

Agreement to Participate

Instructions:

Enrollment in the TexasAIM Plus Severe Hypertension in Pregnancy Learning Collaborative is open until **March 15, 2021**. *Once your hospital has completed the TexasAIM Enrollment Form, the CEO must complete the Agreement to Participate within five business days. Choose one of the following options to submit this form.

1. Print, sign, scan and email to TexasAIM@dshs.texas.gov
2. Download this form [on our website](#) to complete electronically and email it to TexasAIM@dshs.texas.gov

Please name your PDF file using the file name format below.

Full Hospital Name_Severe Hypertension Enrollment_Form_Basic/Plus_MonthDayYear

This form verifies the commitment of your hospital leadership, which is critical to your team's success in implementing the Severe Hypertension in Pregnancy bundle and participating in TexasAIM.

Full Hospital Name (as it appears on your facility's website and marketing materials):

Commitment and Level of Participation:

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.

Please select the level of participation for your hospital.

PLUS. The above hospital agrees to participate in the TexasAIM Plus Severe Hypertension in Pregnancy Learning Collaborative and the **TexasAIM Plus** activities as described in the enrollment packet. Hospitals will learn from and share learning with other hospitals across the state while working to implement the Severe Hypertension in Pregnancy bundle.

—OR—

BASIC. The above hospital agrees to participate in the activities listed for **TexasAIM Basic** and work independently to implement the Severe Hypertension in Pregnancy bundle. As a TexasAIM Basic hospital, information and basic support on bundle implementation is available from DSHS upon request.

Hospital CEO Name:

CEO Signature:

Date:

By signing this form, the CEO commits their organization to participate in the activities associated with implementing the Severe Hypertension in Pregnancy AIM safety bundles.

For more details on these activities please contact DSHS' TexasAIM Team at TexasAIM@dshs.texas.gov

*** Enrollment in TexasAIM at the Basic level will remain open on a rolling basis.**