



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Video Transcript: Data Submission Training for States and Jurisdictions

Daniel Cothran [00:00:00] All right, welcome everybody. This is the data submission training for states or jurisdictions. Before we get started, I just wanted to provide a couple of housekeeping notes. Today's webinar will be recorded and the recording will be posted to saferbirth.org. Closed captioning is enabled for this webinar. Look for the CC button to turn on or off closed captioning. We will reserve some time for question and answers at the end of the session. And for that, please use the Q&A feature in Zoom. We also have somebody looking to the chat for any questions related to technical support. So please use the chat function for technical support.

Before we get too far, I just wanted to give a note on language, because occasionally the technically correct language is a little bit cumbersome to say. And because we're talking about the AIM Data Center. I want to use the language that you will see within the platform, even if it's not sort of always completely correct. When you hear me saying state, I'm referring to a US state or jurisdiction, so that would include Washington DC or Puerto Rico. If I say collaborative, I am talking about an AIM-participating entity that's operating at the state or the jurisdiction level. This could be a perinatal quality collaborative. A state health department or hospital association, for example. And when I use the word hospital, I'm talking about the facilities where patients go to give birth, which includes birthing centers that may not technically be hospitals.

For today's agenda, we'll have a quick welcome and introduction, and then we'll talk about gaining access to and navigating the AIM Data Center, configuring the bundle reporting, adding hospitals or birthing centers, submitting data, avoiding common data, submission errors, adding users, seeking support, and there will be a demo and Q&A section. So to introduce myself, I'm Daniel Cothran. I'm AIM's knowledge management lead. I have more than 15 years of experience in knowledge management and web development. I'm also joined by several of my colleagues. They'll be assisting me with answering questions and may step in if I've passed over something important. I also just wanted to give a special thanks to Critical Juncture, our vendor for the data center who's worked with AIM. The AIM project since its inception.

Since this is a training, we have some learning objectives for you. By the end of this session, you should be able to describe how to gain or regain access to the AIM Data Center. You should be able to describe how to add birthing centers, how to add and configure patient safety bundles, how to submit process, structure, and outcomes data, avoid at least three common data submission errors, and know where to seek support with data collection challenges. So what is the AIM Data Center? It's a web-based national data submission system and quality improvement tool that gives administrators the ability to submit data and track AEM bundle implementation and severe maternal morbidity at the state or facility level. And just to make it abundantly clear, it does not include protected

health information. How you view the AIM Data Center and what you're able to do with it depends on your role.

And there are two main user types that we're going to be talking about today, state administrators and hospital administrators. So for state administrators, they're able to view quality improvement or QI data that's attributable to identifiable facilities. They can benchmark that data against other state-based teams. They can invite and manage hospital users and state users for their state-based team. On the other hand, hospital administrators can view QI data that's attributable to their facility. They can benchmark hospital QI data against their collaborative's data, and they can invite and manage other hospital-level users. Both of these user types also have a role that's read-only. So if you have someone who would like to be able to view the data without being able to submit or modify data or settings, then you can give that role to that person. For gaining access to the AIM Data Center, we have a relatively simple process. I think it's become even a little bit more simple over the last few months.

The first thing that we need to have in place is basically consensus on a data use agreement with JSI. So when logging in, individual users must accept the click through data use agreements. If you'd like to put in place a fully executed data use agreement, we do have a process for that, but that is optional. We also would expect that you'd have at least one birthing facility that's participating in AIM patient safety bundle implementation within your state. I think that kind of goes without saying. It is important to note that in some states, it's necessary to have a data use agreement between the state level entity, the collaborative, and the hospitals that are submitting data. That's something that sort of occurs outside of the AIM project itself, but we may be able to assist you with that, and we can talk about that a little bit more during the Q&A section.

Also before you gain access to the data center, I think it's important that you have some of the information at the ready just to make the process a little bit smoother as you get started. So we would expect you'd collect some hospital demographics information that you'll need to upload and we'll go into detail about that later. And we'd also like you to have some familiarity with the dashboard configuration for the patient safety bundles and really this training should help you a lot with both of those tasks. Once these pieces are in place and are communicated with your assigned TA specialist, The data team will establish your team's dashboard in the data center and invite your state or jurisdiction-based users. And if you need to know who your TA specialist is, you can reach out to us and we'll talk about that later as well.

So logging into the data center, you'll first receive an invite in your email with a big purple button that says accept invitation. So you'll click that link, which will take you to the AIM Data Center. And the first thing you'll need to do is to set your password and then click the complete registration and sign in button. After that, you'll be presented with the data use agreement that you've selected. There's a default one, or you can customize one for your state. So every user has to accept this before they can proceed. Once you do that, you'll land on your state's dashboard.

And this dashboard gives an overview of your collaborative status and provides quick links to complete administrative actions, such as adding and configuring patient safety bundles, adding hospitals and users, adding outcome process and or structured data, and visualizing data and generating reports. I want to draw your attention to the, toward the top section of that screenshot. Where it says onboarding status, and I have a bigger picture of this. So there's kind of four main steps that you should take getting set up within the AIM

Data Center. The first is configuring your bundle reporting. The next is uploading a hospital file, then updating recent measure data files and inviting hospital users. Once you've completed this step, it'll go from having a number to a green checkbox. Excuse me, check mark. And steps three and four are somewhat interchangeable. They don't necessarily have to happen in sequential order.

So when you click on Configure Bundle Reporting, that first step, it will take you to a form. And I'm just going to run through this form so that it's not quite as intimidating because there are a lot of questions. And if you aren't as familiar. As familiar with the system already, it can be a little bit intimidating. The first two fields are completed for you by the data team, and then the next one is asking about your data submission paradigm, whether you as a state entity want to be submitting all the data, or if you want to submit the outcome data and then have individual hospitals submitting their process and structure data. And we'll talk about that more as well.

The next question is asking if state admins can select bundles and participation periods for individual hospitals. Bundles must be opted into at both the state level and then the hospital level as well. Every hospital is not going to implement the entire menu of bundles that you may have opted into at the state-level. And then this last question is Asking if state. Level, administrators can invite hospital users to the dashboard. The next few fields deal with race and ethnicity primarily. So on certain measures where they have a visualization like the trend line determinants of health chart, you may wanna have some sort of information about that measure, which you can put into the footnote in this text area. And then the reporting frequencies For race trend lines and the measure by race page, you can set which reporting frequencies you'd like to see, such as monthly, quarterly, or annually.

We have another question about process measures stratified on data entry forms. So if you add any of the measures into that field, it controls if those additional questions have race or ethnicity options in the hospital submission forms. And then, If hospitals do submit race stratified process measure data, this next question controls which races or ethnicities appear in the form fields. So I know that's a lot, but there's still more. The next section is where you will add and configure your patient safety bundles. Like I said, they must be added at the collaborative level and then hospitals also need to opt into the ones that they're implementing. So when you set these up, please ensure that the dates match the expectation for the reporting frequency. And if you want your data hidden from cross-collaborative comparisons, select yes in that last question there right above where it says remove bundle on the right.

After you've added your patient safety bundles and configured them, there's a section below that. There's a one called outcome measure message, which shows a message on the outcome tab. For each hospital, there're tabs that you can click through, the visualizations and with outcome data because that's submitted by the collaborative on behalf of hospitals. This is just a way for the collaborative to tell hospitals where the data is coming from. For the two-factor authentication, this is whether or not all your users need two-factor authentication. We definitely recommend that as a security best practice, but it's not completely required for hospital level users. The next question is about the frequency at which submitting users are reminded of the need to submit data. So you can configure that and there's a lot of different options there. And then we have the trendline grouping options. That's controlling the different ways that the data are grouped within the dashboard pages.

And finally, if you're not collecting data on particular measures, you can hide those measures from the dashboard, so that you're just not getting a lot of empty charts in your dashboard. Okay, so once you save that page, you've completed this first action of configuring your bundled reporting. The next step is adding the hospitals, so uploading the hospital file. There is a template file that's available and you need to upload a file that has at least the following seven columns. There should be a hospital unique identifier, the hospital name, the state, urbanization level. And then for each of the patient safety bundles that you're implementing, those have an abbreviation, which is available in the template file for you to see. And you need add the start date for that. You need to add whether or not your hospital participates in any aspect of AIM patient safety bundle implementation. And then in that last field, it's the year in which the participating facility information was reported, reviewed or updated.

And by the way, we're gonna go through some of this in the demo, so I think it'll be much more clear as you're actually seeing me navigate through the AIM Data Center. Once your hospitals are in place, then you're able to add data. And like I mentioned before, there are two different data entry paradigms. There's a state only in which your collaborative is responsible for adding all the different types of measures, structure, process, and outcome. And when you're doing this, you're able to bulk submit the data through a file upload. There's also a paradigm in which states are still submitting data for outcomes, but hospitals are able to submit process and structure data themselves. So if that's going to work for your state, that's definitely a possibility. And those facilities do have the ability to enter data in through a graphical user interface on the platform. I talked about the different measure types.

So process measures are measures that monitor the adoption and implementation of evidence-based practices. These are collected each period by each hospital. Although, like I said, states can input these on behalf of the hospitals. An example of a process measure would be what proportion of people have had a hemorrhage, a risk assessment completed, and risk level assigned at least once between admission and birth. Structure measures, on the other hand, assess standardized evidence-based systems, protocols, and materials have been established to improve patient care. These are collected each period by hospitals and reported using a one to five Likert scale. With the process measures, these can be submitted by hospitals or the state.

And an example of a structured measure is, has your department established a standardized process to conduct debriefs with patients after a severe event? And then lastly, the outcome measures. These examine changes that occur in the health of an individual group or population that can be attributed to adopting clinical best practices. These are collected by the PQC or partner organization and are submitted quarterly or annually. And an example of this is among all qualifying people during their birth admission, those who experienced severe maternal morbidity, excluding blood transfusions alone.

So when you upload your data, you'll want to use one of two different file templates that we have, and you can actually download these templates from the AIM Data Center. I'll show you that during the demo. There's the standard format in which the measures are all in one column, in this picture in column D. And then there's also the wide format, which we created this wide format because a lot of people are using RedCap. And when you export data from RedCap, it's more in this format where the individual measures each have their own column. So, once you've completed... Your data file and you're ready to upload it you'll go to the upload section of the dashboard. Please review the instructions carefully as

they do have a lot of information about how to avoid errors upon upload. If you attempt an upload and And excuse me. Your data doesn't pass validation. It will not be saved to the data center. You'll need to check the error report, try to figure out what may be wrong with the way it's formatted in your file. Fix that and then re-upload. Once you have saved data, if you realize that something is outdated or is incorrect, you can replace data so long as you're adding. You upload a row that matches on the hospital, the date range, the measure, and the population.

As long as those things match, we know that that's a unique data point and that the newer data will replace the old data. So some common data validation errors. One is that the dates are not properly formatted. We are expecting month, month, day, day year, year, year, year. Dates that do not align with the reporting period, especially quarters. So we are expecting that if you're reporting quarterly, you're starting at January 1st and going to March 31st. The next quarter, April to June, July to September, October through December, et cetera. Another issue that can happen is if the measure level, the measure and the measures level don't match each other. So some measures are really only supposed to be reported at the state level.

So if you're trying to report that measure for an individual hospital, the system will recognize that that's incorrect and throw an error. And lastly. For measures that have a numerator and denominator, you should input a zero for the numerator rather than leaving it blank if you don't have any data for that numerator. And there's some more that we can go through as well if you'd like us to. So the last step in that onboarding that I had up earlier is adding users. For state, adding additional state users, you can go to your dashboard and click add user, and then complete the form, which is about like their name and email address.

And then for those, you would assign either a state administrator or a state read-only user role. If you're adding hospital users, you actually have two different options. So the first one is clicking on the invite hospital users link. That's part of that onboarding section. So you'll download your hospital file and then if it doesn't already have it, you'd add a first name, last name, an email column to your sheet, save it and then you'll upload that file and there's an import type field rather than hospitals, which is the default, you'll select contacts. And then when you submit, it will invite all of those contexts that you've added. To the AIM Data Center. And I'll show you that in the demo as well.

You can also add hospital users one by one using the add user link. So this is just like for adding state users. But in this case, there's checkboxes so that you can associate that user with one or more hospital. Adding users. If you are encountering any challenges, we have a section for requesting support. If you go to the top menu in the purple, click the support drop down. There's a link that says request help. Click on that. It will open a form. Sometimes it takes a second or two for that form to open. Please fill that out and submit it, and that will help us to route your request to the right person. If you're having an issue with that for some reason, you can also email info at saferbirth.org and we will get back to you as soon as possible.

So that is the first part of the presentation and we'll switch to a demo in just a second. I am using a demo version of the AIM Data Center. And in this scenario, I've already logged in and I've landed on my dashboard. If I ever need to get back to my dashboard, I click here. And then this is the main tab that I had showed you earlier. The onboarding status is here. And like I mentioned, for each of these, if you click on them, it takes you to the specific page. So in this case, for my demo collaborative, I have a few patient safety bundles

configured and actually. I'm going to switch out of demo for a second because I'm not seeing some of the forms I was expecting to see.

OK, so I've switched to a different role that's administrative-level role, and I'm switching to another example. So in this case, here are those additional forms that are fields that I had mentioned. So selecting the hospital data submission, state administered, bundle selection. We have the patient safety bundles. If I want to add an additional one, I can click add bundle. This is a pretty straightforward form, and all I need to do to save that is to click update collaborative bundles. So the next one is uploading the hospital file. So I wanted to, so I've already downloaded the CSV template for this.

So this is what it looks like, there's a hospital name, there's some additional information about your hospital, like things like is it a, what kind of hospital type is it? So this not required, you only need the seven ones that I mentioned, but it is helpful to have all this additional information if you have it. And then like I mentioned. This demo collaborative is implementing the hemorrhage. And so it has this hemorrhage start date field that's necessary for me to. To add a date for that. And then I also wanted to point out I've added the first name, last name, email of a fake user who I plan to invite. So I have this file has been saved like this. So I'll start by adding this additional hospital. So it's Import Type Hospital. I'll choose the My File. This is it, the hospital file, click Upload, and so it now gives me a report of the newly uploaded or updated hospitals.

Since I am already on this screen, I'm going to show you the user import as well. So like I said, instead of using hospitals here, I'll switch to contacts. I'm gonna use the same file. Look, upload, and you can see this message says success. These contacts were emailed their invitations. Let me go back to the dashboard. So for uploading recent measure data files, if I select this. There is a link here, it says CSV template. So when I click this and I download this template, this is actually a template that's specific to my collaborative. So it pays attention to the patient safety bundles that my collaborative is implementing. So it doesn't have unnecessary fields.

So I have already clicked download for this and I have this. It's in the hospital file. So what I've done is I basically took data that were already in this demo environment and I replaced the year 2014 with 2024, and I uploaded that, and now I'm going to do the same thing except replace 2024 with 2025. Close that. We can see it's updated here. I'm just saving it as 2025. And just as a quick warning, this is a demo environment that doesn't have every single feature that the production environment has. But they look the same, but for example, this doesn't send emails to users that you invite and things like that. So there are some differences. I did experience an error uploading the 2024 data, although I saw that some did upload. I do think that's because this is a demo site, not because it's the production site. And there's sort of a rule whenever you're doing a demo that something's gonna mess up. So I'm just gonna cross my fingers on this. So it's as easy as selecting the file, clicking upload. Yeah, so, but I did notice I went in.

You can see there are actually data here for 2025. So it did upload. I think there was just one little thing related to it being a demo environment. And this collaborative was set up years ago. So I think some changes have happened since then. It's really that easy. And that gets you set up. Kind of all the onboarding steps. I think we do plan to have additional webinars that will talk a little bit more about how you may actually want to use the data that's in the AIM Data Center. We also plan to have another webinar like this that's more tailored toward hospital level users, and that's going to be on March 18th, the same time.

With that, I'm going to stop my share and open it up to the Q&A section. Let me go ahead and read one of the questions that I'm seeing. It is, how can I share data from the data center with stakeholders in my state? So there are two ways to do that. One is by inviting those stakeholders as read-only users, state read-only users. The other is there's a report builder section of the AIM Data Center. Let me share my screen again. There's a PDF reports section. So click on that and then Each of your patient safety bundles are listed out and within each one of them, you can select the different measures you want. And then there's a bunch of different configurations about what types of graphs would you like to see. And then you can also select which of the hospitals you'd like to include in your reports. And if you'd like an overall report for your collaborative, and then you click Generate Reports. And after you click that, it's gonna go through a process. It can take a little bit of time if you have a lot of hospitals and a lot data, but it will spit out a zip file and. Then you can share that zip file with your stakeholders.

The next question that I'm seeing is there's still an option to remove certain measures from needing to be reported in the AIM Data Center for bundles. I believe that that would be the hidden measures question in the configure bundle reporting that I mentioned. But Brandon, since it is a little bit about the past, would you like to talk about that one somewhat?

Brandon Carag [00:33:28] Yeah, so just for context, I think in the past, different collaborators have expressed a desire to reduce the noise, I think, on some of the dashboard pages. And so, in the collaborative configuration, there is an option to select hidden measures. And if you specify hidden measures, those will be masked, basically, or hidden on the dashboard pages, so that it's not so noisy, and that different users can kind of zero in on those metrics that you deemed important in terms of what you want to collect.

Daniel Cothran [00:34:02] Thank you, Brandon. I'm actually going to ask you to take the next question as well, which is why are severe maternal morbidity rates presented in percentages instead of as rates?

Brandon Carag [00:34:18] Um, but as rates in terms of X number over a thousand or something like that, or is that the nature of the question?

Daniel Cothran [00:34:31] That might be my assumption, but I don't know if the person who asked this question wants to add any clarification. And they said, yeah.

Brandon Carag [00:34:44] Historically, that's just the way that we've done it. Typically, on many of the screens in the AIM Data Center, you're able to extract the data associated with a submission. So you can pull out the specific numerator and denominator-related items and convert those to of a per thousand based representation if desired. But typically, as I mentioned historically, that's just generally the way we presented it in the portal.

Daniel Cothran [00:35:18] And Jennifer, I don't know, do you have any insight into that as well?

Jennifer Kawatu [00:35:22] No, I mean, I think, you know, morbidity and mortality are generally discussed in terms of rates per 10,000 deliveries or per 100,000 births or per population. But as Brandon said, it sounds like it was just a data centered decision, but something that certainly if folks feel like presenting things in different ways, it would be useful. We're always interested in hearing that. So let us know. Also maybe ways to help with calculations as Brandon was talking about, so.

Daniel Cothran [00:35:57] Yeah, good question, thank you both. Caitlin, can you talk a little bit about the process to obtain a fully executed data use agreement?

Caitlin Madevu-Matson [00:36:09] Sure. Thanks, Daniel. We are still working through with all of the different states and jurisdictions, what kind of agreements you understanding what kind of agreements you had in place previously with ACOG, and then what agreements are needed with JSI to move forward. So please reach out, either through your TA specialist or through the AIM Data Center TA request to kind of start the conversation. In general, our approach is to try to honor as many of the terms and conditions that you had in place with ACOG, and really try to smooth. The process of getting approvals on our data use agreements going forward. So it does require some back and forth and just to make sure that we are all happy with those terms and conditions if we're doing a fully executed agreement. If you are given the requirements and everything in place in your state or jurisdiction, if you are finding that the click-through agreement is acceptable to you. You know, that really is our starting place and we do require it for all states at the moment. And however, we can customize the click through language as well. So if you are happy with doing a click through, but feel that some of that language needs to be revised for users. In your jurisdiction, please just let us know. And we can also work with you on that.

Daniel Cothran [00:38:08] Thank you, Caitlin. We've received another question. If the data is uploaded on behalf of hospitals with unique identifying numbers for each hospital, does the unique identifying number need to be connected back to a hospital or can the hospital's project data remain anonymous? There's two components to this. And Brandon, feel free to jump in here as well. Um, the, the unique identifier, um, that can really be anything that you want it to be. It doesn't have to match any state records. So if you wanted to kind of try to keep it anonymous in that way, you could by just creating a different unique identifier for that hospital, you just need to make sure that you have some way of linking that back just for record keeping. There is also a way that you can mask the name of the hospital in some of the displays. So that's another way that you could protect hospital data. Brandon, you want to add to that?

Brandon Carag [00:39:26] Sure, I'll take one stab at it. I don't completely understand the question, but I think what the questioner may be asking about is whether it's possible to not submit the actual hospital name. So there's pretty much two key attributes that are submitted with each hospital. There's the hospital name and the hospital unique identifier. And so if, for example, the hospital named was Mass General and the unique identifier was M.A. General. There's nothing in the data center that would prevent you from representing Mass General as Hospital A and Unique Identifier A. So if you're less comfortable with submitting the actual hospital name into the data center, that's certainly a possibility. And in the past, some collaborators have indeed done that.

Daniel Cothran [00:40:19] Thank you, Brandon. I want to thank HRSA for this opportunity to present to you all and thank you for attending. You can sign up to our newsletter if you'd like to receive regular information about events. Thank you so much for your support. With that, I think we'll go ahead and close out.