TexasAIM Plus Sepsis in Obstetric Care Learning Collaborative Faculty Membership Application

Faculty serve an essential role within the Institute for Healthcare Improvement’s *Breakthrough Series (BTS) Collaborative Model for Achieving Breakthrough Improvement*. BTS Learning Collaborative faculty work together as part of a team and complete activities such as:

* Participating in regular TexasAIM planning and coordination calls to discuss learning activities and hospital improvement teams’ informational and coaching needs;
* Providing information on subject matter content, application and process improvement methods (both during and between TexasAIM learning sessions and action period meetings);
* Providing communication and teamwork strategies to build hospital improvement teams, and keep hospital improvement teams and members connected to colleagues and collaborative faculty;
* Working with TexasAIM team to assess progress, learning and technical assistance needs of hospital improvement teams; and
* In coordination with the TexasAIM team, offering guidance, coaching and feedback to hospital improvement teams participating in the Learning Collaborative.

The Texas Department of State Health Services (DSHS) TexasAIM team is currently seeking TexasAIM Plus Sepsis in Obstetric Care Learning Collaborative Faculty Members applications including:

**Physician(s) specializing in:**

* Obstetrics;
* Maternal-Fetal Medicine;
* Obstetric Hospital Medicine
* Family Medicine/Obstetric Care;
* Rural Medicine/obstetric care;
* Emergency Medicine/Emergency Care;
* Infectious Diseases; and
* Intensive Care

**Nurse(s) specializing in:**

* Infectious Diseases;
* Intensive Care;
* Emergency Medicine/Emergency Care; and
* Obstetric Nursing/Maternal Health Nursing.

**Certified Nurse Midwives**

Anticipated time commitment is equivalent to an average of one to two days per month, and includes:

* Participation in planning phone calls and Action Period webinars;
* Communication over email; and
* Attendance in-person as faculty at two-day Learning Sessions in Summer 2025, Fall 2025, and Winter 2026.

*\*Important note: TexasAIM faculty serve in a voluntary capacity and are not DSHS employees. Reimbursement for travel expenses will be provided.*

If you wish to be considered to serve as a TexasAIM Sepsis in Obstetric Care Learning Collaborative faculty member, please complete and submit this application per the instructions. Applications accompanied by an applicant’s résumé or curriculum vitae, and two letters of recommendation are due **Friday, August 9, 2024**. **TexasAIM team will not consider an application received after 11:59 PM CDT Friday, August 9, 2024**.

TexasAIM team will use the information on your application, résumé or curriculum vitae and letters of recommendation to consider selection and appointment of faculty.

Applicants selected as TexasAIM Sepsis in Obstetric Care Learning Collaborative faculty will be notified by Monday, October 7, 2024, and will be asked to confirm their commitment to accept by Friday, October 11, 2024. **Appointed faculty will be asked to participate in an orientation call on Wednesday, October 16, 2024. Please reserve this time on your calendar in the event you are selected.**

Please complete the following. If a question doesn’t apply to you, enter “N/A.”

# SECTION 1 - Personal Information:

Name:

Home Address:

City:       State: TX ZIP:       Phone:

Fax:       Email:

# Employment Information

Business/Organization:

Address:

City:       State: TX ZIP:       Phone:

Fax:       Email:

Current Position Title:

## Please check where you would like to receive further communications:

[ ]  Work Email [ ]  Home Email [ ]  Work Address [ ]  Home Address

### **Sex** [ ]  Male [ ]  Female

**Geographic area of work/practice (city/county/region?):**

### **Race/Ethnicity**

[ ]  American Indian/Alaskan Native [ ]  Asian/Pacific Islander

[ ]  Black [ ]  Hispanic

[ ]  White [ ]  Other

## Education, professional licenses, registration and/or certifications.

**Education**: (include basic preparation through highest degree held; add rows as needed) Reminder: A degree is awarded from an academic setting; a license is issued by a regulatory agency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Degree** | **Institution (Name, City, State)** | **Major Area****of Study** | **Year Degree Awarded** |
| **1.** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **2.** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
|  | **Residency/Fellowship** | **Institution (Name, City, State)** | **Major Area****of Study** | **Year Degree Awarded** |
| **1.** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **2.** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Certifications:

## Licensure (include license number(s) and state of licensure OR provide link and information needed for verification):

# Miscellaneous Information

**Have you ever been disciplined by any licensing board or professional or civic organization, including the HHSC Inspector General?**

[ ]  **No** [ ]  **Yes**

If yes, please explain:

## Do you have a personal or private interest in a matter pending before Texas Department of State Health Services? ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved but does not include the member's engagement in a profession, trade or occupation when the member's interest is the same as all others similarly engaged in the profession, trade or occupation.)

**[ ] No** [ ] **Yes**

## Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

[ ]  **No** [ ]  **Yes**

If yes, please explain:

# Member Participation

Every member appointed as a TexasAIM Plus Sepsis in Obstetric Care Learning Collaborative faculty is expected to participate in the following activities in a voluntary capacity\*[[1]](#footnote-2):

* Faculty orientation call on October 16, 2024;
* Faculty Expert Meetings Series Scheduled October- November 2024;
* TexasAIM Summit in December 2024;
* Half-day in-person faculty retreat in February 2025;
* Two-day in-person Regional Learning Sessions (preceded by evening in-person Faculty Meetings) in Summer 2025, Fall 2025 and Winter 2026 in at least one of three regions.
	+ \*Note: i*f you are part of a hospital’s TexasAIM improvement team and will be attending a learning session with your team, this commitment is for travel to and participation in an additional Regional Cohort location.*
* Bi-weekly planning calls;
* Monthly Learning Collaborative Action Period Calls; and
* Reasonable responsiveness as part of a faculty team to contribute to ad-hoc requests for communication (e.g., emails, calls, meetings) and provide information, guidance, technical assistance, coaching, etc. as needed to support meaningful progress of the Learning Collaborative.

## Do you believe you will be able to regularly participate in TexasAIM activities, if you are appointed?

[ ] **Yes** [ ] **No** If no, please explain:

## If applicable, have you discussed this opportunity with your department or hospital leadership?

[ ] **Yes** [ ] **No** If no, please explain:

## If selected, has your leadership agreed to support your engagement in this effort and any required travel or time away from clinical or other administrative duties?

[ ] **Yes** [ ] **No** If no, please explain:

# SECTION 2 (ALL applicants must complete this section)

## Please check any of the following categories for which you have direct experience/expertise in development of a tool/protocol or bundle, implementation or outcome tracking.

|  | **Development of tool/ protocol or bundle** | **Implementation** | **Outcome tracking (utilizing data)** |
| --- | --- | --- | --- |
| Maternal patient safety bundle(s)  |[ ] [ ] [ ]
| A comprehensive unit-based safety program |[ ] [ ] [ ]
| A maternal early warning system |[ ] [ ] [ ]
| Rapid response team |[ ] [ ] [ ]
| System plan for escalation, obtaining appropriate consultation, and maternal transport, as needed |[ ] [ ] [ ]
| inter- and intradepartmental protocols and policies for care of patients experiencing obstetric sepsis or suspected sepsis |[ ] [ ] [ ]
| Multidisciplinary education on obstetric sepsis for all care team members |[ ] [ ] [ ]
| Evidence-based criteria for sepsis assessment, including obstetric-specific criteria |[ ] [ ] [ ]
| Non-hierarchical communication |[ ] [ ] [ ]
| Evidence-based measures to prevent infection |[ ] [ ] [ ]
| Recognizing and treating infection early to prevent progression to sepsis |[ ] [ ] [ ]
| Considering sepsis on a differential diagnosis even in the absence of fever |[ ] [ ] [ ]
| Assessing and documenting pregnancy status (if a patient presenting is pregnant or has been pregnant within the past year) in all care environments |[ ] [ ] [ ]
| Patient education on pregnancy and postpartum complications and early warning signs, including sepsis signs and symptoms other than fever. |[ ] [ ] [ ]
| Facility-wide standard protocols and policies for assessment, treatment, and escalation of patients with suspected or confirmed obstetric sepsis |[ ] [ ] [ ]
| Team communication among units involved in the care coordination for patients with sepsis |[ ] [ ] [ ]
| Comprehensive post-sepsis care, including screening and proper referrals for post-sepsis syndrome |[ ] [ ] [ ]
| A teamwork system (e.g., TeamSTEPPS) |[ ] [ ] [ ]
| Coordinated simulation program |[ ] [ ] [ ]
| Unit-based drills and post-drill debriefs |[ ] [ ] [ ]
| A patient, family, and/or staff support program for severe maternal morbidity events |[ ] [ ] [ ]
| Ongoing patient communication using shared decision making |[ ] [ ] [ ]
| Multi-disciplinary review of severe maternal morbidity events |[ ] [ ] [ ]
| Collection, use and communication of unit data to drive quality improvement |[ ] [ ] [ ]
| Assessing health care disparities and targeting them in quality improvement  |[ ] [ ] [ ]
| Key membership or leadership in maternal-fetal quality QI project at your institution |[ ] [ ] [ ]

**Please tell us about your experience and expertise in the above checked categories:**

**SECTION 3 (ALL applicants must complete this section)**

To assist us in assessing your application, please provide accurate and complete responses to the following questions. Answer each question fully—please do not write “See Résumé”.

**Please describe your experience with simulation, including specifics about your experience with curriculum development (example: objectives, script for simulation), leading simulations and debriefing.**

##

## Provide an example of a maternal/perinatal care quality improvement initiative in which you were a key participant. Include information about your contributions and the results.

##

## Provide an example of a time you have worked effectively as part of a multi-disciplinary team to accomplish a goal. Describe the skills and attributes you used.

##

**Describe your teaching and mentoring experience.**

##

## Explain why you are interested in serving as TexasAIM faculty.

##

## Tell us why you believe you would be an effective member of the TexasAIM Sepsis in Obstetric Care faculty team for this learning collaborative.

##

## Have you served, or are you currently serving, on a board, advisory committee, council or workgroups?

[ ]  **No** [ ]  **Yes**

If yes, please list the name of the group(s), its charge(s) and your role.

*Signature (typed name is acceptable) Date*

# Recommendations

Please attach two letters of recommendation that include names and contact information for your references who can tell us more about your qualifications to serve as TexasAIM Sepsis in Obstetric Care Learning Collaborative faculty.

## Reference #1

Name:

Address:

City:       State:       ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

## Reference #2

Name:

Address:

City:       State:       ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

**Please return this completed form and supporting documentation to:**

*Email:*

***TexasAIMFaculty@dshs.texas.gov***

*Subject Line: TexasAIM Sepsis Faculty Application for <Name of Applicant>*

**If you have any questions about the application or TexasAIM, please contact us by email at** **TexasAIMFaculty@dshs.texas.gov****.**

1. \* *Travel reimbursement will be offered.*  [↑](#footnote-ref-2)