Considering AIM Participation for Tennessee

TIPQC Annual Meeting
March, 2017

Alliance for innovation on Maternal Health (AIM)

• Funded through Maternal Child Health Bureau (MCHB)-HRSA
• National data driven QI initiative
• Open-access bundles & tools
• National benchmarking

How AIM Works

• Enrollment through systems, state collaboratives or benchmarking organizations
• Voluntary participation
• Bundle selection
• Quarterly data reporting
• Peer-to-peer engagement opportunities
• Open access resources
• Technical support

Current AIM States & Systems

• States:
  – Oklahoma, Maryland, Louisiana, Michigan, Florida, Illinois, Mississippi, New Jersey, North Carolina, Utah
• Systems:
  – NPIC (Nat’l Perinatal Information Center)
  – Premier
  – Trinity Health System

Bundles

• Obstetric hemorrhage
• Maternal venous thromboembolism
• Severe hypertension in pregnancy
• Safe reduction of primary cesarean birth
• Severe maternal morbidity review
• Support after a severe maternal event
• Maternal mental health: depression & anxiety
• Reduction of peripartum racial/ethnic disparities

Patient Safety Tools

• Maternal early warning sign criteria
• Severe maternal morbidity forms
  – Severe maternal morbidity review
  – Summary after severe maternal event
Current AIM Status

- Formal enrollment of States on hold, pending anticipated additional funding
- Tool kits and resources are open source, regardless of enrollment
- TIPQC representatives will attend AIM meeting in April

Tennessee Enrollment Readiness

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<th>Core Components</th>
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Why Consider AIM?

- Alignment of local and state efforts with national goals
- Access to evidence-based resources/toolkits to streamline bundle implementation
- National collaboration and benchmarking

Questions to Consider

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<td>What are the drivers in the state to engage in the AIM Program?</td>
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<td>What organization or agency will take responsibility for coordinating bundle implementation by the birth facilities?</td>
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<td>How often do hospitals have to submit to the statewide dataset?</td>
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<td>How long after the end of a month are 99.5% of births registered and in a statewide data system?</td>
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<td>Have assessments been performed on the quality and completeness of birth certificate clinical data elements?</td>
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<td>Is there a linked dataset of maternal HDD and birth certificate data? If so, how long after the end of the quarter/month is it available for analysis?</td>
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