Introduction
This document provides an overview of AIM reporting processes and expectations. While by no means exhaustive, it is meant to be used for planning and mapping of state-level reporting requirements during engagement with the AIM program.

Workplan Materials
1. **AIM State Workplan Template**
   a. **Purpose:** The AIM State Workplan is to be completed with assistance from your assigned state program manager. The workplan should encompass all work associated with specific patient safety bundle implementation.
   
   b. **Frequency and timing:** The workplan should be completed once during initial enrollment with AIM and should be updated with implementation of each new safety bundle. It should be considered a living document.
   
   c. **For tenured states:** The workplan should be completed once, using existing state workplans or resources and updated with each new bundle implemented as described above.
   
   d. **Supporting resources:**
      - AIM State Workplan Instructions
        
        These workplan instructions are offered to guide your state team in planning your work with AIM, specifically bundle implementation and related considerations for effective participation in the AIM program.
        
        o The lifecycle of your quality improvement project should be considered, including how you plan to share, store, and archive data on bundle implementation and severe maternal morbidity by creating a data management plan. Creation of this plan should be included in your state workplan. For more information see the AIM Data Collection Plan

2. **Impact Statements**
   a. **Purpose:** Impact statements briefly describe the effects of an initiative on certain outcomes. For AIM, impact statements highlight the effects of state and jurisdiction teams’ AIM patient safety bundle implementation and targeted quality improvement activities on processes of care, patient health outcomes, and other measures of patient safety. Please following the Writing an Effective Impact Statement Guidance Document when drafting impact statements to share regarding your work with AIM.
b. **Frequency and timing:** New and revised impact statements will be collected annually in the spring from state and jurisdiction teams. AIM will provide customized impact statement instructions to state and jurisdiction teams based on their progress in AIM patient safety bundle implementation.

<table>
<thead>
<tr>
<th>Tentative Impact Statement Submission Timelines</th>
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<tbody>
<tr>
<td>Biannual Report Timeline</td>
</tr>
<tr>
<td>Spring 2022</td>
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<tr>
<td>Winter 2023</td>
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</tbody>
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| c. For tenured states: Impact statements are required from all state and jurisdiction teams who are enrolled in AIM and have at least one year of AIM patient safety bundle implementation data. |

**Surveys/Reports**

3. **Baseline Needs Assessment**

   a. **Purpose:** The Baseline Needs Assessment collects information based on AIM State Workplan objectives to evaluate gaps in readiness and learn more about specific needs at the state level. The information you provide in this assessment will be used to offer guidance on quality improvement project implementation and for support when building your AIM State Workplan.

   b. **Frequency and timing:** A Baseline Needs Assessment is only completed once, typically at the time of enrollment and initial workplan completion. It would ideally be completed prior to or in tandem with completion of your AIM State Workplan.

   c. **For tenured states:** N/A

   d. **Provided:** Via an online survey link, provided by assigned state program manager.

4. **Biannual Report**

   a. **Purpose:** The Biannual Report collects data used by ACOG AIM and its funder, the Health Resources and Services Administration Maternal Child Health Bureau (HRSA MCHB), to evaluate the reach of AIM and to share AIM program successes and barriers with stakeholders. Additionally, information collected will be used to inform individualized technical assistance to state-based teams enrolled in AIM.
b. **Frequency and timing:** The Biannual Report will be completed in the summer and winter of each year of AIM enrollment.

**Tentative Biannual Report Timelines**

<table>
<thead>
<tr>
<th>Biannual Report Timeline</th>
<th>Available to State Teams</th>
<th>Due Back from State Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2022</td>
<td>March 1, 2022</td>
<td>April 15, 2022</td>
</tr>
<tr>
<td>Summer 2022</td>
<td>July 11, 2022</td>
<td>September 1, 2022</td>
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<tr>
<td>Winter 2023</td>
<td>January 17, 2023</td>
<td>March 1, 2023</td>
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<tr>
<td>AIM Closeout Survey</td>
<td>June 26, 2023</td>
<td>August 11, 2023</td>
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c. **For tenured states:** Same for all states.

d. **Provided:** Via an online survey link, sent to all state lead coordinators, biannually.

5. **Annual Subrecipient Risk Assessment**

a. **Purpose:** Compliance reporting and risk assessment are required for all partners and states that receive AIM funding due to federal reporting requirements. The information collected will be utilized by ACOG to conduct a Risk Assessment Rating and Monitoring Plan with your organization.

b. **Frequency and timing:** This data collection form is provided to subrecipients during the contracting process. All subrecipient organizations that have been contracted with AIM for more than 6 months must complete the annual risk assessment in the fall.

**Tentative Annual Subrecipient Risk Assessment Timeline**

<table>
<thead>
<tr>
<th>Annual Report Timeline</th>
<th>Available to Subrecipients</th>
<th>Due Back from Subrecipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2022 – Partners</td>
<td>October 1, 2022</td>
<td>October 15, 2022</td>
</tr>
<tr>
<td>Fall 2022 – States</td>
<td>November 1, 2022</td>
<td>November 15, 2022</td>
</tr>
</tbody>
</table>

c. **For tenured states:** Same for all states.

d. **Provided:** Via an online survey link, sent to all state and partner administrative and financial staff annually.
6. Facilities Readiness Assessment Tool

   a. **Purpose:** The AIM Facilities Readiness Assessment Tool (FRAT) evaluates the readiness of hospitals and systems to begin QI work, specifically patient safety bundle implementation. Completion of the tool is not required, but data generated are provided to state teams to assist with focusing statewide efforts and planning.

   b. **Frequency and timing:** This optional online survey is provided to states for completion by engaged or collaborating facilities for discretionary use at time of state AIM enrollment, with new facility engagement, and/or with new patient safety bundle implementation state planning, if desired.

   c. **For tenured states:** Same for all states.

   d. **Provided:** Via online survey link, provided by assigned state program manager on request from state team.

All resources referenced can be found on AIM's website [here](#).