Public Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0906-0091. This information collection supports the identification, development, implementation, and dissemination of maternal (patient) safety bundles to promote safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and severe maternal morbidity rates within the U.S. The mission of AIM is to support best practices that make birth safer, improve the quality of maternal health care and outcomes, and save lives. Maternal patient safety bundles address topics commonly associated with health complications or risks related to prenatal, labor and delivery, and postpartum care. The time required to complete this information collection is estimated to average less than 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory for grantees and voluntary for non-grantees, and confidentiality is followed according to law. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-<u>resources</u> for the HRSA digital accessibility statement.

## AIM Biannual Reporting Survey – [SEASON YEAR]

Start of Block: Demographics

T1 Thank you for completing the [SEASON YEAR] AIM Biannual Reporting Survey! The purpose of this survey is to collect data to evaluate the reach of the AIM program, identify state and jurisdiction teams' technical assistance needs, and determine needed improvements to the program.

Please refer to your [PREVIOUS SEASON YEAR] AIM Biannual Reporting Survey responses in Dropbox to support your completion of this survey.

Unless otherwise specified, please answer all questions.

Q1 Which state or jurisdiction do you represent?

▼ Alaska Wyoming
Q2 What is your name?
Q3 What is your email address?
Please enter a valid email.
End of Block: Demographics
Start of Block: Participating Facilities
T2 This section focuses on birthing facilities participating in AIM with your state or jurisdiction team.
Q4 As of [END OF REPORTING PERIOD], what is the <b>total number</b> of birthing facilities (hospitals with labor and delivery units and freestanding birth centers) in your state or jurisdiction?  This field only accepts numbers.
Q4a How many of these facilities are hospitals?
Q4b How many of these facilities are freestanding birth centers (i.e. not a labor and delivery unit within a hospital)?
Q4c Are any of these facilities Indian Health Service or Tribal facilities? (Yes/No)
Q5 To the best of your knowledge, who else is participating in patient safety bundle implementation in your state or jurisdiction, beyond labor and delivery units in birthing hospitals?  □ Non-birthing hospitals (hospitals without a labor and delivery unit)

	Operating rooms Critical care or intensive care units EMS/first responders Urgent cares Blood banks EDs (within birthing facilities) EDs (freestanding) Outpatient clinics  Substance use disorder Mental health Other (comment)
Q6 How d	loes your state or jurisdiction team define birthing facility for reporting to AIM?
Inform AIM.	ation provided gives contextual information on how birthing facilities data are reported to
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_	
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 Q7	
Since	[DATE OF PRIOR BIANNUAL SURVEY], what changes have occurred in the birthing
	es (hospitals with labor and delivery units and freestanding birth centers) in your state or ction? Select all that apply or "No changes."
•	to your state or jurisdiction responses to the [DATE OF PRIOR BIANNUAL SURVEY] in
	opbox link shared with you by the AIM TA Center. Select all that apply or "No changes."
	Additional hospitals have started providing labor and delivery services
	Additional freestanding birth centers have started providing labor and delivery services
	Hospitals have permanently or temporarily closed or suspended obstetric/labor and
	delivery services
	Freestanding birth centers have permanently or temporarily closed or suspended
_	obstetric/labor and delivery services
	Hospitals or freestanding birth centers had temporarily closed or suspended
	obstetric/labor and delivery services and have restarted services  Other (comment)

□ ⊗ No changes

Q8

Of your state or jurisdiction's [NUMBER OF BIRTHING FACILITIES FROM Q4] birthing facilities, how many **participate in AIM** with your state or jurisdiction team as of [END OF REPORTING PERIOD]?

For the purposes of reporting to AIM, please define a facility as participating in AIM if it meets any of the following criteria:

- Formally plans to begin implementation of AIM patient safety bundles (PSBs) with your state or jurisdiction team
- Currently implements QI projects using elements from AIM PSBs with your state or jurisdiction team, including pilot projects
- Is sustaining AIM PSBs or QI projects using elements from AIM PSBs with your state or jurisdiction team
- Is otherwise engaged in AIM PSB activities, such as implementation of AIM PSBs or elements from AIM PSBs under a different project name, with your state or jurisdiction team.

This field only accepts numbers.		

Q9

Of your state or jurisdiction's [NUMBER OF FACILITIES POPULATED FROM Q8] participating birthing facilities, how many **began participating in AIM** with your state or jurisdiction team between [DATE RANGE FOR DATA COLLECTION PERIOD]?

For the purposes of reporting to AIM, please define a facility as participating in AIM if it meets any of the following criteria:

- Formally plans to begin implementation of AIM patient safety bundles (PSBs) with your state or jurisdiction team
- Currently implements QI projects using elements from AIM PSBs with your state or jurisdiction team, including pilot projects
- Is sustaining AIM PSBs or QI projects using elements from AIM PSBs with your state or jurisdiction team
- Is otherwise engaged in AIM PSB activities, such as implementation of AIM PSBs or elements from AIM PSBs under a different project name, with your state or jurisdiction team.

This field only accepts numbers.		

Q9a How many of these facilities are hospitals?
Q9b How many of these facilities are freestanding birth centers (i.e. not a labor and delivery unit within a hospital)?
Q9c Are any of these facilities Indian Health Service (IHS) or Tribal facilities? (Yes/No)
Q10 How many birthing facilities <b>stopped participating in AIM</b> with your state or jurisdiction team due to <b>permanent</b> hospital, obstetric department/labor and delivery unit, or freestanding birth center closures between [DATE RANGE FOR DATA COLLECTION PERIOD]?
This field only accepts numbers.
Q11 How many birthing facilities <b>stopped participating in AIM</b> with your state or jurisdiction team due to <b>temporary</b> hospital or freestanding birth center closures or suspensions of obstetric/labor and delivery services between [DATE RANGE FOR DATA COLLECTION PERIOD]?
This field only accepts numbers.
Q12 How many birthing facilities (hospitals with obstetric/labor and delivery units and freestanding birth centers) <b>stopped participating in AIM</b> with your state or jurisdiction team due to <b>reasons other than</b> temporary or permanent closures between [DATE RANGE FOR DATA COLLECTION PERIOD]?
This field only accepts numbers.

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If If How many birthing facilities stopped participating in AIM with your state or jurisdiction team due to reasons other than temporary or permanent closures between [DATE RANGE FOR DATA COLLECTION PERIOD]?... Text Response Is Greater Than 0

Q13 Please share why facilities <b>stopped</b> participating in AIM with your state-based team fo <b>other than</b> temporary or permanent closures.	r <b>reasons</b>
Please be as detailed and specific as possible in your response.	
-	
The following questions ask you to reflect on your state or jurisdiction team's goals and regarding birthing facility participation in AIM. Please be as detailed as possible in your responses.  Questions 14 and 15 will be asked when states initially enroll in AIM and no more than	r
other year after enrollment.	
Q14 What are your state or jurisdiction team's strategies for enrolling birthing facilities in Do you intend to engage all birthing facilities in AIM? If not all, which facilities do you for engagement efforts on and why?	

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Q15 W	hat is your strategy for engaging with birthing facilities not currently participating in AIM?
End o	f Block: Participating Facilities
Start o	of Block: Patient Safety Bundles
T3 Thi jurisdio	s section focuses on AIM patient safety bundle implementation in your state or ction.
-	INSERT DATE], which AIM patient safety bundle(s) is your team <b>currently</b> <pre>nenting with participating facilities?</pre>
	This may include active implementation or sustaining implementation with participating acilities. Select all that apply.
	Obstetric Hemorrhage
	Severe Hypertension in Pregnancy
	Safe Reduction of Primary Cesarean Birth
	Cardiac Conditions in Obstetric Care
	Sepsis in Obstetric Care
	Postpartum Discharge Transition
	Perinatal Mental Health Conditions  Care for Pregnant and Postpartum People with Substance Use Disorder

Q17 As of [INSERT DATE], how many facilities are participating in implementing each patient safety bundle? This may include active implementation or sustaining implementation with participating facilities. Possible validation – check that the number of facilities implementing a single bundle doesn't exceed the total facilities participating in Q7. Allow respondents to go backwards in the survey to correct numbers if needed. Obstetric Hemorrhage: birthing facilities Severe Hypertension in Pregnancy: \_\_\_\_\_ birthing facilities Safe Reduction of Primary Cesarean Birth: \_\_\_\_\_ birthing facilities Cardiac Conditions in Obstetric Care: birthing facilities Sepsis in Obstetric Care: \_\_\_\_\_ birthing facilities Postpartum Discharge Transition: \_\_\_\_\_ birthing facilities Perinatal Mental Health Conditions: \_\_\_\_\_ birthing facilities Care for Pregnant and Postpartum People with Substance Use Disorder: \_\_\_\_\_ birthing facilities **O18** Which AIM patient safety bundle(s) does your team plan to begin implementing in the next six months? Select all that apply. Obstetric Hemorrhage □ Severe Hypertension in Pregnancy ☐ Safe Reduction of Primary Cesarean Birth □ Cardiac Conditions in Obstetric Care ☐ Sepsis in Obstetric Care □ Postpartum Discharge Transition Perinatal Mental Health Conditions Care for Pregnant and Postpartum People with Substance Use Disorder We do not currently plan to begin implementing any additional AIM patient safety bundles in the next six months. O18 How does your state or jurisdiction decide which patient safety bundles to implement (including, if applicable, the data sources you use to inform the decision)?

Expiration Date: 5/31/2027
End of Block: Patient Safety Bundles
Start of Block: Live Births
T4 This section focuses on live births among facilities participating with your state or jurisdiction team. [Section is asked annually in the first survey of the year]
Q19 How many live births occurred in the [NUMBER OF PARTICIPATING BIRTHING FACILITIES] birthing facilities participating in AIM with your state or jurisdiction team?
<ul> <li>Reporting criteria:</li> <li>Report aggregate live birth data among all facilities participating in AIM with your state or jurisdiction team.</li> <li>Use birth certificate data for reporting.</li> <li>Use the most recent full calendar year of data when reporting.</li> <li>Use occurrent births among participating facilities when reporting. Occurrent births refer to births that occurred in the state or jurisdiction your team represents, regardless of the person who gave birth's status as a state or jurisdiction resident.</li> <li>Finalized data are preferred, but provisional data are accepted.</li> </ul>
Display This Question:  If If How many live births occurred in the [NUMBER OF PARTICIPATING BIRTHING FACILITIES] birthing facilities participating in AIM with your state or jurisdiction team? Reporting criteria: Re Text Response Is Greater Than 0
Q20 Which calendar year did you use to report live births among facilities participating in AIM with your state or jurisdiction team?

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## Display This Question:

If If How many live births occurred in the [NUMBER OF PARTICIPATING BIRTHING FACILITIES] birthing facilities participating in AIM with your state or jurisdiction team? Reporting criteria: Re... Text Response Is Greater Than 0

Q21 Did you use finalized or preliminary birth certificate data to report live births among facilities participating in AIM with your state or jurisdiction team?

- o We used finalized birth certificate data
- o We used preliminary birth certificate data
- o We did not use birth certificate data to report live births (please explain)


## Display This Question:

o Other

If If How many live births occurred in the [NUMBER OF PARTICIPATING BIRTHING FACILITIES] birthing facilities participating in AIM with your state or jurisdiction team? Reporting criteria: Re... Text Response Is Greater Than 0

Q22 Did you use all births, regardless of residence, to report live births among facilities participating in AIM with your state or jurisdiction team?

All births, regardless of residence, refer to occurrent births, which are births that occurred in the state or jurisdiction your team represents, regardless of the person who gave birth's status as a state or jurisdiction resident.

Resident births refer to births by people who are residents of the state or jurisdiction your team represents.

- o We used resident births only
- o We used all births, regardless of residence


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Please share any barriers you experience accessing vital records information in your state.

Please be as detailed and specific as possible in your response.

OMB Number: 0906-0091 Expiration Date: 5/31/2027 **End of Block: Live Births Start of Block: Facility Engagement** T4 This section focuses on learning and technical assistance opportunities your state or jurisdiction team organized for its clinical/facility teams participating in AIM. Q24 Between [DATE RANGE FOR SURVEY COLLECTION PERIOD], which of the following types of educational activities did your state or jurisdiction team offer to clinical/facility teams? Select all that apply. ☐ 1:1 or Small Group Technical Assistance □ Conferences or Summits □ Webinars □ Peer Mentorship or Learning ☐ Simulation and Drill Training □ Other \_\_\_\_ reporting period.

	DATE RANGE FOR DATA COLLECTION PERIOD], has your state or jurisdiction buntered any barriers to offering educational activities to clinical/facility teams?
Select all	that apply.
	Lack of resources - State or jurisdiction team Lack of resources - Clinical/facility teams Lack of engagement, other reasons - Clinical/facility teams
	Difficulty planning and coordinating educational activities - State or jurisdiction team Other
	⊗ We have not encountered barriers offering educational activities to clinical/facility teams during this reporting period
End of B	ock: Facility Engagement
Start of E	lock: AIM Resource Utilization
	ection focuses on your state or jurisdiction team's use of newly developed resources nunications preferences.
work? [T	the following AIM resources <u>has your state or jurisdiction team used</u> to support your ne list of AIM resources in the response options will be updated for each survey to e relevant AIM resources at the time the survey is released.]
Which of work? [T include th	ne list of AIM resources in the response options will be updated for each survey to

☐ Social Media Toolkit

Q27 Which of the following AIM resources were you not aware of?
Response options will be the same as those included in Q 26 and will be updated each survey to include recent resources.
Q28 (Optional)  How could we improve our communication about new AIM resources?
Q29 Please rank how you prefer to receive communications from AIM.
Click and drag each category to rank by preference. 1 is most preferred, 5 is least preferred.  Monthly Newsletter Website Announcements Social Media Posts Standing Meetings and Check Ins Direct Emails from Program Staff
Q30 (Optional) Please share any other feedback on AIM resources and communications.

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End of Block: AIM Resource Utilization

Q31 What supports does your team need to adapt implementation of AIM patient safety bundle elements based on facility resources or level of care?