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ON MATERNAL HEALTH



Postpartum Discharge Transition Patient Safety Bundle

Core Data Collection Plan
Version 2.0 January 2024



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Core Data Collection Plan

State Surveillance Measures

Metric	Name	Description	Notes
PPDT SS1	Postpartum Readmissions within 42 Days	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: All documented birth admissions</p> <p>Numerator: Among the denominator, readmissions at or within 42 days of discharge from birth admissions</p>	
PPDT SS2	Postpartum Pregnancy-Related Deaths	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Live births among state residents</p> <p>Numerator: Among the denominator, pregnancy-related deaths between 7 and 365 days postpartum</p>	
PPDT SS3	Postpartum Visit Attendance	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: All documented birth admissions</p> <p>Numerator: Birth admissions in which patients had a postpartum visit at or within 7 to 84 days after discharge from birth hospitalization</p>	Calculate using HEDIS measure specifications .

Process Measures

Metric	Name	Description	Notes
ALL P1- Version 2*	Provider and Nursing Education – Respectful and Equitable Care	<p>Report estimates in 10% increments (round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB clinicians[†] has received in the last 2 years education on respectful and equitable care?</p>	<p>[†]The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.</p>
PPDT P1	Provider and Nursing Education on Life-Threatening Postpartum Concerns	<p>Report estimates in 10% increments (round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB clinicians[†] has received in the last 2 years education on life-threatening postpartum concerns?</p>	<p>[†]The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.</p>

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Metric	Name	Description	Notes
PPDT P2	Inpatient-Outpatient Care Provider Collaborative Education	<p>Report integers for each submeasure PPDT P2A. At the end of this reporting period, how many shared learning experiences on issues related to pregnancy and the postpartum period that cross the continuum of care took place between inpatient and affiliated outpatient providers and nursing staff?</p> <p>PPDT P2B. At the end of this reporting period, how many care settings^s were represented by attendees at all shared learning experiences?</p>	^s May include clinical and non-clinical care settings
PPDT P3	Postpartum Visit Scheduling	<p>Sample patient charts or report for all patients; report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: All maternal discharges following a live birth</p> <p>Numerator: Among the denominator, those who had a postpartum visit scheduled before or within 24 hours of discharge from birth hospitalization</p>	For sampling guidance, please refer to the AIM Sampling Workbook
PPDT P4	Screening for Social and Structural Drivers of Health (SSDOH)	<p>Sample patient charts or report for all patients; report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: All maternal discharges following a live birth</p> <p>Numerator: Among the denominator, those who were screened for SSDOH using a standardized, validated tool by the time of discharge from birth hospitalization[†]</p>	<p>[†]To be included in the numerator, patients had to have answered any question(s) from a validated SSDOH screening tool.</p> <p>For sampling guidance, please refer to the AIM Sampling Workbook</p>

Metric	Name	Description	Notes
PPDT P5	Patient Education on Life-Threatening Postpartum Concerns	<p>Sample patient charts or report for all patients; report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: All maternal discharges following a live birth</p> <p>Numerator: Among the denominator, those who had documentation of verbal and written education on life-threatening postpartum concerns before discharge from birth hospitalization[‡]</p>	<p>[‡]To be included in the numerator, patient record needs to include documentation of verbal and written education.</p> <p>For sampling guidance, please refer to the AIM Sampling Workbook</p>

Structure Measures

Metric	Name	Description	Notes
ALL S1*	Patient Event Debriefs	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your department established a standardized process to conduct debriefs with patients after a severe event?</p>	<ul style="list-style-type: none"> • Include patient support networks during patient event debriefs, as requested. • Severe events may include the The Joint Commission sentinel event definition, severe maternal morbidity, or fetal death. • This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team.

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Metric	Name	Description	Notes
ALL S4*	Patient Education Materials on Urgent Postpartum Warning Signs	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your department developed/ curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards?</p>	
ALL S5*	Emergency Department (ED) Screening for Current or Recent Pregnancy	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?</p>	More detail on screening for current and recent pregnancy can be found in <u>AIM's Pregnancy Screening Statement.</u>
ALL S6*	Inpatient-Outpatient Care Coordination Workgroup	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your hospital established a multidisciplinary workgroup of inpatient and outpatient providers that meets regularly to identify and implement best practices on issues related to pregnancy and the postpartum period that cross the continuum of care?</p>	<ul style="list-style-type: none"> • This workgroup should help coordinate the completion of the other structure measures.

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Metric	Name	Description	Notes
ALL S7*	Resource Mapping/ Identification of Community Resources	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your hospital created a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?</p>	<ul style="list-style-type: none"> • Resource list should be updated annually. • Resource list should include OUD/SUD treatment resources as well as mental health resources and allow for customization based on patient population (e.g., BIPOC).
PPDT S1	Shared Comprehensive Postpartum Visit Template	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place</p> <p>Has your hospital shared with all its affiliated outpatient sites a postpartum visit template that includes at minimum all elements of a comprehensive postpartum visit as outlined in the <u>AIM Postpartum Discharge Transition Bundle Implementation Details?</u></p>	

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