



## ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

### **Vision of AIM**

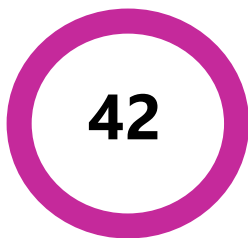
The Alliance for Innovation on Maternal Health (AIM) is the national, cross-sector commitment designed to lead in the development and implementation of patient safety bundles for the promotion of safe care for every U.S. birth. The AIM National Team at the American College of Obstetricians and Gynecologists (ACOG) provides expert technical support and capacity building to multidisciplinary state-based teams, most often perinatal quality collaboratives, leading targeted rapid-cycle quality improvement (QI) via implementation of patient safety bundles. The AIM Data Center provides a resource to all enrolled state-based teams to track data related to these QI efforts. AIM is uniquely comprised of private and public partners across the spectrum of maternity care providers, public health agencies, hospital networks and associations, quality care collaboratives, community groups, and patients with lived experience.

### **Goals of AIM**

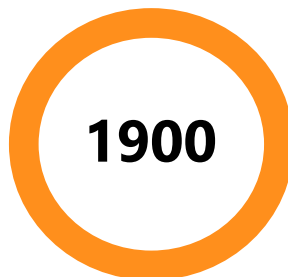
The AIM National Team works to reduce maternal mortality and severe maternal morbidity (SMM) within the U.S.

This is accomplished through the program objectives described below in order of priority:

1. Integration of all 50 states, the District of Columbia, all U.S. Territories, the Indian Health Service, and Tribal Maternal Health entities into the AIM Program. Develop patient safety bundles and resources for implementation of new and existing bundles.
2. Incorporate respectful, equitable, and supportive care for all people into new/existing bundles and other AIM resources.
3. Execute a plan to collect and analyze quality improvement process and outcome data on patient safety bundle implementation at the state/hospital level and within tribal communities.
4. Develop data metrics and create and maintain an online national data collection system.
5. Lead a multisector national partnership of organizations who will make unique contributions to support and drive the AIM Program.
6. Develop and implement a communication strategy to advance awareness of the current state of SMM, increase maternal safety awareness, and highlight the programmatic work that the AIM Program and other strategic partnerships are doing to address SMM and maternal safety.
7. Implement programmatic strategies that will sustain the work of AIM following the funding period.



**41 Enrolled AIM  
States and the  
District of Columbia**



**Approximate Number of  
AIM Engaged Birthing  
Facilities\***



**States with Planned AIM  
Enrollment in 2021**

\*Also note that HRSA/MCHB is supporting a parallel commitment through the National Healthy Start Association called the AIM Community Care Initiative, focused on implementing non-hospital focused maternal safety bundles within outpatient clinical settings and community-based organizations.

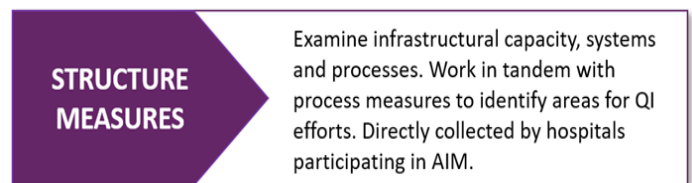
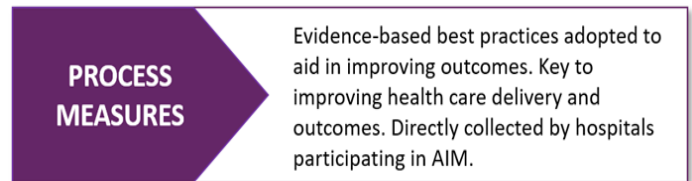
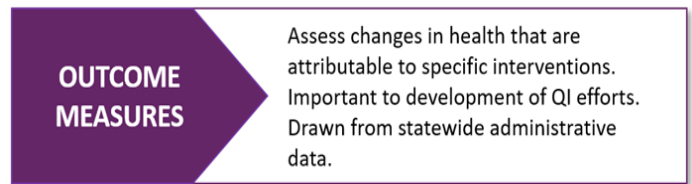
## Data Points

For AIM, data are collected as specific patient safety bundle related process, structure, and outcome measures for the core bundles.

AIM core bundles include:

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean Birth
- Obstetric Care for Women with Opioid Use Disorder
- Cardiac Conditions in Obstetrical Care-In Development
- Postpartum Discharge Transition Bundle-In Development

The bundle-associated process measures capture information to track whether specific and/or essential interventions were performed, such as whether providers received continuing education on a maternal safety topic or if screening and risk assessments were performed. The structure measures examine infrastructural capacity and whether systems and processes have been established to promote patient safety. This type of measure may track if hospital units have established standard protocols, or if essential medical supplies have been acquired. The outcome measures assess changes in health status attributable to each specific bundle. The focus of these processes, structures, and outcomes vary by the patient safety bundle being implemented.



## Outcomes Measured

Outcomes are calculated from statewide administrative data by state quality improvement collaboratives and shared with hospital teams and AIM. These include bundle-specific outcomes, such as the nulliparous, term, singleton, vertex (NTSV) cesarean birth rate or the rate of SMM among patients who experienced obstetric hemorrhage, as well as overall SMM, including and excluding blood transfusions. These data help assess the impact of AIM patient safety bundle implementation on patient outcomes. Discrete and aggregate impact statements highlighting these outcomes have been developed and will continue to be as the AIM Program matures.

AIM monitors ongoing state quality improvement collaboratives' work to engage hospital teams and drive widespread AIM patient safety bundle implementation. This includes monitoring the frequency of collaborative learning opportunities offered to hospital teams and the number of birthing facilities engaged with each quality improvement collaborative.

## Budget

The activities of the AIM Program are supported by an annual budget of \$3,000,000.

## State and Partner Support

Through the ACOG-AIM Program, 27 national member and community organizations are convened as program partners to support the objectives of the program and provide expertise when needed. Each partner organization receives annual support to help carry out program activities and support states and territories in their efforts. Funding is also provided to all enrolled state teams during each year of enrollment. These funds are strategically targeted to help support the needs, efforts, and activities within each state. During each program year a portion of funding is also earmarked specifically to support new or continuing innovative projects and activities designed by interested state teams and/or partner organizations to help further the goals of the AIM Program at the state and local levels. Technical assistance for data reporting and analysis is also provided to state teams as well as expert implementation support for bundle selection and implementation. Funding to support the expert design and development of new bundles as well as revision to existing bundle content is also allocated.

## Future Expansion Plans

As detailed above in the Goals of AIM, the program continues to move toward integration of 50 states and the District of Columbia, as well as U.S. Territories, the Indian Health Service, and Tribal Maternal Health entities into AIM. The AIM Program also seeks to continuously improve the quality of the support and resources offered to state-based teams and collaborating partners. The format of AIM continues to evolve to allow increasingly nimble responses to needs and interests that arise related to patient safety in all enrolled states. Ultimately, we seek to foster AIM engagement for all U.S. birthing facilities and continue efforts to expand this engagement. This requires continuous monitoring and strategizing with diversely comprised states teams and adaptation of strategies.

Future priority areas may include:

- Design and refine evidence informed QI implementation strategies for state-based teams.
- Drive increased birthing facility hospital and health system engagement with the AIM Program state teams in support of QI efforts.
- Further standardize national implementation and evaluation of QI efforts.
- Expand and strengthen state data capacity to inform QI efforts.
- Connect high-performing states to territories and IHS facilities to support bundle implementation in lower resourced settings.
- Strategic study and response to emerging maternal health concerns through information sharing, as well as state and partner collaboration.
- Continue engagement with other existing HRSA MCHB commitments, including AIM-CCI and the Maternal Health Learning and Innovation Center, to allow for alignment and response to emerging and existing concerns.