



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

AIM Data Upload Guide

Table of Contents



| | |
|---|----|
| Introduction | 3 |
| Overview of AIM and the AIM Data Center | 4 |
| Enrollment and Logging on for the First Time | 6 |
| Data Submission | |
| How to Format Your Hospital Demographics File | 8 |
| Baseline Outcome Data File | 9 |
| How to Submit Data as a Hospital Administrator | 10 |
| How to Submit Data as a State Administrator | 12 |
| Submission Status | 16 |
| Data Quality..... | 18 |
| Frequently Asked Questions | 19 |
| AIM Data Resources and Contacts | 22 |
| Glossary | 23 |

Introduction

Welcome to AIM! The AIM team is excited to work with you and your state to set up a smooth data collection and submission process for contributing data to AIM and using the AIM Data Center to monitor bundle implementation and impact.

This document is designed for State Data Coordinators and other state administrators to use as a technical guide for submitting data as part of state enrollment and onboarding as well as submitting data for specific AIM bundles on an ongoing basis. Additionally, this document includes information on using the AIM Data Center to assess data quality and integrity. For a more general guide on the AIM Data Center, its administrative uses and its functions as a quality improvement and data reporting tool, we recommend you consult the AIM Data Center Guide.



Overview of AIM and the AIM Data Center



About AIM

The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement (QI) initiative based on proven implementation approaches to improving maternal safety and outcomes in the U.S. Our goal is to eliminate preventable maternal mortality and severe morbidity (SMM) across the United States. AIM works through state teams and health systems to align national, state and hospital level quality improvement efforts to improve overall maternal health outcomes. AIM is funded through a cooperative agreement (Grant # UC4MC28042) with the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA).

Timely data drives hospital and perinatal quality collaborative QI activities; it is critical to our efforts. Without data, it is difficult to measure progress and continue our efforts with the same motivation and tenacity in the face of competing demands. Data can also be revelatory; benchmarking against similar hospitals and stratifying outcomes by patient demographics (particularly race and ethnicity) are two of the most powerful tools at our disposal—it penetrates long-held perceptions and provides valuable context for the care we provide. Therefore, data—particularly data collection and contributing to the AIM Data Center—is a crucial component of participating in AIM.

About the AIM Data Center

The AIM Data Center is a national data submission system, server and QI tool. It gives administrators the ability to submit data and track AIM bundle implementation and SMM in states and hospitals. Through the AIM Data Center, state administrators may view cross-collaborative comparisons of specific measures, state-specific dashboards and automated hospital reports. Additionally, state administrators can manage other users and hospitals with the AIM Data Center. Hospital administrators may view comparisons of their hospital's data with other hospitals in their collaborative of a similar type. Please note that identifiable hospital information is only available for state administrators to view. National administrators may only view deidentified hospital data and hospital administrators may only view data for their hospital.

AIM Data Center

Objective:

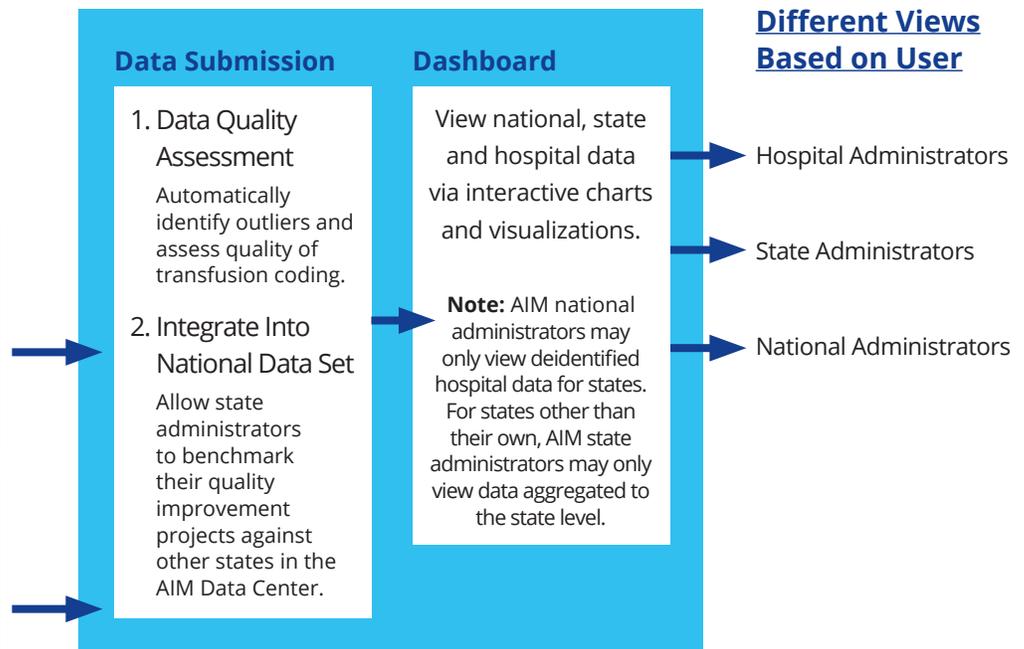
Allow states to implement data collection systems that most closely align with their quality improvement goals.

Hospitals Submit Data Directly to the AIM Data Center

Hospital administrators upload process and structure data directly to the AIM Data Center. State administrators upload outcome data on hospitals' behalf.

States Develop Their Own Data Collection System

Hospital administrators upload process and structure data to a state-run data collection system. State administrators upload structure, process and outcome data on hospitals' behalf.

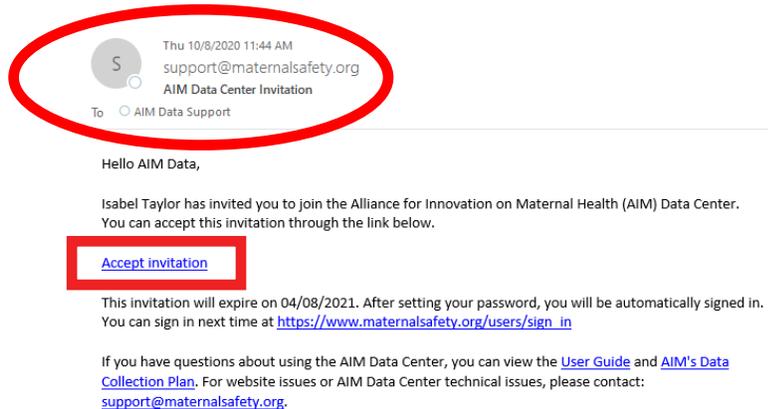


Each state project has a different mix of data entry processes.

Enrollment and Logging on for the First Time

1. Activate Your Account

An email will be sent to you from support@maternalsafety.org with the subject line of "AIM Data Center Invitation."



2. Set Up Your Account Details

Click on the "Accept invitation" hyperlink in the invite email to complete your registration in the AIM Data Center. On the registration page, you will be asked to enter your name, email and password.

Home

Set your password

Welcome to the AIM/ACOG Data Center.

You have been invited as a National Administrator.
Please complete the fields below to continue registering.

First Name *

Last Name *

Email

Password *

Must be at least eight characters and contain an uppercase letter, a lowercase letter, and a number

Password Confirmation *

[Complete Registration and Sign In](#)

3. Sign In, Review and Accept the Data Center’s Data Use Agreement.

Once you enter your information on the AIM Data Center registration page, click “Complete Registration and Sign In.” This will take you to the Data Use Agreement, which is the same agreement that has been established between your state and AIM.

Home / Data Use Agreement

You must agree to the data use agreements below in order to proceed. ✕

TERMS AND CONDITIONS OF DATA SUBMISSION

ACOG owns and operates the Alliance for Innovation on Maternal Health, Improving Maternal Health and Safety (“AIM”), which includes a hosted collaborative data repository of de-identified information pertaining to participating facility processes and outcomes (the “Database”) and offers content created by ACOG aimed at providing facilities guidance to standardize and improve clinical processes to achieve desired outcomes (“Safety Bundles”).

- 1. Provision of Data.**
 - (a) Outcome Data.** Participant acknowledges and agrees that it is authorized to submit Outcome Data to ACOG.
 - (b) Process Data.** Hospital participants in AIM acknowledge and agree that they are authorized to submit Process Data to ACOG and will be responsible for entering all Process Data into the Database through ACOG’s central web-accessible transmission tool (the “Portal”) facilitated or operated by a third-party (“Vendor”).
 - (c) Data Storage.** All data submitted to AIM will reside on a secure data server operated by a firm established in medical data analysis.
 - (d) Data display.** Data entered into the AIM data portal will be coded with a unique identifier. Only users your institution adds to the portal registration and a designee within your state health agency or specified hospital contractor will have access to the data associated with your institution.
- 2. HIPAA.** Participant acknowledges and agrees that all Outcome Data and Process Data shall be “de-identified” as defined under the Health Insurance Portability and Accountability Act and all regulations promulgated thereunder (as may be amended or supplemented from time to time hereto, collectively, “HIPAA”) and the guidance for de-identification issued by the Secretary (as defined under HIPAA) from time to time.
- 3. Participant Representations and Obligations.**
 - (a) Participant represents and warrants that at all times during the term of this Agreement it will comply with all applicable federal, state and local rules and guidelines including, but not limited to, the requirements of HIPAA.
 - (b) Participant represents and warrants to ACOG that it will not submit to the Database “protected health information” as such term is defined under HIPAA or “personally identifiable information” as defined under applicable state law.
 - (c) Participant agrees to protect and safeguard its Participant Identifier against unauthorized publication or disclosure, such protection to be achieved using procedures no less stringent than those utilized by Participant in protecting its own confidential information from disclosure to third parties, but in no event less than reasonable care.
- 4. Ownership of Data.** Participant acknowledges and agrees that ACOG is the owner of the entire right, title and interest in and to all Aggregate Data and the Safety Bundles. Any data that can be attributed directly to Participant would not be published without the express permission of the Participant.
- 5. Disclaimers and Exclusion of Warranties.** PARTICIPANT ACKNOWLEDGES AND AGREES THAT THE DATA RECEIVED AND PROCESSED BY ACOG AND RESIDING IN THE DATABASE ACCESSIBLE TO PARTICIPANT WILL BE SUPPLIED FROM VARIOUS SOURCES AND THAT ACOG HAS NO RESPONSIBILITY FOR THE ACCURACY OF ANY DATA FURNISHED TO IT AND/OR MADE AVAILABLE TO PARTICIPANT. Participant further acknowledges that the Benchmarking Reports and Performance Reports generated by ACOG will contain statistical and other data which may be useful to Participant but that ACOG is not responsible for the accuracy of the information contained therein or for the use of such reports by Participant.
- 6. Relationship of the Parties.** ACOG and Participant agree that this Agreement is not intended to create, and does not establish, a Business Associate relationship, partnership, joint venture, agency or other arrangement between the parties, and that ACOG and Participant are entering into this Agreement as independent contractors. Neither party, by virtue of this Agreement, shall have any right, power or authority, expressed or implied, to act on behalf of or enter into any undertaking binding the other party.

I agree to the terms and conditions

Accept Data Use Agreement

Once you click “Accept Data Use Agreement,” registration is now complete, and you have access to the data center!

How to Format Your Hospital Demographics File

As part of enrolling in AIM, states are asked to complete a file reporting demographic characteristics of hospitals in their state or collaborative. This file should at least include all hospitals participating in AIM data collection and ideally all birthing hospitals in a state. Data elements in this file consist of both qualitative and quantitative items. While this file is submitted only once as part of the enrollment process, some items may need to be revisited on a yearly basis to ensure they are up to date. This section provides more information on how and where to collect data for this file.

Use the following information to format your hospital demographics file and to collect data:

| Header Text | Accepted Values/Details | Data Source |
|-----------------------------------|--|---|
| hospital_unique_identifier | String value. Used to deidentify hospital information for national administrators. | This can be determined by the State Data Coordinator. |
| hospital_name | String value. Name of hospital. | N/A |
| CY_annual_delivery_volume | Integer. The annual number of deliveries at the hospital. | State entity managing hospital discharge data. Outcome data submitted to AIM may be used to identify a hospital's annual delivery volume. |
| urbanization_level | rural, urban | Urbanization level is determined by HRSA's Rural Health Grants Eligibility Analyzer . |
| teaching_hospital | yes, no | Varies by state, but this information is typically recorded by the PQC. |
| hospital-type | county, university, non_profit, for_profit, tribal | Varies by state, but this information is typically recorded by the PQC. |
| CY_medicaid_percentage | Integer (0 – 100) | State entity managing hospital discharge data. |
| AAP_nicu_level | 1, 2, 3, 4. NICU level of hospital. | Varies by state, but this information is typically recorded by the PQC. |
| bundles | preeclampsia, hemorrhage, cesarean_reduction, vte, and opioid. Identifies bundle(s) being implemented by the hospital. | N/A |
| first_name | First name of hospital contact. | Provided by hospital or PQC. |
| last_name | Last name of hospital contact. | Provided by hospital or PQC. |
| email | Email of hospital contact. | Provided by hospital or PQC. |

Baseline Outcome Data File

Baseline data allows hospital, state and national administrators to assess the impact of AIM bundle implementation. Specifically, collection and submission of baseline data helps administrators compare SMM and other outcomes as bundles are implemented over time. As such, AIM asks states to provide historic data on SMM and other bundle-specific outcome measures. This data should be collected at both the state- and hospital-level and should be stratified by race.

From which year should I collect baseline data?

AIM requests baseline data be calculated quarterly from circa late 2015 or early 2016 to present, as these years coincide with the transition from ICD-9 to ICD-10 and reduces burden on states to code for different ICD versions. As such, please calculate baseline data starting from the earliest year your state transitioned from ICD-9 to ICD-10 until the quarter when bundle implementation began.

What SMM codes should I use to collect baseline data?

AIM's latest [SMM Codes List](#) is suitable to use to collect baseline data for your state and hospitals.

How to Submit Data as a Hospital Administrator

Submitting Structure Measure Data

The homepage of the AIM Data Center for Hospital-Level Administrators is the structure measure data entry page. This screen will only show measures related to your specific AIM bundle(s).

ALL S1. Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications? or 

Enter the dates in which each structure measure criteria were established for your hospital. If the structure measure has not yet been established, select “Not in Place.”

1. Save Your Entry By Clicking Anywhere on the Screen.

| Save Symbol | Meaning |
|-------------|---|
| ✓ | Complete measure—Your response has been saved. |
| X | Incomplete measure—You selected ‘Not in Place’ for your hospital’s structure measure. Your response has been saved. |
| ! | Incomplete measure—You recorded no data. |

Submitting Process Measure Data

1. Click the tab labeled “Process Measures Data Entry” in the AIM Data Center.

Outcome Measures **Process Measures** Structure Measures Submission Sta

2. Click “View” by the Bundle and Period for which you will be report data in order to view specific process measures.

| Period | Preeclampsia | Hemorrhage |
|---------|------------------------|------------------------|
| Q4 2020 | ✕ View | ✕ View |
| Q3 2020 | ✕ View | ✕ View |

3. Following the prompts, record your hospital’s process measure data for the specific time period.

4. Click ‘Save’ at the top or bottom of the screen in order to save your response.

Cremin Care (Q4 2020)

The process measure responses below are for Cremin Care.



P1A. In this quarter, how many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic?

P1B. In this quarter, what topics were covered in the OB drills?

| Topic | Yes | No |
|---------------------|-----------------------|-----------------------|
| Hemorrhage | <input type="radio"/> | <input type="radio"/> |
| Severe Hypertension | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> |

Submitting Outcome Measure Data

Hospitals do not directly submit data for outcome measures to the AIM Data Center. This data is typically provided by a state’s Department of Health or Data Coordinating Body in an aggregate file and uploaded separately by state administrators.

How to Submit Data as a State Administrator

1. Format Your Files

If hospitals participating in bundle implementation do not submit their process and structure measure data directly to the AIM Data Center, you will upload 2 files - 1 will have structure measure data and 1 will have process and outcome measures data. All state administrators are expected to upload outcome measures data on behalf of participating hospitals.

Use the following information to format the header for your process and outcomes measures files:

| Header Text | Description |
|-----------------------------------|--|
| hospital_unique_identifier | The unique identifier used for each hospital reporting data as determined by the state Data Coordinator. |
| period_start_date | The start date of the calendar quarter for which data is being reported. |
| period_end_date | The end date of the calendar quarter for which data is being reported. |
| measure | The specific process/outcome measure being reported. |
| population | Select "all" if not stratifying by race for a particular measure. If stratifying by race, type "asian," "african_american," "hispanic," "native_american," "white," or "other" as appropriate. More details on these designations are included below in "Collecting and Formatting Data for Outcome Measures." |
| numerator | Numerator value for measure. If there are no cases for a measure requiring numerator information, populate with 0. Leave blank for measures requiring values (i.e., process measures). |
| denominator | Denominator value for measure. If there are no cases for a measure requiring numerator information, populate with 0. Leave blank for measures requiring values (i.e., process measures). |
| value | Used for process measures. If there are no cases for a measure requiring a value, populate with 0. Leave blank for measures requiring numerators and denominators. Use for measures that involve a TRUE/FALSE response, such as the topics_covered variable for unit drills. |

Collecting and Formatting Data for Outcome Measures

The following are further instructions and considerations for reporting outcome data:

- **Sourcing Outcome Data:** Outcome measures use data reported by hospitals to state-level Departments of Health and/or Data Coordinating Bodies. Use **SMM codes provided by AIM** to calculate quarterly SMM rates.

- **Scale of Reporting:** Outcome measures can be reported at the state, collaborative and hospital level. When recording state-level data values in a row, type “statewide” in the hospital_unique_identifier column of your file. Reporting a statewide rate differs from the collaborative-wide rate shown in the Data Center, as the statewide rate include all hospitals in a state and not just those submitting data to AIM. To better assess impact at a population level, we request that state teams submit statewide data for outcome metrics.
- **Stratifying Outcome Data by Race:** Depending on data availability, the AIM Program strongly recommends stratifying your outcome metrics by 2 or more races (preferably, these race/ethnicity values should be drawn from birth certificate data). While we ask for quarterly submissions of outcome data not stratified by race, outcome data stratified by race may be uploaded annually in order to avoid small counts and to protect patient privacy. Use the following information to format your outcome data file:

| Text | Description |
|----------------------------------|--|
| all | No stratification based on race. |
| asian | A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. |
| african_american | Black or African American; a person having origins in any of the Black racial groups of Africa. |
| hispanic | A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race. |
| multi_racial | A person of 2 or more races. |
| native_american | American Indian or Alaskan Native; a person having origins in any of the original peoples of North, South and/or Central America and who maintains tribal affiliation or community attachment. |
| native_hawaiian_pacific_islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. |
| white | A person having origins in any of the original peoples of Europe, the Middle East or North Africa. |
| other | Include all races which were not stratified. |
| race_not_reported | Race not reported in HDD or BC files. |
| unknown | Race not known. |

These race definitions were taken and adapted from the U.S. Census Bureau.

Please note race-stratified reporting in the Data Center is currently only available for overall severe maternal morbidity and severe maternal morbidity excluding transfusions.

- **Recording different SMM rates:** SMM rates should be reported to include overall SMM rates, SMM rates excluding transfusions and SMM rates for a subset of patients, if applicable. These specific measures and their formatting for upload are available in bundle-specific file formatting templates which will be sent to you as your state implements specific bundles.
- **Submitting State Surveillance Measures:** If you and your team are implementing the **Obstetric Care for Women with Opioid Use Disorder** bundle, please submit data for State Surveillance Measures as part of your process and outcome measures file.

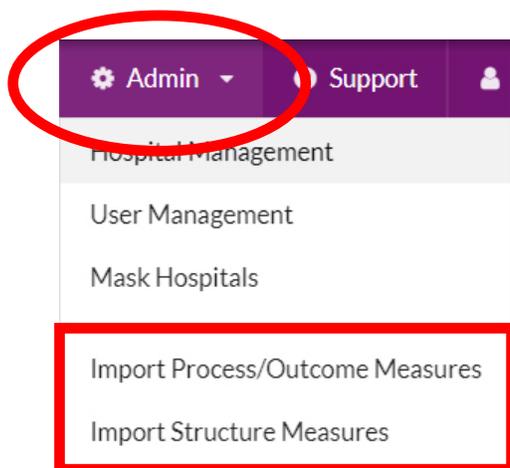
The collection and formatting of outcome data also applies to the baseline data file you will submit to AIM prior to bundle implementation.

Use the following information to format the header for your structure measures file:

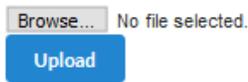
| Header Text | Description |
|-----------------------------------|---|
| hospital_unique_identifier | The unique identifier used for each hospital reporting data. |
| measure | The specific structure measure being reported. |
| date | The date the measure was implemented. Type the date using MM/DD/YYYY format. If measure is not in place, type "not_in_place." |

2. Upload Your Files to the AIM Data Center

Hover over the Admin tab to select which set of measures you would like to import. This will take you to the page to upload your file.



Review your file using the portal's directions and upload your file.



Basic Troubleshooting for Data Uploads

For numerator/denominator metrics:

- All columns should be populated except for the 'value' column.
- The 'period_start_date' and 'period_end_date' should represent quarterly periods based on the calendar year (e.g. 01/01/14 and 03/31/14, respectively). Data using offset quarters will not be accepted.
- The denominator value should be equal to or greater than the numerator value.

For non-numerator/denominator metrics:

- All columns should be populated except for the 'numerator' and 'denominator' columns.
- The 'period_start_date' and 'period_end_date' should represent quarterly periods based on the calendar year (e.g. 01/01/14 and 03/31/14, respectively). Data using offset quarters will not be accepted.
- For process measures that ask for percentages in increments of 10, such as nursing/provider education questions, use the midpoint for reporting. (E.g. for a response of 50-59% participation, use 55 to populate the field.)
- Use the 'value' column to document which topics were covered during a unit drill by inputting 'TRUE' or 'FALSE' for each topic listed. These topics include unit drills for obstetric hemorrhage, severe hypertension and drills on any other maternal safety topic.

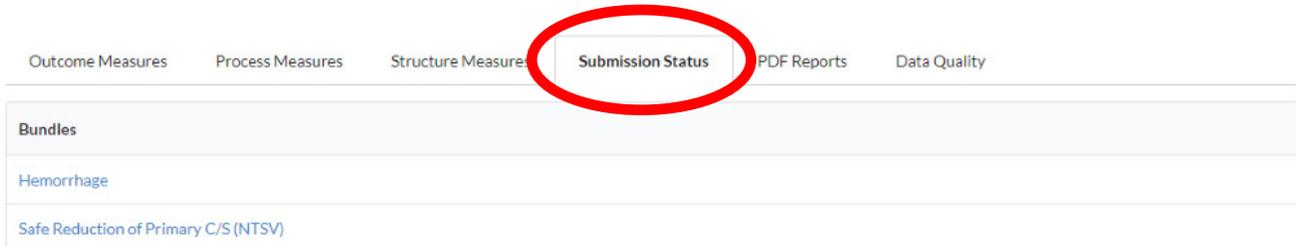
If your upload fails, review the errors per the portal's comments, correct them and re-upload.

If you continue to have trouble uploading your files, please contact aimdatasupport@acog.org.

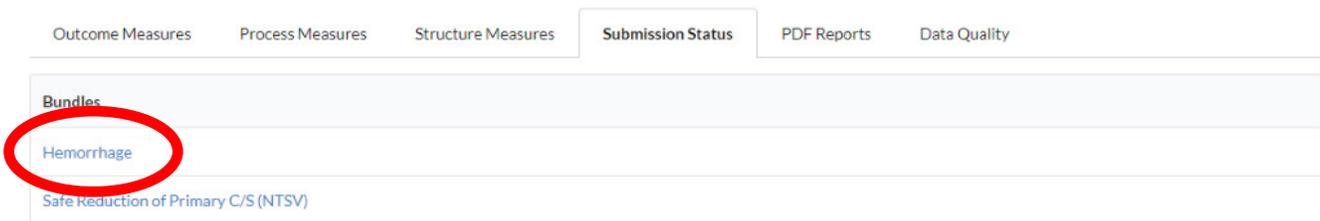
Submission Status

This section allows you to review hospital- and state-level data submission statuses by bundle and measure type. Use this tab to edit or add hospital-level structure and process measure data. User instructions are below.

1. Click the "Submission Status" tab under your state dashboard.



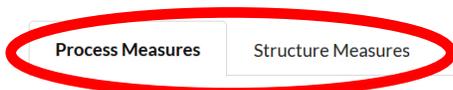
2. Click the bundle for which you would like to view data submission statuses for participating hospitals.



3. Click a measure type – Process or Structure – to view the overall and hospital-specific completion statuses.

Hemorrhage Bundle Submission Status

Download CSV



For additional information, please consult [AIM's Data Collection Plan](#). Hospitals marked as non-participating are excluded from completion calculations.

| | ← | | | | | | | → |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Hospital | Q4'18 | Q1'19 | Q2'19 | Q3'19 | Q4'19 | Q1'20 | Q2'20 | Q3'20 |
| Complete Hospitals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

4. Click hospital names under “Complete Hospital Percentage” to view and edit data entry statuses for structure and process measures and to view measure results for individual hospitals.

| | | |
|--|----|----|
| Complete Hospital Percentage  | 0% | 0% |
| Cremin Care | | |
| Goodwin Hospital | | |
| Johnston Community Health | | |



Data Quality

Use this section to assess data quality related to transfusion reports and hospital outliers by measure.

Jefferson Dashboard

[Outcome Measures](#)

[Process Measures](#)

[Structure Measures](#)

[State Surveillance Measures](#)

[Submission Status](#)

[PDF Reports](#)

[Data Quality](#)

1. Transfusion Reports

Transfusion Reports

[Transfusion Coding](#)

[Transfusion Exclusion](#)

Click on [Transfusion Coding](#) to view hospitals that may not have coded transfusions for certain reporting periods. This is determined by comparing the numerators of the hospital's SMM rate that includes transfusion codes with the numerators or the hospital's SMM rate that excludes transfusion codes. If both versions of the SMM rate have the same numerator, that particular hospital likely did not code for transfusions.

Click on [Transfusion Exclusion](#) to view hospitals that may have erroneous data for a given quarter. This is determined by comparing the denominators of the hospital's SMM rate that includes transfusion codes with the hospital's SMM rate that excludes transfusion codes. Denominators for both versions of the SMM rate should be the same and hospitals with unequal denominators are flagged in this report.

For more information on coding for transfusions, refer to [the AIM Data FAQ](#) on blood transfusion coding.

2. Hospital Outliers by Measure

Click specific outcome measures in order to view hospital rates across reporting periods. Hospitals and reporting periods with outlier data will be highlighted.

Hospital Outliers by Measure

[Average length of stay for newborns with Neonatal Abstinence Syndrome \(NAS\)](#)

[Severe Maternal Morbidity \(excluding transfusion codes\) among All Delivering Women](#)

[Severe Maternal Morbidity \(excluding transfusion codes\) among Hemorrhage Cases](#)

[Severe Maternal Morbidity \(excluding transfusion codes\) among Preeclampsia Cases](#)

[Severe Maternal Morbidity among All Delivering Women](#)

Frequently Asked Questions

What is the AIM Data Center?

The AIM Data Center is AIM's national data control center and server used to collect structure, process and outcome data from states and hospitals. The center is also a dashboard for state and national administrators which provides cross-collaborative comparisons, state-specific dashboards and automated hospital reports to users.

What types of data are reported in the AIM data portal?

The AIM Data Center collects and stores qualitative data from hospital demographic files and quantitative data on structure, process and outcome measures from participating hospitals and states. It does not collect any personal information from patients, and under no circumstances will AIM reveal, identify or publish data tied to deidentified hospitals.

What state and hospital data are available to AIM national administrators?

National administrators have access to all AIM state and hospital system data. Hospitals are deidentified to national administrators through masked Greek letter names, but states are identifiable. As such, national administrators may view state and hospital submissions of process and outcome measures; structure measure completion statuses by state and hospital; information on data quality; and information on data completeness.

Who else is AIM data available to?

AIM data for a particular state is provided to state and hospital administrators who receive an invitation to create an AIM Data Center account. State administrators may view identifiable hospital information for their state only, and hospital administrators may only view data specific to their hospital. Additionally, HRSA has access to the AIM Data Center as national administrators.

How do I differentiate between monthly, quarterly and yearly AIM data submission?

Currently, the AIM Data Center does not support monthly data submission. The AIM Data Center supports quarterly and annual submissions for process, outcome and structure data. Depending on how your state will leverage data for quality improvement, birth volume, instances of SMM in hospitals in your state and the timeliness of access to hospital discharge data, you may decide which measures you report quarterly or annually. You may update hospital demographics files and participating hospital accounts at any time.

Some hospitals in my state have few births and/or instances of SMM. How do I prevent reporting potentially identifiable patient information to AIM?

If your state has hospitals with low volumes of patient data, we recommend aggregating data over time in order to protect the confidentiality of patient data. For example, instead of reporting data quarterly, a state may report data for a hospital annually. We do not recommend combining data across facilities.

Why does AIM ask for two versions of SMM?

AIM asks for two versions of the SMM rate – SMM including transfusions and SMM excluding transfusions. Calculating the SMM rate including transfusions provides a comprehensive understanding of SMM in a state and its participating hospitals, as transfusions now account for over half of patients with SMM. Calculating the SMM rate excluding transfusions allows hospital, state and national administrators to focus on other causes of SMM. Additionally, comparing both versions of the SMM rate may provide insight as to how transfusions are coded in your state or select facilities within your state. From this, you may be able to target quality improvement projects and education to improve transfusion coding among facilities in your state.

How should our PQC/state choose our first bundle?

AIM does not have a prescribed “first” bundle that all PQCs or states must implement upon joining the program. Popular bundle choices for newly enrolled states to first implement include the Obstetric Hemorrhage or Severe Hypertension in Pregnancy bundles. This is frequently because these bundles are well-established, have been implemented widely and address some of the most common threats to maternal safety. However, states may choose other bundles to implement based on need, level of hospital interest or any other criteria.

Do any bundles have unique implementation or data considerations?

While each bundle has its own unique considerations, most bundles exclusively require hospital data submissions and discharge data in order to calculate measures. Two bundles have data considerations beyond this baseline – the **Obstetric Care for Women with Opioid Use Disorder (OUD) and Safe Reduction of Primary Cesarean Birth (C/S)** bundles.

To track process measures for the OUD bundle, hospitals may be required to create a data collection system, such as a hospital data form, based on a set of clinical criteria. Opioid Use Disorder is widely under-coded by hospitals and relying on ICD-10 codes alone may lead to underreporting or other data quality issues.

The OUD bundle also includes a measure that requires surveying prenatal care sites in your state to determine if they have implemented universal screening policies for substance use disorder. Additionally, the bundle asks states to report pregnancy-associated opioid deaths which requires obtaining data from your state's Maternal Mortality Review Committee. AIM recognizes the unique considerations of its OUD bundle and we have a [resource list](#) to help guide states through successful bundle implementation.

Given that parity and gestational age are required for producing outcome data for the C/S bundle, ensure this clinical data is available. Typically, this data is available via a supplemental clinical data file linked to hospital discharge data or via birth certificate data.

How do I calculate timely treatment (within one hour) of severe hypertension for the Severe Hypertension in Pregnancy bundle?

AIM recognizes the difficulty of identifying patients with persistent severe hypertension. AIM recommends using two data collection systems, such as logbooks, EHR and pharmacy records, to identify and validate the denominator of this measure. Additionally, AIM has a [FAQ and best practice guide](#) on this topic to help states and hospitals implement this bundle.

AIM Data Resources and Data Team Contacts

| Quick Links | |
|---------------------------------|--|
| AIM Data | www.maternalsafety.org |
| AIM Data Center Log-In | https://www.maternalsafety.org/users/sign_in |
| AIM Data Center Demo Site | <p>https://demo.maternalsafety.org/ Demo Site State: Jefferson Demo Site Email Logins for State and Hospital Data hospital_admin@example.com hospital_read_only@example.com state_admin@example.com state_read_only@example.com Demo Site Password: Abcd1234</p> <p>Demo Site Email Logins for C/S Bundle cs_hospital_admin@example.com cs_hospital_read_only@example.com cs_state_admin@example.com cs_state_read_only@example.com Demo Site Password: Abcd1234</p> |
| AIM Collaborative Knowledgebase | https://acogaim.freshdesk.com/support/login |
| AIM Data Support Email | aimdatasupport@acog.org |

| Data Team Contacts | | |
|--------------------------|---------------------------------------|--|
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Glossary

| Term | Description |
|-------------------------------|---|
| Birthing Hospitals | Hospitals within a given state that have the facilities and staff to support 25 or more births a year. |
| Bundle | <p>A collection of evidence-based best practices and resources on a topic related to maternal mortality, severe maternal morbidity or compromised maternal safety. Bundles <u>are not</u> protocols, and they are designed to include measurable elements to aid in state and hospital implementation.</p> <p>Current AIM bundles include: Obstetric Care for Women with Opioid Use Disorder, Obstetric Hemorrhage, Safe Reduction of Primary Cesarean Birth and Severe Hypertension in Pregnancy.</p> |
| Data Center | AIM's national control center and server used to collect structure, process and outcome data from states and hospitals. Provides cross-collaborative comparisons, state-specific dashboards and automated hospital reports. |
| Data Use Agreement | An agreement to establish the conditions and parameters in which a state may share data with AIM and AIM may view and report on state data. Assures data privacy and compliance with regulations. This is part of the contract established between ACOG-AIM and a state. |
| Deidentified Data | Outcome data aggregated to the hospital-level. AIM does not accept patient data or outcome data that includes potentially identifiable information to comply with HIPAA. |
| Deidentified Hospitals | Structure, process and outcome data attached to an identifiable hospital name are only available to state administrators in the AIM Data Center. Hospitals receive a numerical identifier for state-level data submission and are displayed to AIM National Administrators as masked Greek letter names. |
| Outcome Measures | These measures are used to assess changes in health that are attributable to specific interventions. They are important to the development of QI efforts and, for the majority of the AIM patient safety bundles, are drawn from statewide administrative data. |

| Term | Description |
|------------------------------------|---|
| Outliers | Rates are defined as a potential outlier if its 95% confidence interval is outside the range of 50% above or below the AIM-wide rates for a specific measure. |
| Participating Hospitals | Hospitals participating in an AIM collaborative. In many states this relationship is formalized through a contracted agreement between a hospital and the state team/PQC implementing AIM. |
| Process Measures | These measures are chosen from evidence-based best practices used to improve health care delivery and outcomes. Directly collected by hospitals participating in AIM. |
| Severe Maternal Morbidity | Unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a patient's health. AIM provides ICD-10 codes to measure severe maternal morbidity that align with the CDC definition, which outlines 21 different indicators for SMM. The AIM SMM Code List can be found here . |
| SMM Codes | ICD-10 diagnosis and procedure codes used to calculate severe maternal morbidity. |
| State Surveillance Measures | A subset of outcome measures that are calculated with statewide data only to protect patient privacy and assess impact at a population level. |
| Structure Measures | These measures examine infrastructural capacity, systems and processes and work in tandem with process measures to identify areas for QI efforts. Directly collected by hospitals participating in AIM. |
| Types of AIM Data Measures | 3 types of measures used for quality improvement and data collection, including process, structure and outcome measures. |