



Participation Agreement

NPQIC's goal is to have 75% of Nebraska birthing facilities participating in the Birth Equity Initiative by 2025.

Birthing Facility Name: _____ intends to join NPQIC to reduce maternal mortality and morbidity inequities through the implementation of key quality improvement strategies by:

- 1) Involving those who are directly working with the process of care for patients, including unit leaders, educators, and multidisciplinary direct care providers;
- 2) Attending monthly NPQIC Birth Equity (BE) Team Calls;
- 3) Supporting timely submission of monthly data and quarterly QI report forms in the NPQIC data and reporting systems;
- 4) Receiving and reviewing regular email communication; and
- 5) Facilitating progress towards initiative goals

Project Champions:

Effective implementation of key quality improvement strategies to reduce maternal mortality and morbidity inequities necessitates the commitment of Champions. A provider champion, nurse champion, and project sponsor are required. The provider and/or nursing champion will lead the facility's QI team in systems change as well as clinical culture change. They will also serve as the point persons for NPQIC QI Support and are responsible for responding directly to NPQIC's email requests.

Other key team members are recommended, including: prenatal/outpatient representative, patient/family advisor or community liaison, midwife and/or doula representative, quality improvement professional, health information technology representative, equity officer (if available), medical informatics, and social worker.

Provider

Name: _____ Email: _____

Nurse

Name: _____ Email: _____

Senior Leader (Project Sponsor)

Name: _____ Email: _____

Patient/Family Advisor or Community Liaison (if known)

Name: _____ Email: _____

Acknowledgement of Champions

I accept the role of **Champion** to provide support and oversight.

Signature of Physician Champion: _____ Date: _____

Signature of Nurse Champion: _____ Date: _____

Signature of Senior Leader Champion: _____ Date: _____

Scan and return completed form to Kara Foster, NPQIC Coordinator, at kara.foster@unmc.edu.