Pennsylvania Perinatal Quality Collaborative

PA AIM Virtual Meeting
July 7, 2022

Agenda

1. **Welcome and Introductions** – Robert Ferguson, MPH, Chief Policy Officer, Jewish Healthcare Foundation

2. **Calculating the Outcome Measures, Severe Maternal Morbidity, for PA AIM** – Gina Wiser, MPH, Epidemiology Research Associate, Maternal Mortality Review Committee (MMRC), Bureau of Epidemiology, Pennsylvania Department of Health

3. **Q&A** – Facilitated by Robert

4. **Strategies for Collecting Data for the Process Measure, Time to Severe Hypertension Treatment** – Peer-to-Peer Learning Discussion Facilitated by Robert
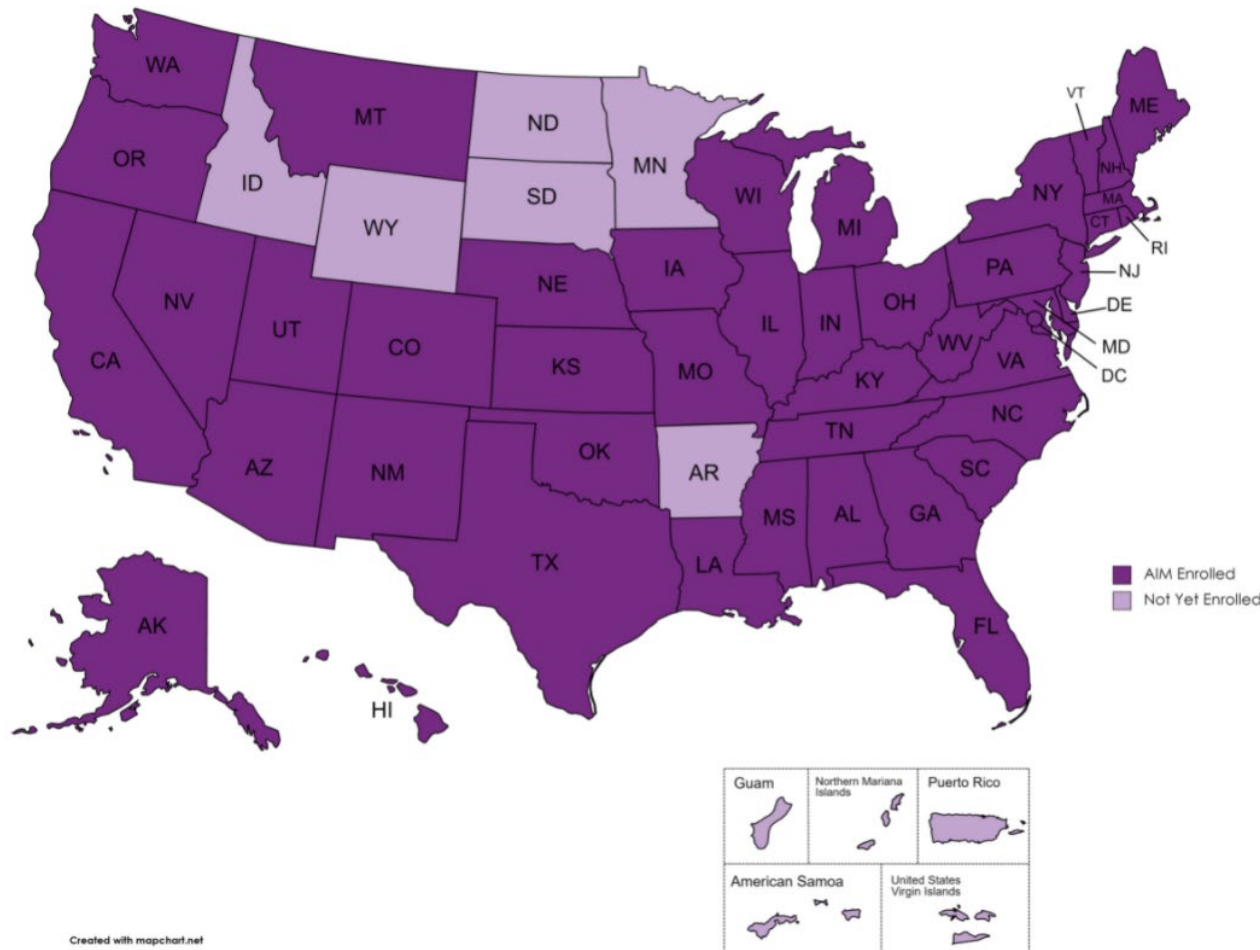
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH
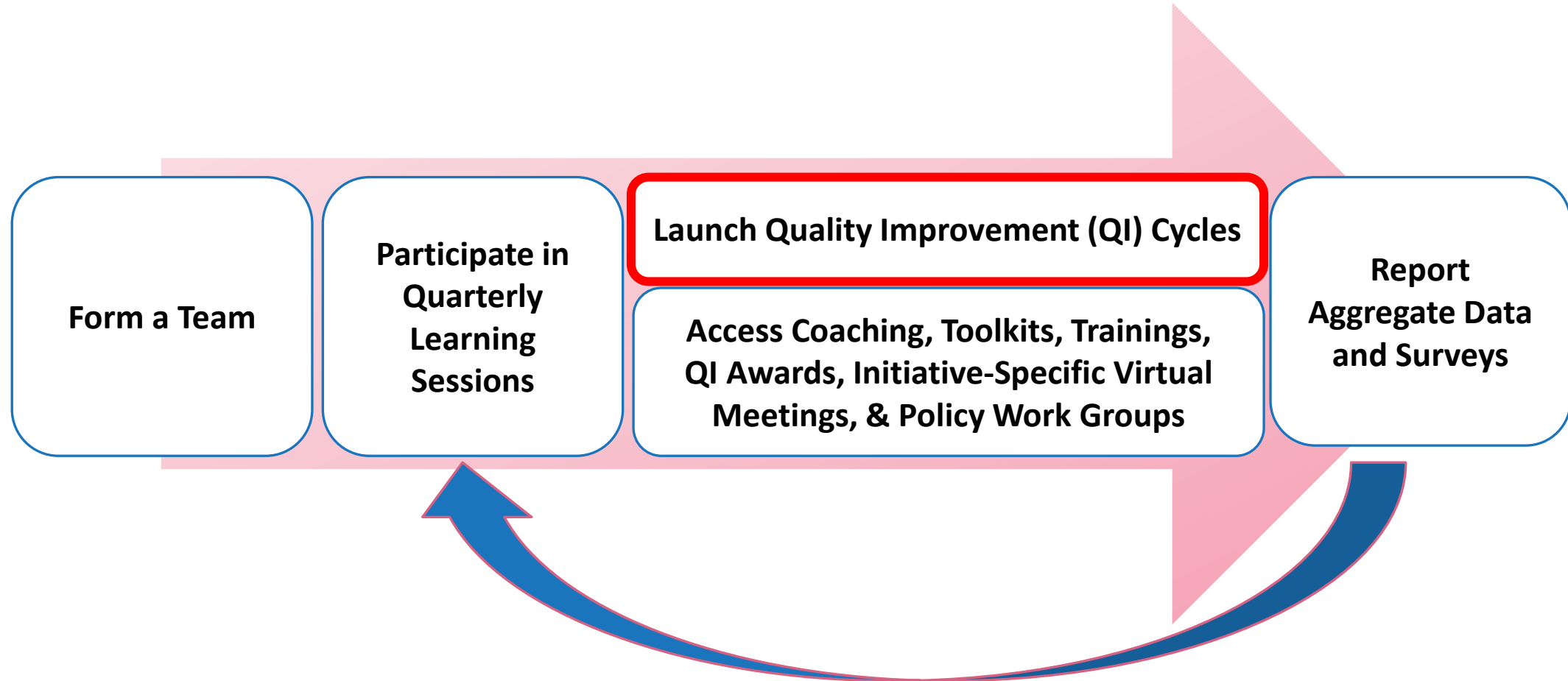
✓ Operated by ACOG

✓ Funded by HRSA

AIM:

✓ Develops Safety Bundles

✓ Provides TA to state PQC

✓ Tracks aggregated, de-identified data from participating hospitals via their AIM Data Center for QI purposes

✓ PA selected the Severe Hypertension and Disparities Bundles
- ➤ PA AIM Task Force, including healthcare and community organizations, created the integrated PA AIM Bundle

PA AIM Hospitals in 2022

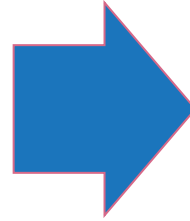|	
Commonwealth Health – Moses Taylor Hospital	Temple Health – Temple University Hospital
Einstein Medical Center Montgomery	Tower Health Medical Group – Reading Hospital
Evangelical Community Hospital	UPMC – Hamot
Geisinger – Medical Center, Danville	UPMC – Magee Womens Hospital
Geisinger – Wyoming Valley Medical Center	UPMC – Northwest
Holy Redeemer Hospital	UPMC – Pinnacle Carlisle
Penn Medicine – Chester County Hospital	UPMC – Pinnacle Lititz
Penn Medicine – Hospital of the University of Pennsylvania	WellSpan – Ephrata Community Hospital
Penn Medicine – Lancaster General/Women and Babies	WellSpan – Gettysburg Hospital
Penn Medicine – Pennsylvania Hospital	WellSpan – Good Samaritan Hospital
Penn State Health – Milton S. Hershey Medical Center and Children's Hospital	WellSpan – Summit Health Chambersburg Hospital
St. Clair Hospital	WellSpan – York Hospital

PA PQC Implementation Structure

Form a Team

Participate in Quarterly Learning Sessions

Launch Quality Improvement (QI) Cycles

Access Coaching, Toolkits, Trainings, QI Awards, Initiative-Specific Virtual Meetings, & Policy Work Groups

Report Aggregate Data and Surveys

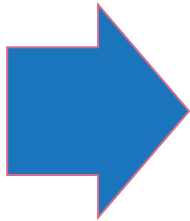# Process for Submitting PA AIM Data to AIM Data Center

1.

PA PQC extracts the PA AIM Hospital's PA PQC Life QI Data Portal and Survey Submissions

→ PA PQC submits the PA AIM data to the PA AIM Data Center quarterly

2.

PA DOH analyzes PHC4 data to calculate hospital and PA PQC-level SMM rates at least semi-annually and by race/ethnicity annually

→ PA DOH submits SMM rates to the AIM Data Center

3.

PA AIM hospitals will be able to review all data submitted to the AIM Data Center

PA AIM Initiative Aims

1. Reduce the rate of severe maternal morbidity (SMM) among those with eclampsia/preeclampsia by 25% and reduce the racial/ethnic disparities by 25%

2. Increase the proportion of birthing patients with acute-onset severe hypertension who are treated within 60 minutes to 75% across races/ethnicities

Calculating the PA AIM Outcome Measures,
Severe Maternal Morbidity (SMM)

GINA WISER, MPH

EPIDEMIOLOGY RESEARCH ASSOCIATE – MATERNAL MORTALITY REVIEW COMMITTEE (MMRC)

PENNSYLVANIA DEPARTMENT OF HEALTH, BUREAU OF EPIDEMIOLOGY

Old Bundle: Outcome Measures

Definition	SMM Including Transfusions	SMM Excluding Transfusions	SMM Among People w Hypertensive Disorders Including Transfusions	SMM Among People w Hypertensive Disorders Excluding Transfusions
Numerator	Among the denominator, all SMM indicators, per the SMM numerator definition	Among the denominator, all SMM indicators EXCEPT blood products transfusion codes	Among the denominator, all SMM indicators, per the SMM numerator definition	Among the denominator, all SMM indicators EXCEPT blood products transfusion codes
Denominator	All eligible delivery hospitalizations, per the SMM denominator definition	All eligible delivery hospitalizations, per the SMM denominator	All eligible delivery hospitalizations (from the SMM denominator) with hypertensive disorders (from the AIM SMM codes list)	All eligible delivery hospitalizations (from the SMM denominator) with hypertensive disorders (from the AIM SMM codes list)

Old Bundle: Outcome Measures

Definition	SMM Including Transfusions	SMM Excluding Transfusions	SMM Among People w Hypertensive Disorders Including Transfusions	SMM Among People w Hypertensive Disorders Excluding Transfusions
Numerator	Among the denominator, all SMM indicators ~~SMM~~	Among the denominator, all SMM indicators EXCEPT blood products transfusion codes	Among the denominator, all SMM ~~num~~	Among the denominator, all SMM indicators EXCEPT blood products transfusion codes
Denominator	All ~~SMM denominator definition~~	All eligible delivery hospitalizations, per the SMM denominator	All ~~SMM denominator~~ hypertensive disorders from the AIM SMM codes list)	All eligible delivery hospitalizations (from the SMM denominator) with hypertensive disorders (from the AIM SMM codes list)

Revised Bundle: Outcome Measures

Metric	Name	Description	Notes
O1	Severe Maternal Morbidity (excluding transfusion codes alone)	**Report N/D** **Denominator:** All qualifying pregnant and postpartum people during their birth admission **Numerator:** Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone	Disaggregate by race and ethnicity, payor
O2	Severe Maternal Morbidity among People with Preeclampsia (excluding transfusion codes alone)	**Report N/D** **Denominator:** All qualifying pregnant and postpartum people during their birth admission with preeclampsia **Numerator:** Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone	Disaggregate by race and ethnicity, payor

Citation: https://safehealthcareforeverywoman.org/aim/resources/aim-data-resources/

Step 1: Getting the Hospital Data

We are requesting hospital discharge data on all births in Pennsylvania, starting with 2019. These data will be used to understand the prevalence of severe maternal morbidities in Pennsylvania. Aggregate numbers on severe maternal morbidities will be reported to AIM to track our progress on improving care and reducing maternal morbidities in PA.

Step 2: Analyzing the Data

Inclusion:

```
ABORT=0 AND          19 hospitals that
PtSex='F' AND        participated in
12 LE AGE LE 55      PA AIM in 2021
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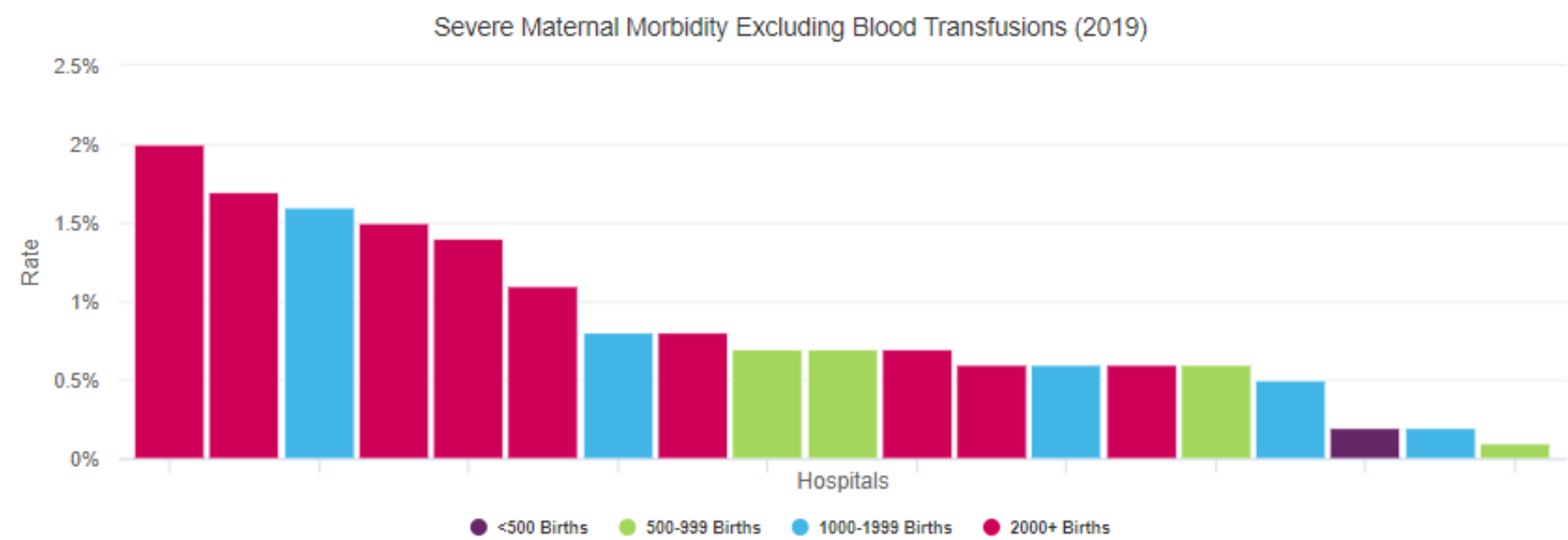# Step 3: Entering the Data into AIM

AIM Data Upload Guide

Step 4: Sharing the Data with Participating Facilities

2019: SMM (Excluding transfusion codes alone)

Severe Maternal Morbidity Excluding Blood Transfusions *

| No Data | No Data | No Data | No Data | No Data | No Data | No Data | No Data | 1.1% | 1.1% |

Severe Maternal Morbidity Excluding Blood Transfusions (2019)

Measure Description: Among all people during their birth admission, excluding ectopic pregnancies and miscarriages, those who experienced SMM excluding blood transfusions. (Lower rates are better). For additional information, please consult AIM's Data Collection Plan.

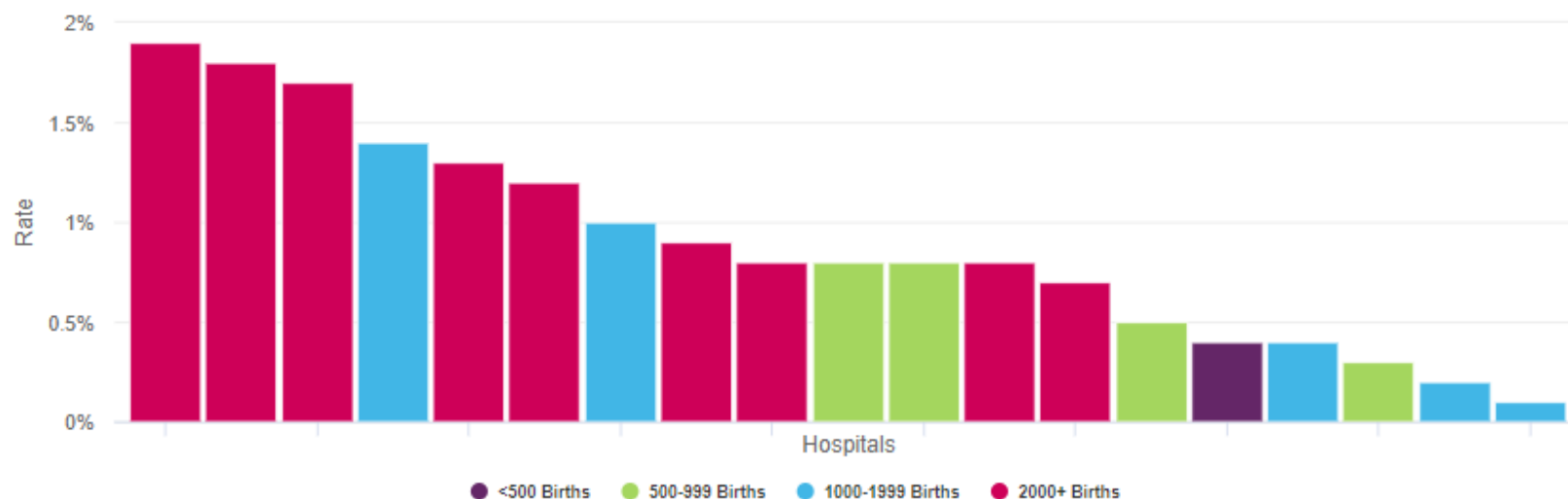| Hospital	Birth Volume	2019
Pennsylvania Collaborative-wide (Hospital Rollup) ❓		1.1%
Pennsylvania Collaborative Mean Hospital Rate ❓		0.9%
Pennsylvania Collaborative Median Hospital Rate ❓		0.7%
Pennsylvania Collaborative Hospitals with Period Data (of 19) ❓		19

2020: SMM (Excluding transfusion codes alone)

Pennsylvania

Download Graph | Download CSV

Comparison | Trendline | Summary - SSDOH | Trendline - SSDOH | Outliers

Color By: Volume | 2020

Severe Maternal Morbidity Excluding Blood Transfusions (2020)

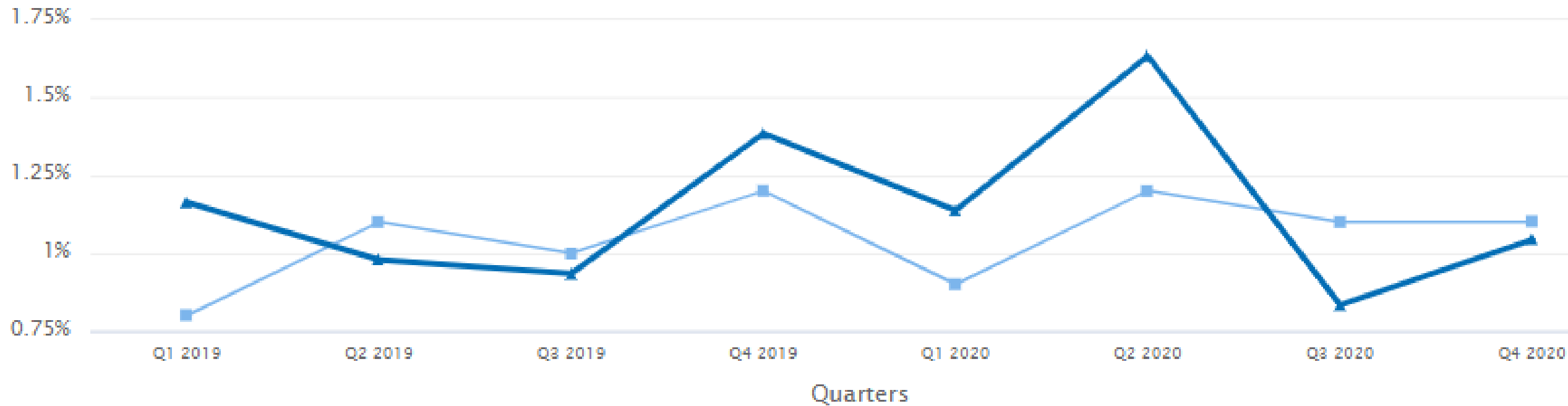● <500 Births ● 500-999 Births ● 1000-1999 Births ● 2000+ Births

Measure Description: Among all people during their birth admission, excluding ectopic pregnancies and miscarriages, those who experienced SMM excluding blood transfusions. (Lower rates are better). For additional information, please consult AIM's Data Collection Plan.

Hospital	Birth Volume	2020
Pennsylvania Collaborative-wide (Hospital Rollup) ❓		1.1%
Pennsylvania Collaborative Mean Hospital Rate ❓		0.9%
Pennsylvania Collaborative Median Hospital Rate ❓		0.8%
Pennsylvania Collaborative Hospitals with Period Data (of 19) ❓		19

Severe Maternal Morbidity Excluding Blood Transfusions

Aggregate Collaborative Average
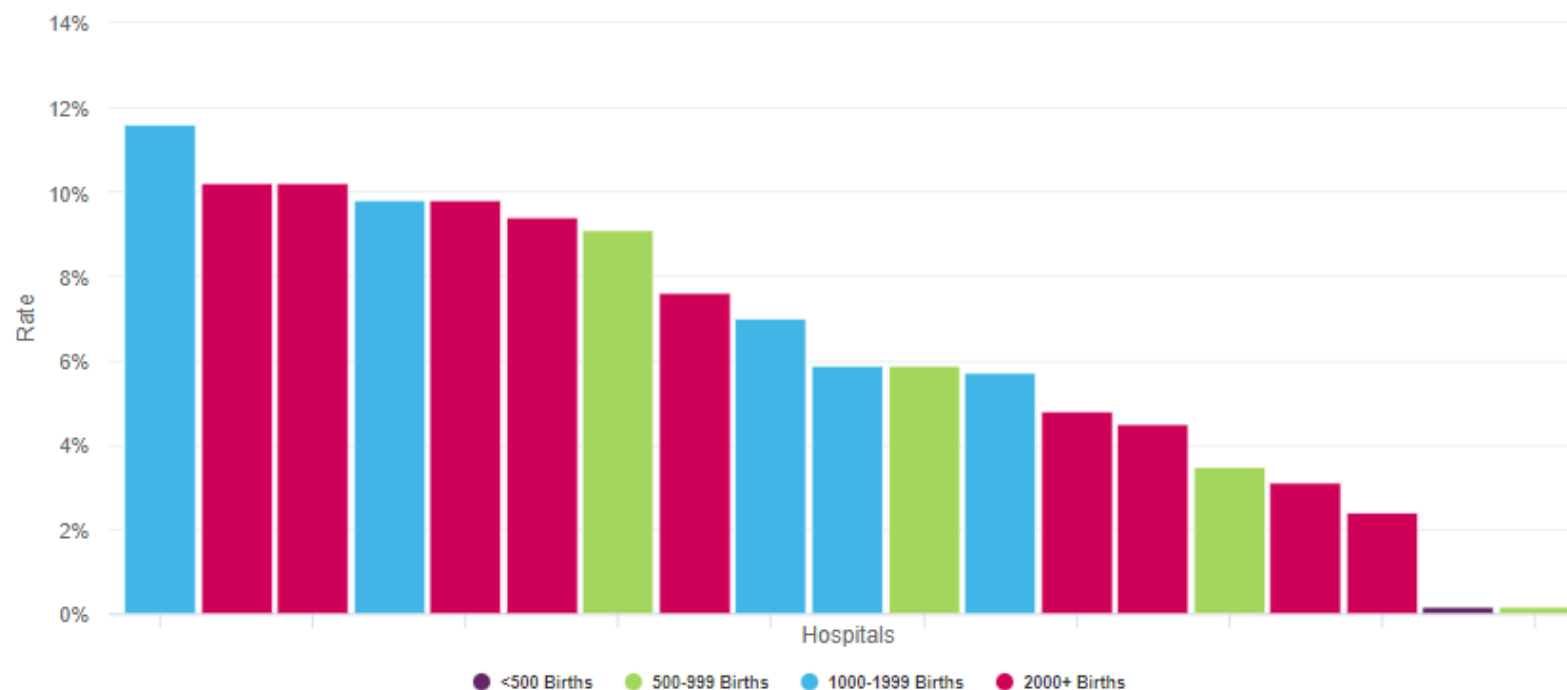

- -- Pennsylvania Collaborative 25th Percentile *
- -- Pennsylvania Collaborative 75th Percentile *
- Pennsylvania Collaborative-wide (Hospital Rollup) *
- Your Hospital

2019: SMM among HTN Cases
(Excluding transfusion codes alone)

Severe Maternal Morbidity among HTN Cases Excluding Blood Transfusions (2019)

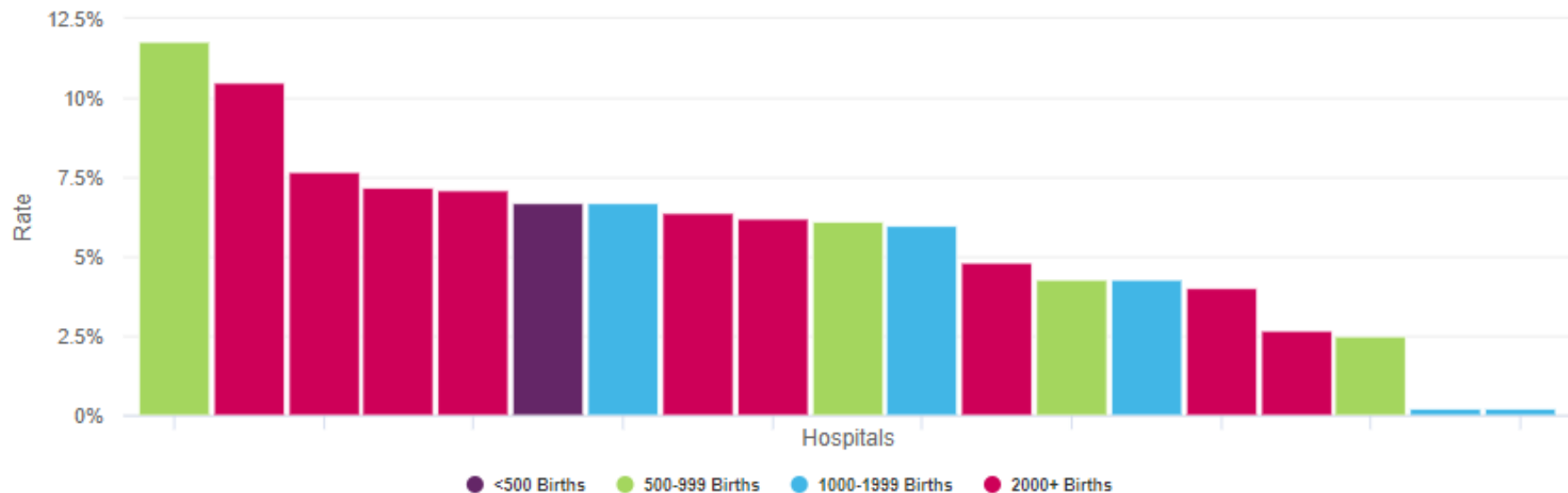● <500 Births ● 500-999 Births ● 1000-1999 Births ● 2000+ Births

Measure Description: Among all people with severe preeclampsia during their birth admission, how many had a severe maternal morbidity not including blood transfusions (Lower rates are better). For additional information, please consult AIM's Data Collection Plan.

Hospital	Birth Volume	2019
Pennsylvania Collaborative-wide (Hospital Rollup) ❓		7.5%
Pennsylvania Collaborative Mean Hospital Rate ❓		6.3%
Pennsylvania Collaborative Median Hospital Rate ❓		5.9%
Pennsylvania Collaborative Hospitals with Period Data (of 19) ❓		19

2020: SMM among HTN Cases
(Excluding transfusion codes alone)

Severe Maternal Morbidity among HTN Cases Excluding Blood Transfusions (2020)

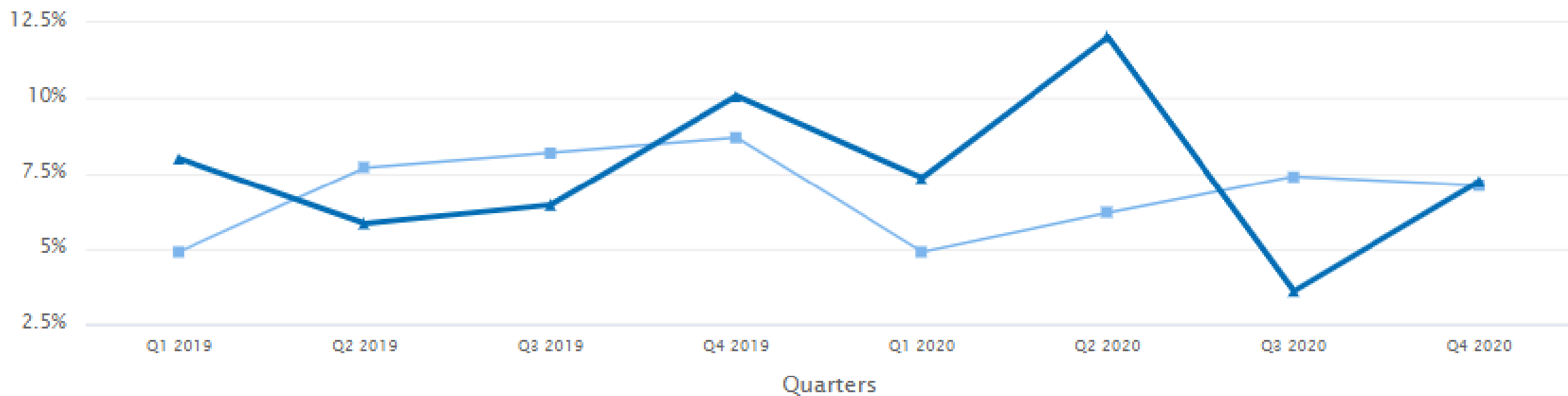● <500 Births ● 500-999 Births ● 1000-1999 Births ● 2000+ Births

Measure Description: Among all people with severe preeclampsia during their birth admission, how many had a severe maternal morbidity not including blood transfusions (Lower rates are better). For additional information, please consult AIM's Data Collection Plan.

Hospital	Birth Volume	2020
Pennsylvania Collaborative-wide (Hospital Rollup) ❓		6.4%
Pennsylvania Collaborative Mean Hospital Rate ❓		5.5%
Pennsylvania Collaborative Median Hospital Rate ❓		6.1%
Pennsylvania Collaborative Hospitals with Period Data (of 19) ❓		19

Severe Maternal Morbidity among HTN Cases Excluding Blood Transfusions

Aggregate Collaborative Average

-- Pennsylvania Collaborative 25th Percentile *   -- Pennsylvania Collaborative 75th Percentile *   --■-- Pennsylvania Collaborative-wide (Hospital Rollup) *   --■-- Your Hospital

Future Planning

THANK YOU

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Phone: 717.787.3350

Strategies for Collecting Data for the Process Measure, *Time to Severe Hypertension Treatment*

PEER-TO-PEER LEARNING DISCUSSION

PA AIM Process Measure
Time to Severe Hypertension Treatment

Quarterly

By Race/Ethnicity Annually

treated within 1 hour from first severe BP reading with IV Labetalol, IV Hydralazine, or PO Nifedipine

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with acute-onset severe hypertension (SBP ≥ 160 or DBP ≥ 110) that persists for 15 min. or more (incl. those with preeclampsia, gestational, or chronic hypertension)

Strategies for Collecting Data for "Time to Severe Hypertension Treatment"

➤ How does your team document and extract electronic data of blood pressure measurements and pharmacy records for this process measure?

➤ What challenges has your team encountered?

➤ What successful tactics has your team implemented to overcome the challenges?

➤ What questions do you have for your peers to inform your data collection and extractions processes for this measure?

Upcoming PA AIM Sessions

https://www.whamglobal.org/member-content/register-for-sessions

Quarterly Learning Sessions

- September 14

- December 14

PA AIM Virtual Meetings

- November 3 from 11am-12pm