

## MI AIM 2025 Designation Criteria

### CALENDAR YEAR 2025

Measure Name	Measure Description	Total Points
<b>Participation in MI AIM</b> completed via attestation form in KeyMetrics due <b>April 2026</b>	Commitment document for 2025 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 2025 via email to <a href="mailto:keystone@mha.org">keystone@mha.org</a> .  <b>Required</b> and due by January 31, 2025	4
	<b>Combination of meeting and webinar attendance</b>	
	Choose <u>four</u> of six options to receive full points: <ol style="list-style-type: none"> <li>1. At least one OB physician and/or one member of the hospital team attends the 2025 Mother Infant Health Summit and/or networking reception</li> <li>2. Complete MI AIM Orientation in KeyLearnings (release date TBD).</li> <li>3. Attend 2025 MI AIM Regional Training Sessions (dates to be announced on the MI AIM website when released). Hospitals are encouraged to attend the session that pertains to their region.</li> <li>4. At least one OB physician and/or one member of the hospital team attends two 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).</li> <li>5. At least one member of the hospital team attends and participates in at least 6 educational webinars.</li> <li>6. 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.</li> </ol>	8
	<b>Attestation survey in KeyMetrics</b>	
	Attend MI AIM webinar and complete application to enroll in the Maternal Levels of Care (MLoC) Verification Program of The Joint Commission (TJC) <b>or</b> for hospitals already enrolled in the MLoC Verification Program, continue with next steps of implementation.  <i>Note: Hospitals must be participating in the MLoC Verification Program and fully in MI AIM (i.e., implementing one MI AIM bundle <b>and</b> submitting corresponding data into KeyMetrics) to receive an annual Maternal Health Quality payment from the Michigan Department of Health &amp; Human Services.</i>	5
<b>Provider Education</b>		
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).  <b>Completed in KeyMetrics in the process measures</b>		8

Measure Name	Measure Description	Total Points
2025 Data Reporting (20 pts)	Complete structure survey by <b>April 25, 2025</b> in KeyMetrics.	5
	Report monthly process measures (Jan '25 – Dec '25)	15
	Submit monthly data <b>no later than</b> 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.] <b>Attestation survey in KeyMetrics</b>	
Implementation (50 pts)	<b>Hemorrhage (15 pts)</b> <b>20 chart abstractions per month [10 vaginal deliveries and 10 c-section deliveries or query all deliveries]</b>	
	Average of $\geq 90\%$ of deliveries have a PPH Risk Assessment completed once on <b>admission into L&amp;D</b>	5
	Average of $\geq 90\%$ of deliveries have a PPH Risk Assessment completed once <b>admission to postpartum</b>	5
	Average of $\geq 90\%$ of all deliveries have QBL	5
	<b>OR</b>	
	<i>Show improvement</i> in percentage of deliveries that have a PPH Risk Assessment completed once on <b>admission into L&amp;D/admission to postpartum and percentage of all deliveries have QBL from calendar year 2025.</b>	15
	<b>Severe HTN (20 pts)</b> <b>All cases up to 20 chart abstractions per month</b>	
	$\geq 80\%$ 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
	<b>OR</b>	
	Show any percent improvement in compliance for post-partum follow up appointment <u>scheduled</u> from calendar year 2024 vs. 2025	3
	<b>AND</b>	
	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 <math>\leq 15</math> 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
	<b>OR</b>	
Show improvement in time to treat severe range BP's < 60 minute from calendar year 2024 (include all cases that equal 160 systolic and/or 110 diastolic)	15	
<b>Sepsis (15 pts)</b>		

	80% participation in the monthly sepsis collaborative meetings and submit all Sepsis data to KeyMetrics. <b>Attestation survey in KeyMetrics</b>	15
<b>OBI (5 pts)</b>		
	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) <b>Attestation survey in KeyMetrics</b>	5
<b>Total</b>		100

### Designation Focus

The focus of the 2025 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 2025 is from January 2025 – December 2025. All data must be submitted by March 1, 2026 to be shared during the 2026 Maternal Infant Health Summit.

**\*There is an opportunity to gain 5 extra points (bonus points) to submit all process measures by race/ethnicity for each safety bundle in KeyMetrics.**

## 2025 Timeline

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Outcome Data Availability				Data available from MDHHS					
Process Data Submission	2024: Monthly Submission			2025: Monthly Submission					
Structure Survey						Complete in KeyMetrics			
Commitment Form	Submit by Dec. 27								
Attestation Survey						Complete in KeyMetrics			
Designation Scoring								Available via MI AIM Comm	

	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Outcome Data Availability							Data available from MDHHS		
Process Data Submission	2025: Monthly Submission						2026: Monthly Submission		
Structure Survey									
Commitment Form				Submit by Dec. 26					
Attestation Survey									
Designation Scoring									

Activity	Due Date
2025 Commitment Form	Dec. 27, 2024
2025 Structure Survey	Apr. 25, 2025
2024 Attestation Survey	Apr. 25, 2025

Monthly Process Measure Data Deadlines	
Abstraction Month	Due Date
January	March 31
February	April 30
March	May 31
April	June 30
May	July 31
June	August 31
July	September 30
August	October 31
September	November 30
October	December 31
November	January 31
December	February 28
<b>**Due date is two months after the incident month**</b>	