

MI AIM 2026 Designation Criteria

CALENDAR YEAR 2026

| Measure Name | Measure Description | Total Points |
|--|---|--------------|
| Participation in MI AIM completed via attestation form in KeyMetrics due April 2027 | Commitment document for 2026 participation signed and returned by one member of hospital administration, one member of data or quality, and one member of OB team, including bundle implementation. Include staff changes/turnover throughout calendar year 2026 via email to help@miaim.org Required and due by January 31, 2026 | 4 |
| | Combination of meeting and webinar attendance | |
| | Choose four of six options to receive full points: <ol style="list-style-type: none"> At least one physician and/or one member of the hospital team attends the 2026 Mother Infant Health Summit and/or networking reception At least one physician and one member of the hospital team complete MI AIM Orientation, MI AIM Data Overview or Fundamentals of Quality Improvement on the MI AIM website Attend 2026 MI AIM Regional Training Session At least one physician and one member of the hospital team attends at least one Regional Perinatal Quality Collaborative meetings and actively participate (i.e., report the date(s), subjects discussed, and hospital team members that completed a report out). At least one member of the hospital team attends and participates in at least 6 educational webinars with one focusing on health equity. Host MI AIM to virtually present at your hospital and/or provide scheduled educational meeting for OB providers and nurses (such as Grand Rounds) reviewing of MI AIM bundles. Attestation survey in KeyMetrics | 8 |
| | Provider Education | |
| | Provide annual education for hospital staff on all of the following topic areas- hypertension, hemorrhage, sepsis, and respectful care (for example: trauma informed care) assuring consistent orientation on these topics for new staff (2 pts per topic). Completed in KeyMetrics in the process measures | 8 |

| Measure Name | Measure Description | Total Points |
|--|---|--|
| 2026 Data Reporting (20 pts) | Complete structure survey by April 25, 2026 in KeyMetrics. | 5 |
| | <u>Report monthly process measures (Jan '26 – Dec '26)</u> Submit monthly data no later than two months after the end of each month (data deadlines within KeyMetrics). [One point for each month an additional +3 points for 12 months of on time data.] | 15 |
| | Attestation survey in KeyMetrics | |
| | Implementation (50 pts) | Hemorrhage (15 pts) 20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries] |
| Average of $\geq 90\%$ of deliveries have a PPH Risk Assessment completed once on admission into L&D | | 5 |
| Average of $\geq 90\%$ of deliveries have a PPH Risk Assessment completed once admission to postpartum | | 5 |
| Average of $\geq 90\%$ of all deliveries have QBL | | 5 |
| OR | | |
| <i>Show improvement</i> in percentage of deliveries that have a PPH Risk Assessment completed once on admission into L&D/admission to postpartum and percentage of all deliveries have QBL from calendar year 2026. | | 15 |
| Severe HTN (20 pts) All cases up to 20 chart abstractions per month | | |
| $\geq 80\%$ of cases had a post-partum follow up appointment <u>scheduled</u> (FYI: no more than a 3 day follow up of an appointment scheduled from date of discharge for severe HTN event during birth admission & no more than a 7 day follow up appointment scheduled from discharge for an individual with a history of HTN) | | 5 |
| OR | | |
| Show any percent improvement in compliance for post-partum follow up appointment <u>scheduled</u> from calendar year 2025 vs. 2026 | | 5 |
| AND | | |
| Average of $\geq 85\%$ of cases time to treat severe range BP's < 60 minutes (include all cases that equal 160 systolic and/or 110 diastolic) <i>For smaller hospitals with ≤ 15 cases that qualify for the denominator population –</i> Average of $\geq 75\%$ of cases time to treat severe range BP's < 60 minutes (include all cases that equal 160 systolic and/or 110 diastolic) | | 15 |
| OR | | |
| Show improvement in time to treat severe range BP's < 60 minute from calendar year 2026 (include all cases that equal 160 systolic and/or 110 diastolic) | | 15 |

| | | |
|--------------|--|-----|
| | Sepsis (20 pts) | |
| | <p>> 85% of patients with a positive serious infection screen with sepsis confirmation labs</p> <p>A positive serious infection screen should be followed by a bedside evaluation to determine an etiology for the positive serious infection screen.</p> <ul style="list-style-type: none"> • If the patient has an infection and a positive serious infection screen, a bedside evaluation and labs should be ordered (including chorioamnionitis). Chorioamnionitis and endometritis are the most common causes of maternal sepsis. Lack of recognition is the main cause of maternal sepsis deaths. Labs are recommended in the AIM consensus statement and the CMQCC updated toolkit. • If the clinician assesses through the bedside evaluation, and has clinical concerns (unknown etiology), labs should be ordered. • If an alternative diagnosis is determined (such as hemorrhage), the sepsis labs are not necessary. • If the clinician assesses the patient and there are no clinical concerns, sepsis labs are not necessary. <p>Hospitals are encouraged to have dynamic quality improvement to modify their screening systems to identify patients and reduce false positives.</p> | 6 |
| | OR | |
| | Demonstrate improvement in obtaining sepsis confirmation labs from the first 6 months of 2026 vs the last 6 months of 2026 for patients with a positive serious infection screen | 4 |
| | AND | |
| | >90% of patients with sepsis given appropriate antibiotics within one hour | 8 |
| | >90% multidisciplinary case reviews completed for obstetric sepsis cases | 6 |
| | OBI (5 pts) | |
| | <p>Average of $\geq 80\%$ of NTSV primary cesareans performed for dystocia meet ACOG/SMFM (this information is received by individual hospital from OBI Workstation and then hospital submits to MI AIM via attestation survey)</p> <p>Attestation survey in KeyMetrics</p> | 5 |
| Total | | 100 |

Designation Focus

The focus of the 2026 MI AIM Designation is on implementation. We encourage each hospital to concentrate on the implementation of MI AIM patient safety bundles for obstetric hemorrhage, severe hypertension, and sepsis in maternal care.

Points

Platinum 95 – 100

Gold 75 - 94

Silver 60 - 74

Bronze 40 – 59

Participation

Note: Designation criteria for 2026 is from January 2026 – December 2026. All data must be submitted by March 1, 2027 to be shared during the 2027 Maternal Infant Health Summit.