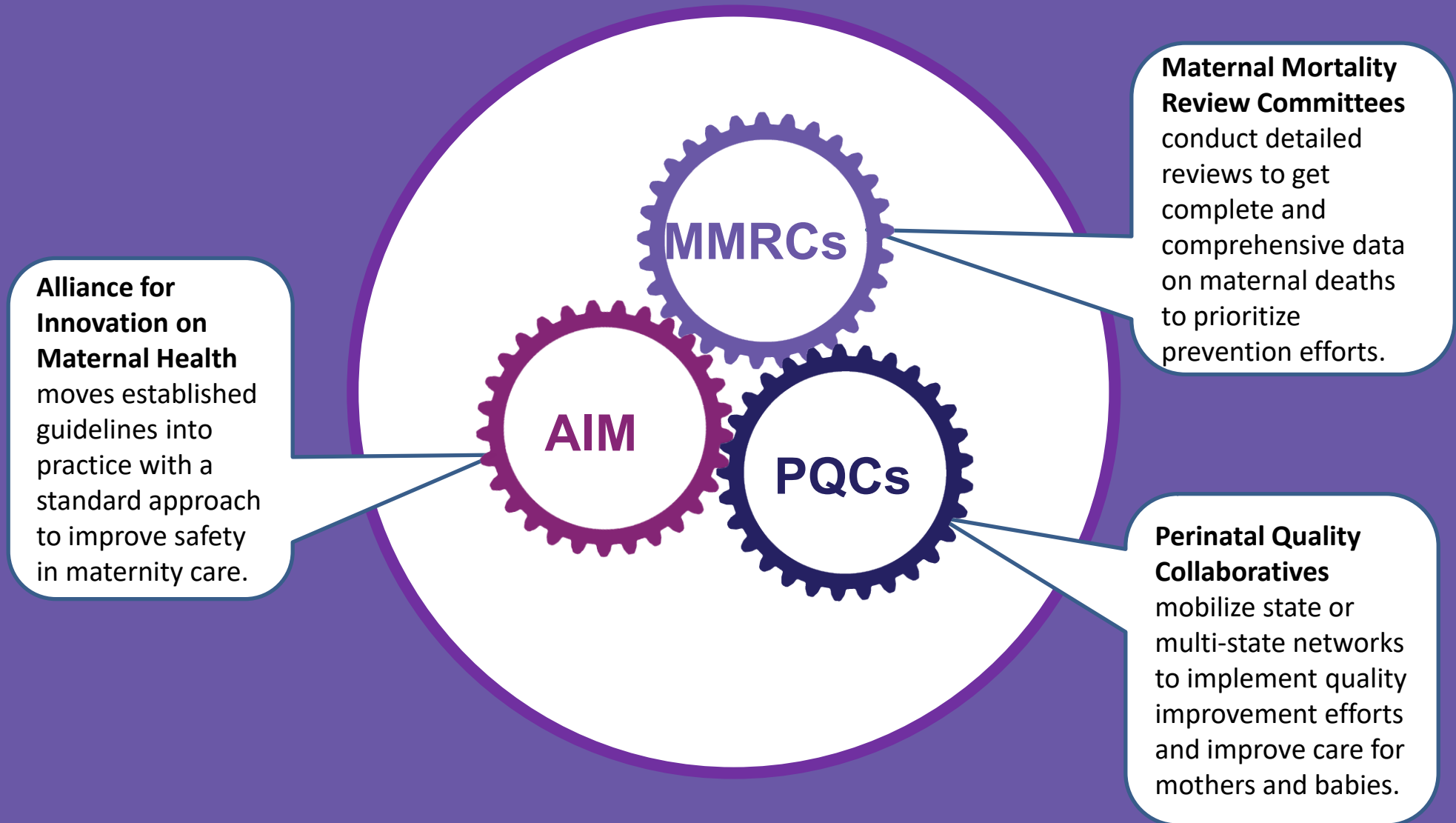


## **Community Maternal Health Service Providers and MCH Organizations**

- Increase access to care through promotion of collaborative and unfragmented maternal care.
- Engage public voice



# IMPROVING POPULATION HEALTH OF WOMEN



# Accomplishments of AIM Partnership

1

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

2

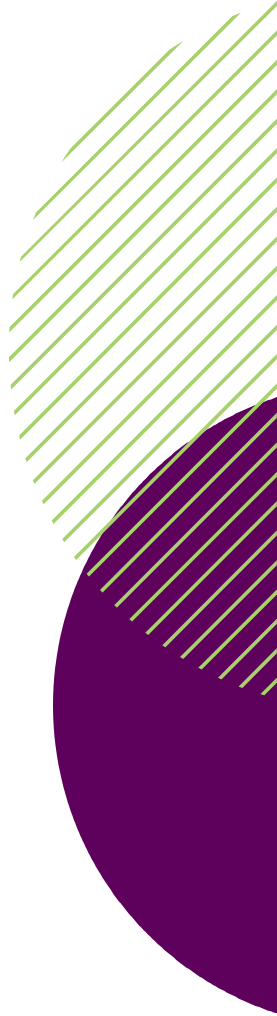
**Developed** harmonized, data-driven, continuous quality improvement processes

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

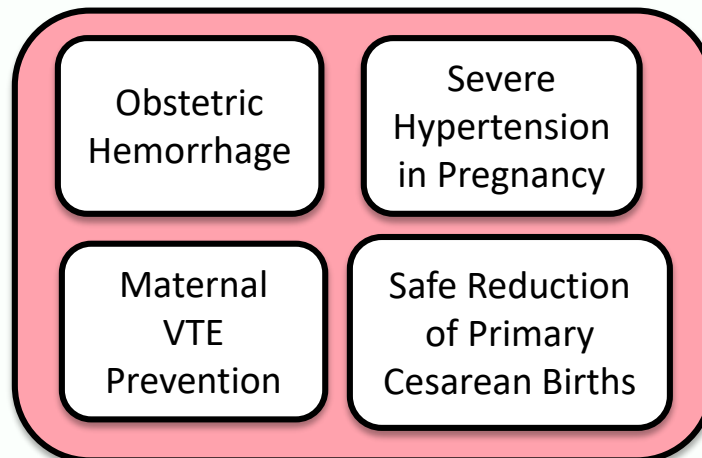
**SMFM** – M in MFM; leadership and mentorship on state teams.

**WIC** - Identify dangerous prenatal and postpartum warning signs and refer



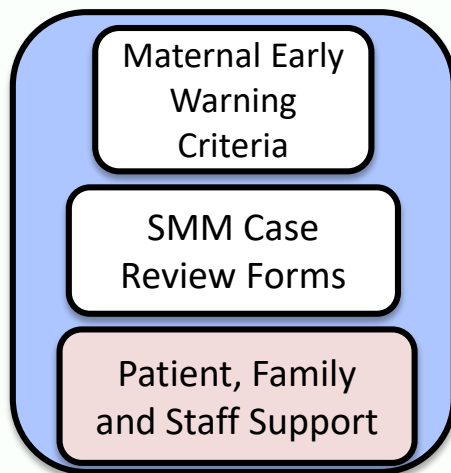
# AIM Partners on EVERY Bundle Workgroup

Safety Bundles

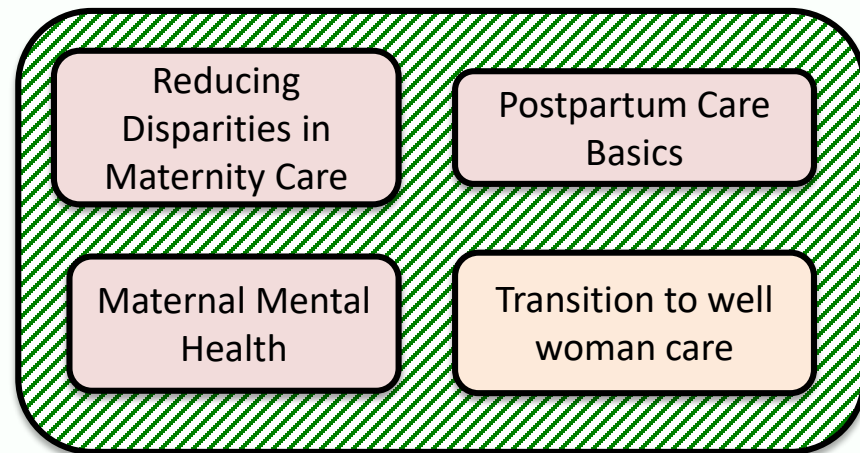


Obstetric Care of Women with Opioid Dependence

Safety Tools



For Every Mother



# AIM Implementation Tools



## 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

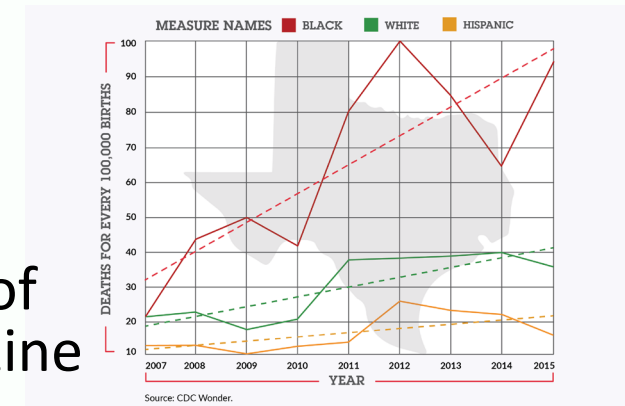
- 14 state teams built tool kit
- Clinical pathways, webinars, metrics
- Support MAT training for OB providers

## Reducing Maternal Racial Disparities

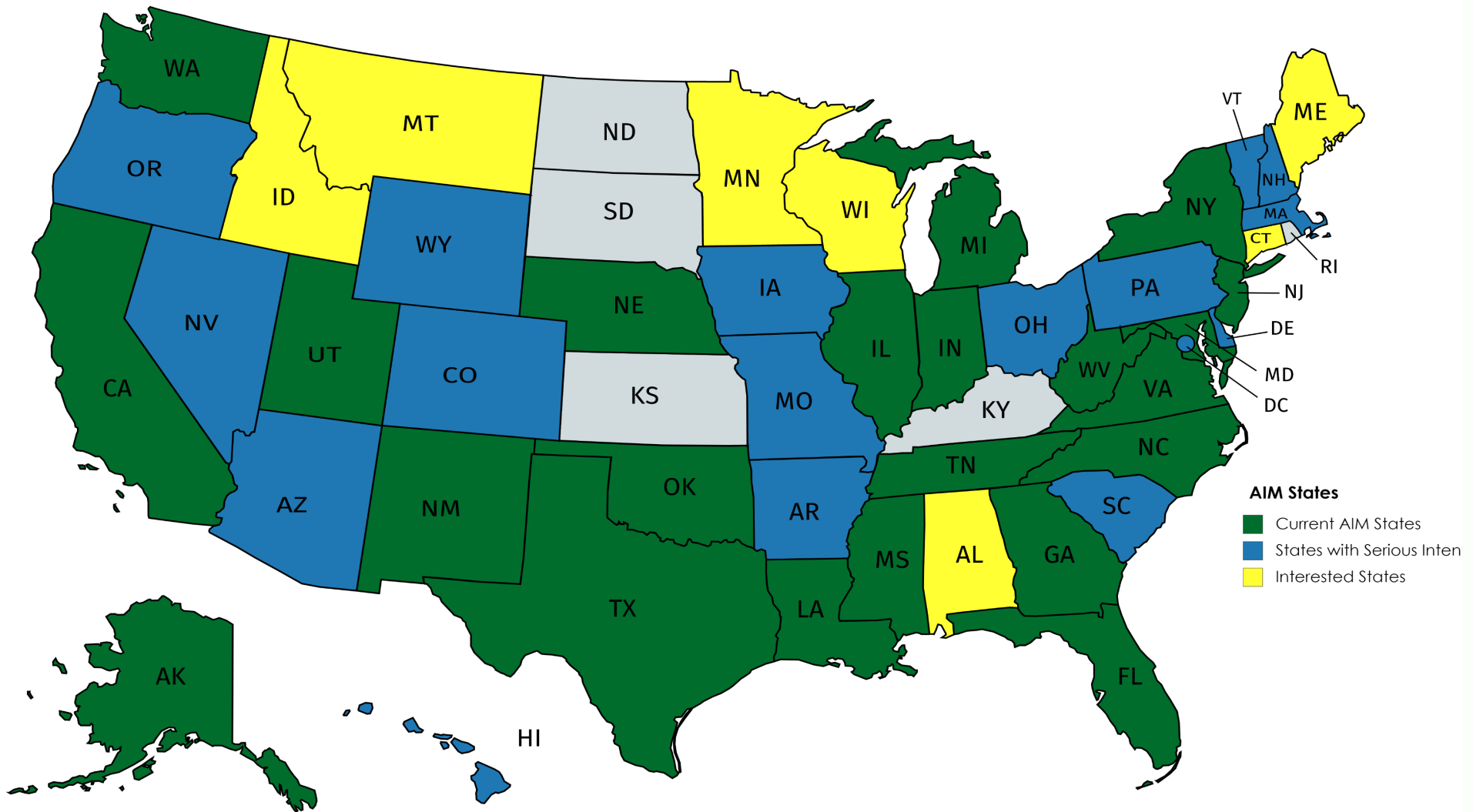
- Workgroups for bundle implementation
- Women's voices/Ask for your life

## 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 Program January 2019



# 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



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# Texas AIM



CONTACT:

[www.safehealthcareforeverywoman.org/AIM](http://www.safehealthcareforeverywoman.org/AIM)

# Thank You

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