



NJ AIM Data Collection Plan

Reducing the Data Collection Burden

The goal of our data collection plan is to reduce burden wherever possible and still have enough data to track performance.

We will be tracking:

- ☐ Structure Measures collected only once
- ☐ Process Measures collected quarterly
- ☐ Outcome Measures not collected from hospitals (NJHA has access to this data through the New Jersey Discharge Data Collection System)

Structure Measures

□ Patient, Family & Staff Support
□ Debriefs
□ Multidisciplinary Case Reviews
□ Unit Policy and Procedures
□ EHR Integration
□ Hemorrhage Cart

For these measures, we are looking for a <u>date</u> when a policy was enacted or a process was put in place.

- Reporting Frequency: Once
- Data Source: Hospital
- Responsible: Hospital-based AIM Data Coordinator (Perinatal Nurse Manager/ Designated QI Leader)





Process Measures

□ Unit Drills
□ Provider & Nursing Education
□ Treatment of Severe HTN
□ Hemorrhage Risk Assessments
□ Quantified Blood Loss

For these measures, we are looking for an <u>estimated</u> <u>percent</u> of staff receiving education or estimated percent of patients being assessed.
Only one measure asks for a numerator/denominator.

- Reporting Frequency: Quarterly
- Data Source: Hospital
- Responsible: Hospital-based AIM Data Coordinator (Perinatal Nurse Manager/ Designated QI Leader)





Outcome Measures

□Severe Maternal Morbidity
 (in/excl. transfusions)
 □Severe Maternal Morbidity among Hemorrhage Cases (in/excl. transfusions)
 □Severe Maternal Morbidity among Preeclampsia Cases (in/excl. transfusions)

These measures are based off of a uniform set of ICD 9/10 codes

- Reporting Frequency: Quarterly
- Data Source: New Jersey Discharge Data Collection System (NJDDCS)
- Responsible: AIM Data Coordinator (NJ AIM Team Data Coordinator)





Structure & Process Measures by AIM Bundle

Each bundle has its own set of process and structure measures. Most are very similar across bundles, with slight differences. The next few pages contain each measure by bundle in detail.

Measures: Required for Both Bundles

M	easure Name	Bundle	Туре	Frequency	Description	Notes
	Unit Drills	Both	Process	Quarterly	Report # of Drills and the drill topics a: How many OB drills (In Situ and/or Sim Lab) were performed on your unit for any maternal safety topic? b: what topics were covered?	
	ient, Family & taff Support	Both	Structure	Once	Report Completion Date Has your hospital developed OB specific resources and protocols to support patients, family and staff through major OB complications?	see The Patient, Family, and Staff Support after a Severe Maternal Event Bundle on the Council-AIM website
	Debriefs	Both	Structure	Once	Report Start Date Has your hospital established a system in your hospital to perform regular formal debriefs after cases with major complications?	Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria
	ıltidisciplinary ase Reviews	Both	Structure	Once	Report Start Date Has your hospital established a process to perform multidisciplinary systems-level reviews on all cases of severe maternal morbidity (including women admitted to the ICU, receiving ≥4 units RBC transfusions, or diagnosed with a VTE)?	Major complications will be defined by each facility based on volume, with a minimum being The Joint Commission Severe Maternal Morbidity Criteria





Measures: Required for OB Hemorrhage Bundle

Measure Name	Bundle	Туре	Frequency	Description	Notes
Provider Education	OB Hem	Process	Quarterly	Report estimate in 10% increments (round up) What cumulative proportion of OB physicians and midwives has completed (within the last 2 years): a. an education program on Obstetric Hemorrhage? b: an education program on the Obstetric Hemorrhage bundle elements and the unit-standard protocol?	This is meant to be an informal estimate Cumulative means "Since the onset of the project, what proportion of the staff have completed the educational program?"
Nursing Education	OB Hem	Process	Quarterly	Report estimate in 10% increments (round up) What cumulative proportion of OB nurses has completed (within the last 2 years): a. an education program on Obstetric Hemorrhage? b: an education program on the Obstetric Hemorrhage bundle elements and the unit-standard protocol?	This is meant to be an informal estimate Cumulative means "Since the onset of the project, what proportion of the staff have completed the educational program?"
Risk Assessment	OB Hem	Process	Quarterly	Report estimate in 10% increments (round up) At the end of this quarter, what cumulative proportion of mothers had a hemorrhage risk assessment with risk level assigned, performed at least once between admission and birth and shared among the team?	This is meant to be an informal estimate





Measures: Required for OB Hemorrhage Bundle

Measure Name	Bundle	Туре	Frequency	Description	Notes
Quantified Blood Loss	OB Hem	Process	Quarterly	Report estimate in 10% increments (round up) What proportion of mothers had measurement of blood loss from birth through the recovery period using quantitative and cumulative techniques?	This is meant to be an informal estimate Formal measurement can include any method beyond visual estimate alone, such as underbuttock drapes with gradations, weighing clots and sponges, suction canisters with gradations, etc.
Hemorrhage Cart	OB Hem	Structure	Once	Report Completion Date Does your hospital have OB hemorrhage supplies readily available, typically in a cart or mobile box?	
Unit Policy and Procedure	OB Hem	Structure	Once	Report Completion Date Does your hospital have an OB hemorrhage 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?	
EHR Integration	OB Hem	Structure	Once	Report Completion Date Were some of the recommended OB Hemorrhage bundle processes (i.e. order sets, tracking tools) integrated into your hospital's Electronic Health Record system?	It can be any part of the Obstetric Hemorrhage bundle (i.e. orders, protocols, documentation)





Measures: Required for HTN/Preeclampsia Bundle

Measure Name	Bundle	Туре	Frequency	Description	Notes
Provider Education	HTN	Process	Quarterly	Report estimate in 10% increments (round up) What cumulative proportion of OB physicians and midwives has completed (within the last 2 years): a: an education program on Severe HTN/Preeclampsia ? b: an education program on the Severe HTN/Preeclampsia bundle elements and the unit-standard protocol?	This is meant to be an informal estimate Cumulative means "Since the onset of the project, what proportion of the staff have completed the educational program?"
Nursing Education	HTN	Process	Quarterly	Report estimate in 10% increments (round up) What cumulative proportion of OB nurses has completed (within the last 2 years): a: an education program on Severe HTN/Preeclampsia? b: an education program on the Severe HTN/Preeclampsia bundle elements and the unit-standard protocol?	This is meant to be an informal estimate Cumulative means "Since the onset of the project, what proportion of the staff have completed the educational program?"
Treatment of Severe HTN	HTN	Process	Quarterly	Report N/D Denominator: Women with persistent (twice within 15minutes) new-onset Severe HTN (Systolic: >160 or Diastolic: >110), excludes women with an exacerbation of chronic HTN Numerator: Among the denominator, cases who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine	It is best to use the maternal medical record to validate diagnosis and treatment





Measures: Required for HTN/Preeclampsia Bundle

Measure Name	Bundle	Туре	Frequency	Description	Notes
Unit Policy and Procedure	HTN	Structure	Once	Report Completion Date Does your hospital have a Severe HTN/Preeclampsia policy and procedure (reviewed and updated in the last 2-3 years) that provides a unit-standard approach to measuring blood pressure, treatment of Severe HTN/Preeclampsia, administration of Magnesium Sulfate, and treatment of Magnesium Sulfate overdose?	
EHR Integration	HTN	Structure	Once	Report Completion Date Were some of the recommended Severe HTN/Preeclampsia bundle processes integrated into your hospital's Electronic Health Record system?	It can be any part of the Severe Hypertension bundle (i.e. orders, protocols, documentation)



