



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

AIM Data Center Refresh: Spring 2021 Updates

This document outlines updates to the AIM Data Center that will go in effect in May 2021. Please note all references to quarterly data refer to calendar year quarters, **not** fiscal year quarters.

Update 1: The AIM Data Center will accept monthly process measures data from AIM state teams.

Q: My state team wants to transition from reporting process measures data quarterly to reporting process measures monthly. How do I do this?

A: State teams may transition from reporting process measures data quarterly to monthly or vice versa at any time during bundle implementation. To do this, we recommend you make this change around the start and end of calendar year quarters. For example, hospitals submitting quarterly data for Q1 2021 (1/1/21 – 3/31/21) would start submitting monthly data starting with Q2 2021 (4/1/21).

Please reach out to your program manager to coordinate your state team's transition to monthly process measures data submission in the AIM Data Center.

Q: Can some facilities report process measures quarterly and others report process measures monthly *for the same bundle*?

A: The AIM Data Center will be configured so all facilities must follow the same process measures data submission cadence for a given AIM patient safety bundle. All facilities must submit monthly process measures data, or all facilities must submit quarterly process measures data.

Q: My state team wants to report quarterly process measures data for one bundle and monthly process measures data *for a different bundle*. Is this possible?

A: Yes. For each AIM patient safety bundle implemented, your state team may determine whether hospitals will submit process measures data quarterly or monthly. This reporting cadence can change for each patient safety bundle implemented.

Q: How will this affect my state team's visualizations in the AIM Data Center?

A: Your state team's process measures trendline will update so that, beginning with the first monthly process measures reporting period, it displays data from a quarterly to a monthly interval. You will be able to see all process measures data ever reported on the same trendline.

For cross collaborative comparisons, monthly data will be aggregated so your state team may benchmark process measures data against state teams who report process measures data in quarterly intervals.

Update 2: The AIM Data Center will accept all outcome measures and select process measures disaggregated by race and ethnicity.

Q: What are AIM's recommendations for submitting data disaggregated by race and ethnicity?

A: As data availability and sharing allow, AIM recommends that state teams submit annual facility-specific data for all outcomes disaggregated by race and ethnicity. State teams are welcome to submit facility-specific outcomes disaggregated by race and ethnicity using a quarterly interval.

Based on facility and state team capacity, we also recommend facilities and state teams disaggregate essential process measures data by race and ethnicity.

These recommendations are not requirements, and AIM is happy to work with your state team to collect data disaggregated by race and ethnicity that best suits your state team's context and needs. Please reach out to your program manager for help.

Refer to Table 1 to review the measures for which you may report data disaggregated by race and ethnicity.

Q: What are AIM's recommendations for submitting outcomes data that are not disaggregated by race and ethnicity?

A: In addition to reporting annual facility-specific outcomes disaggregated by race and ethnicity, we recommend reporting quarterly facility-specific outcomes that are not disaggregated by race and ethnicity. This will allow facilities to assess change in a different context and will assist in analyzing the impact of AIM patient safety bundle implementation.

Update 3: The AIM Data Center will better support submission of data disaggregated by race and ethnicity and expand visualizations of race and ethnicity data.

Q: I've submitted data disaggregated by race and ethnicity in the past, but I don't see it displayed on my state team's dashboard. Why?

A: In the past, updating a state team's dashboard to reflect the most recently submitted data disaggregated by race and ethnicity was a manual process where direct requests were prioritized. As part of the Spring 2021 AIM Data Center update, a state team's dashboard will be automatically updated as data disaggregated by race and ethnicity are submitted to the AIM Data Center.

If your state team has ongoing difficulty viewing data disaggregated by race and ethnicity, please reach out to your program manager for support.

Q: How will visualizations for race and ethnicity data change?

A: The AIM Data Center will add trendlines so that hospitals and state teams may better assess changes in outcomes disaggregated by race and ethnicity over time.

Additionally, cross collaborative comparisons will be expanded so that your state team may benchmark available process and outcomes data against other state teams' data for a particular racial or ethnic group.

Table A. Metrics to be Accepted by the AIM Data Center Disaggregated by Race and Ethnicity

Note: Prior to the spring 2021 AIM Data Center update, the AIM Data Center only accepted overall SMM including and excluding transfusions disaggregated by race and ethnicity.

Metric	Type	Associated Bundle
NTSV cesarean birth rate	Outcome	C/S
NTSV cesarean birth rate after induction of labor	Outcome	C/S
C/S bundle compliance rate	Process	C/S
SMM among hemorrhage cases	Outcome	HEM
SMM (excluding transfusions) among hemorrhage cases	Outcome	HEM
SMM among hypertension cases	Outcome	HTN
SMM (excluding transfusions) among hypertension cases	Outcome	HTN
Timely treatment of severe hypertension	Process	HTN
Average LOS for newborns with NAS*	Outcome	ODU
Percent of OEN who go home to biological parent*	Process	ODU
Percent of birthing people with OUD who receive MAT*	Process	ODU
Percent of OEN receiving birthing parent's milk at delivery discharge*	Process	ODU

* The AIM Obstetric Care for Women with Opioid Use Disorder (OUD) patient safety bundle and associated metrics are currently under revision. We anticipate the revised OUD patient safety bundle and associated metrics will be publicly available in summer 2021.