



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

2022 AIM Data Support Community of Learning

Friday, January 07, 2022, 2:00PM-3:30PM, 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
2:00PM-2:15PM	Welcome and Introductions	Inderveer Saini
2:15PM-3:05PM	Presentation: Planning QI Initiatives with Evaluation in Mind: What Is It You Want to Use Your Data For?	Dr. Marianne McPherson
3:05PM-3:20PM	Q/A Session	All
3:20PM-3:25PM	Upcoming Data COL Events and Updates	Inderveer Saini
3:25PM-3:30PM	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.



Marianne McPherson, PhD, MS

Senior Director and Improvement Advisor at the
Institute for Healthcare Improvement



Planning QI Initiatives with Evaluation in Mind: What Is It You Want to Use Your Data For?

Marianne E. McPherson, PhD, MS
Senior Director, Institute for Healthcare Improvement
January 7, 2022



Learning Objectives

Rational Objectives (what we aim to learn / accomplish)

- Draft at least 3 potential evaluation/learning questions related to AIM processes and/or outcomes.
- Articulate the value of determining evaluation measures early as part of overall evaluation and learning plan.
- Identify the data (qualitative and/or quantitative) needed to evaluate at least 3 AIM processes and/or outcomes.

Experiential objectives (how we hope to feel)

- Energized about incorporating evaluation into our QI work
- Connected to each other and supports in this work

Welcome and Grounding

Think of a time when you participated in (either on the team leading the work or as a participant in / recipient of) a measurement, evaluation, or learning activity that was valuable to you.

What made it valuable?

Invitation to share your feedback in the chat along with where you're calling in from



IHI Mission

To improve health
and health care
worldwide

IHI Vision

Everyone has
the best care and
health possible





What IHI Believes

That health and health care can and **must be better**.

There can be no quality without **equity**.

Improvement science and methods drive **results**.

Courage

Love

Equity

Trust

IHI's three areas of priority



**Committed to the
health care workforce**



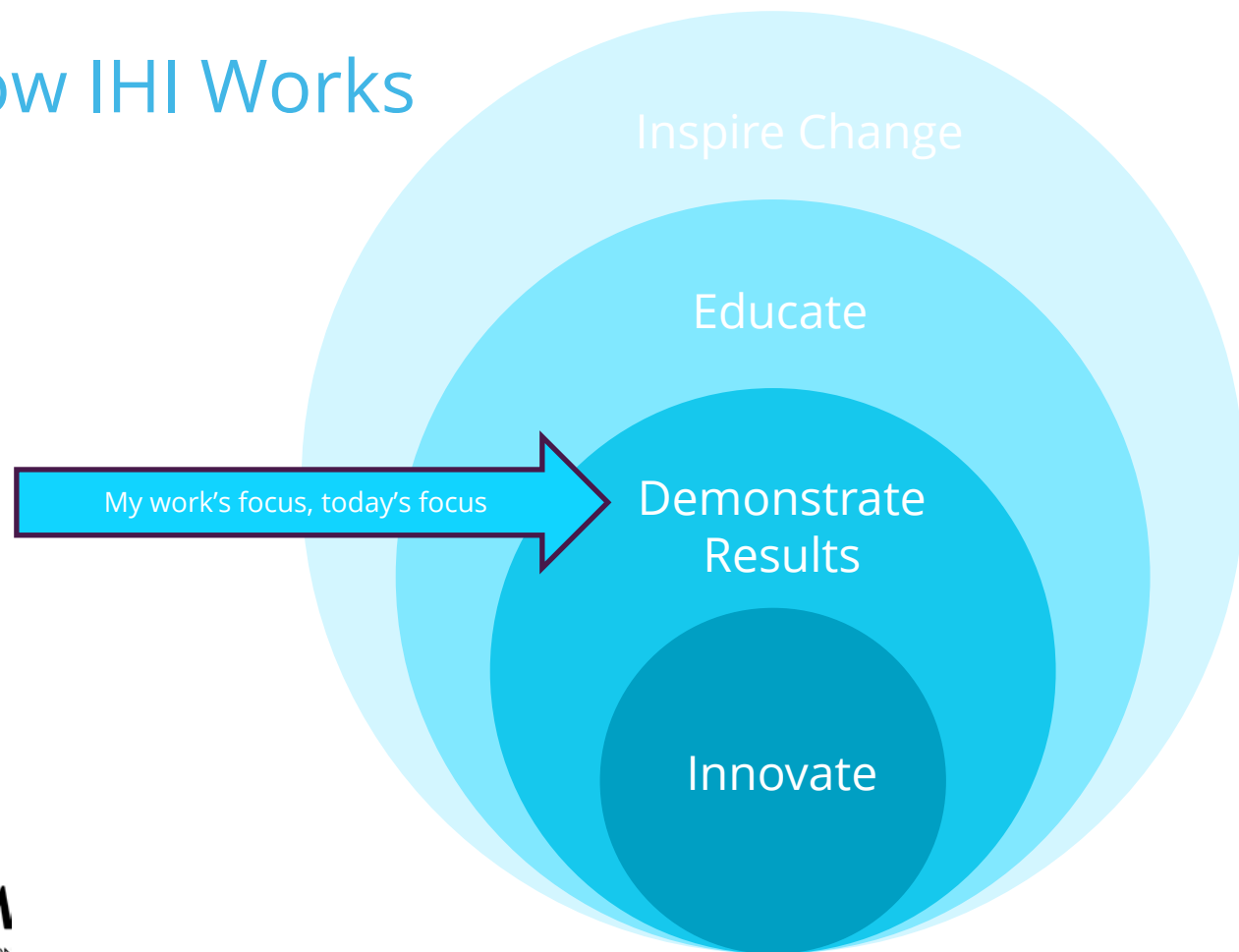
**Committed to the
people in our systems**



**Committed to creating
value to society**



How IHI Works





Would it help your work if you...

M

- Could confidently say that the measurement and data collection in your project was meaningfully helping to answer: “Whose lives are getting better because we are here [doing this work]”?

E

- Had a clear set of questions guiding your work and learning?

L

- Questions that were broad enough to follow where the learning takes you and focused enough that you didn't feel like you had to solve world peace to answer them?

D

- Shared what you were learning in your work – about the process and/or the content and results – with others in AIM, with partners and customers, and with the field?



- And if you knew and could build upon and share what others were learning?

Meaningful, Equitable Measurement

Developing early, learning from often!

QI Measurement Considerations

- No quality without equity – as an approach and within measurement
- What is the family of measures that will help us understand our system over time? And whether we are achieving equity within that system over time?

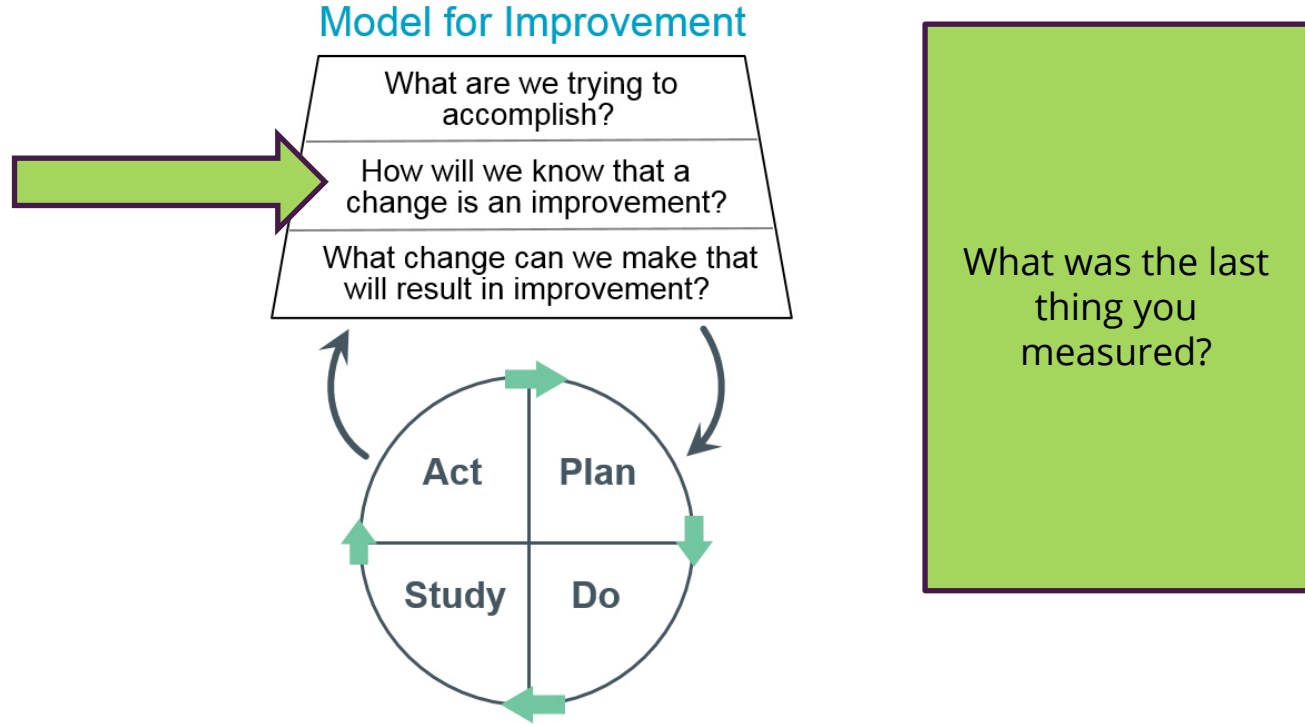


3 common pitfalls of well-meaning improvers

- Assuming our good intentions will translate to good outcomes for the people we are here to serve.
 - We measure what matters to us
- Measurement for reporting to others rather than for improvement for ourselves
 - We continue programs as they are and chase funding rather than the outcome
 - We do not integrate measurement and reflection into our daily work
- Believing we are unbiased (remember Tuskegee?)
 - We do not look at our data through an equity lens or with the people who are most affected by an issue



A model for learning and change



How do we know that a change is an improvement?



Improvement is not just about measurement



However, without measurement you won't know...

"have we made a difference?"

"is this change making a positive impact?"

"have we met the aim of our project?"

"what is the best next action to take?"



You need a balanced set of measures, linked to the team aim, to determine if the process has improved, stayed the same or got worse

Many measures can be drawn from a single concept

Concept	Potential Measures
Access	• Number of days to the next 3rd appointment • Demand for appointments each day • Number of patients placed on waitlist for same day appointments • The number of minutes a caller is on hold before talking to a staff person
Wait Time	• Wait time from check-in to discharge • Time spent with doctor • Time it takes to have follow-up work done in the office (labs, x-rays, ultrasound, etc.)
Management of Diabetes Patients	• Percent of diabetes patients with appropriate eye and foot exams done during an office visit • Percent of all diabetes patients in glucose control • Percent of patients engaged in self-management goals



Types of Improvement Measures

Type of Measure	Focus	Example
Outcome (1-2)	Voice of the customer/ resident/ student/ patient How is the system performing? What is the result?	Example: Percent of people reporting thriving on well-being assessment
Process (3-5)	Voice of the workings of the system Are the parts/steps in the system performing as planned?	Example: Number of clients receiving active case management
Balancing (1-2)	Looking at a system from different directions Are changes designed to improve one part of the system causing new problems in other parts of the system?	Joy in work of case managers

Outcome Measures: Big and Little Dots

Population Outcomes (BIG dot)	Project Outcomes (little dot)
The overall goal of the whole initiative / system	Mark the goal of the project, which is carried out in pursuit of the population outcome
➤ Number of people in a region with preventable heart disease Goal: 0% ➤ % of people with spinal injury with 12 months infection-free Goal: 100% ➤ % of babies who have a healthy first year Goal: 100%	➤ % of people served by program with heart risk factors in good control ➤ % of people with spinal injury who complete educational classes related to infection risk post injury ➤ % of babies participating in program who meet or exceed developmental targets in Year 1 of life



Triple Aim Outcome Measures

- Population health & well-being
- Experience of care/services
- Cost

www.ihl.org/tripleaim

Table 5. Integrating Population Outcome Measures, Projects, and Project Measures: CareOregon Example of a Triple Aim Learning System

Dimension of the IHI Triple Aim	Outcome Measures	Projects	Project Measures
Population Health	Total health risk assessment scores	Recuperative care program (RCP) for homeless	Number of patients enrolled in RCP
		Proactive outreach to high-risk patients and enrollment in complex case management programs	• Number of high-risk patients assisted in complex case management programs • Percent of high-risk patients with EQ-5D functional limitations
		Chronic pain programs	Number of members enrolled in chronic pain programs
Experience of Care	Global rating of health care	• Primary care empanelment • Advanced access scheduling	• Primary care empanelment and continuity rates • Time to third next available appointment
	HEDIS effectiveness of care index	• Transparent panel-level clinical metrics • Chronic condition clinical standards and reliability strategies • Disease management programs and training for staff	• HEDIS metrics dashboards by team • Chronic disease care management caseload per care manager • Percent of patients enrolled in chronic disease management programs being contacted at least once every 45 days
Per Capita Cost	Health plan costs per member per month	Community-based outreach teams for high-cost members	• Average number of members outreached per month per team • Average number of members contacted per month
	Hospital costs and utilization rates	Transitional care follow-up	• Readmission rates • Ambulatory care sensitive hospitalization rates • Number of days from discharge to follow-up appointment with primary care physician
	Emergency department (ED) cost and utilization rates	ED outreach by primary care	• Time to third next available appointment or percent same-day access • Clinic-specific ED rates



Source. Stiefel M, Nolan K. A Guide to Measuring the Triple Aim: Population Health, Experience of Care, and Per Capita Cost. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2012. (Available on www.IHI.org)

Your Turn

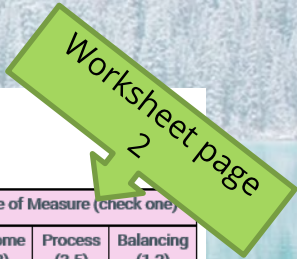
What might be important measures (or concepts) -- to use in your work?

Initial thoughts now on measures or measure concepts – we'll revisit in a few minutes



Organizing Your Measures
What might be important measures (or concepts) -- to use in your work?
Consider the connections with your draft evaluation & learning questions and other core components

Measure Concept	Potential Measure(s): Consider Qualitative & Quantitative	Operational Definition	Type of Measure (check one)		
			Outcome (1-2)	Process (3-5)	Balancing (1-2)



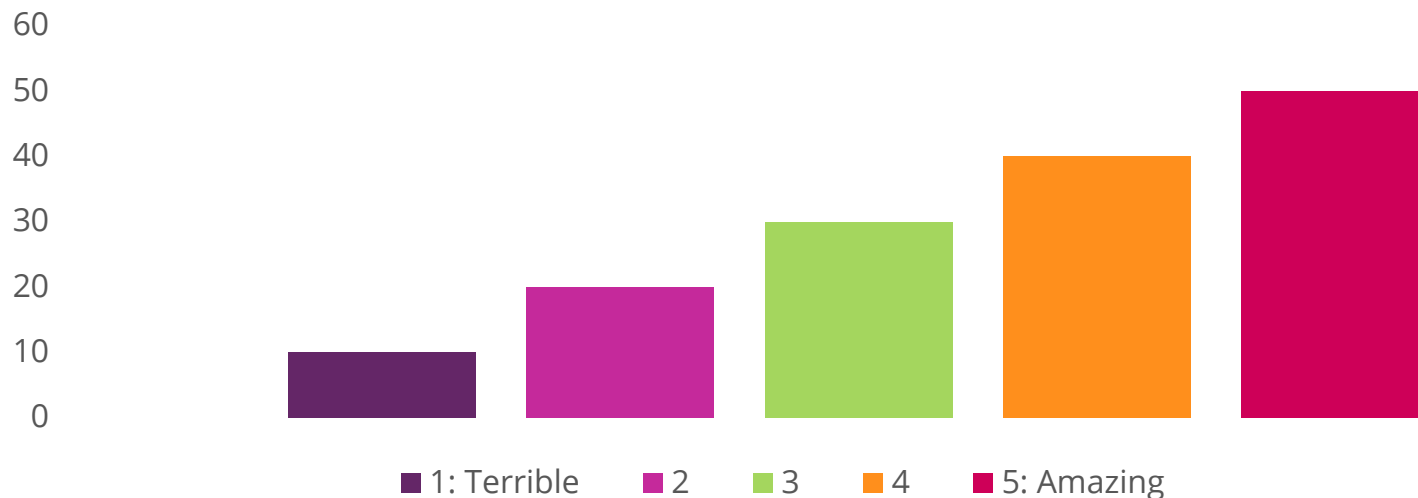


Considering qualitative & quantitative data

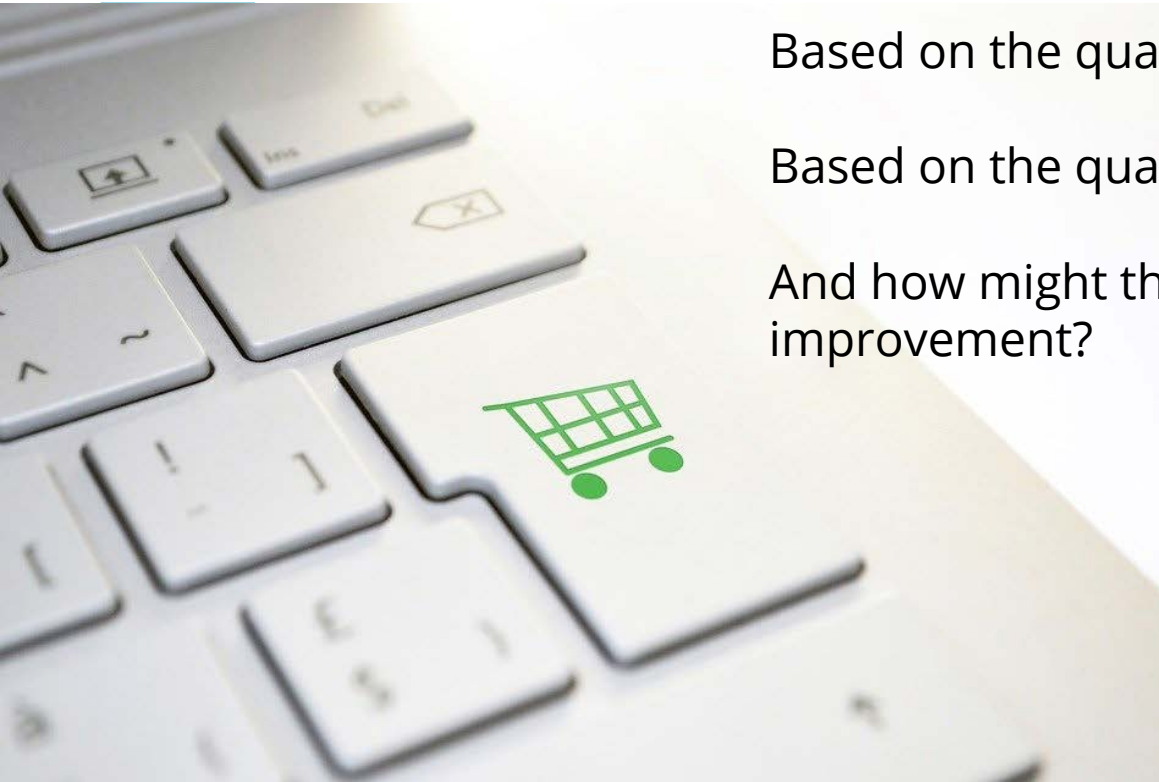


Think about a recent online shopping experience...

Online Shopping Experience: Rate on a 1 (terrible) to 5 (amazing) scale



What did you learn...



Based on the quantitative ratings (the 1-5)?

Based on the qualitative?

And how might that be relevant to improvement?

Guiding questions for meaningful measurement

Whose lives will get better because we are here? (and how do we know?)

Who is not thriving, and how can we partner to change that? (and how will we know if things are changing?)

How can we have measurement that will support us to understand the problem but not get stuck in either: “admiring” the problem, or analysis paralysis?





Some key features. Meaningful measurement overall and especially considering equity...

... includes the ability to see the system from multiple perspectives and levels

- Individual, organizational
- Overall and stratified

... provides a sense of the “what” (magnitude, big picture) and the “why” (stories, context, bring the big picture to life)

... is meaningful to those from whom the data are collected (e.g., patients) as well as to those collecting and reporting

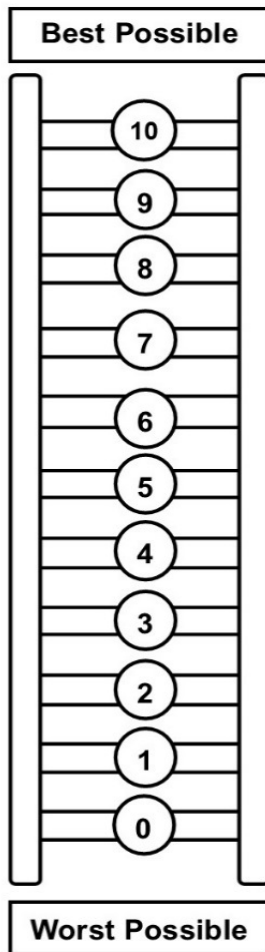
... is feasible within / connects to other work, other initiatives

...can itself help advance equity





Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The **top** of the ladder represents the **best possible life for you** and the **bottom** of the ladder represents the **worst possible life for you**.



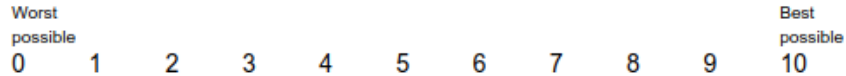
On which step of the ladder would you say you personally feel you stand at this time?

On which step do you think you will stand about 5 years from now?

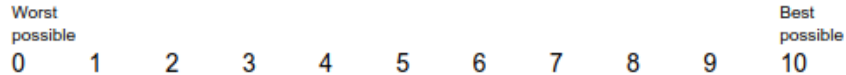


Person-reported well-being (Cantril's ladder)

1. On which step of the ladder would you say you personally feel you stand at this time?

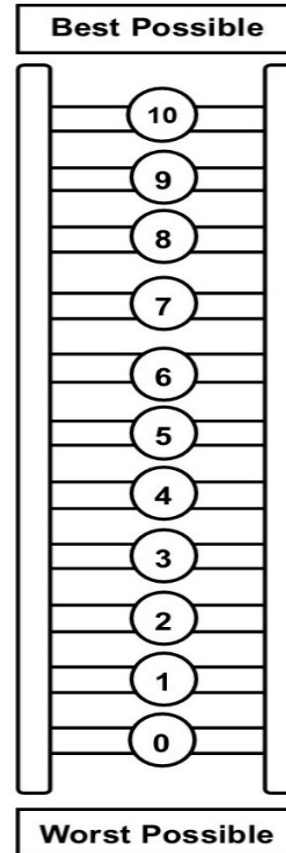


2. On which step do you think you will stand about five years from now?



For more information: Stiefel MC, Riley CL, Roy B, McPherson M, Nagy JM. Health and Well-being Measurement Approach and Assessment Guide. Boston: 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement; 2020. (Available at www.ihl.org/100MLives).

Well-being in the Nation (WIN) Measurement Framework: Measures for Improving Health, Well-being, and Equity Across Sectors. Facilitated by 100 Million Healthier Lives with the National Committee on Vital and Health Statistics; 2019. (Available at www.ihl.org/100MLives).



- Two simple questions
- Administered 2.7 million times, highly validated
- Useful for risk stratification
- Predictive of morbidity, mortality, cost
- Moves within 3-6 months
- Works across sectors
- Recommended by OECD

Black Maternal Health

Reducing Inequities Through Community
Collaboration in Detroit

Report
ihi.org



Findings from focus groups:

- Mothers were often unable to articulate key postpartum warning signs during the group discussions and noted that being “handed a bunch of papers” at discharge following delivery was not an effective teaching method.

Regarding respectful care, three primary themes emerged:

- Health care needs/concerns were often not given primacy by their providers
 - “Yeah, they don’t look at you. I’ve had doctors come in, open the door, call me somebody else’s name. Like, ‘Oh, I’m sorry,’ checking their phones...”
- Risk was situated at the level of the individual woman, implicating individual behaviors rather than societal structures as the cause of disparate outcomes
 - “They are trying to be the strong Black woman, not sharing their problems”; “Too much stress, not eating right”
- Respectful care could be achieved through specifically described collaborative interactions
 - “In this moment, make me feel that I am your only patient, be present”; “Treat me like family”; “Make me feel wanted”; “Make my concerns your concerns”; “Answer my questions”

experience

system

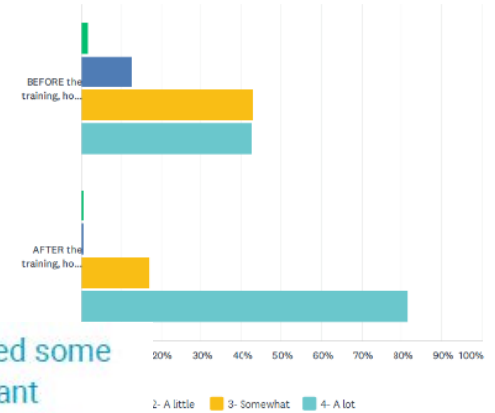
Change ideas





Q20 On a scale from 1 to 4, rate how well you know how to apply the concepts of respectful care to our work.

Answered: 316 Skipped: 5



Mitchell N. *Black Maternal Health: Reducing Inequities Through Community Collaboration in Detroit*. Boston: Institute for Healthcare Improvement; 2021. (Available at www.ihl.org)

“During an Unconscious Bias and Respectful Care Training session, [a provider] initially raised some concerns about the role unconscious bias plays in producing disparities in maternal and infant health compared to the role that personal responsibility of women plays in these disparities. The facilitators of the training discussed with the provider that while personal choices do play a role in health outcomes, systemic problems such as racism and bias play a pivotal role in disparities for Black women’s maternal health. The provider was very engaged throughout the session and followed up with the facilitator after the training. The provider explained that they had never had exposure to concepts such as unconscious bias prior to the training and that it opened their eyes to the issue. They requested the Birth Design Team’s collaboration on a project their department is working on to improve C-section procedures, to make them more modest and improve patient satisfaction, seeking our team’s input on aspects of bias and respectful care in the work. We are excited about the opportunity to collaborate in this way and for the opportunity to infuse concepts of respectful care and unconscious bias into the protocols in place throughout Women’s Health Services.”



Qualitative versus Quantitative Data

Qualitative		QuaNtitative
Data	Non-numeric , Things we cannot measure or count: love, gaining maturity, mutual respect; experiences, feelings, perceptions, beliefs, insight	Numeric : Things we can measure and count
Data provide	Description	Measurement
Learn About	Meaning, Experience, Context, Culture/Climate	Trends, Magnitude, Amount
Goal	Depth	Generalizability
← Truth? Bias? Subjectivity? →		



Tips and Tricks from the Trade

All data & methods

- **Purpose:** Deep understanding
- **Power** dynamics & **context** of the data collection, analysis, reporting
- **PDSA** thinking: Learn, plan, practice, improve... repeat!

Specific to qualitative

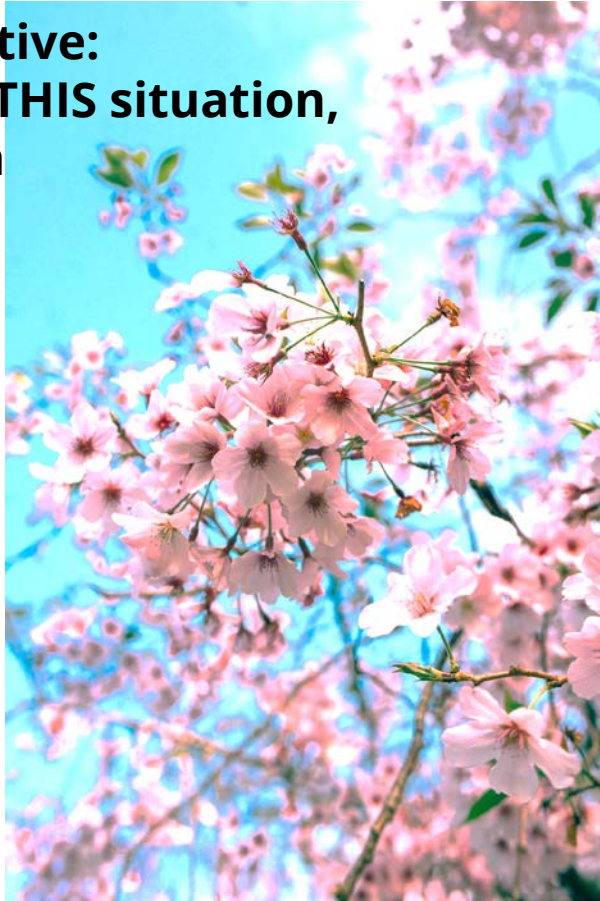
- Avoid quantifying the qualitative
- Open up the question
- Quality in qualitative inquiry





Purpose = Deep Understanding

Qualitative:
Depth, THIS situation,
zoom in



Quantitative:
Generalizability, the bigger picture,
zoom out

Images via Unsplash





Power Dynamics & Overall Context of Data Collection, Analysis, Sharing

COLLECTION

- Who's asking? How?
- Who was asked? How?

ANALYSIS

- Who is analyzing? How?
- Who is interpreting results?

REPORTING & RESPONSE

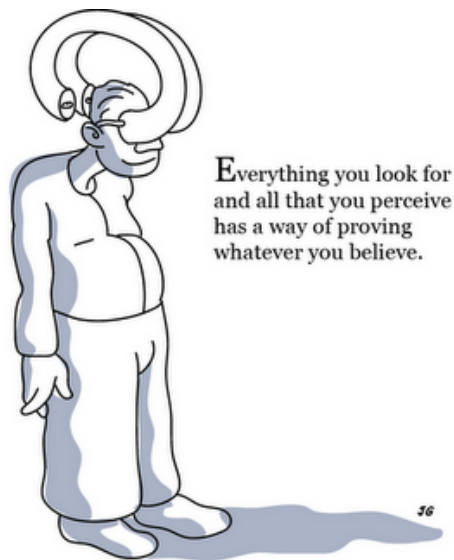
- Who will act on results?
- What will the data be used for?



Image: [Philip Jahn via Unsplash](#)



There is no such thing as “objective.” Understand your biases and position



PDSA thinking: Learn, practice, plan, improve... repeat!



Time
Training & Coaching
Resources (financial, human,
technical)



"Looks like you've got all the data – what's the holdup?"



Proceed with training, coaching, and practice!

Before you collect, analyze, or interpret data, get some training or coaching on the methods for how to so responsibly.





Tips and Tricks from the Trade

All data & methods

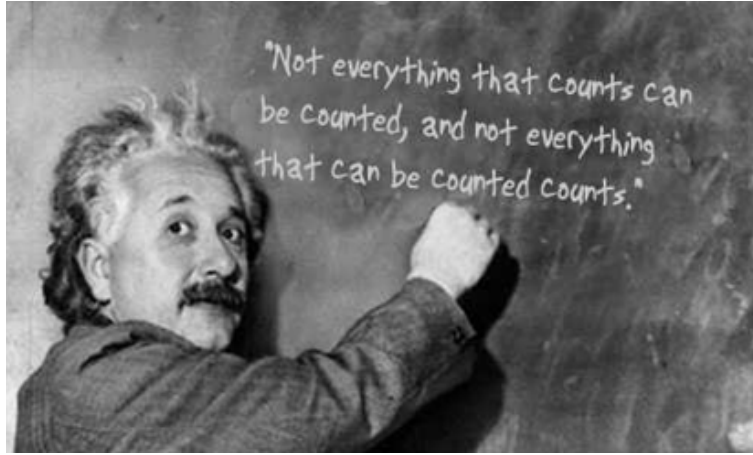
- **Purpose:** Deep understanding
- **Power** dynamics & **context** of the data collection, analysis, reporting
- **PDSA** thinking: Learn, plan, practice, improve... repeat!

Specific to qualitative

- Avoid quantifying the qualitative
- Open up the question
- Quality in qualitative inquiry



Avoid quantifying the qualitative





Open Up the Question

Try out...

For whom?

Why?

In which cases?

Avoid *binary questions (yes/no, either/or)*



Image: [Erik Odiin](#) via [Unsplash](#)





Additional Resources for Qualitative Analysis

Brief articles & tips sheets

- Busetto L, Wick W, Gumbinger C. How to use and assess qualitative research methods. *Neurological Research and Practice*. 2020;2(1):14. doi:[10.1186/s42466-020-00059-z](https://doi.org/10.1186/s42466-020-00059-z)
- Five Tips for Conducting Effective Qualitative Interviews. Duke Global Health Institute. Published March 12, 2018. Accessed December 2, 2021. <https://globalhealth.duke.edu/news/five-tips-conducting-effective-qualitative-interviews>
- Harvard University Sociology Department. Interview Strategies. Accessed December 2, 2021. https://sociology.fas.harvard.edu/files/sociology/files/interview_strategies.pdf

Deeper Dive Resources

- Denzin NK, Lincoln YS. *The Handbook of Qualitative Research*. Vol 2nd. Sage Publications; 2000.
- Liamputtong P, Ezzy D. *Qualitative Research Methods: A Health Focus*. Oxford University Press; 1999.
- Saks M, Allsop J, eds. *Researching Health: Qualitative, Quantitative and Mixed Methods*. 1 edition. SAGE Publications Ltd; 2007.
- Sofaer S. Qualitative research methods. *International Journal for Quality in Health Care*. 2002;14(4):329-336. doi:[10.1093/intqhc/14.4.329](https://doi.org/10.1093/intqhc/14.4.329)
- Sorensen AV, Bernard SL. Accelerating What Works: Using Qualitative Research Methods in Developing a Change Package for a Learning Collaborative. *The Joint Commission Journal on Quality and Patient Safety*. 2012;38(2):89-AP3. doi:10.1016/S1553-7250(12)38012-4



Evaluation & Learning Questions

And other keys to evaluation in QI



A model for learning and change

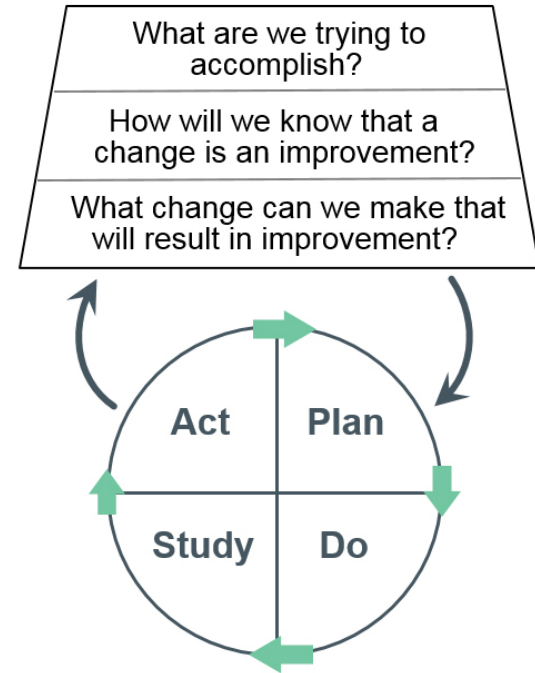
Model for Improvement is a model or framework in the broader context of the sciences of improvement

It was developed by Associates in Process Improvement (API)

It's composed of 3 questions and a learning cycle

If we have this, why do we need evaluation??

Model for Improvement





How do we know if our QI project, itself, is bringing about improvement? (aka evaluation of QI)

How might we...

- Track progress towards medium- and long-term goals
- Learn what it takes to bring about improvement
 - Overall and across different contextual factors
- Make informed, evidence-based adjustments during an initiative to maximize improvement



Keys to a QI evaluation plan: Learning Questions + 5 core components

0. Evaluation/Learning Questions

1. Aim
2. Content Theory
3. Execution Theory
4. Measures
5. Dissemination Plan

For more on the 5 core components: Cohen S, Reid A. [What Does It Take to Bring about Improvement? Five Core Components for Learning from QI Programs](#). IHI Blog. Published September 11, 2014.

For an overview of evaluation in the context of QI work: Parry GJ, Carson-Stevens A, Luff DF, McPherson ME, Goldmann DA. Recommendations for Evaluation of Health Care Improvement Initiatives. *Academic Pediatrics*. 2013;13(6):S23-S30. doi:[10.1016/j.acap.2013.04.007](#)





#0. Learning Questions

A brief set (approximately 3-5 questions, ideally) of questions that are:

- Meaningful to those most affected by the work, to those implementing the work (IHI, our partners), and to those funding the work. They guide what is most important to know
- Balance between being specific enough to reflect the work of project, and broad/flexible enough to allow for learning (and what emerges) as work develops

Ideally, developed during project design, refined at project launch, and revisited at key milestones in the project

Provide connective tissue across the 5 core components of your work.



Source: Defining Learning Questions. Learning for Action. <http://learningforaction.com/learning-questions>.



#1. Aim Statement

How much, by when, for whom?

An aim statement describes what we expect to achieve in the timeframe of the project, taking the form of “how much, by when, for and with whom.”





Essential Components of an Aim Statement

- **What?** State the focus of your improvement effort.
- **How good?** Declare a Numerical Goal for outcomes; ambitious but achievable.
- **By when?** Specify the timeframe.
- **For whom?** Name the customers or population of focus. Primary persons to receive benefit?
- **Where?** Define the process or system you want to improve What is the scope? Boundaries? Starts/Stops?



Aims and Learning Qs: Relationship?

Learning questions should align with your aims, **and** they may extend beyond or explore different, important aspects of the work.

Such as...

Uncover of the elements behind achieving an aim: How do we do it? What does it take? What facilitates / impedes it?

- If a project aims to: "Support teams to make progress on their clinical and strategic equity projects by March 2022," then a learning question might be... What types of support are most valuable to teams? What is common across many teams and what needs to be customized based on teams' context, focus of work, or readiness? Whose lives got better in the communities where teams are working?

Get specific about a particular aspect of the content or execution theory that is of particular interest or importance. Example:

- What are we learning from this initiative that can support scale up of this model to a much larger network of health care organizations?

Focus on an aspect of the experience of the work.

- In what ways did our implementation/facilitation of the initiative incorporate equity at multiple levels? Where did teams experience inequitable impacts, and how might we learn from those?





#2. Content Theory (The What)

What changes will teams make that will result in improved outcomes?

Content theory describes the processes or behaviors that, if adopted, we predict will improve outcomes. The prediction should be supported with a brief rationale. A driver diagram is one visualization of this shared theory, depicting areas in the system that improvement teams can modify to drive improvement.





#3. Execution Theory (The How)

What will the improvement initiative do that will lead teams to adopt process changes?

Execution theory is defined as the rationale for how the experience provided by the improvement initiative, the teaching and other activities delivered, and the learning accomplished leads to improvement in the process or outcome measures



Measurement Plan

How will we know that a change is an improvement?

A measurement plan outlines what data we will collect, how (and when) it will be collected and how (and when) it will be analyzed.

...more on data and measures in the next sections!



Dissemination Plan

How will we spread what we are learning?

It's essential to the work to summarize what was done, where it was done, what impact it had and how it was achieved. With these outputs, our partners, and others are better informed in how to spread the work in their settings. The Dissemination Core Component is focused on developing a plan to increase the chances that learning from your project can be shared widely.



Exhibit A. Core Components that Enable Demonstrable Results and Shared Learning.

Core Component	Output	Core Component Details	Alignment with MFI
1. Goals	Aim statement	- State what we expect to achieve in the timeframe of the project. This should take the form of "how much, by when." - Predict what progress is expected over time (e.g. monthly, quarterly) in order to regularly assess tracking toward goals.	<i>What are we trying to accomplish?</i>
2. Content Theory	Driver diagram; Change package	Description of new processes or behaviors that organizations, teams, and individuals will use to improve outcomes.	<i>What changes will we make that will result in improvement?</i>
3. Execution Theory	Logic model	What will the improvement initiative do that will lead teams to adopt the process changes?	
4. Results and Learning	Measurement plan	- What data will we collect (quantitative and qualitative)? - How will we collect data? - By what methods will we assess progress toward goals? - How will we use these results to improve in real-time?	<i>How will we know that a change is an improvement?</i>
5. Publishing and Communication	Dissemination plan	- What results or stories from this work should be shared? - Who is the target audience (internal and external)? - What communication outputs will be produced? - What resources are needed/can be allocated for publication? - When do we plan to start and complete these outputs?	(Not aligned) How are we sharing results and learning to inform the QI field?



Your Turn

As you consider your current AIM work – including what among the core components feels most relevant to you in this moment – jot down some notes on your current thinking related to a few (3) potential evaluation/learning questions related to AIM processes and/or outcomes.



Planning Q! Initiatives with Evaluation in Mind: What Is It You Want to Use Your Data For? Worksheet

Evaluation/Learning Questions (aim for 3-5)

1. .
2. .
3. .
4. .
5. .

Core Components of your Evaluation

Core Component	Status / Link to document / Notes about this component	Questions / Next Steps
Aim		
Content Theory (e.g., Driver Diagram)		
Execution Theory (e.g., logic model)		
Measures (see below, organizing measures worksheet)		
Dissemination Plan		

Worksheet page
1

Additional Take Home Tips:

- Remember you are measuring for learning and improvement
- Ideally, use existing measures if/when you have them
- Align measures to your learning questions and theory (especially driver diagram) to ensure you have a “family” that measures different parts of the system
- Use qualitative and quantitative data
- Use race, ethnicity and language (REaL) data when you can, or consider how you will stratify your data in service of equity





Example: Organizing Your Measures Worksheet

Topic for Improvement: **Increase the % adherence to mask wearing from 20% to 95% over a period of 6 months among all HCF staff (Dec 2020-May 2021)**

Concept	Potential Measure(s)	Operational Definition	Type of Measure (check one)		
			Outcome	Process	Balancing
Increase Access/Availability	# of staff provided with local/fabricated masks		x		
	# of masks supplied to the HCF			x	
	How much of interest goes to mask supplies				x
Improve Knowledge and Understanding among staff members	# of workstations with job aids/visual reminders on the use of masks			x	
	Training provided to staff on the need to wear masks		x		
	Champions and unit heads to model the desired change			x	



Please feel free to turn on your mic to ask questions or type one out
_____ in the chat box.



Upcoming Data COL Events and Due Dates

Office Hours: Planning QI Initiatives with Evaluation in Mind: What Is It You Want to Use Your Data For?

- For one-on-one technical assistance, please signup for office hours with Dr. McPherson
- Date and Time: January 19, 2022 @ 3:30PM-5:00PM (EST)
- Registration Link:
<https://us02web.zoom.us/meeting/register/tZwofuqvpzgtGtJXLxAVkzKVJaKvdN5OHfmd>
- Please Register By: January 17, 2022

Upcoming Educational Offerings

Topic	Educational Offering Data and Time	Guest Speaker/Faculty member
Data Collection Strategies & Tools for Facility-Reported Measures	Session: February 8, 2022 (3:00PM-4:30PM) (EST) Office Hours: February 10, 2022 ((3:00PM-4:30PM) (EST))	Dan Weiss, MPH Patricia Lee King, PhD Illinois Perinatal Quality Collaborative (ILPQC)
Severe Maternal Morbidity	Session: March 16, 2022 (1:00PM-2:30PM) (EST) Office Hour: TBD	Ashley Hirai, PhD Laurence Reid, PhD, MPH Elliot Main, MD

The registration link for Educational Offering #2 will be shared in the follow-up email.

Report-outs

- States that have been selected to receive the Data COL Supplemental Funds, are **required to do report-out at 2 educational offerings** for peer learning and feedback.
- Sign up* for report outs by January 31, 2022
- Link: [AIM Data COL Report-out Signup](#)
*Only Two slots per educational offering are available.



Any Questions?

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