



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

2022 AIM Data Support Community of Learning

Tuesday, February 08, 2022, 3:00PM-4:30PM, EST

Welcome

- You are **muted** upon entry to the call
- **You will have the ability to unmute** yourself during Q&A times
- We encourage participants to remain muted in an effort to reduce background noise
- If you are experiencing technical difficulties, please chat an AIM staff member or email aimdatasupport@acog.org

This presentation will be recorded

Both Slides and Presentations will be available and sent via email.

Agenda

Time	Topic	Facilitator/Speaker
3:00PM-3:10PM	Welcome and Introductions	Inderveer Saini
3:10PM-3:55PM	Presentation: Data Collection Strategies & Tools for Facility-Reported Measures	Dan Weiss, MPH Patricia Lee King, PhD <i>Illinois Perinatal Quality Collaborative (ILPQC)</i>
3:55PM-4:10PM	Group Discussion and Q&A Session	All
4:10PM-4:15	Report-Outs: Oklahoma	Denise Cole
4:15PM-4:20PM	Report-Outs: New Mexico	Mary Kate Hildebrandt
4:20PM-4:25PM	Upcoming Data COL Events and Updates	Inderveer Saini
4:25PM-4:30PM	Closing	Inderveer Saini



AIM National Data Team



Inderveer Saini
AIM Data Specialist



Isabel Taylor
AIM Data Program Supervisor

David Laflamme
AIM Epidemiology Consultant



Please reach out to us with any questions related to the AIM Data Support COL
at aimdatasupport@acog.org.



Dan Weiss, MPH

Program Manager, Illinois
Perinatal Quality Collaborative
(ILPQC)



Patricia Lee King, PhD, MSW

State Project Director and Quality
Lead for the Illinois Perinatal
Quality Collaborative (ILPQC)



Data Collection Strategies & Tools for Facility-Reported Measures

Patricia Lee King, PhD, MSW

Dan Weiss, MPH



Overview

Agenda

- Introduction (10 min)
- Data Collection Strategies & Tools for Facility-Reported Measures (45 Min)
- Peer Learning and Participant report-outs (25 Min)
- Closing (10 min)

Learning Objectives

By the end of the session, participants will be able to:

- Identify at least 3 different tools (e.g., software) that could be used for collecting AIM facility-level data.
- Describe at least 3 strategies for assuring facility-level data quality.
- Describe at least two strategies to actively support persons responsible for facility-level data collection

Discussion of Prewrite Reflections



- What are your data collection goals? For your collaborative? For the hospitals / sites participating in your collaborative?
- What data collection goals do you feel like you are achieving?
- What data collection goals do you feel like you need more help/resources/tools to achieve?
- How can this COL or AIM help?

Objective 1: Tools to Collect AIM Facility-Level Data

Functions of data tools



Collection



Analysis



Visualization

ACTION!

Considerations for selecting tools

- Goals
- Needs
- Resources
- Other tools/systems in place



To drive change, a data system should

- Allow for data collection of the needed data to drive change
- Include structure, process, and outcome measures identified collectively
- Balances reward with burden for the participating hospitals/ sites
- Provide ways to look and understand data at the collaborative and hospital /site level



Survey says COL using following tools

- **Excel**
- **SAS**
- **REDCap**
- **Tableau**
- **PowerBI**
- **Stata**
- **Life QI and more...**



Focus of data tools



What tools do you use to collect data from your collaborative hospitals/ sites?

Top-used tools that facilitate data collection

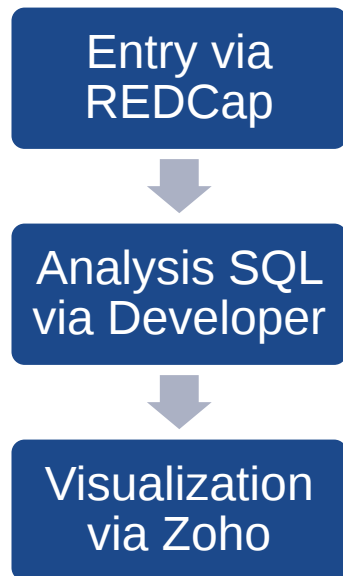
	Excel	REDCap	Life QI
Human component required			
Visualization – automation and quality			
Forms – creation and usability			



What is the most important feature of data collection tools for your collaborative?

Achieving your "data system" goals

Example



Considerations

- **What do you need to collect to drive change?**
- What makes data collection / submission for your hospitals/sites?
- How does your data collection process set you up for success with analysis and visualization
- **How can you quickly get data reports/visualization back to your hospital teams to drive change?**

Considerations for using the AIM Data Center

Resources

- Do you have your own data system?
- Do you have staff who work with data?
- Do you have resources to get them?

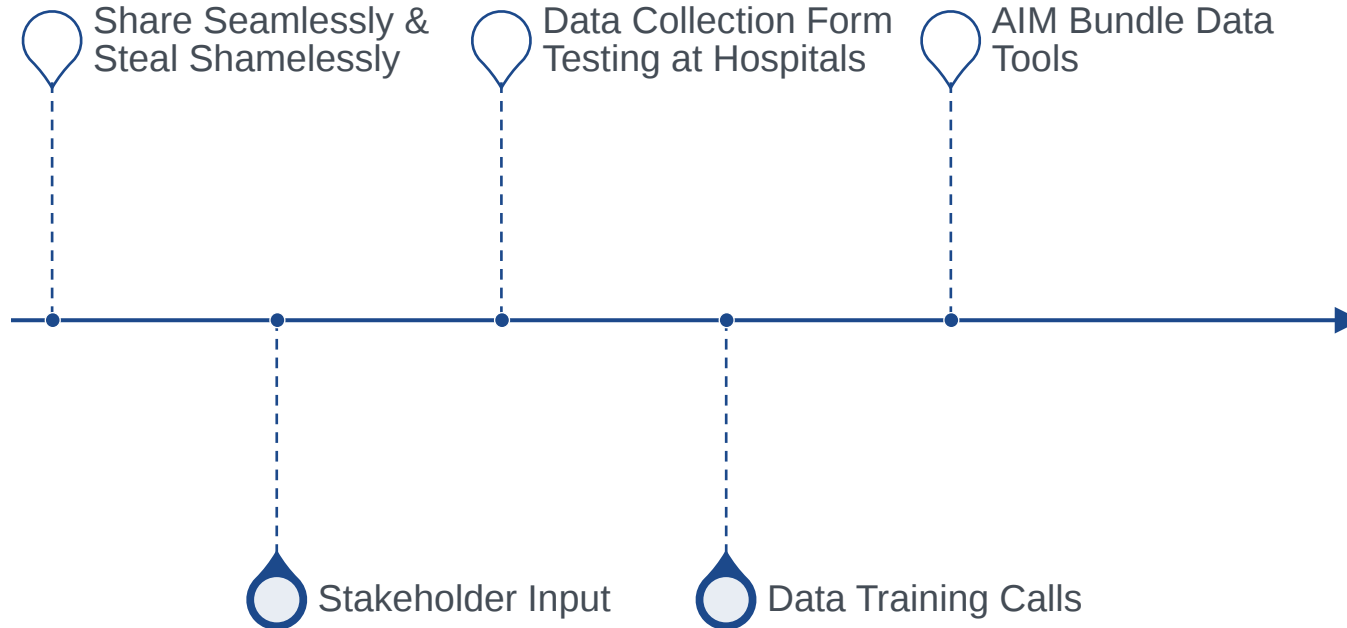


Flexibility

- Do you have other measures you want to collect in addition to AIM?
- Do you have ways you want to show hospital comparisons/data beyond what AIM offers?

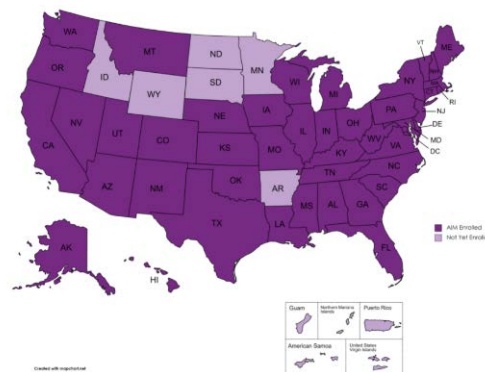
Objective 2: Assuring Facility-Level Data Quality

Strategies to Assure Facility-Level Data Quality



Share Seamlessly & Steal Shamelessly: Connect with other PQC's

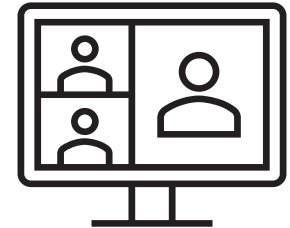
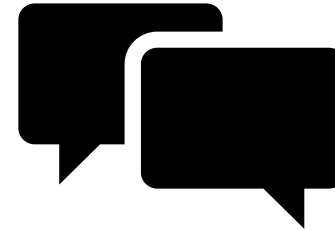
- Data collection & reporting lessons learned shared
- Learn what other PQC's identify as barriers and strategies to overcome
- Identify how different states defined key variables



Key Stakeholder Feedback on Data Collection

Data collection forms and data definitions can be reviewed by:

- Leadership / collaborators
- Initiative-specific clinical leads
- Monthly Advisory Group Meetings
- "Wave 1" Hospital teams



Key Stakeholder Feedback: ILPQC MNO-OB Examples

MNO-OB Clinical Leads & Advisory Group

- ILPQC worked with MNO-OB clinical leads to clarify and update the MAT data collection question in two ways:
- Added a variable identifying *when* MAT was provided to the patient (prenatally or delivery admission)
- Added a variable identifying why a patient *did not* get connected to MAT including "patient declined," "Not Indicated," and "Counseling not Provided"

MNO-OB "Wave 1" Teams

Identified Challenges

- Length of the form
- Hard to obtain outpatient information if not seen within our system or prenatal record not integrated with EMR
- Maternal and infant data forms should discrete questions
- Mom and baby data need to link within redcap
- Defining the true target population for the project
 - Maternal history
 - Positive urine toxicology



Data Collection Feedback

Obstacles

- Time consuming
- Difficult to find education items
- Difficult to determine start of MAT for moms
- Rooming in and non pharmacologic bundle for NAS not specifically documented
- Limited resources for data collection in smaller hospitals

Suggestions

- Restate Question #1 & #18 for clarification
- Condense education items (23-26)
- Streamline focus on bringing forth true objective
- Provide clear definition to ensure consistent data collection
- Work with OB offices to develop easy to use screening tool which would trigger treatment plan & education



Data Training Webinars

After the initiative launch, ILPQC holds a few offerings of "Data Training Webinars" for hospitals to review:

- Data definitions
- Data collection forms
- Answer any FAQs identified in Wave 1
- Discuss baseline (retrospective) and active initiative (prospective) data collection strategies
- Live walkthrough of how to access and enter data into the REDCap data form

Illinois Perinatal Quality Collaborative



Utilize the AIM Data Resources

- AIM Data Collection Plan: descriptions and definitions for bundle required measures for collection
- Activity for consideration: Conduct a crosswalk of the measures/definitions your state collaborative collects and how it aligns with the AIM measures.
- The closer they are in similarity; the less manual data maintenance needs to be conducted to recode!

DATA RESOURCES



AIM DATA GUIDE



2021 AIM SMM CODES LIST

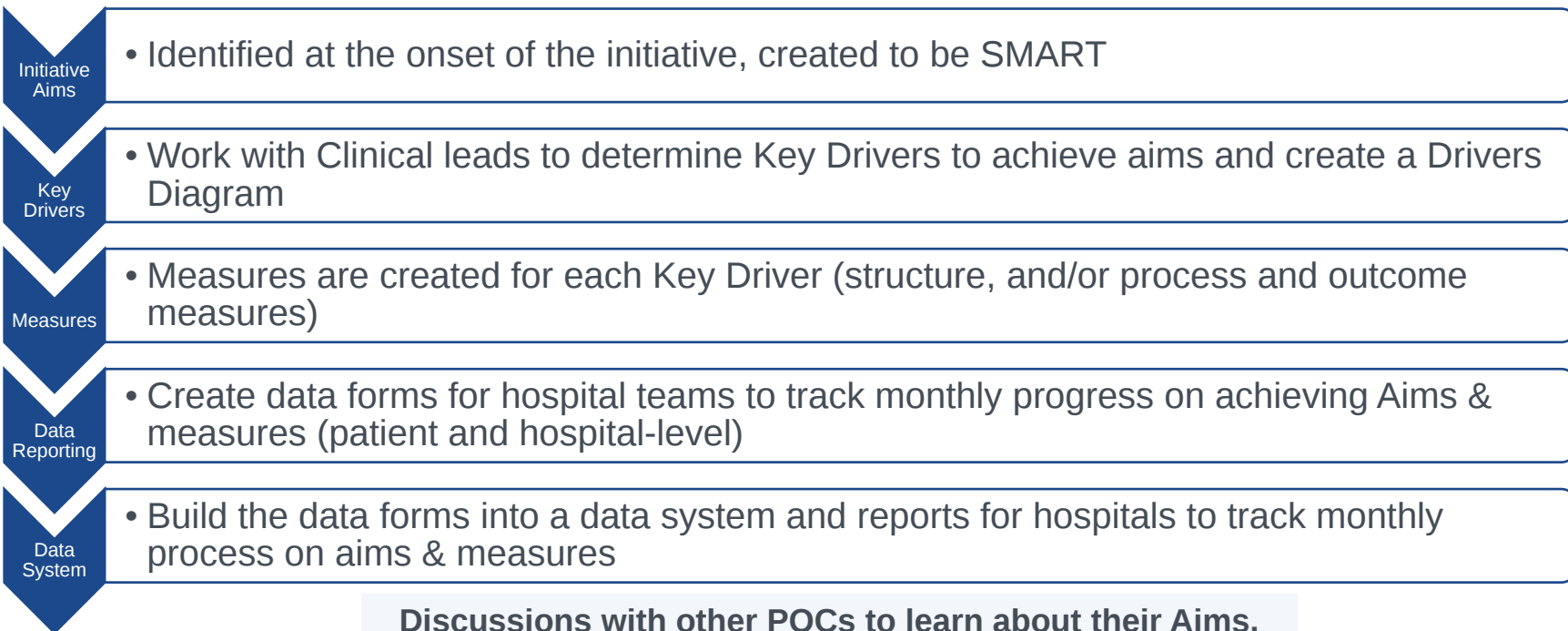


AIM DATA COLLECTION
PLAN



AIM DATA COLLECTION
PLAN CHANGE SUMMARY

Using Data to Drive Change



Discussions with other PQC's to learn about their Aims, Drivers, and Measures

Objective 3: Strategies to Support Persons Responsible for Collecting Facility-Level Data

Supporting Persons Responsible for Data Collection

Balance Burden
Versus Value

Utilize ICD
Coding &
Partner with HIT

Strategies to
collect
baseline/real
time data

Data Reporting

Tools to share
data with
stakeholders

Celebrate
Success

Balancing Burden Versus Value

All Cases

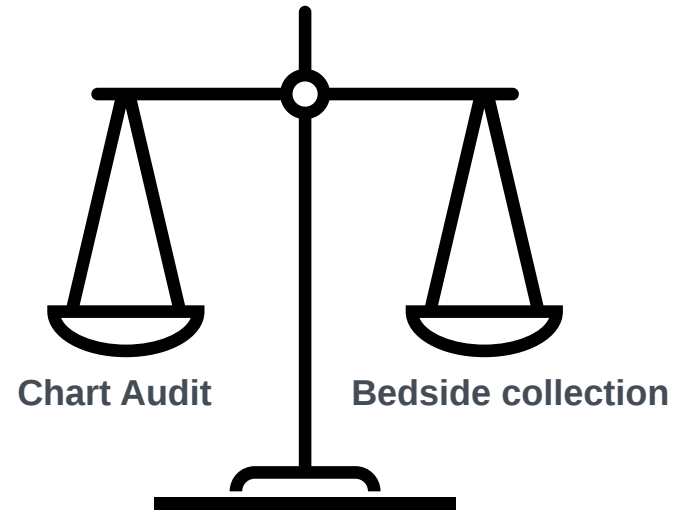
- A data collection definition is created to support hospital teams to acquire patient records for all appropriate cases in a given month
- Hospitals utilize techniques like chart audit & bedside data collection to track data
- Example: % of pregnant persons with OUD linked to MAT prenatally or by delivery discharge

Random Sample

- Strategy to acquire a random sample of all deliveries in a given month without having to have teams audit all charts
- Hospitals select a random sample of 10 charts a month among all of their deliveries to identify a representative sample of their birth volume
- Example: % of sample of all deliveries with documentation of screening for OUD on L&D with a universal validated screening tool

ICD Coding & HIT Partnership

- Utilize AIM resources for ICD coding recommendations to share with hospitals in collaborative – allows for uniform case definition of target population
- **Streamline the chart audit process:**
Encourage hospitals to partner with their Health Information & Technology departments to build monthly reports in their EMRs to identify all patients who fit the case definitions
- Encourage hospitals to review the data collection forms with their clinical teams- identify what is already built into the medical record, what requires an EMR build



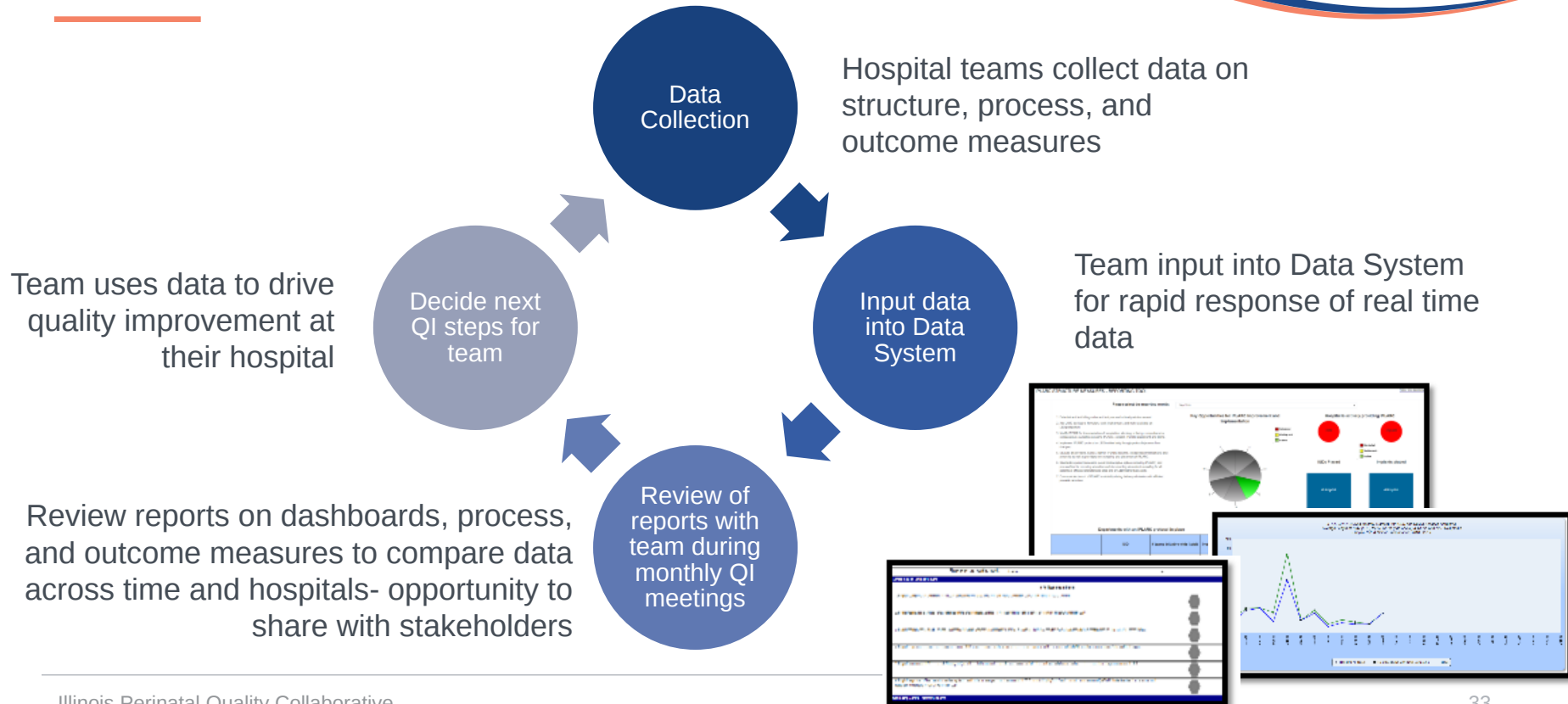
Strategies to Collect Data

- Work with hospital teams to collect both **baseline (retrospective)** and **active initiative (prospective)** data as strategies to collect both may differ
- Baseline data is collected from the prior year's quarter to represent a point in time before the active initiative was implemented
 - MNO-OB Baseline (Oct – Dec 2017)
 - MNO-OB Active (July 2018 – December 2020)

MNO-OB Example: Strategies for Monthly Patient-Level Data

- Chart review
- Neonatal logs
- Key word search in EMR
- ICD-10 diagnostic codes
- Pharmacy Logs
- Problem list
- Billing codes

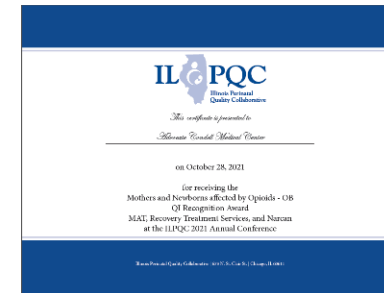
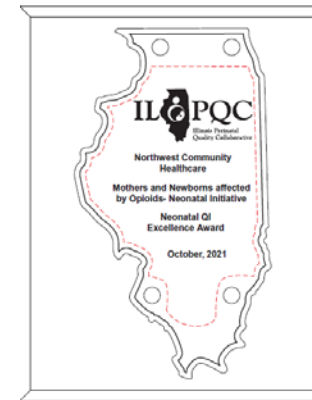
Tools to share data with stakeholders



Celebrate Successes!

ILPQC provides various opportunities for recognition including:

- Outstanding QI Initiative Launch Awards
- QI Data Submission Awards
- QI Poster of Excellence Awards
- QI Excellence Awards (Plaques & Banners)



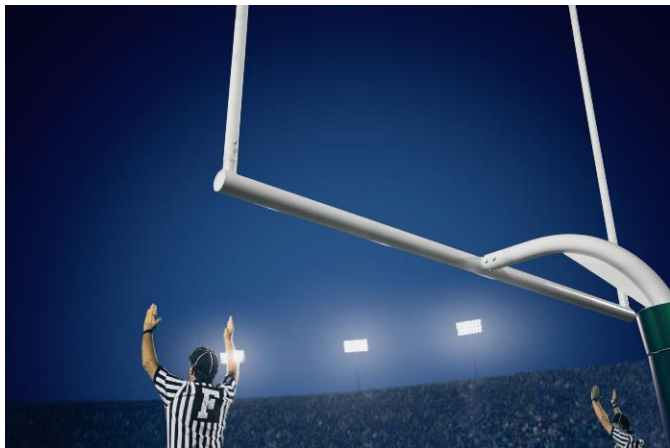
COVID-19 and QI Fatigue Considerations

During the COVID-19 pandemic there are strategies to support hospital teams with competing priorities including:

- Taking time to have teams step back and share their successes from the previous year and what they are looking forward to in the new year
- Slowing down the pace of discussing new QI strategies and taking time to hear about hospital team implementation of current ones
- Adaptive pauses for data submission
- Raffles for meeting interim data goals

We can support hospital teams find joy in their QI work!

Peer Learning & Participant report-outs: Discussion of Prewrite Reflections



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Next Steps

- 30-60-90 day plan
- Attend office hours February 10, 3-4:30PM EST/ 2-3:30PM CST/
1-2:30PM MST/ 12-1:30PM PST

Thank you

Questions?

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Sponsored by

Report-Outs: Oklahoma and New Mexico



Upcoming Data COL Events and Due Dates



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Office Hours: Data Collection Strategies & Tools for Facility-Reported Measures

- For one-on-one technical assistance, please signup for office hours.
 - **Share your questions in advance.**
- Date and Time: February 10, 2022 @ 3:00PM-4:30PM (EST)
- Registration Link:
https://us02web.zoom.us/meeting/register/tZlpd-usrT8oGdMFXyITyPj4lVw_1LSm29rB
- Registration closes: February 9, 2022 @4:00PM (EST)

Upcoming Educational Offerings

Topic	Educational Offering Data and Time	Guest Speaker/Faculty member
Severe Maternal Morbidity	Session: March 16, 2022 (1:00PM-2:30PM) (EST) Office Hour: March 21, 2022 (2:00PM-3:30PM) (EST)	Ashley Hirai, PhD Laurence Reid, PhD, MPH Elliot Main, MD

The registration links for all the upcoming sessions and office hours has been posted on the [AIM Data Resources Webpage](#).

Any Questions?

aimdatasupport@acog.org

After the meeting ends, please take a moment to fill out a brief survey to share your experience.