

TexasAIM Safe Care for Every Mother



FOR REFERENCE ONLY; PLEASE FILL OUT THE ONLINE ENROLLMENT FORM

HERE: <https://tinyurl.com/TexasAIMHTNEnrollment>

TexasAIM Severe Hypertension in Pregnancy Enrollment Form

Enrollment in the TexasAIM Plus Hypertension Learning Collaborative is open **December 2020 through March 15, 2021**. Enrollment in TexasAIM at the Basic level will remain open on a rolling basis.

As a reminder, the Agreement to Participate form should be completed by your hospital CEO and submitted to TexasAIM@dshs.texas.gov within five business days of submitting your application.

If you have questions about the enrollment process, please email us at TexasAIM@dshs.texas.gov.

*** 1. Name of Person Completing the Enrollment Form**

First and Last Name

Credentials

Job Title

Email

Phone Number

Hospital Information

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*** 2. Your Organization Name**

If you selected 'other' or if the name of your hospital has legally changed, please enter the legal name of your hospital.

*** 3. Type of Hospital (select all that apply)**

Non-Profit

For-Profit

Public

Teaching

Specialty

*** 4. Annual Delivery Volume**

*** 5. Percentage of Annual Deliveries Covered by Medicaid**

*** 6. American Academy of Pediatrics Neonatal Intensive Care Unit level**

Level I

Level IIIB

Level II

Level IV

Level III

N/A

Level IIIA

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Your Hospital Team

*** 7. Project Sponsor**

**First and Last
Name**

Credentials

Job Title

Email

Phone Number

*** 8. Day-to-Day Leader**

**First and Last
Name**

Credentials

Job Title

Email

Phone Number

*** 9. Technical Leader**

**First and Last
Name**

Credentials

Job Title

Email

Phone Number

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*** 10. Physician Leader**

First and Last Name

Credentials

Job Title

Email

Phone Number

*** 11. Key Contact (this will be the same contact as either your Project Sponsor, Day-to-Day Leader, Technical Leader or Physician Leader)**

First and Last Name

Credentials

Job Title

Email

Phone Number

12. Additional Team Member #1 (Optional). You may list additional team members that you would like to receive general TexasAIM communications, i.e. TexasAIM Bi-Weekly Bulletins and access to Basecamp.

First and Last Name

Credentials

Job Title

Email

Phone Number

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13. Additional Team Member #2 (Optional)

First and Last
Name

Credentials

Job Title

Email

Phone Number

14. Additional Team Member #3 (Optional)

First and Last
Name

Credentials

Job Title

Email

Phone Number

If you have additional team members you would like to receive general TexasAIM communications, please email their contact information to TexasAIM@dshs.texas.gov.

Level of Participation

* 15. Please select the level of participation for your hospital.

- The above hospital agrees to participate in activities listed for [TexasAIM Plus](#).
- The above hospital agrees to participate in activities listed for [TexasAIM Basic](#).

* 16. Please check the box to indicate your agreement to the statement below.

The above hospital agrees to complete a quality improvement project in partnership with Texas Department of State Health Services to implement the Alliance for Innovation on Maternal Health Severe Hypertension in Pregnancy bundle and to build a culture of change to improve safety.

Yes, agree

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* 17. Has your CEO signed the Agreement to Participate form?

- Yes
- No
- Unsure/Don't Know

After completing Enrollment Form, please ensure that the signed Agreement to Participate is submitted within five business days. The TexasAIM Team will email your identified team members with the necessary information to onboard you to TexasAIM.

Thank you for your interest in TexasAIM! If you have any questions about the enrollment process, please email us at TexasAIM@dshs.texas.gov.

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