



# AIM High: Reducing Harm with Safety Bundles – Progress Thus Far

Lauren Nunally – Perinatal Quality Coordinator  
September 25, 2019





**Vision:**

Better perinatal outcomes and health equity for every Georgia mother and baby.

**Mission:**

To engage stakeholders in implementing equitable, evidence-based perinatal care through a robust data-driven quality improvement Collaborative.





## Leadership

Michael Bryan, MPH, PhD  
Diane Durrence, APRN, MSN, MPH  
Lynne Hall, RN, BSN  
Melissa Kottke, MD, MPH, MBA

David Levine, MD, FAAP, FACP  
Lauren Nunally, MPH, BSN, RNC-OB,  
Ravi Patel, MD, MSc  
Kaprice Welsh, CNM, MSN, MPH

## Committees

### Maternal Committee

**Chair:** Melissa Kottke

**Staff:** Lauren Nunally,  
Terrill Flakes

#### Current Initiatives

- Hemorrhage
- Hypertension

### Neonatal Committee

**Chair:** David Levine

**Staff:** Katie Kopp  
(Interim)

#### Current Initiatives

- Neonatal  
Abstinence  
Syndrome

## Advisory Council

- ACNM
- ACOG
- AWHONN
- Baby Luv
- BMMA
- DBHDD
- DCH
- DPH
- Emory MSACD
- GA-AAP
- GHA
- GOGS
- HMHB
- MMRC
- MOD
- Morehouse School of  
Medicine
- PSI
- Preeclampsia  
Foundation
- Birthing Hospitals
- CMOs
- Maternal Fetal  
Medicine
- Neonatologists
- Primary Care
- Physicians/Midwives
- Nurses/Doulas
- Regional Perinatal  
Centers



# Hospital Participation



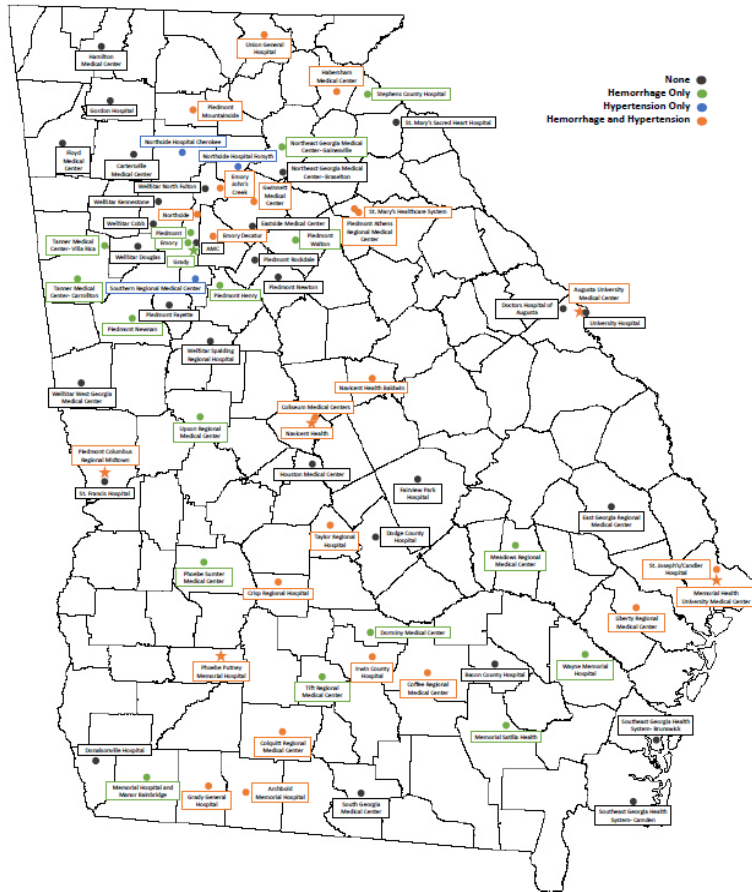
- As of 9/1/19
  - 62 participating hospitals (80%)
    - 44 AIM OB HMG hospitals
    - 36 AIM OB HTN hospitals
    - 47 VON NAS hospitals
  - % of GA births impact – **87%**



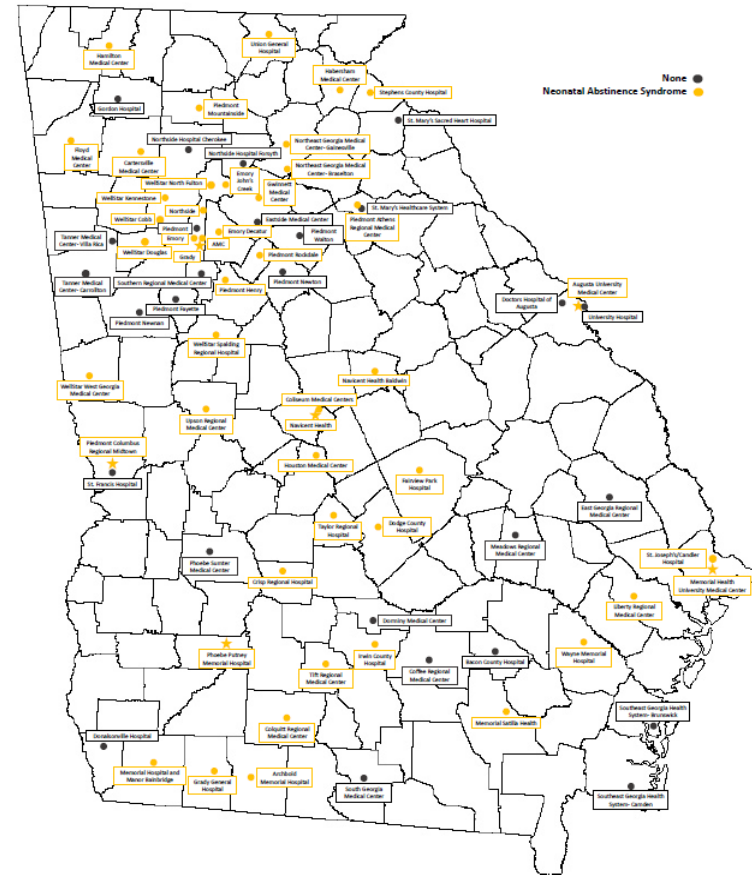
# Hospital Participation



GaPQC Maternal Initiative Participation



GaPQC Neonatal Initiative Participation



# Participating Hospitals



## Distribution by Perinatal Region

Perinatal Region	# of GaPQC Hospitals	% of Region*
Albany	5	71%
Atlanta	26	84%
Augusta	4	67%
Columbus	9	100%
Macon	11	100%
Savannah	7	64%

\*Does not include stand-alone birth centers/military facilities



# Participating Hospitals



## Distribution by Level of Care (AAP)

AAP Level of Care	# of GaPQC Hospitals
Level I	18
Level II	17
Level III (not including RPCs)	21
RPC	6

# Participating Hospitals



## Distribution by Birth Volume per year

Annual Birth Volume	# of GaPQC Hospitals
< 600	23
600 – 1199	9
1200 – 2399	15
2400 – 3599	10
3600+	5





# Rural Hospital Initiative

- 16 rural, Level I and II facilities
- 9: all three initiatives
- 16: hemorrhage bundle
- 10: hypertension bundle
- 14: VON NAS



# What are AIM bundles?



- Hospital-based quality improvement
- Tools to improve outcomes of hemorrhage or severe hypertension
- Set of hospital-based protocols, policies, practice changes, drills, and system of data tracking
- Represent national consensus
- Georgia became the 13<sup>th</sup> AIM state in November 2017



## READINESS

### Every unit

- Hemorrhage cart with supplies, checklist, and instruction cards for intrauterine balloons and compressions stitches
- Immediate access to hemorrhage medications (kit or equivalent)
- Establish a response team - who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services)
- Establish massive and emergency release transfusion protocols (type-O negative/uncrossmatched)
- Unit education on protocols, unit-based drills (with post-drill debriefs)

## RECOGNITION & PREVENTION

### Every patient

- Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)
- Measurement of cumulative blood loss (formal, as quantitative as possible)
- Active management of the 3rd stage of labor (department-wide protocol)

## RESPONSE

### Every hemorrhage

- Unit-standard, stage-based, obstetric hemorrhage emergency management plan with checklists
- Support program for patients, families, and staff for all significant hemorrhages

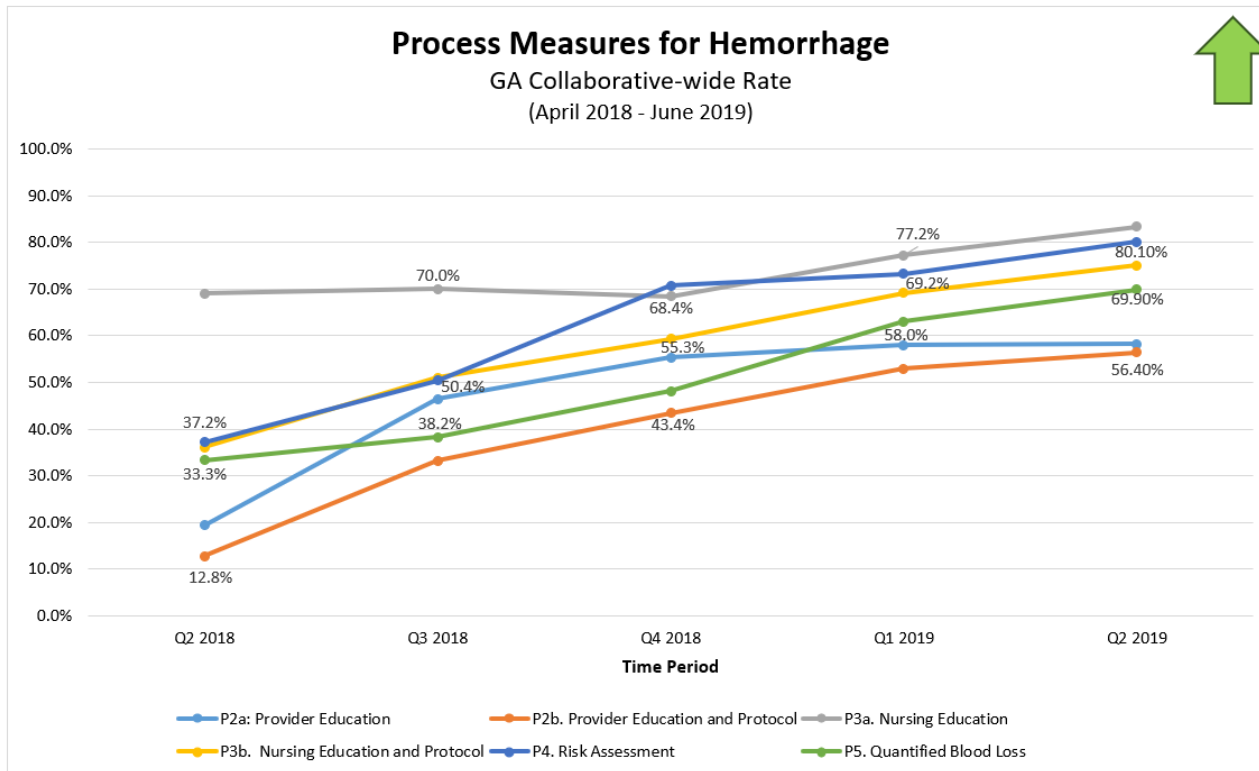
## REPORTING/SYSTEMS LEARNING

### Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of serious hemorrhages for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement (QI) committee

PATIENT  
SAFETY  
BUNDLE

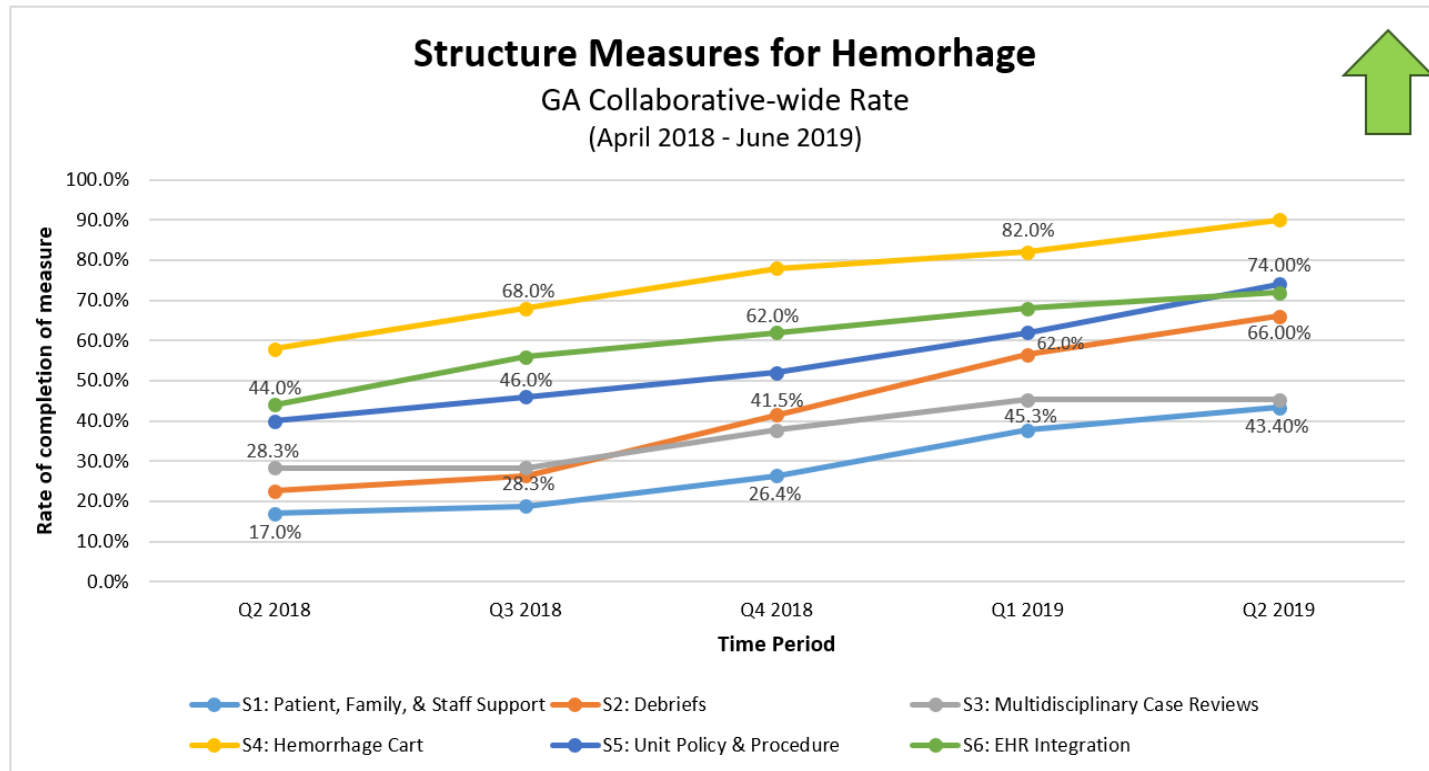
Obstetric Hemorrhage





## Structure Measures for Hemorrhage

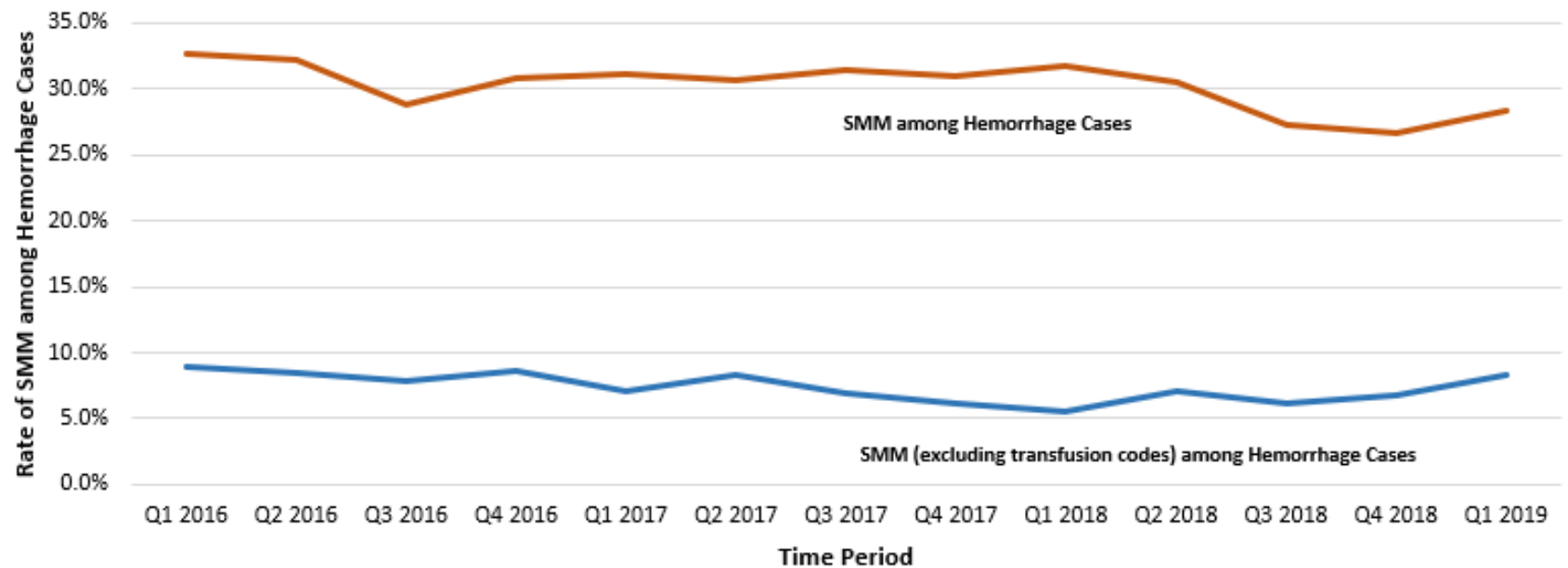
GA Collaborative-wide Rate  
(April 2018 - June 2019)





## GaPQC Severe Maternal Morbidity among Hemorrhage Cases

(January 2016 - March 2019)



# More Support for AIM Bundles!



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## Modern Healthcare

August 30, 2019 03:27 PM

### Joint Commission imposes maternal safety standards for hospital accreditation

MARIA CASTELLUCCI [Twitter](#) [Email](#)



Getty Images/Blend Images

The 13 new standards are in response to widespread adoption of evidence-based practices to prevent maternal mortality due to hemorrhage and hypertension.

Starting next July, the Joint Commission will require accredited hospitals to have 13 policies in place to help prevent the likelihood of hemorrhage and severe hypertension for pregnant patients.



# Neonatal Subcommittee



- Monthly Collaborative Calls
  - QI training
  - NAS content
- VON Microlesson Completion
  - Approximately half the hospitals have begun completing lessons
- VON Day Audit occurred July 8<sup>th</sup>-12<sup>th</sup>
  - 38 hospitals participated (80% of the Collaborative)



# Policies and Guidelines



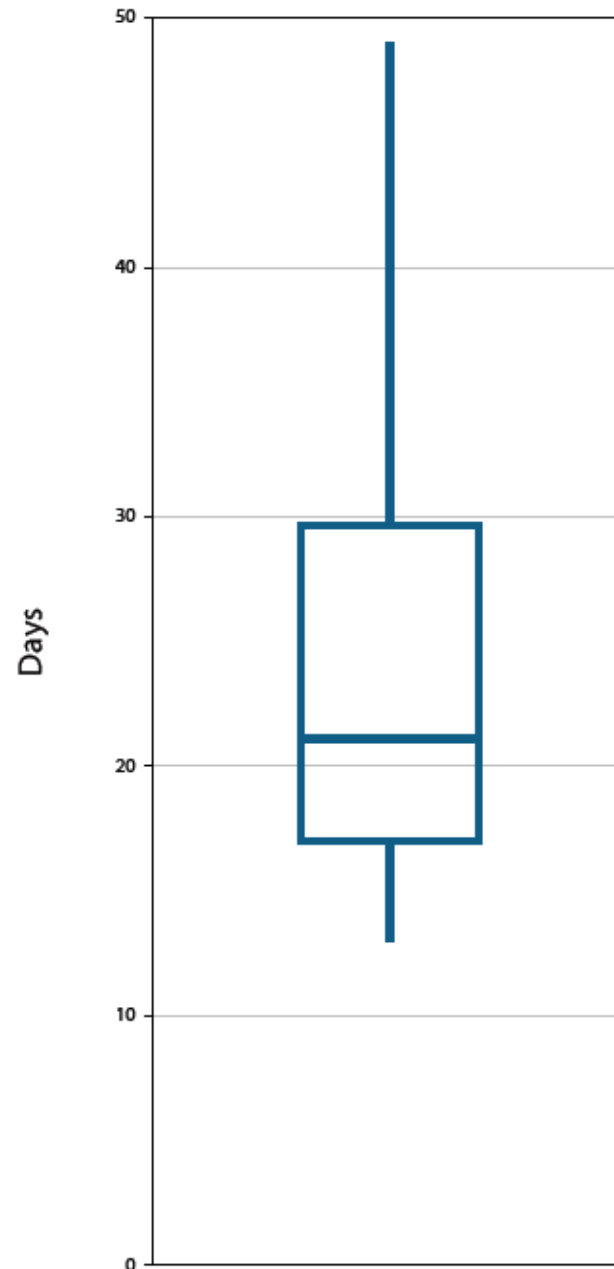
	Georgia (GaPQC)		
	Yes	Centers	(%)
Our hospital has a policy or guideline that defines indications and procedures for screening for maternal substance abuse.	30	38	(78.9)
Our hospital has a policy or guideline for the evaluation and comprehensive treatment of infants at risk for or showing signs of withdrawal.	27	38	(71.1)
Our hospital routinely uses a scoring system to evaluate signs and symptoms of drug withdrawal.	35	38	(92.1)
The following scoring tools are used at your hospital to evaluate signs and symptoms of drug withdrawal:			
Finnegan	17	35	(48.6)
Modified Finnegan	20	35	(57.1)
Lipsitz	1	35	(2.9)
Fir Square checklist	0	35	(0.0)
Locally Developed Instrument	0	35	(0.0)
Other	0	35	(0.0)
Our hospital has guidelines or policies addressing the use of the Eat, Sleep, Console (ESC) assessment in the management of opioid exposed infants.	3	38	(7.9)
Our hospital has a formal education program that promotes standardization of NAS scoring among caregivers.	9	38	(23.7)
Our hospital has a policy or guideline for the non-pharmacological treatment of neonatal abstinence syndrome.	21	38	(55.3)
Our hospital has a policy or guideline for the pharmacological treatment of neonatal abstinence syndrome	17	38	(44.7)
Our hospital has a policy or guideline that encourages breastfeeding or the provision of expressed human milk in substance exposed infants.	17	38	(44.7)





# Total Length of Hospital Stay

- Max: 77
- Q3: 32
- Median: 22
- Q1: 15
- Min: 7





SAVE THE DATE  
APRIL 23-24, 2020  
Georgia Perinatal Quality Collaborative  
3rd Annual Meeting

**Atlanta, GA**

Agenda and registration information to follow.  
For more info: Visit [www.georgiapqc.org](http://www.georgiapqc.org) or email [info@georgiapqc.org](mailto:info@georgiapqc.org)