MI AIM PATIENT SAFETY BUNDLES

Click the links below for more details!

Obstetric Hemorrhage

Severe Hypertension

Maternal Sepsis

WHAT IS A PATIENT SAFETY BUNDLE?

A patient safety bundle is an evidence-based set of guidelines offering clinical and non-clinical staff resources aimed at improving clinical care processes and patient outcomes. The patient safety bundles help fully equip hospitals with actionable protocols, necessary equipment, staff education and staff drills to prevent and adequately treat these severe maternal events.

Looking for more information about MI AIM? Check out our website!

www.MIAIM.us

WHAT IS MI AIM?

National AIM is a federally-funded program. Michigan was the first of seven states to bring this collaborative to its state's hospitals and birthing mothers in 2016. MI AIM is a maternal health quality improvement collaborative focused on decreasing maternal morbidity and preventable mortality through the implementation of hemorrhage, hypertension and sepsis patient safety bundles with Michigan birthing hospitals.

WHY DOES MI AIM EXIST?

Nearly half of all maternal deaths and a majority of severe maternal morbidity (SMM) events are preventable. MI AIM is saving lives and reducing SMM in Michigan by supporting healthcare professionals and birthing hospitals in implementing patient safety bundles for treating maternal hemorrhage, hypertension and sepsis.

DOES MI AIM HELP?

MI AIM has achieved improvement in hemorrhage-related SMM, hypertension-related SMM and overall SMM since the adoption of the MI AIM collaborative in 2016.

Measure	2011-2015 (Pre-MI AIM)	2016-2023 (Post-MI AIM)	Improvement
Hemorrhage	7.36%	5.23%	**28.93%**
Hypertension	6.87%	6.47%	**5.83%**
All	0.83%	0.82%	**.92%**

MI AIM Program: Improvement in Severe Maternal Morbidity (SMM) in Michigan

WHO SUPPORTS THIS IMPROVEMENT WORK?

MI AIM engages with a community of multidisciplinary healthcare providers, public health professionals and cross-sector stakeholders who are committed to improving maternal outcomes within the state of Michigan. Community partners are located in the various prosperity regions across the state.

WHAT INFORMATION IS MI AIM COLLECTING?
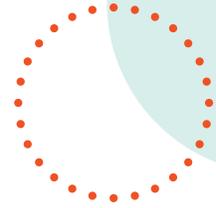
AIM Datatypes

Data collection is an important component of the MI AIM collaborative. The team monitors several datatypes to understand what bundle components have been implemented within the hospital, if the hospital is remaining compliant with the various clinical assessments outlined within the patient safety bundles and if the desired improvement outcomes are being achieved after implementation of the patient safety bundles.

1. Structure Measures

Structure measures are used to assess if standardized, evidence-based systems, protocols and materials have been implemented for the various patient safety bundles.

➤ This includes data for bundle component implementation.

➤ Data is updated <u>once per year</u> by each birthing hospital participating in the MI AIM collaborative.

Structure measures include questions such as:

• *Has your department established a system to perform regular formal debriefs with the clinical team after cases with major complications?*

• *Does your hospital have a unit policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach using a stage-based management plan with checklists?*

2. Process Measures

Process measures are used to monitor the compliance with evidence-based practices during bedside patient care.

➤ This includes data for the National AIM bundles – obstetric hemorrhage, severe hypertension and maternal sepsis.

➤ Data is entered <u>on a monthly basis</u> by each birthing hospital participating in the MI AIM collaborative.

Process measures include unit drills, provider education, nursing education and bundle specific information. This includes the compliance rate for bedside patient care assessments, like a pre- and post-partum hemorrhage risk assessment, timely treatment of severe hypertension and maternal sepsis screening.

3. Outcome Measures (Administrative Claims)

Outcome measures can be used to examine changes that occur in the health of an individual, group of people or population that can be attributed to the adoption of evidence-based clinical best practices.

➤ This includes data for overall SMM, hemorrhage-related SMM, hypertension-related SMM and maternal sepsis.

➤ Data is provided by the MDHHS on an annual basis for all Michigan birthing hospitals.

• Data lag time from the MDHHS is about two years.