

Writing an Effective Impact Statement

This document provides background and instructions on how to write an impact statement. Please follow these guidelines when drafting impact statements on your state or jurisdiction team's AIM patient safety bundle implementation.

What Are Impact Statements?

Impact statements briefly describe the effects of an initiative on certain outcomes. For AIM, impact statements highlight the effects of state and jurisdiction teams' AIM patient safety bundle implementation and targeted quality improvement activities on processes of care, patient health outcomes, and other measures of patient safety.

Impact Statement Guidance

An effective impact statement has 5-7 sentences.

Sentence 1: Describe the problem.

Why did your state- or jurisdiction-based team implement a particular AIM patient safety bundle? Ideally, provide data-driven rationales with attention to racial and ethnic disparities.

Example 1: *In Louisiana, hemorrhage was the leading cause of pregnancy-related death between 2011 and 2016, and Black women were 4 times more like to experience a pregnancy-related death than white women.*

Example 2: *Hypertensive disorders in pregnancy are increasing in Alaska, and hypertensive disorders contributed to one third of the pregnancy-related deaths in Alaska between 2012 and 2016.*

Sentence 2: Describe the intervention.

How did your state- or jurisdiction-based team respond to the problem described in sentence 1?

This sentence should include which AIM patient safety bundle was used as part of the intervention; the intervention's start date and, if applicable, end date; and the total number of birthing facilities participating in the intervention.

Example 1: *In August 2016, the Louisiana Perinatal Quality Collaborative (LaPQC) began implementing AIM's Obstetric Hemorrhage patient safety bundle in 42 of the state's 52 birthing facilities.*

Example 2: In January 2021, the Maryland Perinatal-Neonatal Quality Collaborative (MDPQC) began implementing AIM's Severe Hypertension in Pregnancy patient safety bundle in all 32 of the state's birthing hospitals.

Sentences 3-4: Share changes to structures and processes of care.

How did structures and processes of care change or improve from baseline among participating facilities with available data? If applicable, were racial and ethnic disparities in processes of care reduced?

Highlight data using core structure and process measures from your selected patient safety bundle. Suggested structure and process measures data for each of AIM's core patient safety bundles can be found in the table below. [Methodological considerations](#) are at the end of this document.

Example 1: In Illinois, the number of sampled patients who were screened for opioid use disorder using a validated verbal screening tool increased from 3% in October 2017 to 85% in June 2020 among the 43 participating facilities.

Example 2: Between Q1 2021 and Q4 2021, the percentage of patients with persistent severe hypertension who were treated within 60 minutes of episode onset at the 10 additional participating facilities increased from 32% to 57%, a 78% increase.

AIM Patient Safety Bundle	Suggested Process and Structure Measures
Obstetric Hemorrhage	• Hemorrhage cart • Measurement of blood loss using quantitative and cumulative techniques • Hemorrhage risk assessments
Severe Hypertension in Pregnancy	• Timely treatment of persistent severe hypertension
Safe Reduction of Primary Cesarean Birth	Not applicable
Obstetric Care for Women with Opioid Use Disorder/Care for Pregnant and Postpartum People with Substance Use Disorder	• Policy for all patients to be screened for opioid use disorder using a validated verbal screening tool • People with opioid use disorder who received medication for opioid use disorder or recovery treatment services

Sentences 5-6: Share changes to patient health outcomes.

How did patient health outcomes change or improve from baseline among participating facilities with available data? Were racial and ethnic disparities in patient health outcomes reduced?

Highlight data using core outcome measures from your selected patient safety bundle. Suggested outcome measures for each of AIM's core patient safety bundles can be found in the table below. [Methodological considerations](#) are at the end of this document.

Example 1: *Between 2016 and 2019 the rate of severe maternal morbidity (SMM) among people who experienced an obstetric hemorrhage decreased 35% for Black patients and 40% for white patients, leading to an overall reduction of 39%. While reductions in SMM were seen among both groups, disparities in outcomes did not improve.*

Example 2: *As a result of this initiative and efforts of participating hospitals, the AKPQC exceeded its primary goal and observed a reduction in the statewide percent of severe maternal morbidity (SMM) among people with preeclampsia, excluding blood transfusions alone, from 7.7% in 2018 to 4.1% in 2020, the lowest percentage in the most recent five years. During this period, statewide SMM among people with preeclampsia, excluding blood transfusions alone, decreased from 10.8% to 3.9% for Non-Hispanic White people and from 5.5% to 3.4% for American Indian and Alaska Native people.*

AIM Patient Safety Bundle	Suggested Outcome Measure
Obstetric Hemorrhage	Severe maternal morbidity excluding blood transfusions among people who experienced an obstetric hemorrhage
Severe Hypertension in Pregnancy	Severe maternal morbidity excluding blood transfusions among people with hypertension and preeclampsia
Safe Reduction of Primary Cesarean Birth	Nulliparous, term, singleton, vertex Cesarean birth rate
Obstetric Care for Women with Opioid Use Disorder/Care for Pregnant and Postpartum People with Substance Use Disorder	Not applicable

Sentence 7: Briefly describe ongoing work to support AIM patient safety bundle implementation among participating facilities.

How has your state- or jurisdiction-based team continued engaging facilities in quality improvement work and promoting implementation of best practices for this patient safety bundle?

Example 1: *The West Virginia Perinatal Partnership continues to work with participating facilities to fully implement the Obstetric Hemorrhage patient safety bundle and has expanded education to rural emergency departments in facilities without labor and delivery units.*

Example 2: *The MDPQC continues to work with birthing hospitals to fully implement the AIM Severe Hypertension in Pregnancy patient safety bundle with an additional focus on improving the rates of severe maternal morbidity (SMM) among patients with preeclampsia and reducing racial and ethnic disparities within SMM.*

Methodological Considerations

For the purposes of writing an impact statement for AIM, you can calculate the percentage change of a process, structure, or outcome by comparing baseline data to data collected after the start of AIM patient safety bundle implementation.

When working with AIM patient safety bundle implementation data and calculating a percentage change, keep in mind the following:

- If using severe maternal morbidity data, use severe maternal morbidity excluding blood transfusions.
- If using severe maternal morbidity excluding blood transfusions data, use yearly data (e.g., combine 4 quarters of data) to calculate percentage changes.
 - *Example: Between 2018 and 2019, the rate of severe maternal morbidity among birthing patients who experienced obstetric hemorrhage reflected an overall reduction of 38%, excluding those who only received blood transfusions.*
- If using outcome measures data other than severe maternal morbidity, process measures data, and/or structure measures data, use quarterly or monthly data to calculate percentage changes.
 - *Example: Between January 2019 [Q1 2019 data] and June 2020 [Q2 2020 data], the percentage of participating facilities in New York that implemented a universal screening protocol for OUD increased from 21% [Q1 2019 data] to 64% [Q2 2020 data].*
- Ensure you are comparing baseline data and data collected after the start of AIM patient safety bundle implementation among the same group of hospitals. Some hospitals may need to be excluded from analysis due to data missingness.
- If you did not collect baseline process measures data, use the first month or quarter of reported process measures data as your baseline value.

Looking for examples of impact statements? Find them [here](#).