Video Transcript: Data Submission Training for Hospitals and Birthing Facilities

Daniel Cothran: [00:00:00] All right, hello everyone and welcome to the data submission training for birthing facilities. My name is Daniel Cothran. I am the knowledge management lead for the AIM TA Center and I'm with JSI Research and Training Institute Incorporated, otherwise known as JSI. We're a non-profit public health and consulting organization dedicated to improving lives through better health and education outcomes for individuals and communities. We work both internationally and in all 50 states.

The Alliance for Innovation on Maternal Health, or AIM, is a quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes, and save lives. The AIM TA Center is supported by a cooperative agreement with the Health Resources and Services Administration of the U.S. Department of Health and Human Services. The contents are those of the authors. They may not reflect the policies of HRSA, HHS, or the U.S. Government. Today's webinar will be recorded, and the recording will be posted to the website in the next two weeks. Everyone on the webinar today is muted. Closed captioning has been enabled, and to enable it or disable it, just look for the CC button. We will have time for questions and answers at the end of the webinar, but you don't have to wait to submit your question. You can submit them at any time using the Q&A feature in the Zoom toolbar. It looks like a call out box with a question mark in it. Just click that, type your question, and hit send. If you need to reach out to the hosts and panelists directly or if you have a technical support issue, please use the chat function for that.

I wanted to make a quick note on language. The most precise language is not always the easiest to say in a presentation like this. And because we'll be discussing the AIM data center, I wanna use the language that you'll find within that system. So let me just clarify upfront that when I say or when our presenter Brandon says state, we're referring to a US state or jurisdiction such as Washington DC or Puerto Rico. If you ever say collaborative, that's an AIM participating entity operating at the state and or jurisdiction level, this could include a perinatal quality collaborative or PQC, the state health department or hospital association. And if you hear me saying hospital, that refers to any place where patients go to give birth. So that would also be a birthing center that's not technically a hospital. For today's agenda, we're going to complete the welcome and introduction and then we'll talk about gaining access to and navigating the AIM Data Center, submitting process and structure data, comparing data and assessing data quality, generating reports, overcoming common stumbling blocks, seeking support, and then, we'll have a demo and Q&A session. In the spirit of quality improvement, we do have learning objectives for this presentation. So by the end of this session, we're hoping that you'll be able to describe how to access the AIM data center, submit process and structure data, overcome common stumbling blocks and seek support with data collection challenges. So presenting today we have Brandon Carag. He's the software developer for the AIM Data Center who works for the Critical Juncture. And I'm gonna go ahead and turn it over to Brandon to talk a little bit more about himself as well as to finish out the presentation.

Brandon Carag: [00:03:55] As Daniel mentioned, my name is Brandon and I work for Critical Juncture and we're a small software development consultancy based in the San Francisco Bay Area. We have a number of projects that are health care and maternal health care adjacent, as well as open government adjacent. So some of our projects include FederalRegister.gov, the California Maternal Data Center, the AIM Data Center ECFR.gov. Things of that ilk. So we're happy to be here and happy to discuss a little bit more about a walkthrough through the AIM Data Center and hopefully handle some sticking points or any questions that you may have.

But with that, let's go and get started. So just a quick orientation, the AIM Data Center is a national data submission system and it's a quality improvement tool and it allows hospital level users to submit data and compare their results against other facilities. We've had different training sessions and in this particular training session, our lens is really gonna be for that of the hospital user. So do keep that in mind. We do have some other training. Recordings, I think, are a little bit more focused on the collaborative side of things. But just keep that in mind as we're going through the material here. It's also worth mentioning that we don't have any patient-level data within the system. Sometimes there's a little confusion around what the intake cycle looks like. But just wanted to clarify that from the get-go here. So a couple of words about the nature of the different user roles inside of the AIM Data Center. So the first user role is really that of the state administrator. For your purposes, you're not largely going to need to be terribly concerned with this. We're really going to be focusing in on the hospital level roles, which are really just going to be the admins as well as the read-only users. Admins can invite other users, and they can submit data. And as you would expect, the read-only users can just view the data, generate reports, things like that. So depending on what your scope of responsibilities is, your role may look a little bit different once you sign into the AIM Data Center. In terms of the way that you're gonna be granted admittance, typically your state admin is gonna send out some sort of a bulk email or an individual email and you will be given an email and inside this email, there's gonna be this large purple button that says accept invitation. It's pretty standard. Once you click on that, you'll be taken to a page where you can set your password, provide your first name and your last name. Again, it's pretty standard. I will mention briefly that two-factor authentication is broadly required in the system. For hospital-level users, if your collaborative has enabled it, you will be required to provide a four or six-digit code when you sign in. The way that that typically works, it's not through an iOS app or Android app or something like that. We generally will send a code to your email account, and then you'll just provide that when you sign in just to authenticate it. A test to your ownership of your email account. But for the first cycle of signing in, you won't need to worry about that. It just will magically sign you in since you've already basically clicked the link from your email. Once you sign in, you will see a data use agreement. And this data use agreements may look different depending on the collaborative that you're participating in. It's worth noting as well that your hospital may need to sign a separate. Data use agreement with your state or jurisdiction and that is a distinct agreement from what is displayed in the AIM Data Center. So we scroll to the bottom of that. There's basically like a submit or agree button and you'll just effectively attest to that assuming that you agree with conditions and terms there. And when you sign in, what you'll see is what we refer to as the dashboard page. And we'll go into some more details around this, but just to provide a little bit of a high-level view of what some of the functionality entails. You can enter in your process and structure data. You can visualize this data and generate PDF-based reports. You can examine data quality. You can invite other users into the system. Fairly standard things, but that's a bit of a high level in terms of what's possible here.

It's also worthwhile noting that in terms of the way that hospital-level users participate in the AIM data center, there are different models depending on what your collaborative has chosen to do. There is a model where the collaborative itself will submit all the data effectively on your behalf, or you may submit it through another system like REDCap, and then the data is just purely read-only in the system. So effectively, you're not worried about entering into the data. You're just signing in and viewing it. I would Imagine that probably most of the people on this call that in this model, there's another model where your state or collaborative will submit your outcome measure data and you will be responsible for entering in your structure measure data and your process measure data. So just a quick point of clarification on the fact that there are different types of data entry models that are out there. In terms of the data entry process, there's really two ways to do that on the dashboard page. There's a data entry tab. You can kind of see that at the top. And again, we'll get into some of the nitty gritty for some of these details here in just a moment. But we'll go into some these high level points. Additionally, you can also click into these Submit Bundle links that we have here at the stop as well. As I mentioned before, you can submit both your structure and process measures into the system. And as a brief review, many of you may be familiar with this, but generally, when we're talking about structure measure submission, we're taking about capabilities to provide excellent patient care. So perhaps something like a hemorrhage card, you have all the supplies should some sort of adverse health situation occur. So, these are typically... submitted on the basis of a Likert scale. So 1 means not started, 5 is fully in place. Pretty self-explanatory. So we will go into a couple of other examples in a moment here. But just to broadly review what we're talking about when we're talking about structure measures, that's what we mean. Process measures are really around testing as to whether a specific implementation of an evidence-based practice was taken during a particular period of time. And there are two formats for this, typically in the system. The measures can either be in the form of a numerator-denominator submission or something like a midpoint. Midpoint would be something like physician education, like X percentage of my physicians have gone through this particular training program or Y percentage of mine nurses have done this. So we'll touch on a couple of those examples shortly. When it comes to comparing data, there are a number of ways that you can slice and dice it within the system. You can do it on the basis of birth volume, NICU level, maternal care level, urbanization level, and we will dive into some of those shortly. There's also some national level percentile rankings on the 25th and the 75th. Something to know. We also provide some basic data quality measurements that allow you to see whether it seems like the data that you've submitted is within spec or not. Or by spec, I basically just mean whether it's kind of within the range of what we might expect. And for each quarter or reporting period, we provide stoplight coloring indicating whether something is within band or not. There's also an option to create PDF reports, and we will jump into that shortly. And so I think that does it for most of the high level points on the system.

We did briefly wanna talk about some typical common stumbling blocks or questions that do come up in the process of onboarding various hospital users. One of the main ones is how is it that I participate in a bundle that I don't see on my dashboard? So if you go to the Safer Birth, website, you may see something on the order of seven or eight different bundles. And typically when you sign into your hospital level dashboard, you'll probably only see maybe two or three, maybe four, something like that. And so effectively, the answer to this question is, if you're interested in participating in a bundle that you don't see on your dashboard, what you'll want to do is reach out to your collaborative administrator and just express your interest in participating. And generally, they can be the ones who configure and decide at a high level whether they think it's important for the PQC to be participating in this or not, but you can kind of open that line of communication. I'm gonna

skip to the next slide so you can see exactly how it is that you can do that. So at the bottom right-hand corner of the screen, there's a little question mark icon, and once you click on that question mark, there's the link to message your collaborative admin, and you can just basically say that you'd like to participate in a bundle that is not currently visible for you. The second question that we have is around how it is that you submit outcome measures. So, sometimes there's... A very apparent way of entering data for process and structure measures, but you don't see a place to enter outcome measures. And this is a bit of a trick question. We talked about this a little bit earlier, but typically this is going to be data that's, again, coming from your collaborative that you dont really have to worry about. They're going to submitting it in bulk format, typically on your behalf, and they'll And the last stumbling block that we're gonna talk about is how it is that you might stratify the submission of a particular measure based on a demographic variable. So maybe you're interested in submitting payer-based information, whether the population is specific to Medicaid or Medicare or private payer, or whether it's a race ethnicity stratification or something like that. That's also something that's possible in the system. And again, this is another question that you would need to effectively defer to your collaborative admin about, and you can reach out to them and just say, hey, I'm interested in submitting data on this particular plane of stratification. Could you enable that for me? And they can go ahead and look into that a little bit further. So hopefully that clarifies things. We're gonna leave a little time towards the end for Q&A. So don't worry too much if you have any questions that we haven't covered just yet. And with that, there is an option here also for contacting the TA Center support from the menu. And we'll touch on that in a bit.

And so with that let's go ahead and jump into a demo here. And you can see some of what this looks like firsthand. So when you first sign in, and we're going to be working in the demo site today, so it's not going to look exactly like. It does in the typical site, but just to give you a flavor for the way that things look, you should see a dashboard page that looks like this. So we talked about this in slide format a little bit earlier, but effectively front and center when you sign in is the bundles or the set of bundles that you're participating in. So you can see here that in this case, this facility called Cream and Care is participating in hypertension, hemorrhage, and PPDT. If you're not exactly sure where to get started and you're just a little bit overwhelmed with how it is that you can begin to submit data or collect data, we do have this more info link that's associated with each one of these bundles. And if you click on this, it will take you to the Safer Birth website. And on the Safer Birth website, there are gonna be a number of links to different places that you can orient yourself to what it means to participate in a bundle. You can see here that there's a video for introducing obstetric hemorrhage. There's different documentation around how you can put together your data collection plan, how it is that you can get started with implementation, education resources about how it's that you can begin to participate in some of the best practices in these bundles. There's a wealth of different resources here and we just try and surface that towards the front here. If you have any questions again about getting started, that's a good place to start. We talked briefly about where data submission occurs or how that data submission appears. So as we talked about, basically the bundles are all here at the forefront of your dashboard. And that link that I was talking about is right here under more info. I won't click on that because that will probably not be shareable immediately but you get the picture. This is where all the patient resources and implementation resources are. And someone could probably drop a link to them in the chat if anyone is curious what they look like without having to sign in. The place that we stopped, we were talking about how it is that you can submit data. If you go to the top here, there are links for each one of the specific bundles that we're participating in. And there's also the option to click this Data Entry tab. If we scroll down here, we do have the measure overview. And this is a bar chart-based representation of what your data looks

like. So in that case, there wasn't too much data submitted for that measure. But in this case, I just quickly toggled that to a different measure. And you can see that there are other bars here representing other facilities in the system. And then we have our cream and care here on this bar. In this case we've cut by birth volume. They're in the 1,000 to 2,000 birth range here. But you can effectively see what some of that stratification looks like. Towards the bottom here, we have some hospital demographic information. If you notice that any of this information is not correct, again, I encourage you to click this little question mark icon and message my collaborative admin, and that will give you the ability to reach out to them and indicate that things may need to change. So with that, I'm gonna go ahead and hop over into the data entry tab, and we will talk a little bit about what that looks like. It's going to take a second or two to load here since this has quite a bit of historical data, as well as you need to compute some of the completion here. But broadly speaking, what you're going to see is there are three bundles that we're participating in cascaded over the top. You've got the hypertension bundle, the hemorrhage bundle, and the PPT bundle. It is possible that in some cases... You may be participating on a different cadence, like you might be submitting monthly for hemorrhage, quarterly for hypertension. That's why there's a little bit of a difference here and why that's stated parenthetically. If we scroll down here, you can see that for some of these past periods, we have complete data submissions. And as we hover over it, it'll show us the extent to which we have complete responses. You can see these are all 100% complete. And if we scroll towards the top of the page here, you will see that these are 0% complete. So let's say that we wanted to go ahead and submit data for the hemorrhage bundle for the Q4 period of 2025. We're just gonna click this edit button. And that's gonna give us our submission page. On this submission page, the first section is gonna be around structure measures. And we've already talked a little bit about how these are measured typically on a Likert scale from one to five. And so As an example, this first question is asking whether we have a standardized process for debriefing with patients after there's been some sort of a severe event. So depending on how far along in that process is, we can kind of click the appropriate radio button and indicate how far long we are. If we scroll down and get past the structure measures, there's another section here for measure submission and again it's oftentimes gonna be in the format of a numerator denominator submission. In this case, the collaborative has said that we wanna go ahead and submit our information on a stratified basis. So at the top we have the all population and below that we have some other race ethnicities but these could also be things like payers. So Medicare, Medicaid, private. It's worth noting that as you're entering data in here, this cannot exceed. Or the sum of these various stratifications cannot exceed the all population in total. So if you try and submit this you're going to get an error because 1 plus 1 plus one plus one is greater than two. So the assumption is that this all population is a roll up of all the substratifications here. So just something to be mindful of. The interface is going to give you an error if you tried to submit that, but something to be mindful of. In this case, this question is not stratified. So again, you're just going to enter in the data for the non-stratified all population. So for any standard stuff, there are some yes or no questions for some bundles where it'll ask you whether you've completed drills on a particular topic. And you can respond accordingly. Once that's done, you can click the Save button. And that Save button will take you out to the same data entry screen that we saw a little bit earlier and depending on whether you've completed everything, the status of that will change and be filled in to be green and complete depending on on where you are.

The next thing that we want to talk about is a little bit around the different types of visualizations that are available in the system. So if you look at the top of the page you can see that there's a tab for structure measures, process measures and outcome measures. I'm just going to go ahead and click into the outcome measures here, and there's not a lot

of recent data in the demo environment, but I'm going to back out just a little bit. You can surf through the different periods that you've submitted data for. So you'll notice the tool tip here says view previous periods. So I'm gonna click on that, and that's gonna change this so that we can see a spark line indicating what our progression is. Has looked like for each one of these individual measures over time. Generally, these are structure measures. So we're just kind of expecting them to trend upward. But for our purposes, you can see that. You can see where data exists, where data doesn't exist. You can go back further through time if you'd like. You get the picture here. And these are all separated by bundle. PPDT is at the bottom, hemorrhage is here, and hypertension is here. I'm going to click into one of these measures so we can sort of dig into what some of this data looks like. And I'm gonna see if we can go back a little bit further to get slightly more data. So the first pop-up tool tip that we're gonna see is gonna be this bar graph that shows us where we are situated when it comes to hospital birth volume. They're color-coded here, so we are... In this 1,000 to 2,000 births range. And then we can see comparable facilities that are similar to that. If we want a group by volume, we can also do that. So I'm gonna change this. And then in lieu of, if there were mixes where the graph is sort of interspersed, we could see things slightly differently here. But you get the sense of how we can compare across a range of different variables to see for like hospitals, how do I compare? You can see that we also have options for Medicaid percentage, NICU level, urbanization level. I'll just toggle this to NICU level here. This is unknown or hasn't been specified for most of the facilities in the demo environment, but where there's some additional variation, there'd be alternate color coding here, indicating where among these strata our data is situated. Below that, there's also some information around the specific periods that we have data submission for. We also have the option to download this all as a CSV and to download the graph itself. And depending on whether a target has been set for some of these measures, that's also something that we can cascade across the graph as well.

The second kind of visualization that's embedded in the system is really around trend lines. So in this case, You can see that we are this sort of dark blue line, and this lighter line here is the collaborative or the hospital rollup for the collaborative. You can kind of see that across time. One thing that's sometimes useful is viewing this across not just chronological time, but collaborative time, namely, when is it that we started in this particular bundle, and then what was our takeoff point from that. In this example, it looks like our start date was way back in 2011 or something like that. So typically, this line would be a lot closer to the start date. But sometimes, there might be calibration periods that collaborators participate in first. And then you can see what their results look like after they began the bundle implementation. Similar to the way that we can stratify things on the basis of volume. Other variables, we can do the same thing on the trendline graphs. So I'm just gonna select volume here and you can start to see some divergence here between some of the hospitals that are smaller and some of hospitals that larger. And you can click on the legend here to toggle things as you see fit. So depending on how you wanna view your data or compare yourself, you can do that. You can also. Potentially stratify or not stratify yourself, but you can collapse some of the data into different frequencies depending on the measure that you're looking at as well. That hopefully gives you a sense of different ways that we can cut through some of this data and get into some of the detail. There's also a measure switcher here at the top that allows you to quickly toggle between different variables or different measures, depending on what you want to look at. That's that. So the same thing exists for process measures as well as outcome measures, so I will let you sort of explore that independently.

The next thing that we'll touch on is around PDF reports. So PDF reports, a lot of times there's this desire to produce kind of a breakdown of how we did across a particular

measure or a set of measures over time. So these are all filterable. We can select them all if we like, or we can select just sort of a subset of them. They're grouped by bundle here. So we can kind of click the ones that we see are appropriate and do that. Depending on what dates we're concerned with, we can also specify particular quarters or particular ranges for bar graphs and things like that. Yeah. Particular stratification of the populations, as we saw in some of those graphs, and depending – we talked a bit about payer and race-ethnicity-based stratification as well. And so those can be done after you click the generate report button, that's just going to churn away for a little bit, and then at the end of that, it'll give you an option to pull down the PDF. And that is how you can do that.

I think the only other thing that might be worth talking about briefly is some of the user management. We touched on this a bit earlier, but one of the things that you can do is if you're a hospital admin, you can invite a new user into the system. So if we go into the user-management here and then click the Invite New User option, you have the option to select the kind of role that you wanna pull into the System. Do feel free to liberally invite. Users into the system. If you are concerned that they're going to make edits to the system, you can just invite them as read-only users. But there's no sort of cap on the seat limit or anything like that. So do feel free to do that liberally in terms of sharing this data out to various stakeholders within your system or hospital. It is also worthwhile pointing out that in some rare cases, you. Perhaps you're a part of a hospital system. When you first sign in, you won't be taken directly to a dashboard with a specific hospital. Rather than that, you'll just see a listing of my hospitals and then you can click into the various hospitals that you have access to and enter in the data or view the data for each one of them accordingly. That's probably less common, but worthwhile noting that that is a possibility. So I think with that, that largely concludes what our demonstration entails. I'm going to go ahead and re-share this again so we can hop back into our presentation. And if we have any questions or if Daniel wants to go through anything, we certainly can.

Daniel Cothran: [00:31:03] Great, thank you, Brandon. And I just want to mention, we do have an evaluation for this session. So if you can please complete that before you exit. There's an option when you exit Zoom, but just in case you're welcome to go ahead and start that evaluation now, and we'll put a link to that in the chat. Um, we have got a question that came through. Um, it says, do the, the HTN measures allow the race slash ethnicity input? This user does not have an option to include stratified data in their account.

Brandon Carag: [00:31:42] Um, I believe that we probably allow for some of that stratification, but it's not on by default. So if you want to do HTN specific stratification by payer race ethnicity, you probably want to reach out to your collaborative. They may have it enabled by default, but they may not. Probably more likely that they do not. So I would just go ahead and click that bottom right question mark and reach out to them. Indicate that you would like to participate in that. We don't really mandate what that looks like, so perhaps they'll want to do that or have a reason for why participation looks a certain way in your collaborative context. But I would definitely recommend reaching out.

Daniel Cothran: [00:32:34] Thank you, Brandon. Another question is, can other hospitals in my jurisdiction see my data?

Brandon Carag: [00:32:44] Good question. So in effect, when you look at the view screens, you don't see those little tooltips that pop up next to some of the other hospitals in your system, even though that's kind of what they represent. Your state admin should be

able to see that information. But in terms of other hospitals, I do believe that those are enabled in the tooltip by default.

Daniel Cothran: [00:33:20] Um, if someone is feeling like they're not getting enough reminders or getting too many reminders to submit their data, what can they do?

Brandon Carag: [00:33:32] So this is a I feel like there is one answer to almost all the questions that have come in today and a lot of them are around reaching out to your collaborative administrator and I feel a little bit bad about answering that yet again but that is the case for this question. So, your collaborative has options around how often or frequently data submission reminders are coming across. So they can figure that on your side. I believe there's an option to opt out in the emails as well. I could be wrong, but I think that there is an option for turning that off if you feel like you're getting too much noise.

Daniel Cothran: [00:34:15] There's another question. Is there a way to automate the upload via secure FTP? Um, there hasn't specified. Yeah, go ahead.

Brandon Carag: [00:34:32] Yet currently, we don't offer an SFTP option for automating the upload. It's basically just through the UI at this point. We do offer more sophisticated bulk options for some collaborative-based submissions. So depending, again, what model they are, I guess, involved in, there are some slightly larger options on that front, but at the hospital level. It's generally just for the UI.

Daniel Cothran: [00:35:07] Um, so one person's clarifying, um, so the manual process, the, the data entry form is the only way to submit data. I can go ahead and answer that Brandon. That is the case for a hospital level user. Um, but we do have, um. An upload for collaborative level users. And So there may be a way to work with them and submit your data with a file to them and have them uploaded. But I think that's going to be different on a collaborative by collaborative case. Someone asked how to encourage more hospital participation and reduce friction and data reporting. Our participation has been inconsistent.

Brandon Carag: [00:36:07] So I think one of the things that we have introduced recently is in the bottom right corner, there's an ability to message your collaborative administrators. And I think some of that context is saved. There is a sense in which I think there's probably a degree of turnover between a lot of the data submission functions. But they're... Potentially capturing some of that in the system internally. That's that's one way, but we're certainly open to ideas if there are ways to sort of better work around some of that to ensure their sort of continuity and consistency in the way that data is being submitted. Again, I don't know if you have thoughts on other ways that we might facilitate that. Certainly, I think we're definitely open to any sort of suggestions that you may have on that front in terms of ways to make things better or anything of that nature.

Daniel Cothran: [00:37:12] Yeah, one of the things that has been implemented is, for the structure measures, the value that you saved the previous month or quarter gets carried forward to your current entry, so you don't have to necessarily remember what you submitted last time. It's already available, but it won't be saved until you've saved the page. I did want to mention that we are doing some outreach right now and talking to folks about how to improve the data center and make things easier and more valuable to your work. And so we're definitely open to any feedback that you have. The info at saferbirth.org email address is a great way to start. You can also use the, there's a help form. I can't remember if you showed that Brandon, that you can submit a message

directly to us as well. And we will get back in touch with you. Looks like you're pulling that. Your share went away again. I don't know what's going on.

Brandon Carag: [00:38:26] Yeah, I just share that. But I think there's a couple of places that you can do that. You can request help here from the top menu. And then this will pull up a form. Normally, in the production context, it'll link to a specific dynamic form. You can also do so here using InGit as a support. It looks like it just took a second to load here, but you can specify the specifics of your question. So either from the menu or down here would be fine.

Daniel Cothran: [00:39:06] Thank you, everyone, for all your questions. It's really great to see this level of participation and get your feedback. Kind of looking through some of the additional things. Looks like one just came through. There's a clinical question I'm seeing. I'm just going to record that, and that's something that will return to you, because the panel right now is more focused on the data center rather than the clinical work. OK, what about if a user has some values in the data that are very small, and they're worried about exposing PHI?

Brandon Carag: [00:40:01] That's a very valid question. In these kinds of cases, it's something that you definitely want to consult with your collaborative around and be mindful about the specific requirements that are relevant to your use case. I can provide some context around ways that this has been dealt with in the past or as this question has come up. So if you're concerned about the level of granularity that you're providing information on. Perhaps you're a monthly reporter, then it may make sense to start rolling that up into quarterly reporting or annual reporting just to make sure that some of those numbers are a little bit larger. Additionally, at the collaborative level, another way that some of the sensitivity around different information has been approached is around not providing the actual hospital name that some of this information is tied to. So just using some sort of arbitrary identifier to indicate hospital 123 and then having folks sign into that. So those are two ways that some of these data sensitivity related issues have been handled in the past. Or advised to be handled as you pay.

Daniel Cothran: [00:41:23] Thank you, Brandon. It looks like the flow of questions has gone down a bit. One thing that I thought I would mention is we are hosting a series of monthly calls that are more like office hours style. So you kind of come with questions. It's definitely more dynamic. I can see Cora just posted a link to the registration in the chat. So if you're interested in that type of support, Please register for those. And that will definitely have more clinical people than this panel. I'm going to wait just a few more seconds. Okay, I'm not seeing any more questions. Can you switch back to the slides? Thank you, Sydney. So like I said at the top, the recording of this webinar will be posted to saferbirth.org in the events section. So look out for that. We will respond to the questions that we weren't able to cover here. Please do submit the evaluation. There's a link in the chat and you'll also be prompted to fill that out as the Zoom closes. We really appreciate your participation. And if you'd like regular communications from us, you can sign up for the AIM newsletter at saferbirth.org/newsletter. You can also follow us on LinkedIn. So thank you everybody. And till the next time.