

Montana Perinatal Quality Collaborative

AIM Initiative: Obstetric Hemorrhage (OBH) - Cohort 1

Problem Statement: At 40.7 pregnancy-related deaths per 100,000 live births, Montana has the 6th highest rate in the United States¹. The Society of Maternal and Fetal Medicine recently released their scorecard on how well states are addressing severe maternal morbidity and mortality based on five major initiatives proven to systematically improve maternal health outcomes. The [scorecard](#) shows Montana is one of three states that have implemented only one of the five initiatives². These alarming statistics are a call to action to maternal healthcare providers to step up and work together.

Purpose: Participating birthing facilities will work through the Montana Perinatal Quality Collaborative (MPQC) to implement the Alliance for Innovation on Maternal Health (AIM) core AIM patient safety bundle: Obstetric Hemorrhage. Participating facilities will choose from a set of change ideas to implement a change package that will, in turn, improve maternal health outcomes at their facilities. This change process will be modeled after the Institute for Healthcare Improvement (IHI) Model for Improvement which builds upon the basic tenets of Plan-Do-Study-Act (PDSA) cycles for quality improvement. Participants in this collaborative will learn from each other, support staff, and experts to implement standardized approaches to addressing key factors of maternal morbidity and mortality.

Montana AIM Initiative: Obstetric Hemorrhage seeks to engage participating hospitals in the following activities:

- Readiness: Every unit is ready to respond to an obstetric hemorrhage.
- Recognition & Prevention: Every patient is assessed and patient care is managed so that hemorrhage risk is recognized and, when possible, hemorrhage is prevented.
- Response: Every hemorrhage is responded to in a standardized, stage-based approach and support is provided for patients, families, and staff for each significant hemorrhage.
- Reporting/Systems Learning: Every unit exemplifies a culture of safety, with processes in place to support continuous multidisciplinary learning and improvement.

The [Obstetric Hemorrhage Safety Bundle](#) was developed and is supported by the [Alliance for Innovation on Maternal Health \(AIM\)](#). Additionally, resources developed by national partners will be utilized. Standardized approaches to clinical situations have been proven to decrease errors and improve safe care. Montana is grateful to other AIM States which have provided key learning materials for the successful implementation of this Safety Bundle.

¹CDC Wonder, 2019 report of 5-year (2013-17) pregnancy-related death rate estimate; Rankings by America's Health Rankings, UnitedHealth Foundation. (This rate is based on the CDC Wonder Database rather than multidisciplinary death investigations and therefore is not the CDC gold standard in measuring maternal mortality.)

² Establishment of maternal mortality review committees; establishment of perinatal quality collaboratives; expansion of Medicaid; reporting of data stratified by race and ethnicity; and participation in the Alliance for Innovation on Maternal Health (AIM) program.



Goals & Objectives: The long-term goal of Montana AIM Initiative is to reduce maternal morbidity and mortality across the State of Montana, thereby making Montana a safer place for mothers and their children.

This will be achieved, in part through the implementation of the the obstetric hemorrhage bundle, by reaching the following objectives:

1. All Collaborative participants will develop and implement a multidisciplinary team in order to respond to every massive hemorrhage by June 2022.
2. Reduce the rate of severe maternal morbidity (SMM) among patients with obstetric hemorrhage by 20% by September 2022.

Specifically, all interested birthing facilities across Montana will engage in the Montana AIM Collaborative over a 12 month period utilizing the IHI Breakthrough Series (BTS) Collaborative model to increase the number of hospitals that fully integrate and sustain implementation of the Obstetric Hemorrhage (OBH) AIM Bundle.

Collaborative Expectations:

The MPQC staff will:

- Provide evidence-based information on subject matter, application of that subject matter, and methods for process improvement, both during and in between Learning Sessions;
- Offer coaching to facility staff; and
- Provide communication strategies and platforms to connect facilities to peers in Montana and other states, and subject matter experts during the Collaborative.

Participating facilities are expected to:

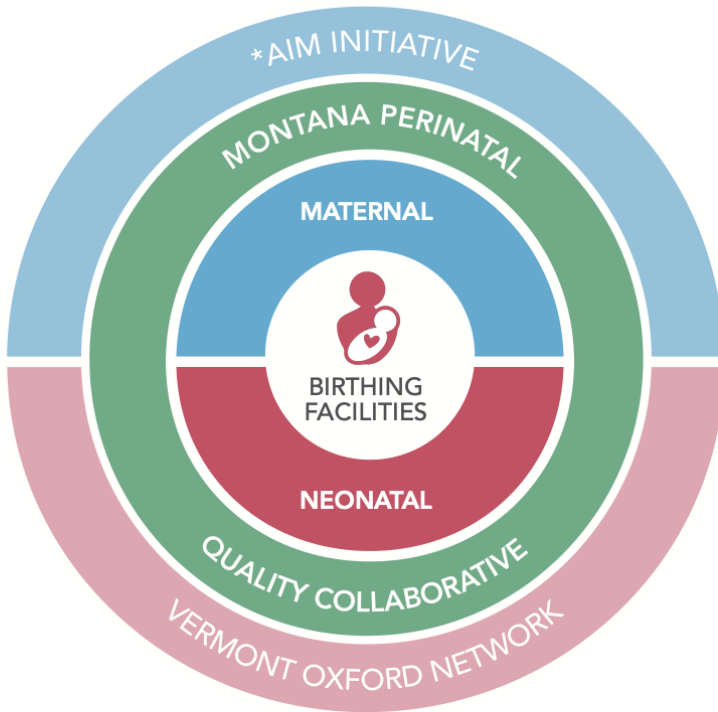
- Perform pre-work activities to prepare for the first Learning Session;
- Connect the goals of the Collaborative to a strategic initiatives in their facility;
- Provide a senior leader to serve as sponsor for the team working on the Collaborative, serve as champion for spread of the changes in practice within their health care system, and attend at least the Second Learning Session;
- Send a team to all Learning Sessions;
- Provide resources to support their team including resources necessary for Learning Sessions, time to devote to testing and implementing changes in the practice and active senior leadership involvement;
- Provide expert staff (Financial, Information System, Clinical Policy Development) to the team on an as needed basis;
- Perform tests of changes in the organization that lead to widespread implementation of improvements in the organization and their office practices;
- Report required data quarterly to the University of Montana and AIM to support AIM enrollment; and
- Share information with the Collaborative, including details of changes made and data to support these changes, both during and between Learning Sessions and for the National Congress. Engaging with peers is critical to the success of a collaborative - facilities will learn from each other in discussions and peer coaching regarding challenges in implementation, strategies to overcome them, weaknesses and success stories.



Montana PQC & Collaborative Structure:



Becoming an AIM State



- * **ACOG** – American College of Obstetricians and Gynecologists, the premier professional membership organization for obstetricians and gynecologists. <https://www.acog.org/>
- * **AIM** – **Alliance for Innovation on Maternal Health**, a national data-driven maternal safety and quality improvement initiative (funded by HRSA and national ACOG). <https://safehealthcareforeverywoman.org/aim/>
- * **MT DPHHS** – **Montana Department of Public Health and Human Services** (Title V/Maternal & Child Health Block Grant Program), coordinating body for the AIM initiative, convening the PQC. <https://dphhs.mt.gov/ecfsd/mch>
- * **MHA** – **Montana Hospital Association**, partner coordinating body supporting the convening, quality improvement, and education of the PQC. <https://mtha.org/>
- PQC** – Learn more about the CDC's guide to perinatal quality collaboratives. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc-states.html#>
- * **UM** – **University of Montana Rural Institute For Inclusive Communities**, providing data collection and analysis support to hospitals and submitting data to AIM. <http://ruralinstitute.umt.edu/>
- VON** – **Vermont Oxford Network** is a nonprofit voluntary collaboration of health care professionals working together to improve neonatal care. <https://public.vtoxford.org/>
- * **Yarrow** – Contracted by DPHHS to facilitate the PQC AIM Initiative and provide quality improvement technical assistance to hospitals. <https://www.yarrowcommunity.org/>

YOU'RE INVITED TO

Improve health outcomes for mothers and babies by:

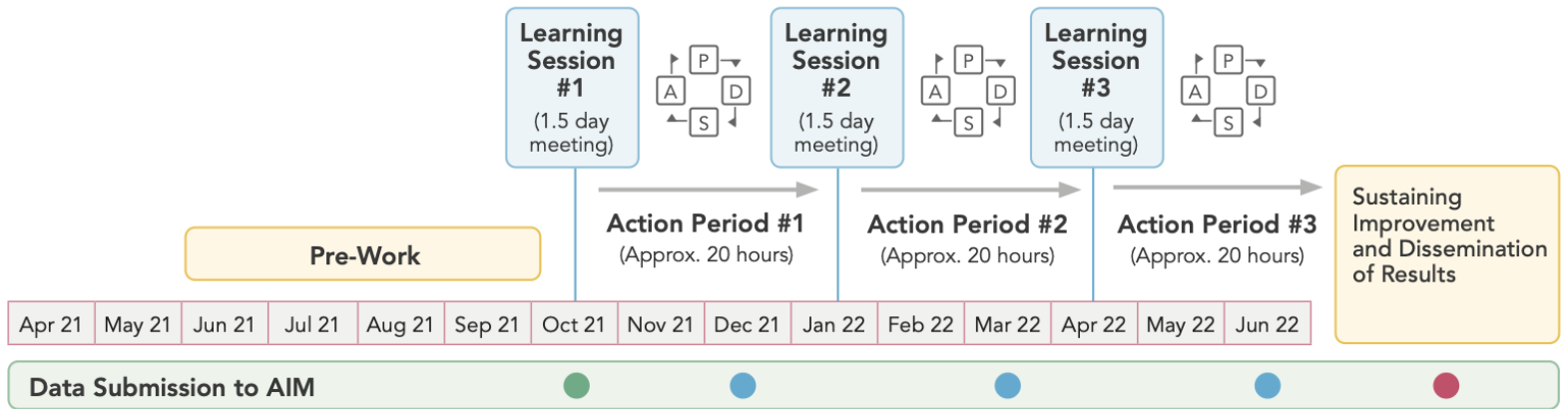
- 1 Joining the PQC
- 2 Participating in the AIM Initiative



Timeline & Process:



MPQC Obstetric Hemorrhage Collaborative Process



Pre-Work

- Review Packet (2hrs/person)
- Form Team (2hrs/person)
- Orientation Webinar (2hrs/person)
- Readiness Self-Assessment (5hrs/Team)
- Aim Statement (1hr/Team)
- Storyboard Creation (1hr/Team)
- QI Webinar (2hrs /person)
- Data Webinar (2hrs/person)

Approx. 31 hrs/person over 4 months

Learning Sessions

- Learning sessions will be 1.5 days long and will involve sharing with and learning from other members of the AIM cohort who are implementing the bundle.
- These may be online or in-person.

Action Periods

These are periods of time between each Learning Session when a hospital team works on implementing the AIM bundle change package through PDSA cycles. Additional activities taking place in the Action Periods will include:

- Monthly All Team Calls & Reports
- Data Collection & Reporting
- Site Visits (As Needed)
- One on One Technical Assistance as Necessary (QI, Data, etc.)

Time Requirement: Varies by facility. Minimally, OB leadership/AIM implementation team should plan to attend 2 meetings per month with other cohort members and/or AIM bundle leadership.

Data Submission to UM

- Baseline data submitted after enrollment.
- Process and structure measures submitted quarterly.
- Outcome measures submitted at the end of the bundle.

UM will submit all data to AIM.



Anticipated Timeline for the Fall 2021 Obstetric Hemorrhage Collaborative Cohort

Action Item	Anticipated Timeframe
Application	
Complete PQC AIM Bundle Survey	Dec 2020 – Mar 2021
Complete MT PQC AIM Bundle Enrollment Form	May – June 2021
Pre-Work (See Pre-Work Packet Attachment)	
Form an Improvement Team	June 2021
Review Charter	June 2021
Watch AIM eModules on Obstetric Hemorrhage	July 2021
Attend Orientation Webinar	August 2021
Review Entire AIM Initiative: Obstetric Hemorrhage Bundle Packet, including: <ul style="list-style-type: none"> • Pre-work Packet • Obstetric Hemorrhage Bundle • Example Change Package • Measurement Strategy • Associated Tools 	August 2021
Complete Team Roster	August 2021
Complete Readiness Self-Assessment via Change Package	September 2021
Develop a hospital improvement team aim statement aligned with the overall Collaborative aim	September 2021
Create Team Storyboard	September 2021
Attend Data Webinar	September 2021
Learning Sessions and Action Periods	
1st Collaborative Cohort Learning Sessions	October 5th & 6th 2021
Action Period 1 <ul style="list-style-type: none"> • Monthly All Teams All Come Action Period Calls • Additional team communications and technical assistance opportunities as scheduled 	November 2021 December 2021
2nd Collaborative Cohort Learning Sessions	January 2022
Action Period 2 <ul style="list-style-type: none"> • Monthly All Teams All Come Action Period Calls • Additional team communications and technical assistance opportunities as scheduled 	February 2022 March 2022
3rd Collaborative Cohort Learning Sessions	April 2022
Action Period 3 <ul style="list-style-type: none"> • Monthly All Teams All Come Action Period Calls • Additional team communications and technical assistance opportunities as scheduled 	May 2022 June 2022

These materials are adapted from:
TexasAIM Plus Obstetric Hemorrhage Learning Collaborative (OBH+) Information Packet. (Version 2. August 16, 2018) TX Health and Human Services.



Contact Us!

Names & Contact	Roles
MT DPHHS - MOMS	
Amanda Eby <ul style="list-style-type: none">• Amanda.Eby@mt.gov• 406-444-7034	MT AIM Initiative Coordination
Yarrow	
Kirsten Krane <ul style="list-style-type: none">• kirsten@yarrowcommunity.org• 406-838-3485 Anna Schmitt <ul style="list-style-type: none">• anna@yarrowcommunity.org• 406-219-7727	Facilitation Quality Improvement Questions? We're a good place to start.
University of Montana - Rural Institute	
Dr. Annie Glover <ul style="list-style-type: none">• annie.glover@mso.umt.edu• 406-570-4592 Carly Holman <ul style="list-style-type: none">• carly.holman@mso.umt.edu• 406-274-5527	Data Collection, Analysis, Reporting

