



35TH ANNUAL **AHA RURAL  
HEALTH CARE  
LEADERSHIP  
CONFERENCE**

**FEBRUARY 6-9, 2022**  
ARIZONA GRAND RESORT & SPA

35TH ANNUAL **AHA RURAL HEALTH CARE** | LEADERSHIP CONFERENCE

# Combating Maternal Morbidity and Mortality as a State

Aisha Syeda, MPH, Program Manager, Strategic Initiatives, AHA

*Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.*

# Agenda

- Introduction
- Arizona Hospital and Healthcare Association
- Tuba City Regional Health Care Corporation
- Summit Healthcare
- Q&A



**50,000**

women suffer severe health problems related to pregnancy; and

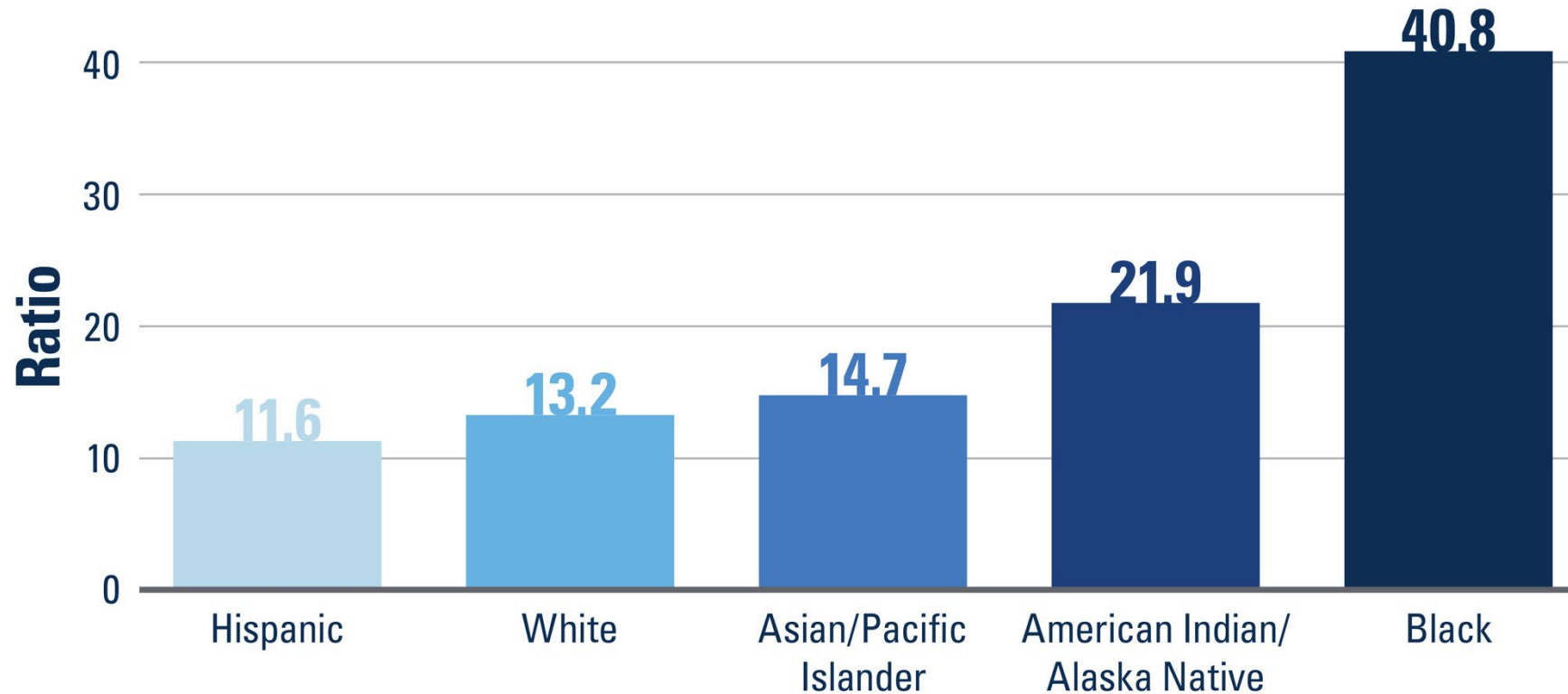
**700**

women die from pregnancy- and delivery-related complications each year in the United States

Source: [www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html](http://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html)

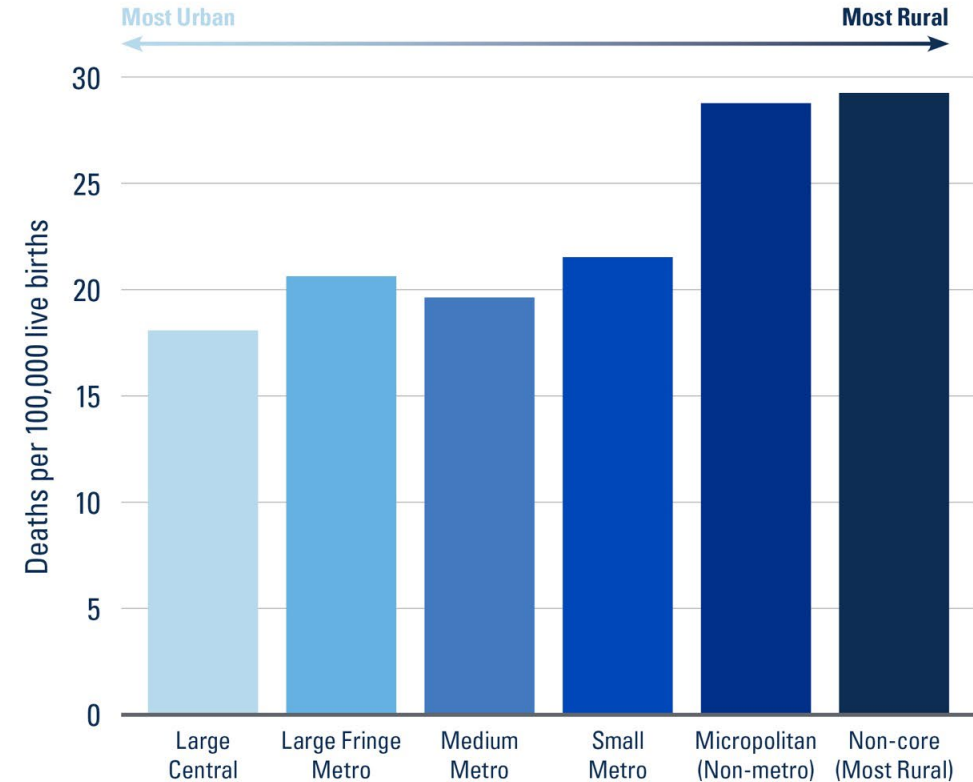
# Pregnancy-related Mortality Ratios

by Race, U.S. 2015-2016



# Maternal Mortality Rates Higher in Rural Areas

- Overall health outcomes are generally worse
- Lack of access to health care services and providers
- Since 2010, more than 100 rural hospitals have closed
  - As a result, **less than 50%** of rural women have access to perinatal care within 30 miles of their home; and **more than 10%** of rural women drive 100 miles or more for perinatal services



# AHA's Better Health for Mothers and Babies

<https://www.aha.org/better-health-for-mothers-and-babies>



# Speakers



Vicki Buchda, MS, RN, NEA-BC  
Arizona Hospital and Healthcare  
Association



Katherine Glaser, MD, MPH  
Obstetrician/Gynecologist  
Tuba City Regional Health Care Corporation



Jennette Larsen, MSN RN CPHQ  
Director, Quality Management  
Summit Healthcare



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# Reducing Maternal Mortality & Morbidity in Rural Arizona

Vicki Buchda, MS, RN, NEA-BC  
Arizona Hospital and Healthcare Association

# In 2019, the AZ State Legislature passed SB 1040 to address preventable maternal deaths

A review of deaths 2012-2015 had estimated 89% were preventable



# Severe Maternal Morbidity & Maternal Mortality Initiative Timeline

## Severe Maternal Morbidity & Maternal Mortality Meeting

Provide data and information to get stakeholders on the same page; Create common direction and shared vision; Identify opportunities to take action and agree upon next steps

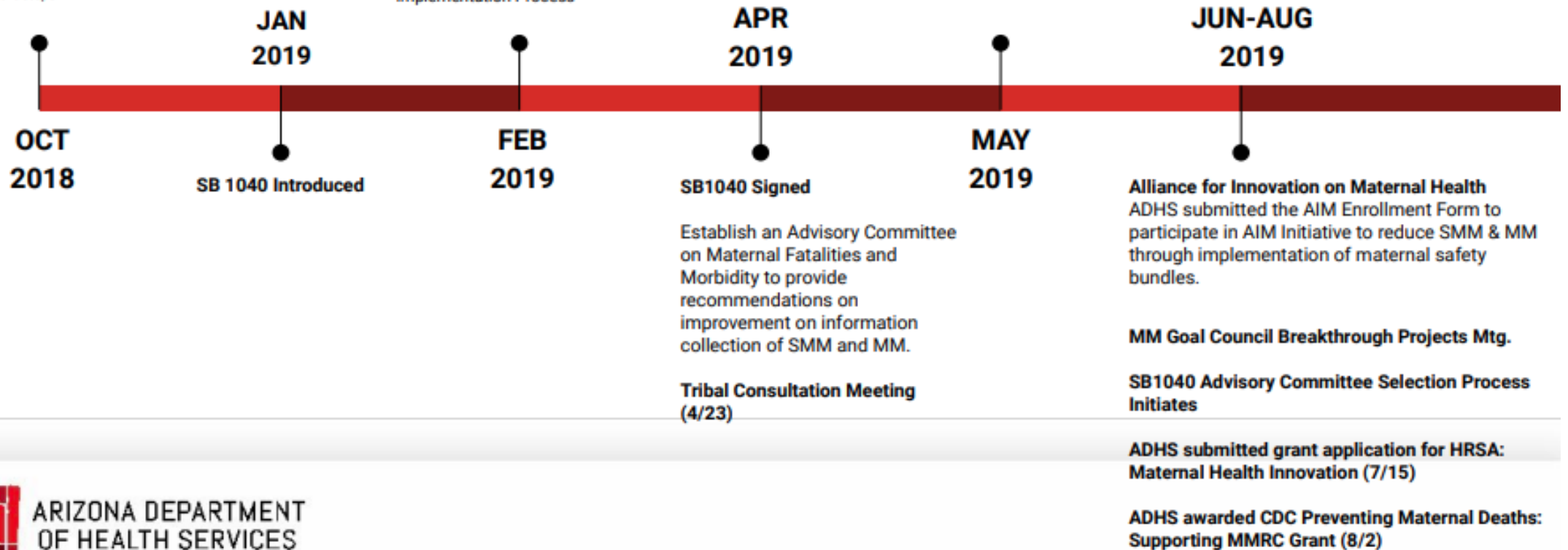
## Tribal SMM & MM Mtg. (2/1)

Provide tribal data and information to Tribal Leaders to develop continuous partnership

## Statewide SMM & MM Mtg. (2/26)

Commitment to participate in the Alliance for Maternal Health, Feedback on AIM Implementation Process

ADHS submitted grant application for CDC Preventing Maternal Deaths: Supporting MMRC (5/8)



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

Health and Wellness for all Arizonans

# Severe Maternal Morbidity & Maternal Mortality Initiative Timeline



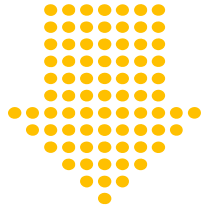
ARIZONA DEPARTMENT  
OF HEALTH SERVICES

*Health and Wellness for all Arizonans*

# About AIM

- **The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative.**
  - Based on proven safety and quality implementation strategies
  - Works to reduce preventable maternal mortality and severe morbidity across the United States.
- **Cooperative agreement with**
  - The U.S. Department of Health and Human Services (HHS)
  - Health Resources and Services Administration's (HRSA) Maternal and Child Health Child Health Bureau
  - ACOG

# AIM's Primary Objective

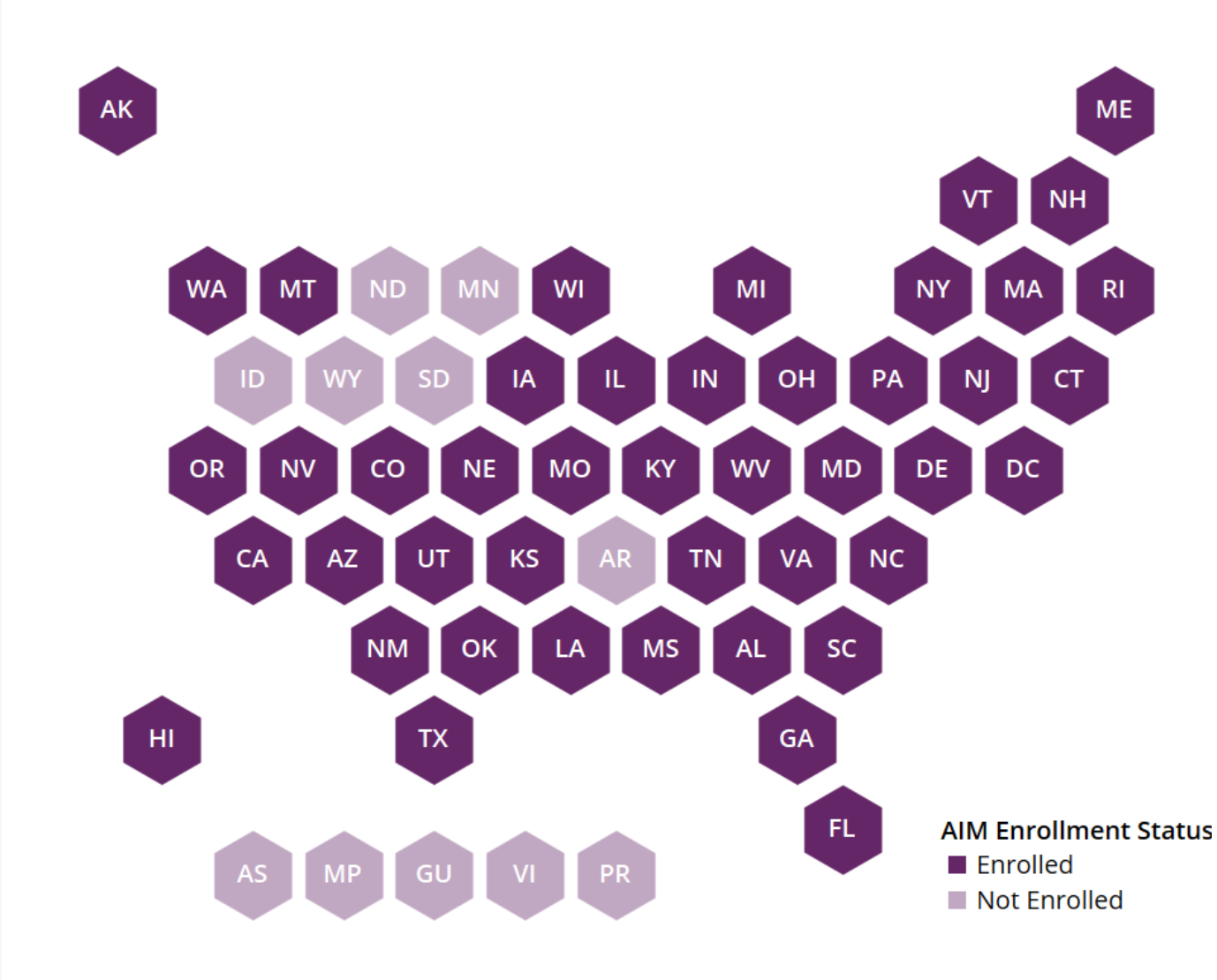


**Reduce preventable maternal deaths and severe maternal morbidity (SMM) in the United States.**

By:

- Promoting safe care for every U.S. birth via engagement with state-based multidisciplinary implementation teams.
- Engaging multidisciplinary partners at the national level.
- Developing and providing tools for implementation of evidence-based patient safety bundles.
- Utilizing data-driven quality improvement strategies.
- Aligning existing efforts and disseminating evidence-based resources.

# AIM States



# AIM National Team



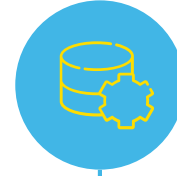
## Project Oversight

Provide assistance to state teams on the development of bundle implementation workplans. Offer ongoing guidance to help state teams achieve program objectives.



## Engagement Opportunities

Facilitate opportunities for collaboration, learning, and information sharing amongst state teams. Offerings include bundle interest groups and knowledge library.



## Data Strategy

Support state teams with the development of a data collection strategy that meets local needs. Provide resources to enable ongoing collection and reporting of hospital-level data.



## Budget Guidance

Offer guidance on the design of project budgets and strategies for effective utilization of HRSA funds to support program objectives within the state.



# AIM Patient Safety Bundles

- “A bundle is a structured way of improving the processes of care and patient outcomes:

- Small
- Straightforward
- Evidence-based

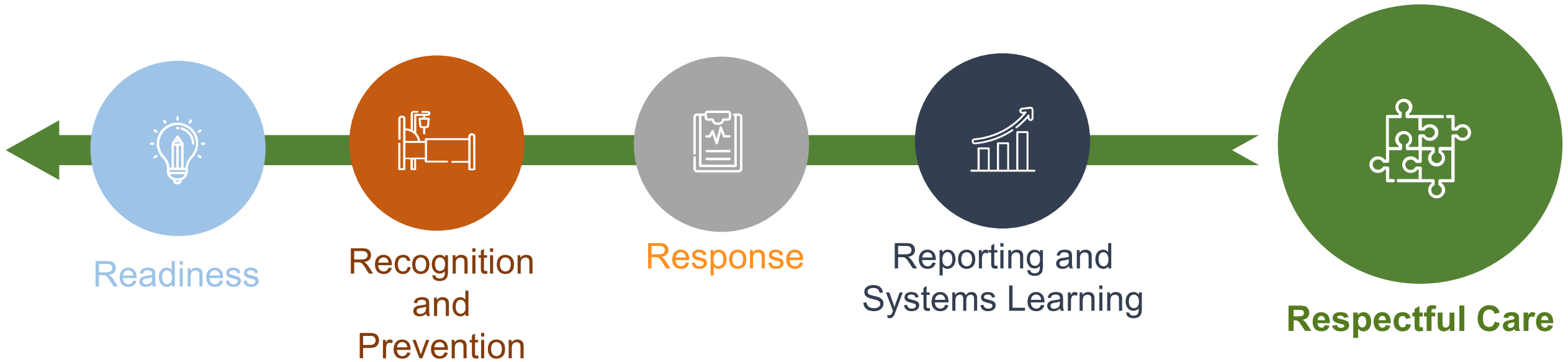
The power of a bundle comes from the body of science behind it and the method of execution: with **complete consistency**.

- Performed uniformly

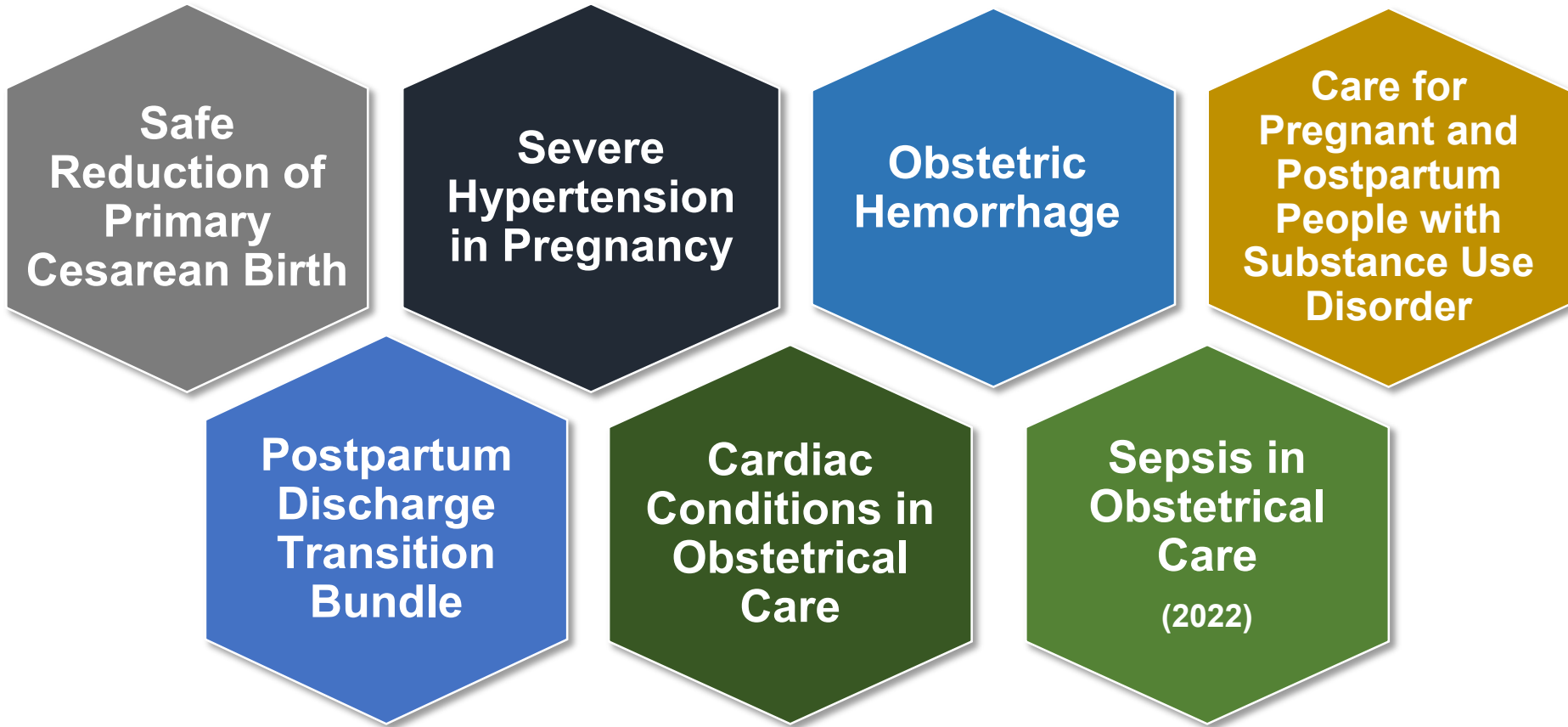
**A bundle ties the changes together into a package of interventions that people know must be followed for every patient, every single time.”**

- Institute for Healthcare Improvement

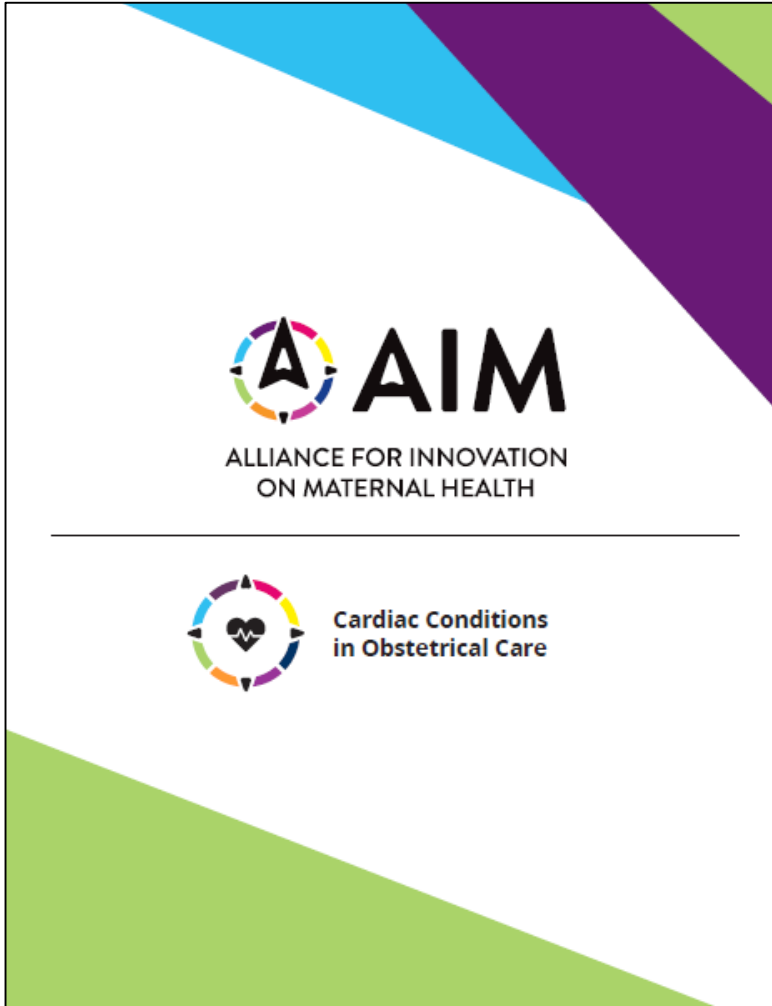
# AIM Bundle Components



# AIM Patient Safety Bundles



# AIM Patient Safety Bundles



 **Cardiac Conditions in Obstetrical Care**

For the purpose of this Bundle, cardiac conditions refer to disorders of the cardiovascular system which may impact maternal health. Such disorders may include congenital heart disease or acquired heart disease, including but not limited to cardiac valve disorders, cardiomyopathies, arrhythmias, coronary artery disease, pulmonary hypertension and aortic dissection.

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**Readiness — Every Unit**

Train all obstetric care providers to perform a basic Cardiac Conditions Screen.

Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.

Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.

Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period.

Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.

Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care.

Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care.\*

**Recognition & Prevention — Every Patient**

Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.

In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year.

Assess if escalating warning signs for an imminent cardiac event are present.

Utilize standardized cardiac risk assessment tools to identify and stratify risk.

Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.

Screen each person for condition associated risk factors and provide linkage to community services and resources.\*

\*See [Cardiac Conditions Element Implementation Details](#)

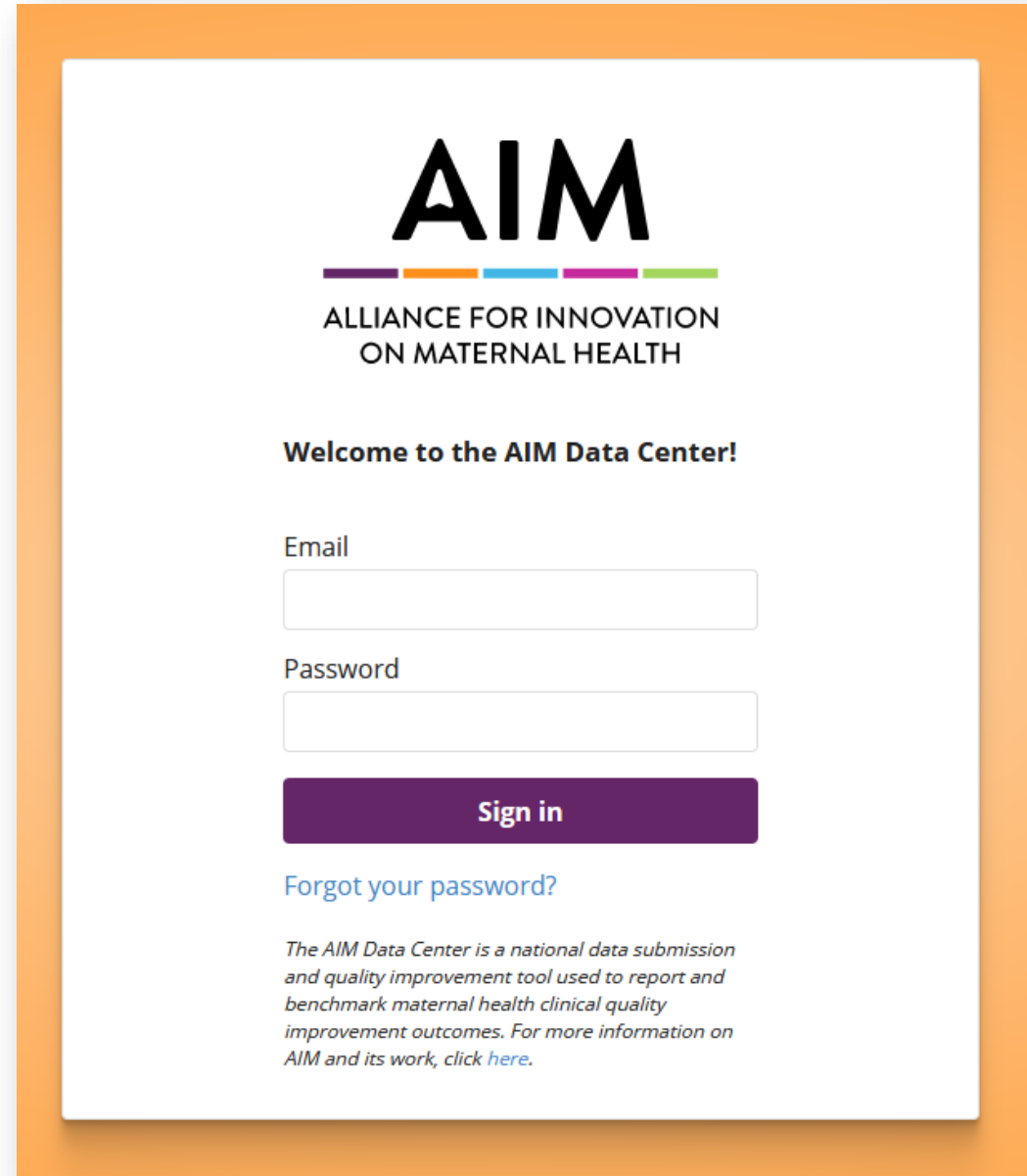
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- Patient Safety Bundles can be found on the AIM website
- Includes resources and implementation supporting documents

# AIM Data Center

## Web-based data submission system

- Used by state-based teams to report and monitor quality improvement data from AIM patient safety bundle implementation
- **No** personal health information – all data are in aggregate form, attributable to a facility, collaborative, or state



**AIM**

ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

**Welcome to the AIM Data Center!**

Email

Password

**Sign in**

[Forgot your password?](#)

*The AIM Data Center is a national data submission and quality improvement tool used to report and benchmark maternal health clinical quality improvement outcomes. For more information on AIM and its work, [click here](#).*

# In 2020, Arizona Department of Health Services partnered with Arizona Hospital & Healthcare Association to create the Arizona AIM Collaborative

## GOALS:

- Implement AIM Maternal Safety Bundles in participating birthing centers
- Use data to drive improvement
- Reduce maternal deaths associated with **high blood pressure** by 20%



# Arizona's AIM Journey

- Formed a Steering Committee of SMEs
  - Monthly meetings started in **June 2020**
  - Steering Committee oversees the:
    - Work Plan
    - Communication Plan
    - Implementation Plan
    - Education Plan
    - Evaluation
  - Selected Hypertension bundle (based on data) and developed AIM statement



# Arizona's AIM Journey, cont.

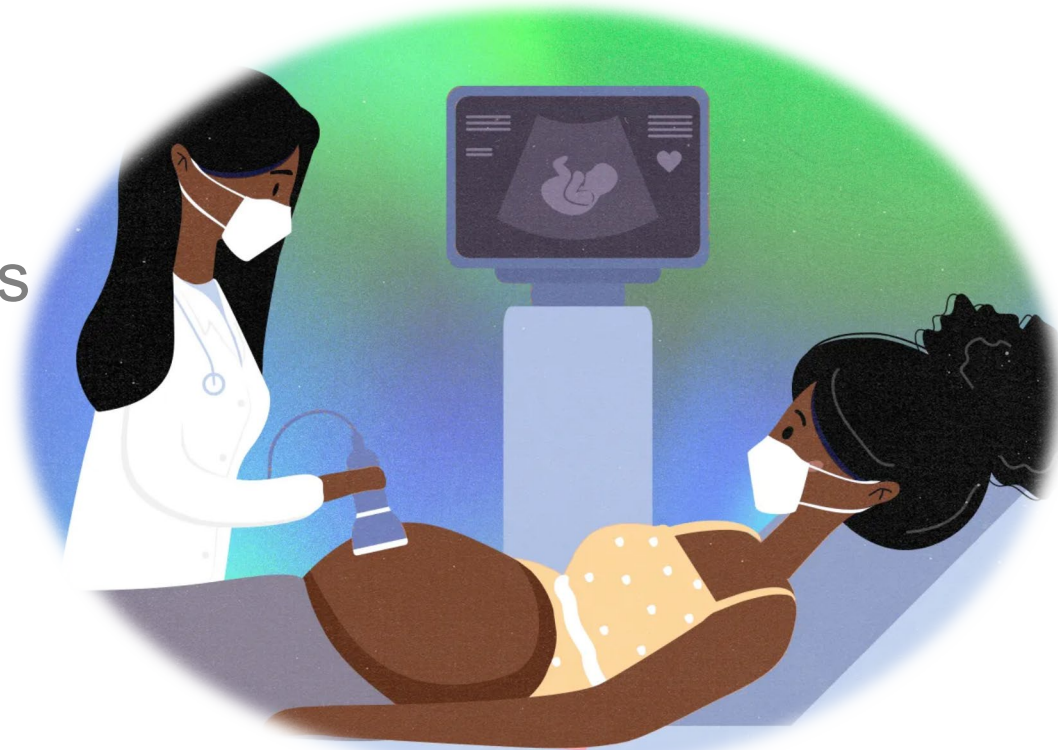
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- Developed recruitment documents, expectations, FAQs and landing page on AzHHA website
- Birthing hospital recruitment began **January 2021**
- All birthing hospitals invited to participate
- Kick-off with hospitals **April 2021**



# Current Status

- 33 out of 41 Hospital Birthing Centers participating
- Currently implementing the AIM Severe Hypertension in Pregnancy Bundle
- Hospitals were asked to collect April-May-June 2021 as baseline data
- Recently shared individual facility reports of baseline data
- Targeted improvement efforts can now be started



# Data are Critical



Identifies QI opportunities



Drives process improvement  
& technical assistance



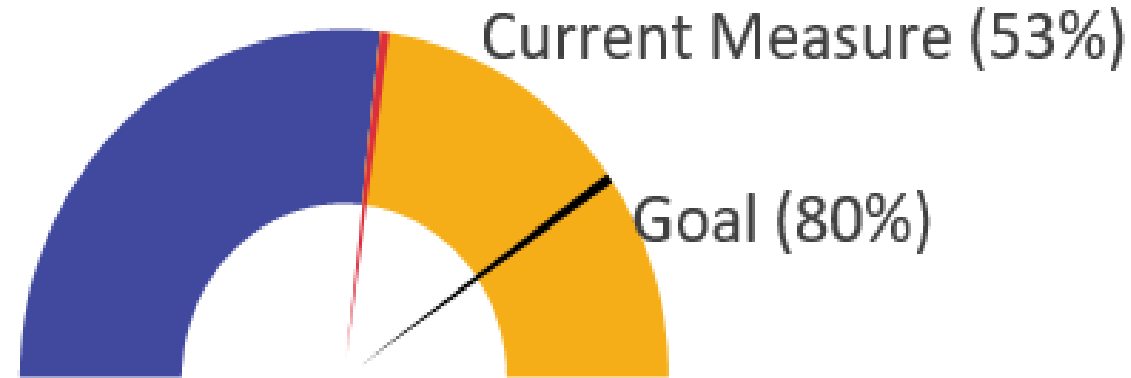
Evaluates QI activities &  
programmatic goals



# Baseline Data

## Reduce time to treatment

Goal Statement: 80% of women with two consecutive blood pressures of 160 systolic or 110 diastolic are treated within 60 minutes (n=29).

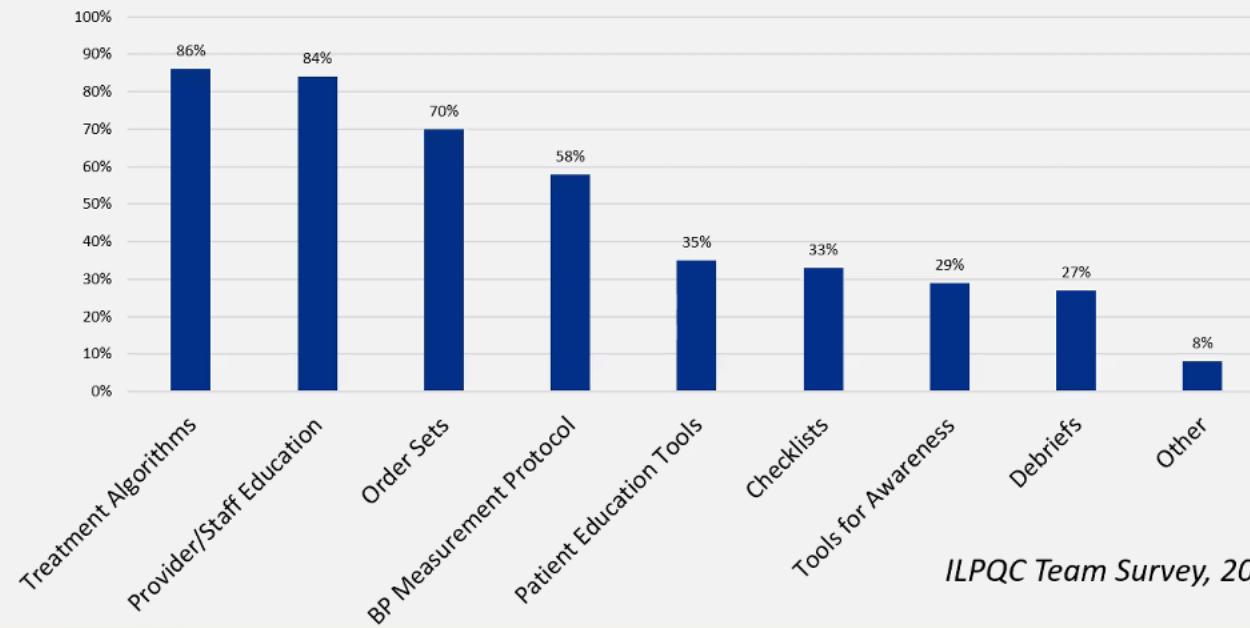


Goal: Reduce time to treatment  
All facilities  
April 1, 2021 - End of reported quarter

# Findings from Illinois Perinatal Quality Collaborative

## Reducing Time To Treatment

Elements of Maternal Hypertensive Bundle Most Effective in Reducing Time to Treatment



ILPQC Team Survey, 2017

# Next Steps

- Assist hospitals with
  - Data analysis
  - Using the science of quality improvement
    - Cause and effect diagrams
    - Driver diagram
    - PDSA worksheets
    - Run Charts and Control Charts

# Thank You

**Vicki Buchda, MS, RN, NEA-BC**

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Phoenix, AZ 85004

# Implementation of AIM Hypertension Safety Bundle

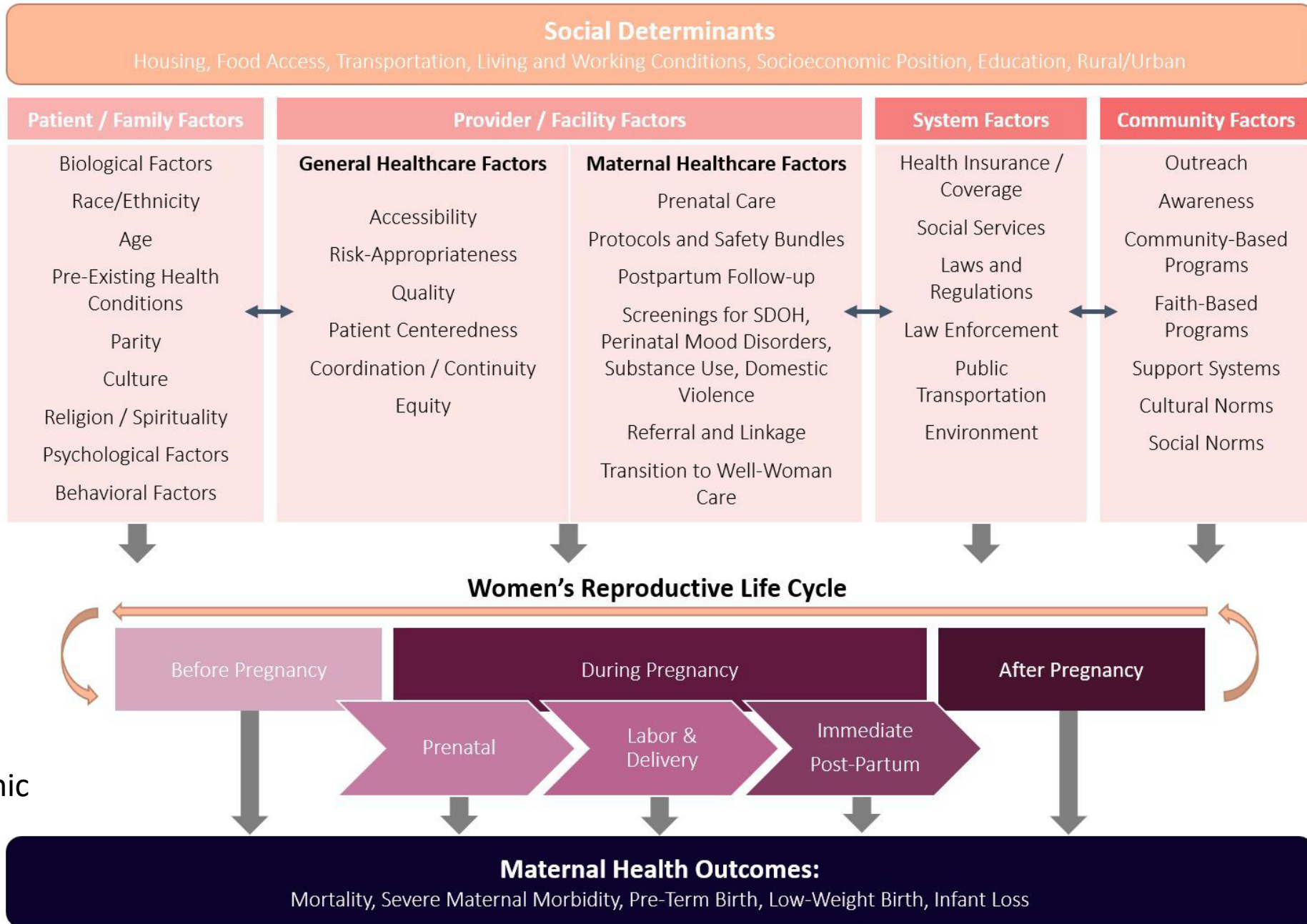
Katherine Glaser, MD, MPH

Obstetrician/Gynecologist

Tuba City Regional Health Care Corporation

February 7, 2022

# Factors that Affect Maternal Mortality and Morbidity





# Arizona Maternal Mortality Review Committee

- 6% of births to American Indian/Alaska Native women
- 9.7% of deaths, but highest mortality rate
- Also highest for serious maternal morbidity



# Tuba City Regional Health Care Corporation

- Licensed 73-bed hospital on Western Navajo Nation
- Caring for women of Navajo, Hopi, and San Juan Southern Paiute tribes
- 350-400 births/year in most recent years



Photo Credit: New York Times

# Care Model

- Collaborative care with team of CNM and OB/Gyn
- Prenatal care
  - Baby Friendly Certification
  - 20-30% GDM and DM—dedicated RD
  - 80% overweight or obese
  - All services located at the site

# Inpatient Care

- Labor and Delivery staffed by CNMs
- Consultation provided by OB/Gyn



# AIM Implementation

- Participation in Arizona AIM Collaborative in April 2021
- ✓ Drills
- ✓ Arizona Perinatal Trust
- ✓ Case reviews
- ✓ Order set in EHR

# New Measures

- Required training about hypertension
- Measurement of 1 hour to treatment
- Debriefing



# Next Steps

- Additional training in post-birth warning signs, equity or implicit bias
- Implementation of hemorrhage bundle

# Challenges

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- Change from Omnicell to Pyxis
- Covid



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# Combating Maternal Morbidity and Mortality as a State

Jennette Larsen MSN RN CPHQ  
Director, Quality Management  
Summit Healthcare

# About Us



Service area approximately 3000 square miles

89 Bed Hospital with 12 Behavioral Beds

769 Deliveries in 2021

7 Labor/Delivery Beds

10 Postpartum Beds (normally)

2 OB Surgical Suites

8 Level II Nursery Beds

Electively deliver-34 weeks

11 Neonatal Providers

Physicians and NNPs on call 24/7

# Population

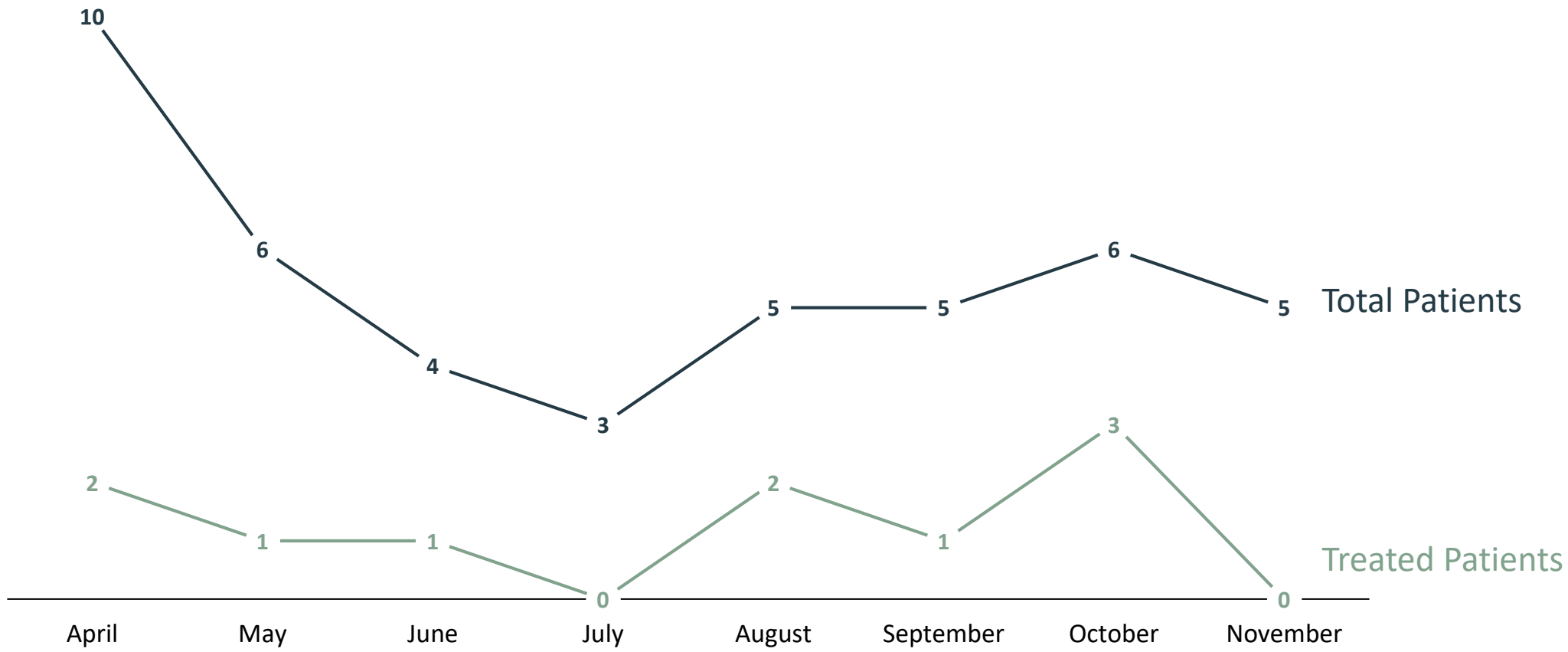
## Navajo County

71%	7%	\$38,897	26%
Overweight/Obese	ETOH binge/30 days	Median income	Living in poverty

## OB Patients

58%	29%	11%	56%	42%
non Hispanic Whites	Native Americans	Hispanic	Married	Unwed mothers

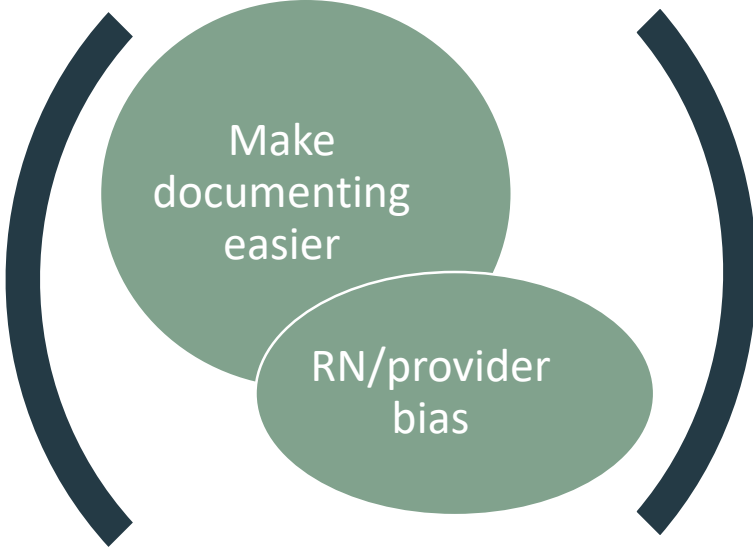
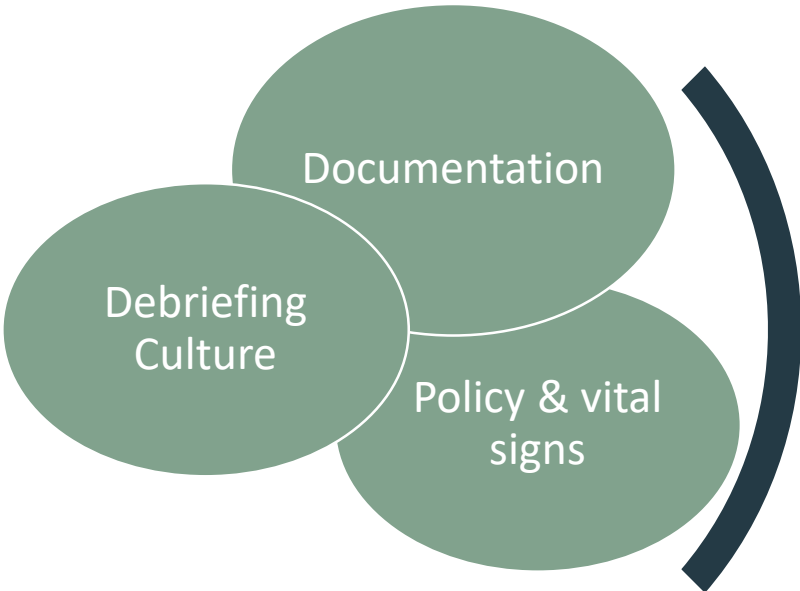
# AIM Collaborative: Severe HTN Treatment for 2021



Barriers/Challenges

Lessons Learned

Successes



# Next Steps

Develop Pareto for causation

Frontline staff to identify leading measures

Integrate monitoring into Ongoing Professional Practice Evaluation (OPPE)



# Other Maternal Health Equity Efforts

Healthy Steps and Perinatal Mood and Anxiety Disorders (PMAD)

Communication collaboration with Indian Health Services



**Questions?**



# Members in Action: Case Studies, Podcasts

- [Kearney County Hospital](#)
- [Norton Healthcare](#)
- [St. Peter's Health](#)
- [Sutter Health](#)
- [Virtua Vorhees Hospital/Virtua Health](#)
- [The Children's Hospital of San Antonio](#)
- [Northwell Health](#)

*To explore more resources, please visit:*

<https://www.aha.org/advocacy/maternal-and-child-health>

[https://www.aha.org/better-health-for-mothers-and-babies.](https://www.aha.org/better-health-for-mothers-and-babies)



Advancing Health in America

A stylized illustration of a pregnant woman in profile, wearing a dark blue dress, against a background of a large yellow sun and a dark blue night sky with stars. The word 'SEVEN' is written in large white letters with a yellow '7', and 'INSEVEN' is written in smaller white letters below it.

# SEVEN

INSEVEN

# Seven in Seven: Digital Solutions for Perinatal Care

Podcast series highlights 7 health care organizations are using a digital solution to improve access and delivery of perinatal care.

- AVIA
- Boston Medical Center
- Froedtert & The Medical College of Wisconsin
- Providence St. Joseph Health
- CommonSpirit Health
- MedStar Health
- Connecticut Children's

To listen to the series, please visit:

<https://www.aha.org/seveninseven>

# Other Resources and Tools

- CDC's Division of Heart Disease and Stroke: [Hypertension Management Program \(HMP\) Toolkit](#)
- The Community Guides' [Heart Disease and Stroke Prevention: Team-based Care to Improve Blood Pressure Control](#)

# Improving Health Equity: A Screening of Toxic: A Black Woman's Story

Feb. 7

3:30 – 4:45 p.m.

Explore factors such as toxic stress, microaggressions and racial inequities which negatively impact Black moms and their birth outcomes



# Thank You!

[saisha@aha.org](mailto:saisha@aha.org)