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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

1



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Your *First* **STOP** for *Rural Health* **INFORMATION**



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

2

Housekeeping

- Slides are available at www.ruralhealthinfo.org/webinars/patient-safety-bundles
- Technical difficulties please visit the Zoom Help Center at support.zoom.us

3

If you have questions...

The image shows a Zoom meeting interface. On the left is a slide from RHIhub (Rural Health Information Hub) with the text: "Your *First STOP* for *Rural Health INFORMATION*". Below this is a map of the United States filled with various rural health-related images. At the bottom of the slide, it says "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "More" icon in the Zoom meeting controls at the bottom. On the right is a "Question and Answer" window with the text: "Welcome. Feel free to ask the host and panelists questions." Below this is a text input field with the placeholder "Type your question here..." and a red arrow pointing to it.

4



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



5

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

6



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

TECHNICAL ASSISTANCE CENTER

Introduction to AIM

7

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

8



- ④ Funded through a cooperative agreement between ACOG and the Health Resource and Services Administration's Maternal Child Health Bureau (HRSA MCHB).
- ④ Develops resources, funds projects, and provides a variety of direct technical assistance in support of implementing the AIM patient safety bundles.
- ④ ACOG is funded to provide these services from September 2023- August 2027.

9

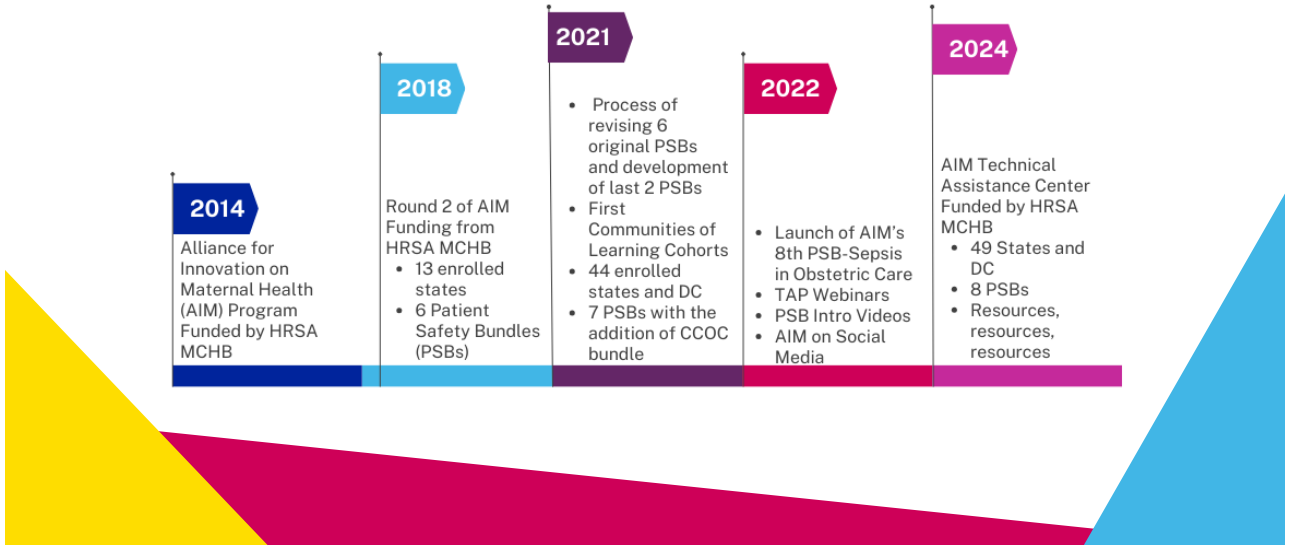
The AIM Technical Assistance (TA) Center

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



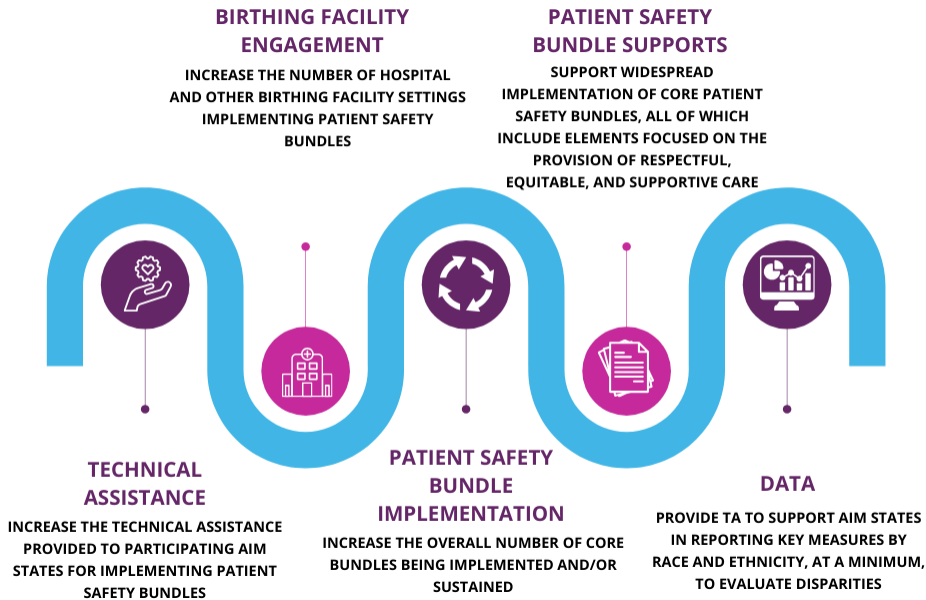
10

Evolution and Growth of AIM



11

TA Center Desired Outcomes



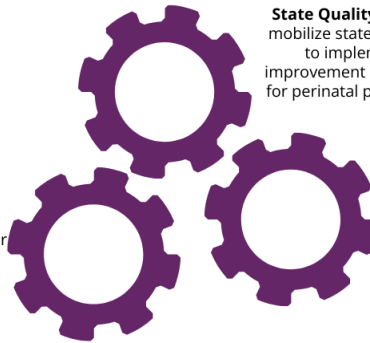
12

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)



15

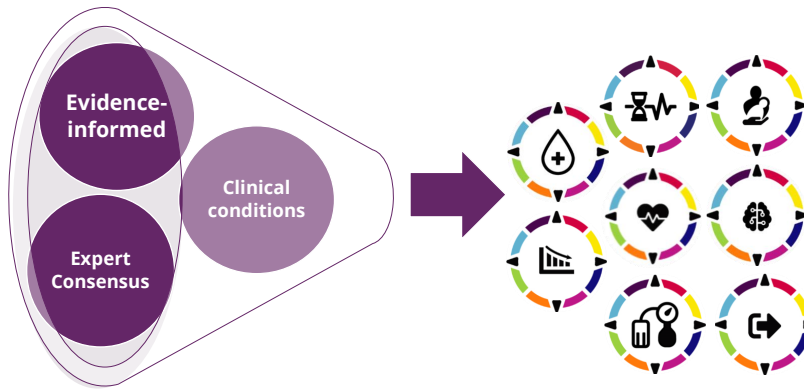
AIM Patient Safety Bundles

- ▶ 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.



16

AIM Patient Safety Bundles

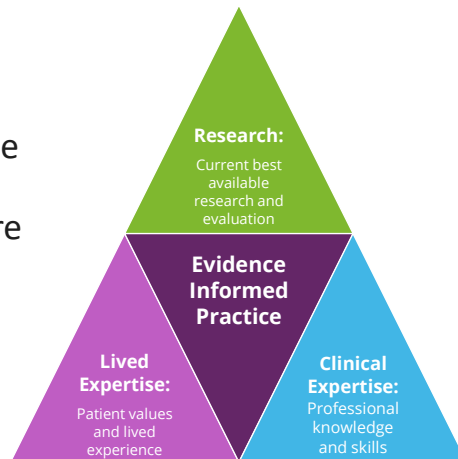


17

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.”

Kumah EA, McSherry R, Bettany-Saltikov J, van Schaik P, Hamilton S, Hogg J, Whittaker V. Evidence-informed practice versus evidence-based practice educational interventions for improving knowledge, attitudes, understanding, and behavior toward the application of evidence into practice: A comprehensive systematic review of UG student. *Campbell Syst Rev.* 2022 Apr 16;18(2):e1233. doi: 10.1002/c12.1233. PMID: 36911346; PMCID: PMC9013402.



18

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



19

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

20

The 5 R's of Patient Safety Bundles



21

AIM PSB Resources



22

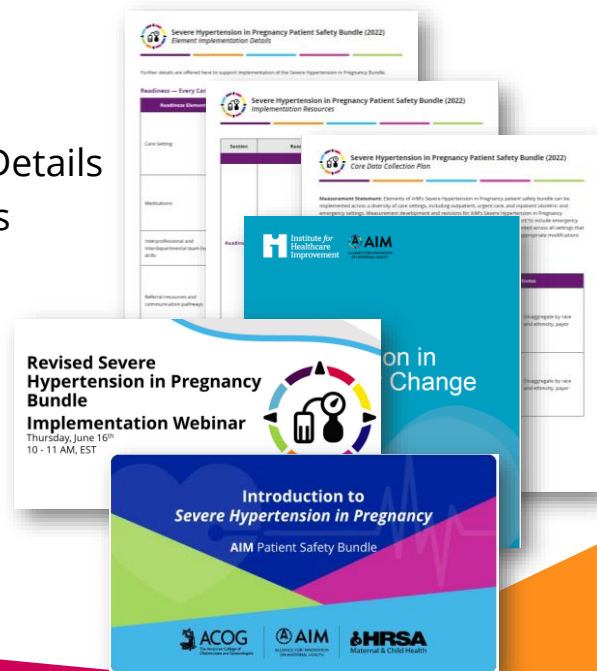
Resources

- ▶Housed on AIM website: www.saferbirth.org and the AIM Vimeo Channel, <https://vimeo.com/aimprogram>
- ▶Open source and free
- ▶Multimodal- PSB specific or PSB implementation concept supportive

23

For Each PSB

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



24

Data Collection Plans

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



25



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26

Engaging Rural and Low-Volume Facilities in Iowa's AIM Program

Stephanie Radke, MD, MPH
Ashley Tangen, RN



27

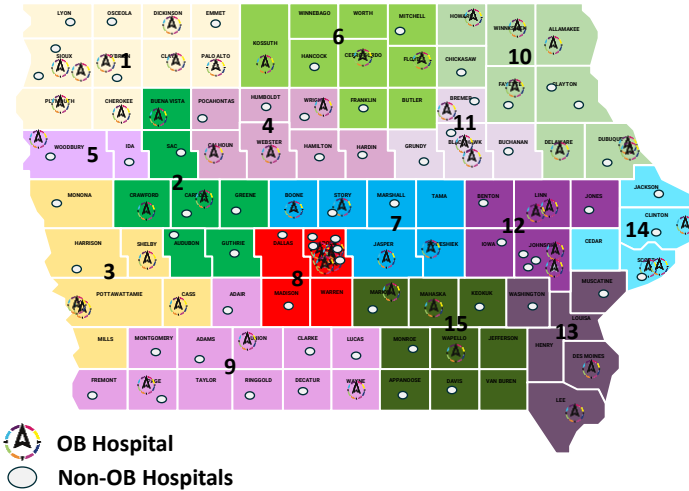
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28

About Iowa

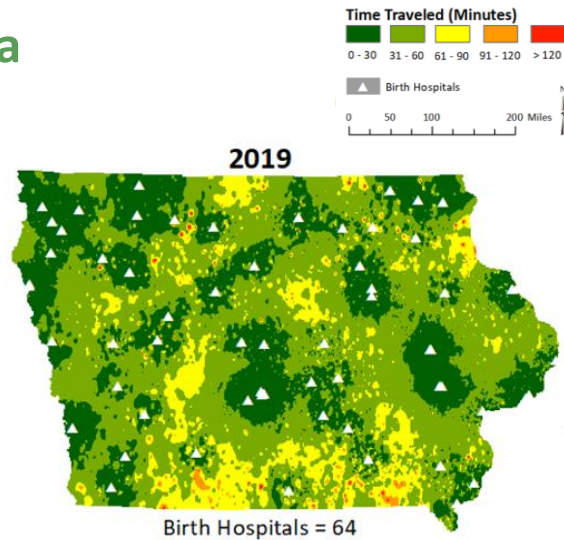


- Total population 3.2 million
- 34,500 births in 2022
- 56 hospitals with OB services
 - 55% of births occur in Iowa's 10 hospitals with >1000 annual births
 - 25% of births occur in hospitals with 500-1000 annual births
 - 6.5% of births occur in hospitals with 250-500 annual births
 - **11% of births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

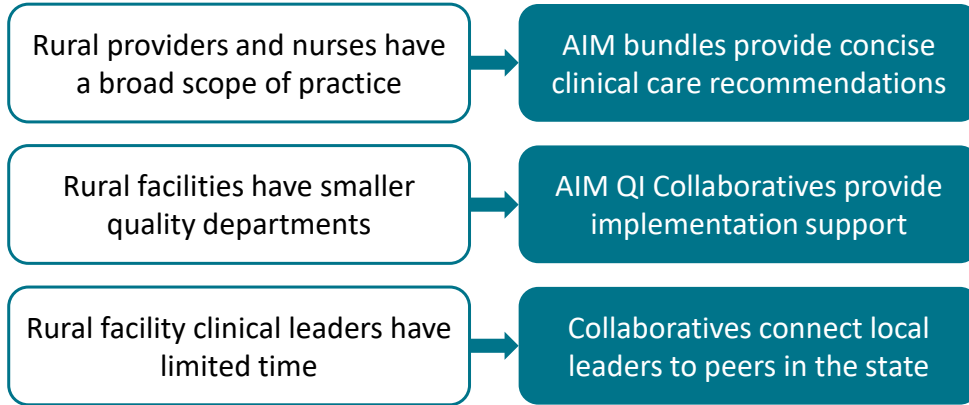


Maternity Deserts in Iowa

- 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



Adapting AIM for Rural Facilities



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



33

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.



34

AIM SAVES LIVES

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



35

Advice to other Rural Facilities

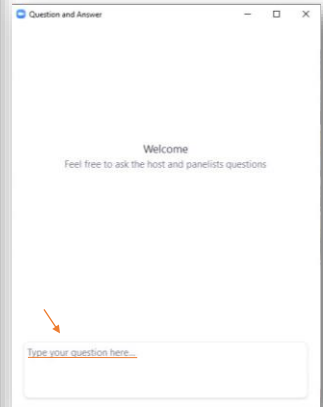
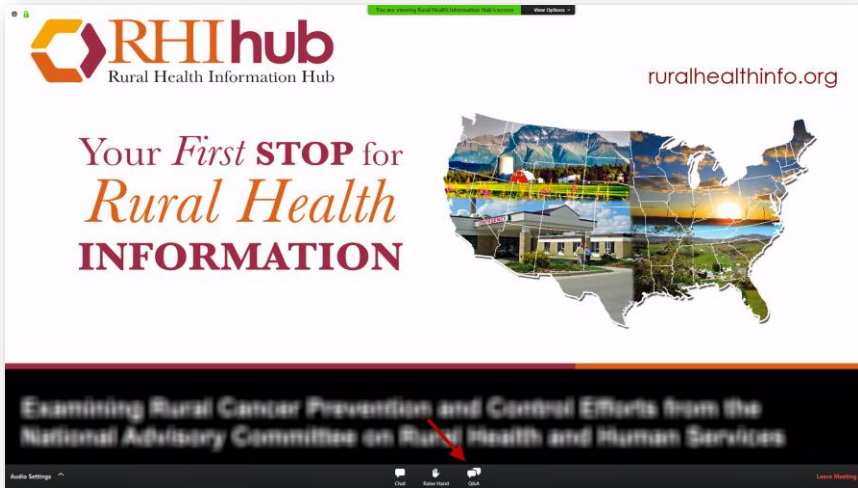
- By the end of the night after taking care of our second obstetrical emergency within two days....I went home and cried
 - I cried because I was so proud of what we changed
- My team worked like a well-oiled machine because of simulation
 - OB-Surgery were on the same page
 - Medication at the bedside, hemorrhage cart at the bedside—Nurses not leaving the bedside.

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



36

Questions?



37

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38

Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website