Thank you for joining today’s webinar. We will begin promptly at 1:00 p.m. Central.

Rural Maternal Health Series: Implementing Patient Safety Bundles in Rural Hospitals
Housekeeping

- Slides are available at www.ruralhealthinfo.org/webinars/patient-safety-bundles

- Technical difficulties please visit the Zoom Help Center at support.zoom.us

If you have questions...
Rural Maternal Health Learning Series
Welcome and Introductions

Dr. Kristen Dillon, MD, FAAFP, Chief Medical Officer
Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration, U.S. Department of Health and Human Services

Vision: Healthy Communities, Healthy People

Featured Speakers

Christie Allen, Senior Director of Quality Improvement and Programs, American College of Obstetricians and Gynecologists (ACOG)

Isabel Taylor, Senior Data Program Manager for AIM, American College of Obstetricians and Gynecologists (ACOG)

Stephanie Radke, MD, MPH, Clinical Associate Professor of Obstetrics and Gynecology at the University of Iowa and Director of the Iowa Maternal Quality Care Collaborative and the Iowa AIM Program

Ashley Tangen, Nurse OB Lead, Gundersen Palmer Hospital in West Union, Iowa
Introduction to AIM

Objectives

► Understand the background and purpose of the AIM TA Center
► Discuss how evidence-informed patient safety bundles are defined and developed
► Discuss AIM data and how to move through an AIM data process for quality improvement and patient safety bundle implementation
Funded through a cooperative agreement between ACOG and the Health Resource and Services Administration's Maternal Child Health Bureau (HRSA MCHB).

Develops resources, funds projects, and provides a variety of direct technical assistance in support of implementing the AIM patient safety bundles.

ACOG is funded to provide these services from September 2023- August 2027.

The AIM Technical Assistance (TA) Center

The AIM TA Center provides comprehensive, high impact technical assistance to entities implementing the AIM quality improvement initiative in the United States. Assistance provided supports best practices that make birth safer, improve maternal health outcomes, and save lives.
Evolution and Growth of AIM

- **2014**: Alliance for Innovation on Maternal Health (AIM) Program Funded by HRSA MCHB
  - Round 2 of AIM
  - Funding from HRSA MCHB
  - 13 enrolled states
  - 6 Patient Safety Bundles (PSBs)

- **2018**: AIM Technical Assistance Center Funded by HRSA MCHB
  - 49 States and DC
  - 8 PSBs
  - Resources, resources

- **2021**: AIM Technical Assistance Center Funded by HRSA MCHB
  - Launch of AIM’s 8th PSB-Specific Cohort
  - 44 enrolled states and DC
  - 7 PSBs with the addition of CCOC bundle

- **2022**: AIM Technical Assistance Center Funded by HRSA MCHB
  - 49 States and DC
  - 8 PSBs
  - Resources, resources

TA Center Desired Outcomes

- **Birthing Facility Engagement**
  - Increase the number of hospital and other birthing facility settings implementing patient safety bundles

- **Patient Safety Bundle Supports**
  - Support widespread implementation of core patient safety bundles, all of which include elements focused on the provision of respectful, equitable, and supportive care

- **Technical Assistance**
  - Increase the technical assistance provided to participating AIM states for implementing patient safety bundles

- **Patient Safety Bundle Implementation**
  - Increase the overall number of core bundles being implemented and/or sustained

- **Data**
  - Provide TA to support AIM states in reporting key measures by race and ethnicity, at a minimum, to evaluate disparities
Where Does AIM Fit?

State Quality Improvement Teams
State Quality Improvement Teams mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for perinatal patients and their babies.

MMRCs
Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts.

AIM
The Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care.

Clinical and Community Advisory Group (CCAG)

► Expert experience, input, and support to AIM PSB implementation

► Members represent clinical, public health, and community-led organizations and people with lived expertise.
AIM Patient Safety Bundles (PSB)

AIM Patient Safety Bundles

- Structured way of improving the processes of care and patient outcomes.
- Descriptive, not prescriptive
- Collections of evidence-informed best practices, developed by multidisciplinary experts, which address clinically specific conditions in pregnant and postpartum people.
AIM Patient Safety Bundles

Evidence-Informed

“Unlike evidence-based practice, practice knowledge and intervention decisions regarding evidence-informed practice are enriched by previous research, but not limited to it.”

Multidisciplinary Experts

• PSBs and measurement strategies are constructed by expert work groups-
  • Physicians, various specialties as appropriate
  • Nurses
  • Nurse Practitioners
  • Midwives
  • Patients with lived expertise

• Reviewed by wide range of relevant organizations and individuals

Clinical Condition Specific

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean
- Care of Pregnant and Postpartum People with Substance Use Disorder
- Perinatal Mental Health Conditions
- Postpartum Discharge Transition
- Cardiac Conditions in Obstetric Care
- Sepsis in Obstetric Care
The 5 R’s of Patient Safety Bundles

Readiness
Recognition & Prevention
Response
Reporting & Systems Learning
Respectful, Equitable, and Supportive Care

AIM PSB Resources
Resources


▶Open source and free

▶Multimodal- PSB specific or PSB implementation concept supportive

For Each PSB

▶Element Implementation Details
▶Implementation Resources
▶Data Collection Plan
▶Implementation Webinar
▶Change Package
▶Introductory video
▶Learning module
Data Collection Plans

- AIM data collection plans
  - Process, structure, outcome measures
  - Quality improvement
- Supports and resources for data collection plans

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www.saferbirth.org
Engaging Rural and Low-Volume Facilities in Iowa’s AIM Program

Stephanie Radke, MD, MPH
Ashley Tangen, RN

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About Iowa

- Total population 3.2 million
- 34,500 births in 2022
- 56 hospitals with OB services
  - 55% of births occur in Iowa’s 10 hospitals with >1000 annual births
  - 25% of births occur in hospitals with 500-1000 annual births
  - 6.5% of births occur in hospitals with 250-500 annual births
  - 11% of births occur in the 25 Iowa hospitals with <250 annual births

Maternity Deserts in Iowa

- Despite the number of facilities, 33 of Iowa’s 99 counties are designated as maternity care deserts by March of Dimes.
- Residents in many areas travel over 60 minutes to reach the hospital to deliver their baby.
  - 8 additional facilities have closed their L&D unit since this map was created.
Benefits of AIM for Rural Facilities

- Rural providers and nurses have a broad scope of practice
  - AIM bundles provide concise clinical care recommendations
- Rural facilities have smaller quality departments
  - AIM QI Collaboratives provide implementation support
- Rural facility clinical leaders have limited time
  - Collaboratives connect local leaders to peers in the state

Adapting AIM for Rural Facilities

- Clinical Content
- Measures
- Implementation Approach
Supporting Rural Facilities

• Specifically recruited rural facilities with the message that AIM is for them
• Hired and trained a nurse QI coach from an Iowa CAH to support the Level 1 hospitals
• 1:1 QI coaching for facilities to boost QI and project management knowledge
• Supplemental workshops to grow local leaders who may not have formal training in nursing education
• Adapting materials for lower volume and sharing between facilities
• Use of simulation to encourage facilities to practice events that occur very infrequently for them

Implementation at Gundersen Palmer Lutheran Hospital: Our story about AIM

• We had an abruption that showed up at our door and was delivered in 47 minutes QBL was over 1,200ml

• Two days later we had a vaginal hemorrhage that required the Jada with a QBL of 1,584ml.
AIM SAVES LIVES

• GPLHC has participated in:
  o Safe Reduction of Primary Cesarean bundle: We prepared for emergency cesareans and reduced our decision to delivery time by almost 30 minutes.
  o Postpartum Hemorrhage Bundle: Acquired new equipment, new practices and medication to the bedside.
  o HTN Bundle: Updating SOP’s, policies, and education to nurses
  o Implemented Simulation: Learning how to do sims has changed our practice for the better.
    ▪ Interdepartmental simulation has improved our care for our patients

Advice to other Rural Facilities

• By the end of the night after taking care of our second obstetrical emergency within two days....I went home and cried
  • I cried because I was so proud of what we changed

• My team worked like a well-oiled machine because of simulation
  • OB-Surgery were on the same page
  • Medication at the bedside, hemorrhage cart at the bedside—Nurses not leaving the bedside.

Join AIM, be the most up to date you can be, and SAVE LIVES
Questions?

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