

# Arizona AIM Collaborative Facility Enrollment Form

## Overview

The Arizona Department of Health Services (ADHS), the Arizona Perinatal Trust (APT), the March of Dimes, Arizona Chapter and the Arizona Hospital and Healthcare Association (AzHHA) invites your hospital to partner in the Arizona (AZ) AIM Collaborative for implementation of Alliance for Innovation on Maternal Health (AIM) Maternal Safety Bundles. The goal is to reduce severe maternal morbidity in Arizona by 20%.

## Requirements for Participation

Any Arizona birthing facility can join the growing and engaged Arizona AIM Collaborative. There is no cost to join and participation is voluntary. Neither ADHS nor the Arizona Perinatal Trust (APT) requires participation for facility licensure or certification. Facilities that join the Arizona AIM Collaborative will be asked to:

- ✓ Identify an AIM Lead for your healthcare facility (e.g., Director of Maternal and Infant Care)
- ✓ Receive technical assistance to implement tools and processes to help Arizona achieve the goal stated above.
- ✓ Join Collaborative coaching calls to hear about new resources and share lessons learned.
- ✓ Submit monthly data related to outcome, process, and structure measures. All reported data will be shared in a deidentified manner, but participating facilities will have the opportunity to learn how they compare to other facilities in our state.

## Enrollment Instructions

Please complete this form, including the CEO, CMO, and CNO's signatures, to signify your hospital's commitment to participate. Once completed, please email the signed form to [maternalhealth@azhha.org](mailto:maternalhealth@azhha.org).

### 1 - Provide Basic Facility Information

**Hospital Name**

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**Type of Facility**

Check all that apply

☐

Non-Profit

☐

Profit

☐

Public

☐

Teaching

☐

Specialty

**Annual Delivery Volume**

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**Percentage of Deliveries Covered by Medicaid**

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**APT Perinatal Level of Care**

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ARIZONA DEPARTMENT  
OF HEALTH SERVICES



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## 2 - Build Your Facility Team

For a successful implementation of AIM Maternal Safety Bundles, your hospital will need to form a multi-disciplinary Maternal Health & Safety Improvement Team. The team may include:

- **Key Contact Person:** A staff member charged to liaise with AzHHA and ADHS. We recommend selecting a nurse who manages labor and delivery.
- **Technical Leader:** A staff member who knows the subject and understands the processes of obstetric care. This person is responsible for the scheduling of activities and data collection. We recommend selecting a nurse manager or staff nurse leader.
- **Clinical Leader:** A physician who believes in this effort and will support the required change in process. Someone with authority to test processes, implement change and troubleshoot issues. This leader understands the clinical implications of proposed changes across the organization.
- **Day-to-Day Leadership:** A staff member responsible for driving improvement every day. This leader manages and assures changes are being made and data are collected. AzHHA recommends selecting the OB Nursing Leader.
- **Project Sponsor:** An executive authority who can coordinate with senior management and across the organization. The sponsor links the project to hospital goals and resources. This leader also supports and encourages the hospital team and is responsible for the sustainability of the team's effective changes. They are not involved in day-to-day operations.

**Your Quality Improvement Team may also include a(n):** anesthesia provider, pharmacist, simulation leader, patient/family representative, community partner, IT/EMR support, OR leader, frontline caregiver, other influential individuals, and/or PFAC Member.

**Please include your team's contact information below.**

### Key Contact

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Technical Leader

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Clinical Leader

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Day-to-Day Leader

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Project Sponsor

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Other Member (Role)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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## 3 - Collect Signatures Indicating Your Facility Agrees to Participate

By signing this form, our Facility's leadership team commits their organization to participate in the activities associated with implementing AIM safety bundles as indicated under Requirements for Participation to the best of the team's ability.

**Facility CEO Name**

**Facility CEO Signature**

**Date**

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**Facility CMO Name**

**Facility CMO Signature**

**Date**

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**Facility CNO Name**

**Facility CNO Signature**

**Date**

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**OB Leader Name**

**OB Leader Signature**

**Date**

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Please return the completed form to [maternalhealth@azhha.org](mailto:maternalhealth@azhha.org). For more details on these activities please contact us at the email above.