

**New York State Birth Equity Improvement Project (NYSBEIP)
Participant Form**

Please complete one Participant Form per facility and submit your team’s responses electronically via [SurveyMonkey](#), by **February 8, 2021**. The Senior Administrator Endorsement Form (Attachment 2), has been provided as a separate PDF to complete and upload to SurveyMonkey when submitting your team’s responses for this Participant Form.

If your team cannot submit your Participant Form or Senior Administrator Endorsement Form via SurveyMonkey, please e-mail your team’s completed forms to the NYSBEIP project team at NYSBEIP@health.ny.gov. If you have questions about the project or this form, contact the NYSBEIP project team at NYSBEIP@health.ny.gov.

Hospital/Birthing Center Information

Facility Name (no abbreviations)		
Address		
Street	City	Zip

Team Senior Leadership (Individuals may be assigned to more than one role.)

Chief of Obstetrics (or designee)

Name	Credentials
Email	Phone

Nurse Leadership for Obstetrics/MCH (or designee)

Name	Credentials
Email	Phone

Improvement Team Members (Identify four to six members or more)

Physician Champion from Obstetrics

Name	Credentials
Email	Phone

Nurse Representative for Obstetrics

Name	Credentials
Email	Phone

Team Lead/Coordinator (Primary contact for project)

Name	
Email	Phone

Data Lead/ Coordinator (Primary contact for data management)

Name	
Email	Phone

Additional Team Members

Additional Nursing Staff

Name	Credentials
Email	Phone

Patient/Parent/Person with Lived Experience Advisor(s)

Name	Credentials
Email	Phone

Quality Improvement Lead/Designee

Name	Credentials
Email	Phone

Equity Lead

Name	Credentials
Email	Phone

Other

Name/Role	Credentials
Email	Phone

Other

Name/Role	Credentials
Email	Phone

Please identify four core team members who will attend Virtual Learning Session(s) and all (or most) of the project’s monthly Coaching Call webinars. We encourage a minimum of four key members from each facility team to attend the virtual Learning Sessions, including at least one physician champion from obstetrics, or their designee, Team Lead/Coordinator, and additional team members as appropriate. Please note, all participating teams should have representation at Day 1, 2 and 3 of the project’s kick-off Virtual Learning Session.

Learning Session	Duration	Date
Virtual Learning Session Day 1	12 PM – 2 PM	February 18, 2021
Virtual Learning Session Day 2	12 PM – 2 PM	February 25, 2021
Virtual Learning Session Day 3	12 PM – 2PM	March 4, 2021

Core Team Members
#1 Name
#2 Name
#3 Name
#4 Name
Additional Team Members
Name
Name
Name