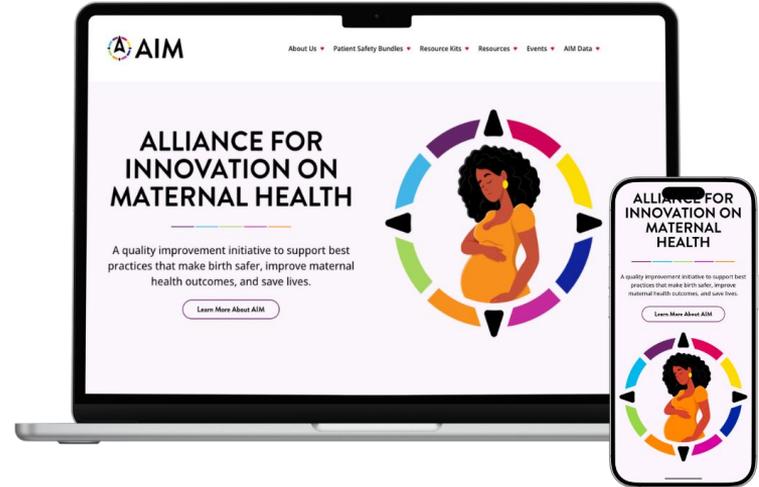# Sharing the "Why"

Turning AIM Data Into Action at Hospital, State, and National Levels

AIM
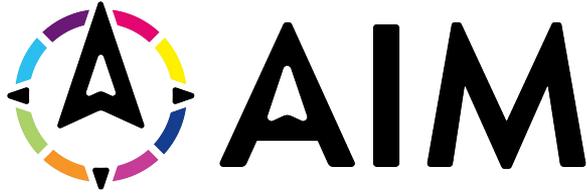
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

TECHNICAL ASSISTANCE CENTER

The Alliance for Innovation on Maternal Health (AIM) is a quality improvement initiative to support best practices that **make birth safer**, **improve maternal health outcomes**, and **save lives**.

Today's Agenda

1 Welcome – Jennifer Kawatu

2 Overview of AIM Data – David Laflamme

3 State Example – Maggie Coleman

4 Q&A (if time permits) and Wrap up

Learning Objectives

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

1. Describe the intended purpose and primary users of AIM data at the hospital/birthing facility, state/jurisdiction, and national levels

2. Differentiate what the AIM Data Center is designed to support versus what facility-level QI tools (e.g., local dashboards, REDCap, Tableau) are better suited to do

3. Identify sample AIM visualizations to support action at each level (hospital, state/jurisdiction, national)

Presenters

**David J.
Laflamme, PhD, MPH**
Applied MCH
Epidemiologist

**Maggie
Coleman, MPH**
AIM Data Specialist,
NHPQC

AIM Data : Local, State, National
Primary Flow, Purpose, and Users

Birthing Facility

- Drive local quality improvement
- Clinicians/QI Staff
- Share lessons learned with peers

State/Jurisdiction

- Support and accelerate facility work
- State Team/PQC Staff
- Understand progress and direct support where needed most

National

- Accountability & support at national scale
- AIM TA Center
- Leadership/Legislators

Data Collection, Analysis, and Reporting
Multiple tools may be needed to collect and utilize AIM data

- **AIM Data Center (ADC)**
  - Used by facility or state to **collect** data for AIM Core Measures (direct data entry or file upload)
  - Conduct **analysis** at all levels, but perhaps most useful at the State and National levels
  - Supports **reporting** primarily at the State and National levels

- **Other tools** may be needed supplement the ADC functionality especially at the Facility level
  - Examples include Excel, REDCap, Tableau, Power BI, and other QI specific solutions (e.g. Life QI and others)
  - Custom measures and more frequent cadence of data collection and use often require additional tools beyond the ADC

How Data Are Used

Methods differ based on the intended use

Public health data often come from administrative or research data that can be very different than data for improvement

(Provost & Murray, 2011, Table 2.1, p. 27)

Table 2.1 Data for Improvement, Accountability, Research

Aspect	Improvement	Judgment or Accountability	Clinical Research
Aim	Improvement of care process, system, and outcomes	Judgement, choice, reassurance, spur for change	New generalizable knowledge
Methods			
Test observability	Test observable	No test, evaluate current performance	Test blinded
Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
Sample size	"Just enough" data, small sequential samples	Obtain 100% of available and relevant data	"Just in case" data
Flexibility of hypothesis	Hypothesis flexible; changes as learning takes place	No hypothesis	Fixed hypothesis
Testing strategy	Sequential tests	No tests	One large test
Determining if change is improvement	Run charts or Shewhart charts	No focus on change	Hypothesis tests (T-tests, F-tests, Chi-square), p-value
Confidentiality of data	Data used only by those involved in the improvement	Data available for public consumption	Research subjects' identities protected

Additional ADC Resources

saferbirth.org/aim-data/resources

AIM Hospital Data Administration Guide

December 1, 2022 | File Formatting

VIEW RESOURCE

October 2022 Data Collection Transitions – Slide Deck & Recording

September 29, 2022 | Data Collection Plan

VIEW RESOURCE

AIM Hospital Demographics File Instructions

September 29, 2022 | File Formatting

VIEW RESOURCE

Spring 2021 AIM Data Center Updates (ZIP)

July 27, 2022 | Archive

VIEW RESOURCE

AIM Hospital Demographics File Template (XLSX)

July 27, 2022 | File Formatting

VIEW RESOURCE

AIM Data Guide (PDF)

July 27, 2022 | File Formatting

VIEW RESOURCE

Key

Document

Publication

Toolkit

Podcast

Video

Webinar

Website

AIM User Functions and View Options

**Want to compare your data to others?**

Your user type in the AIM Data Center determines what you can do/see.

State Administrators	• Invite other state- and hospital-level users for their state. • Add/delete and manage hospitals in their state, which includes updating hospital demographics and assigning bundles. • Submit state outcome measures. • Submit and/or edit hospital-level process and structure measures.	• **Identifiable** hospital information for their state, including demographics files and hospital-level data. • Collaborative-level percentages and averages of other AIM states. • State- and hospital-level percentages of process and outcome measures. • State- and hospital-level structure measure completion statuses. • Submission status by state and hospital. • Hospital-level PDF reports by bundle, measure, and comparison type. • Transfusion coding and hospital outliers by measure.

# AIM User Functions and View Options

Hospital Administrators	• Add hospital-level users. • Submit hospital structure and process data.	• Outcome and process measure results for the individual hospital **only**. • Collaborative-wide outcome and process measure results for comparison. • Outcome and process measure results for **deidentified** hospitals of similar volume for comparison (if applicable).

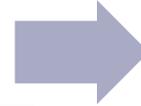# Facility-level Visualization Examples
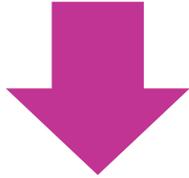
Birthing Facility

- Drive local quality improvement
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- Share lessons learned with peers
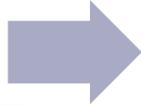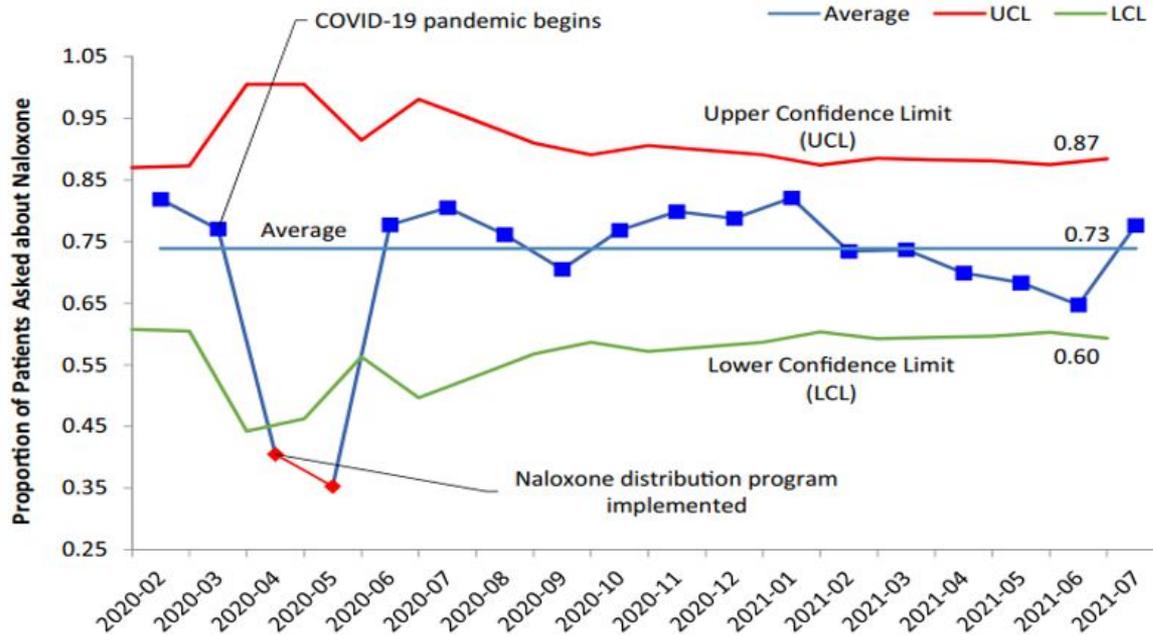
State/Jurisdiction

- Support and accelerate facility work
- State Team/PQC Staff
- Understand progress and direct support where needed most

National

- Accountability & support at national scale
- AIM TA Center
- Leadership/Legislators

Asking about Naloxone at First Prenatal Visit

Duska, MK, Goodman. Implementation of a prenatal naloxone distribution program to decrease maternal mortality from opioid overdose. *Maternal Child Health Journal* 2021.

# Providing Naloxone Access to Pregnant People with OUD
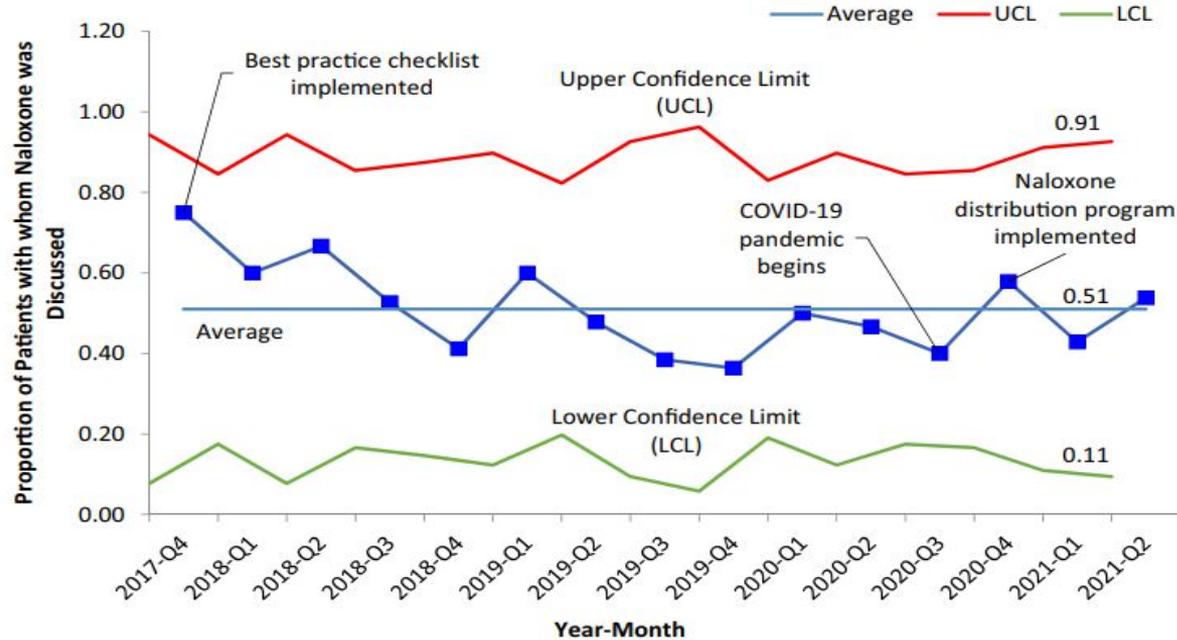
Duska, MK, Goodman. Implementation of a prenatal naloxone distribution program to decrease maternal mortality from opioid overdose. *Maternal Child Health Journal* 2021.

State/Jurisdiction Level Examples

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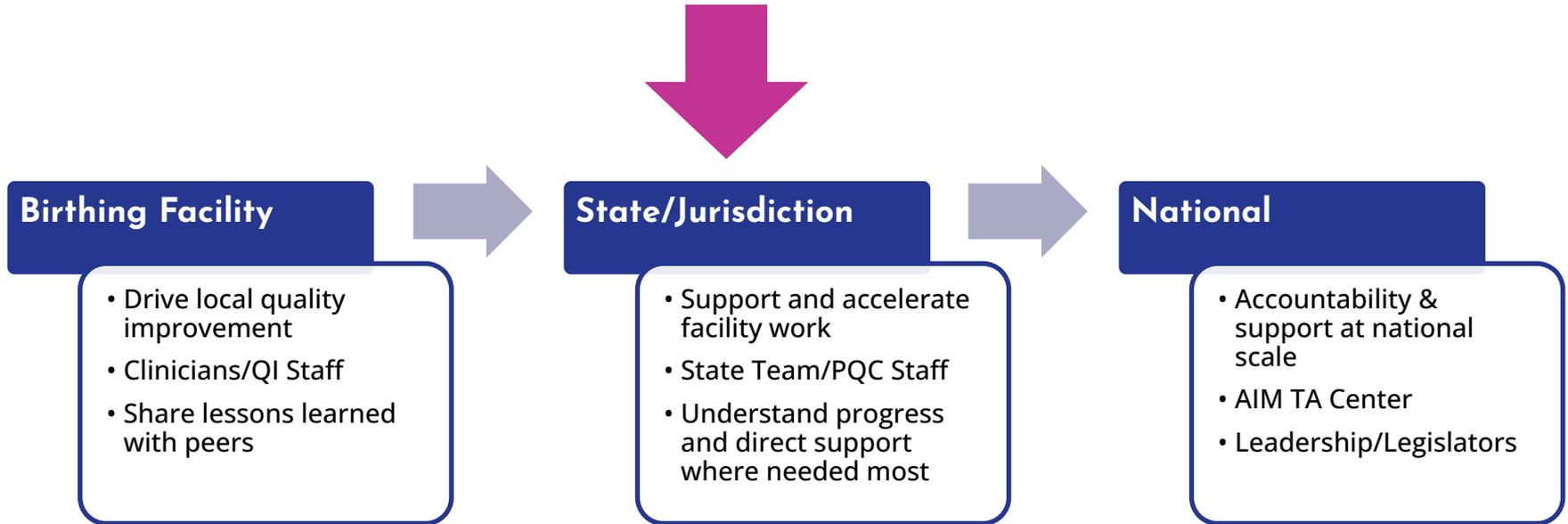
Structure Scores by Hospital Over Time
Bundle(s): *cppsud*
Measure: *OUD_pain_management_guidelines*

	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2025 Q1	2025 Q2
Alpha Iota Omega		5	5	5	5	5	5	5	5	5	5
Chi Nu Phi		5	5	5	5	5	5	5	5	5	
Chi Omega Chi		3	3	3	3	3	3	3	3	3	3
Chi Pi Phi		5	5	5	5	5	5	5	5	5	5
Delta Xi Upsilon	4	4	4	4	4	4	4	4	4	4	4
Epislon Tau Upsilon		4		4		3	4	4	5	5	5
Eta Pi Mu		4	4	4	4	4	4	4	4	4	4
Gamma Epislon Delta		4	4	4	4	4	4	4	4	4	4
Gamma Eta Gamma		3	5	5	4	4	4	4	4	4	4
Iota Omega Psi		2	2	2	2	2	2	2	2	2	3
Lambda Omicron Zeta		3	3	3	3	3	4		1	3	3
Omega Omega Zeta		2			2			3	4	4	4
Phi Delta Omicron		5	5	5	5	5	5	5	5	5	5
Phi Nu Gamma		2	2	2	2	2	2	3	3	3	3
Upsilon Upsilon Theta		5		5	5	5	5	5	5	5	5

**Structure Scale Score**

1 ▭▭▭▭▭ 5

Structure Measures are rated on a Likert-like scale from **1 (Not Started)** to **5 (Fully In Place)**

New Hampshire's AIM context

- 15 birthing hospitals participating
- CPPSUD Patient Safety Bundle
    - Launched in 2023
    - Currently in sustainability mode
- PMHC Patient Safety Bundle
    - Launched in 2024
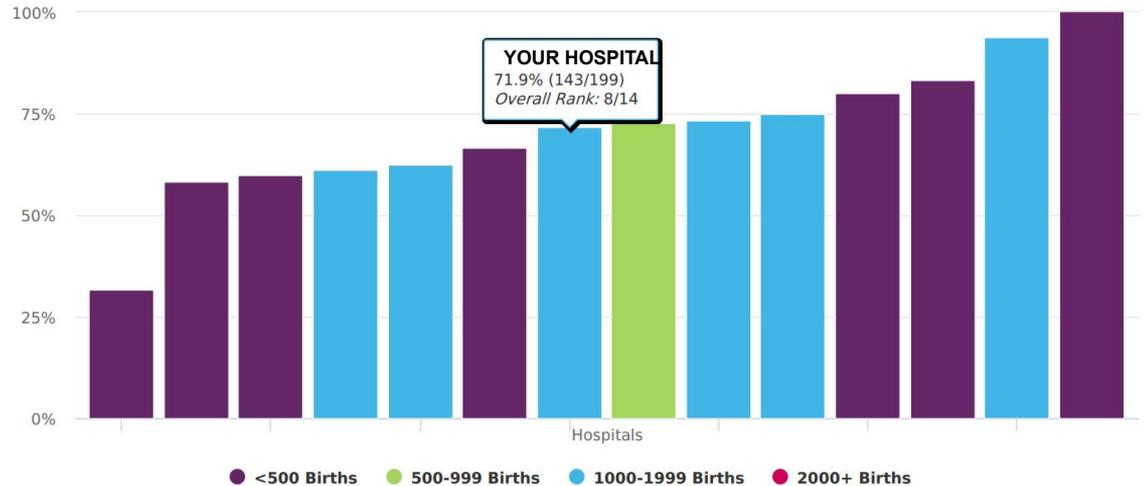   - Active implementation ongoing

Substance Use Disorder
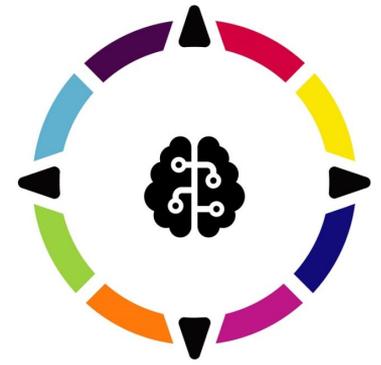
Perinatal Mental Health Conditions

# Support and accelerate facility work: fueling sites' internal curiosity

- Summary reports from AIM Data Center, inspiring "healthy competition"

- Designing statewide data Quality Assurance PDSA cycles

Percent of Pregnant and Postpartum People with PMHC Who Received or Were Referred to Treatment

YOUR HOSPITAL
71.9% (143/199)
Overall Rank: 8/14

Hospitals

● <500 Births   ● 500-999 Births   ● 1000-1999 Births   ● 2000+ Births

Understand progress and direct support where needed most: educational planning

- Leveraging webinars
- Designing novel provider/nursing education opportunities

Provider and Nursing Education on Respectful and Equitable Care (Q1 2024 vs Q4 2024)
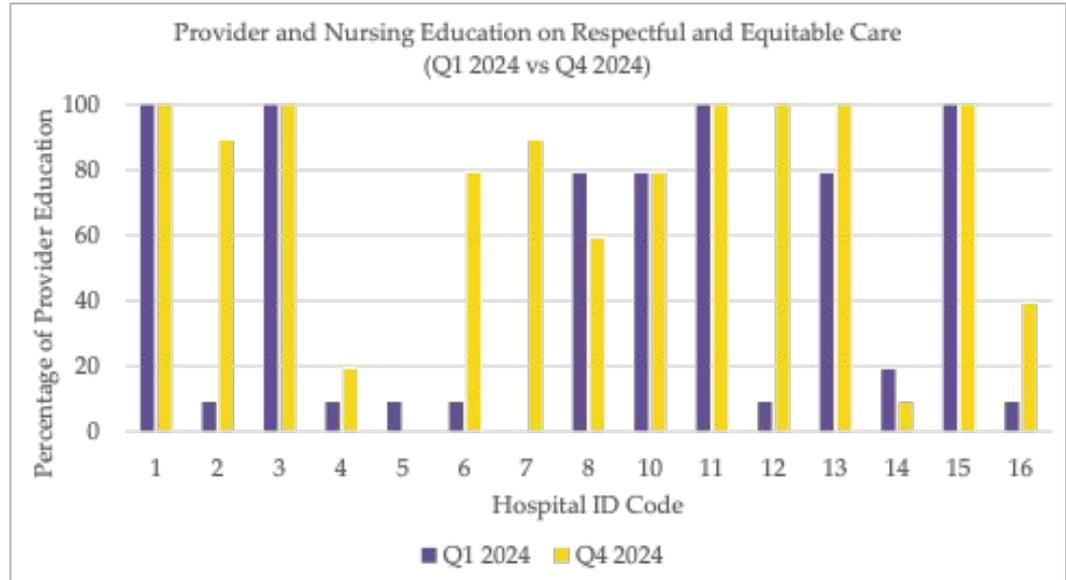
State team/PQC staff: identifying replicable best practices

- Quarterly 1:1 data reviews with sites illuminate best practices
- Empowering statewide collaboration

NH
PQC

Strategy Showcase: QI Implementation Successes at New Hampshire Birthing Hospitals

2/17/2026

New Hampshire Perinatal Quality Collaborative

State team/PQC staff: identifying replicable best practices (cont.)

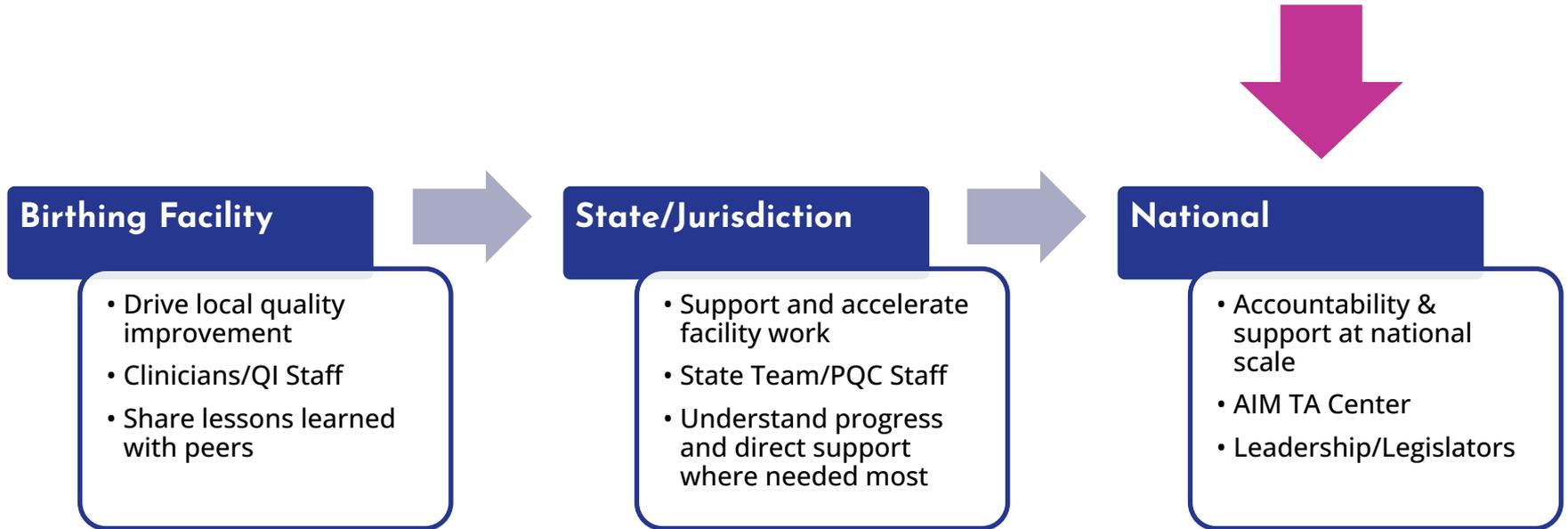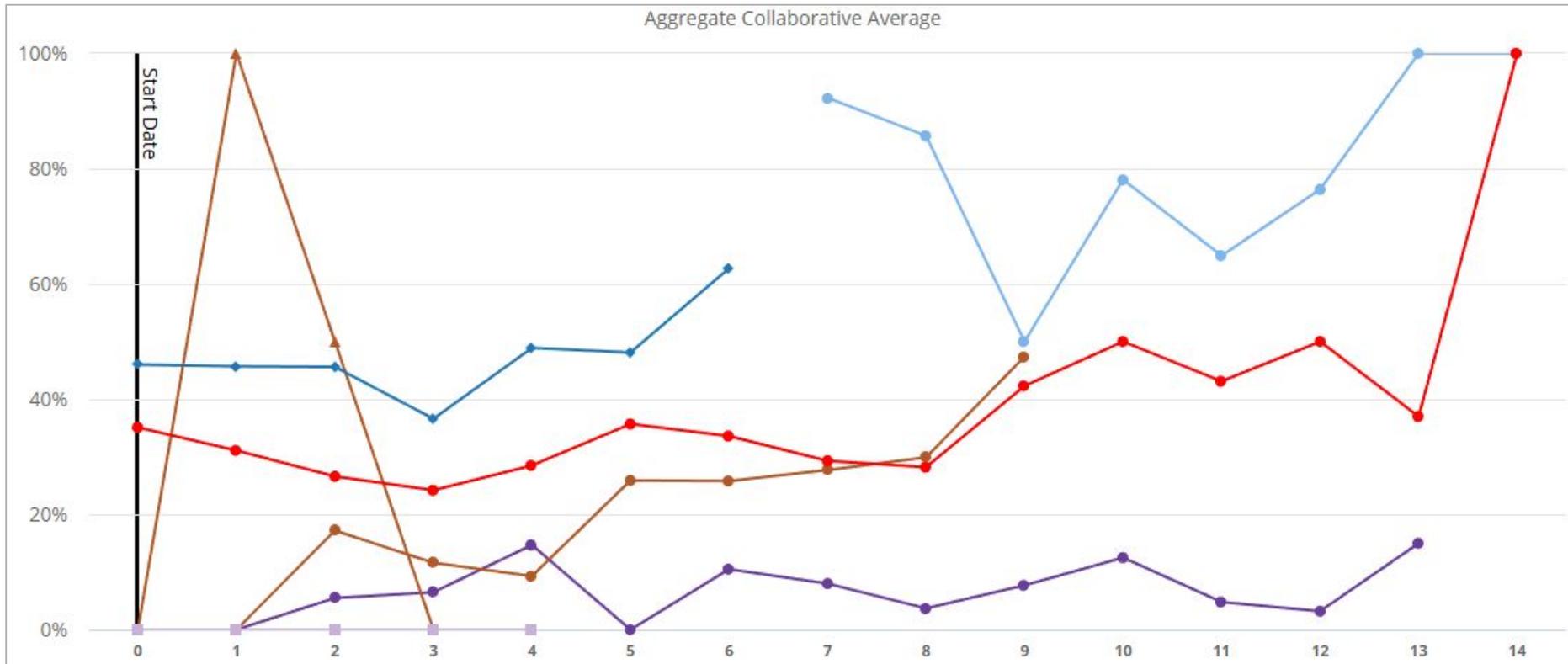

Embedded Maternal Mental Health Navigator role

Hospital-hosted Postpartum Emotional Support Group
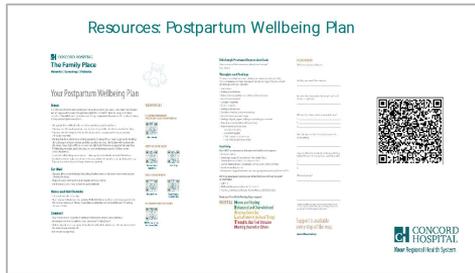
Postpartum Wellbeing Plan document template

Postpartum Resources and Education at discharge

National Level Examples

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Aggregate Collaborative Average

Note: The collaborative (state/jurisdiction) color key, bundle/measure names, and x-axis labeling are intentionally omitted for this example.
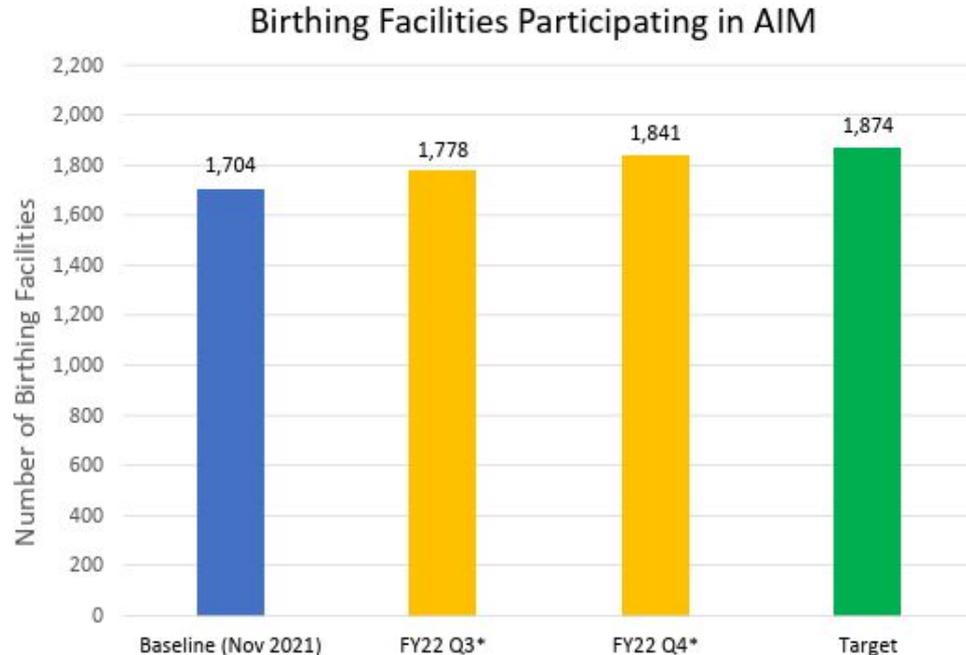
This national AIM example is an excerpt from a Maternal Health Progress report from Q1 of FY 23.

The data come from AIM Biannual Reports submitted by each participating State/Jurisdiction and aggregated by AIM national staff.

(Link to report available in notes field)

Birthing Facilities Participating in AIM

	Baseline (Nov 2021)	FY22 Q3*	FY22 Q4*	Target
Number of Birthing Facilities	1,704	1,778	1,841	1,874

Additional Curated AIM Resources

- AIM Tableau Dashboard Template: Visualizing Your AIM Patient Safety Bundle Data
  - Recording
  - Slides
  - Dashboard Template and Instructions

- Using Data for QI: Interpreting Variation and Trends in Lower Volume Facilities
  - Recording
  - Slides

- Practical Use of Statistical Process Control Charts
  - Recording
  - Slides

Q&A

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Thank you!

David Laflamme
david@mchepi.com

Maggie Coleman
margaret.a.coleman@hitchcock.org

Contact:
info@saferbirth.org
Visit saferbirth.org

AIM

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