



TeamBirth: Process Innovation for Clinical Safety, Effective Communication, and Dignity in Childbirth

# Learning Session 2

- Review
  - Timeline
  - Resources on NJHCQI website
- Implementation Teams and Strategy
- Shared Planning tool and Huddles
  - Team Section
  - Core and Flexible
  - Preferences
- Looking ahead:
  - Staff Surveying
  - Patient Surveying
- Next Steps & Questions

## TEAMBIRTH TIMELINE

### Prepare

February - May 2023

- Create Implementation Team
- Identify site PI (Primary Investigator)
- Adapt TeamBirth board
- Monthly Collaborative Learning Sessions
- Individual site coaching calls
- Begin to socialize TeamBirth
- Survey clinicians on unit
- Co-create the implementation strategy, including loading videos and training materials onto learning platform
- Recruit and train champions on TeamBirth

### Engage & Coach

June - August 2023

- Monthly Collaborative Learning Sessions
- Individual site coaching calls
- Begin inpatient surveying to collect baseline data
- Small-scale testing of TeamBirth components
- Begin launch planning
- Train all clinicians
- Install whiteboards

### Implement

September 2023

- Launch Event
- Continue patient surveying
- Incorporate TeamBirth into new clinician onboarding

# TeamBirth Cohort 2 Resources

A screenshot of the New Jersey Health Care Quality Institute website. The header includes the logo and navigation links: ABOUT, OUR WORK, MEMBERSHIP, and CONTACT. A search bar is also present. Below the header, a blue banner reads "TEAMBIRTH NJ COHORT 2". The main content area contains two paragraphs of text.

NEW JERSEY HEALTH CARE  
**QUALITY INSTITUTE**

ABOUT OUR WORK MEMBERSHIP CONTACT

MEDIA CENTER EVENTS RESOURCES #QIMEMBERJOBS

## TEAMBIRTH NJ COHORT 2

TeamBirth ensures people giving birth and the clinicians who are caring for them have shared input and understanding into decisions during labor and delivery.

TeamBirth was designed to operationalize best practices in communication, teamwork, and clinical care in collaboration with experts from the major professional organizations in obstetrics in the United States, including ACOG, SMFM, ACNM, and AWHONN. The goal is to ensure these practices are occurring reliably with all patients throughout every labor.

A screenshot of a webpage titled "COLLABORATIVE CALL SLIDES". It features a section for "SESSION 1" dated "February 2023" with a button for "SLIDE DECK #1". Below this is a "RESOURCES" section with two links.

## COLLABORATIVE CALL SLIDES

### SESSION 1

February 2023

SLIDE DECK #1

## RESOURCES

- TeamBirth NJ Tools
- Video: Why TeamBirth?

Password protected site - [njhcqi.org/teambirthnj-cohort2](https://njhcqi.org/teambirthnj-cohort2) ; password: Cohort2!2023  
Public TeamBirth NJ website: [www.njhcqi.org/our-work/qualityimprovement/](https://www.njhcqi.org/our-work/qualityimprovement/)



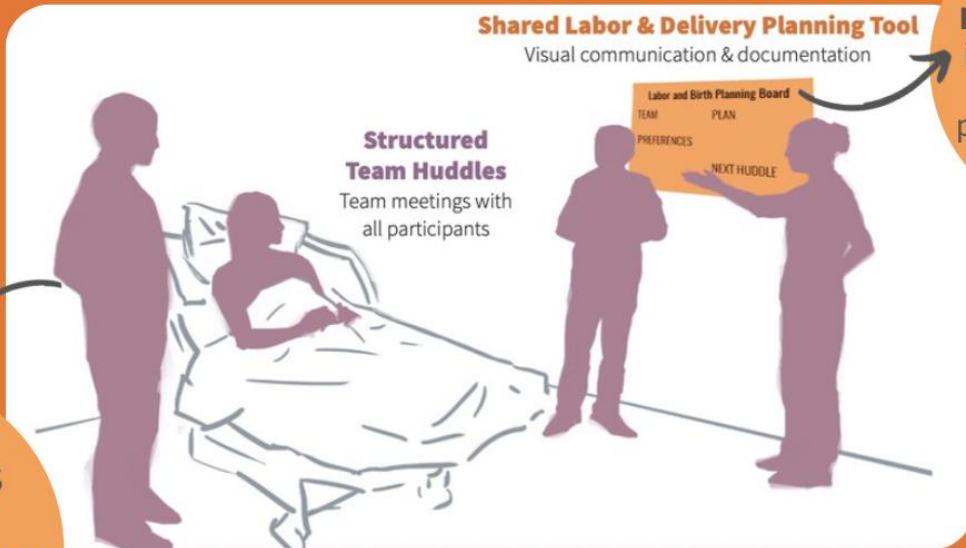
# TOOLS & HUDDLES

## Shared Labor & Delivery Planning Tool

Visual communication & documentation

## Structured Team Huddles

Team meetings with all participants



Use the **SHARED PLANNING BOARD** to share core information: names, preferences, care plans, & expectations for next huddle

Elicit **PATIENT PREFERENCES** and clearly distinguish between **birthing person, baby, & labor progress**

**Remember to "HUDDLE"**  
Standardized team meetings that occur **throughout care** for all laboring patients

**Safe and dignified birth *for all.***

# Labor and Delivery Planning Board

TEAM



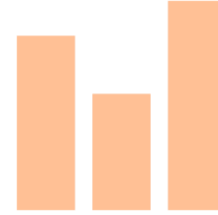
PREFERENCES



PLAN

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Baby:



Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

# Labor and Delivery Planning Board

TEAM



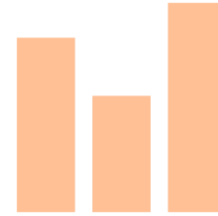
PREFERENCES



PLAN

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Baby:



Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING



# Who should be present for a TeamBirth huddle? Who are members of the team?

## Join by Web



- 1 Go to **PollEv.com**
- 2 Enter **TEAMBIRTH385**
- 3 Respond to activity

## Join by Text



- 1 Text **TEAMBIRTH385** to **22333**
- 2 Text in your message



We started in 2013 with the first Spark Grant at Ariadne Labs and a prompt to improve childbirth the same way the WHO Surgical Safety Checklist improved surgery globally.



SPECIAL ARTICLE

## A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population



# Labor and Delivery Planning Board

## TEAM

Alea

Aizpea

Mariana- doula

Trisha - RN x6145, 7pm

Dr Chien - MD 7am

## PREFERENCES



## PLAN

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Baby:



Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

# Team Section: Flexible Components

## Direct care team

Huddles should include all members of the direct care team, including the patient and their support people

### Flexible Components

#### Direct care team

The direct care team should include any support people accompanying the patient as well as the clinical team primarily responsible for the patient's care.

#### Other clinicians

Other clinicians who are only involved ad hoc can be included in some huddles, but do not have to be in every one

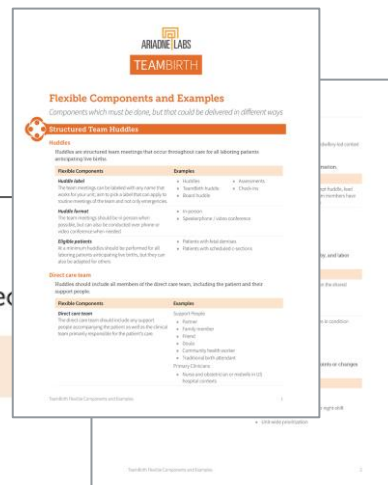
### Examples

#### Support People

- » Partner
- » Family member
- » Friend
- » Doula
- » Community health worker
- » Traditional birth attendant

#### Primary Clinicians

- » Nurse and obstetrician or midwife in US hospital contexts
- » OB Hospitalist
- » NICU/Neonatology
- » Anesthesia
- » Consulting obstetrician in a midwifery-led context



# CORE & FLEXIBLE TEAMBIRTH

## Huddles

**WHO** should be present for this huddle?  
**WHERE** is the patient? In triage? In the nursery?  
**WHEN** should huddles happen in labor? Postpartum?  
**HOW** should we talk? Speakerphone? Interpreter?

## Shared Planning Tool

### FORMAT & DESIGN

What graphics, labels, and sections will be added?  
Will the tool be vertical or horizontal?  
A dry-erase board on the wall, or something portable?

## Implement

### TESTS & TRIALS

Who will test out TeamBirth?  
How will discussion guides be used?  
Which processes will include huddles?

## Train

### MATERIALS & METHODS

How will scenarios be customized?  
What training formats will be used?  
Which clinicians will be assigned videos?

## Launch

### EVENTS - PARTICIPANTS

How will clinicians, families, the hospital/healthcare site,  
and local community be notified that TeamBirth is live?

# Huddles: Flexible Components

## Huddles

Huddles are structured team meetings that occur throughout care for all laboring patients anticipating live births.

### Flexible Components

#### ***Huddle label***

The team meetings can be labeled with any name that works for your unit; aim to pick a label that can apply to routine meetings of the team and not only emergencies.

#### ***Huddle format***

The team meetings should be in person when possible, but can also be conducted over phone or video conference when needed

#### ***Eligible patients***

At a minimum huddles should be performed for all laboring patients anticipating live births, but they can also be adapted for others

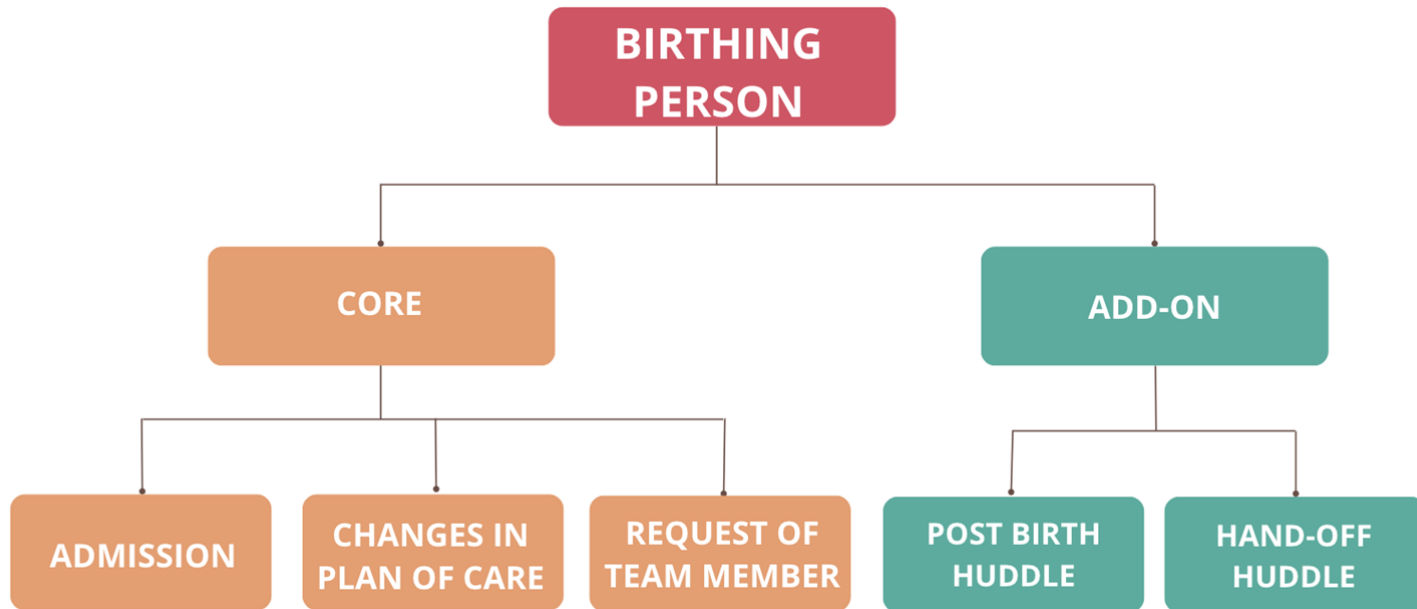
### Examples

- » Huddles
- » TeamBirth huddle
- » Board huddle
- » Assessments
- » Check-ins
- » In-person
- » Speakerphone / video conference
- » Patients with fetal demises
- » Patients with scheduled c-sections



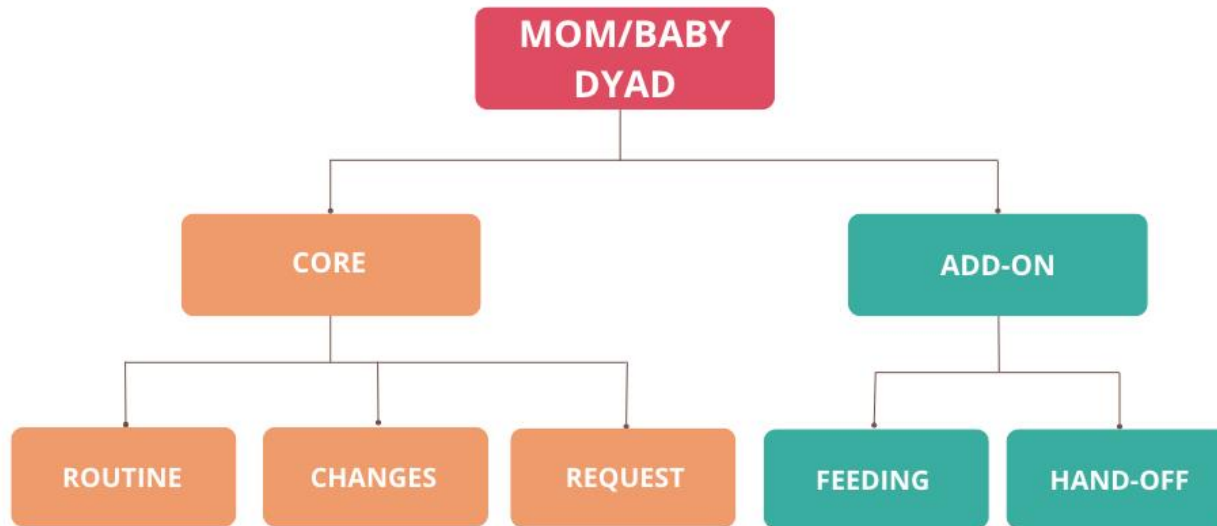
# TEAMBIRTH

## *Labor/Birth Huddles*



# TEAMBIRTH

## *Postpartum Huddles*





Brainstorm some opportunities for huddles and shared decision-making:  
Triage, Labor, Birth, Postpartum, Newborn

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# Staff Surveying - The Atlas Context Assessment

- A scalable approach to assess contextual factors at health facilities to inform planning and managing the introduction of changes in daily practice.
- Context assessment is completed by **leaders, healthcare workers and support staff, and implementation team members** throughout implementation.



Atlas: tools that guide your implementation

# Sample Survey Results Reports *(aggregates data from survey responses)*

## Summary Page

### FOUNDATION SURVEY RESULTS

Site Name

DATE

Intervention Name

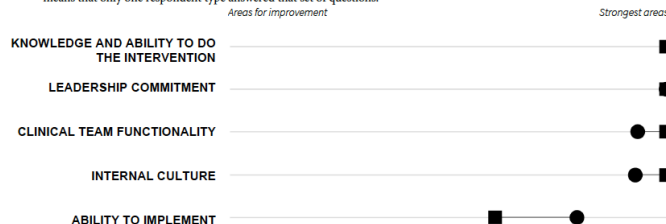
22 frontline healthcare workers  
2 leaders

#### SITE CAPACITY



#### SITE ALIGNMENT

These graphs show the agreement between the response of leaders ■ and frontline healthcare workers ●. The less distance between the two shapes, the greater the agreement between respondent types. When a bar only shows one shape, this means that only one respondent type answered that set of questions.



# Sample Survey Results Reports *(aggregates data from survey responses)*

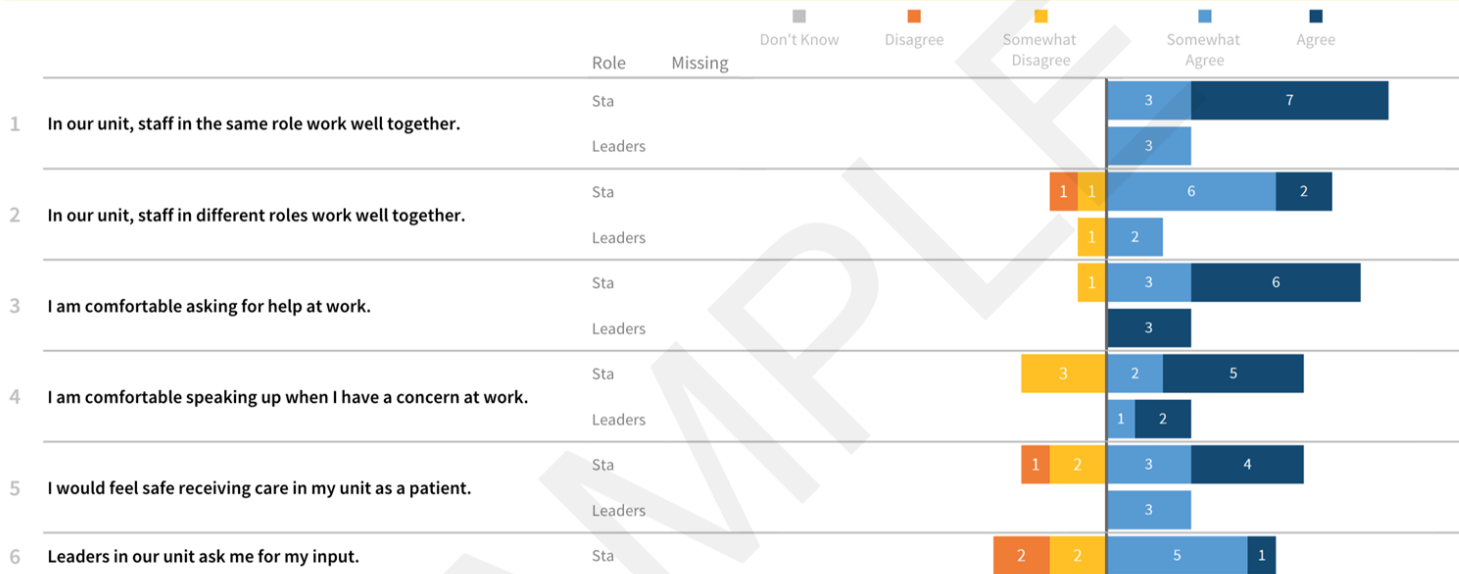
## Domain Detail Page

[Sample Practice Change] **FOUNDATION RESULTS**

[Sample Site] 1/19/2021



**Domain: Internal Culture**



# Atlas Survey - Next Steps

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- Links/QR codes will be provided in April coaching calls
- Introduce the context assessment to the site
- Administer the survey
- Discuss results with site leaders/staff
- Use results to inform implementation plan

# TeamBirth Patient Surveying

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- **Baseline data collection:** June - September
- **Post-launch surveying:** September 2023 - September 2024
- **Primary outcome:** Mother's Autonomy in Decision-Making (MADM scale)

# TeamBirth Patient Surveying - Next Steps

- Identify site principal investigator (PI)
  - Site PIs are responsible for ensuring that their site completes all research activities including:
    - Recruitment of patient and clinician participants
    - Distribution of surveys
    - Data collection
- Email Alea at [achallenger@ariadnelabs.org](mailto:achallenger@ariadnelabs.org) with your CITI/NIH training certificate
- Reach out to IRB coordinator at your site





Building your implementation team and generating buy-in from hospital leadership and staff early on are essential to TeamBirth's success.

Once your implementation team is established, you should focus your efforts on continuous socialization of TeamBirth, as well as building your implementation and measurement strategies.



# Tips: Build an Implementation Strategy

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## Tips for TeamBirth:

- Use the internal resources and capabilities in your system as a starting point, such as building on your local QI framework
- Plan for engaging patients and families through socialization (e.g. prenatal education) and data feedback (e.g. postpartum rounding)
- Create a plan for engaging additional departments in your hospital that can support the execution or dissemination of the project, such as quality or marketing
- Design, order, and plan for installing the Shared Labor and Delivery Planning Board

## Step 2: Build an Implementation Strategy

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**Goal:** Use of a specific project management strategy to set project goals, an implementation timeline, and a project plan

### **Key Questions:**

- What are the key gaps in your unit? Teamwork? Culture? Communication? Intervention-specific knowledge and skills?
- What is working? How can this project elevate and sustain strengths?
- What project management tools will you use?
- How will you involve patients and families?

# Milestones: Build an Implementation Strategy

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## Milestones to Move on:

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Identify your strategy and set specific goals



Determine your Shared-planning boards needs (how many, where to place, collaboration with marketing team, order & install)



Define and communicate expectations for project and meeting management (who, how often, etc.)



Identify a plan early on to resolve conflict and communicate expected behaviors





# Shared Planning Board

A dry-erase board that is divided into quadrants - each corresponding to one of the 4 core behaviors - is used to structure the discussion during team huddles and provide a shared mental model of this information for all members of the care team.

Labor and Delivery Planning Board	
TEAM	PLAN
	Me:
	Baby:
	Labor Progress:
PREFERENCES	NEXT HUDDLE
	EARLY LABOR      ACTIVE LABOR      PUSHING

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Postpartum Planning Board	
TEAM	PLAN
	Me:
	Baby:
PREFERENCES	NEXT HUDDLE
	Me:
	Baby:

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# Design Your Boards!

## DESIGN + TEST STRATEGIES

WHILE LEARNING CORE AND FLEXIBLE BOARD COMPONENTS, DRAFT A TEAMBIRTH BOARD TO TEST

TEST OUT PAPER VERSIONS OF BOARDS! CLINICIAN CHAMPIONS CAN PAIR UP AND DO A HUDDLE.

FINALIZE DESIGN, POST TO CHANNEL FOR TEAMBIRTH APPROVAL (FOUR CORE SECTIONS NEEDED)

## DETERMINE DEADLINES FOR PURCHASING, ORDERING, AND INSTALLING BOARDS!

## PROJECT MANAGEMENT STRATEGIES

WHITEBOARD NEEDS ASSESSMENT:  
HOW MANY ROOMS? (POSTPARTUM?  
TRIAGE? HIGH RISK?)  
NEW FRAMES NEEDED? INSERTS?

INVESTIGATE BUDGETS FOR BOARDS, EXISTING VENDOR CONTRACTS, REGULATORY REQUIREMENTS FOR BOARDS.

ARE THE RIGHT DEPARTMENTS INVOLVED?  
-MARKETING/PATIENT EXPERIENCE  
PURCHASING  
-ENGINEERING/FACILITIES SERVICES

The screenshot shows a digital huddle board interface for 'TeamBirth at Swedish'. It features a header with the Providence SWEDISH logo. The main area is divided into several sections: 'My Care Team' (listing Support, Doctor/Midwife, Resident, Doctor, Nurse, and Midwife), 'Labor Plan for' (with a sub-section for 'Baby'), 'My Preferences', 'Labor' (with a progress bar for Early Labor, Active Labor, and Pushing), 'Next Assessment', 'Baby Information' (listing Name, Sex, Provider, Birth Date, Birth Time, and Weight), and 'Counts & Notes'.

AND DON'T FORGET  
THE MARKERS!



Room \_\_\_\_\_ Date \_\_\_\_\_

# PLANNING BOARD

Gestational Age \_\_\_\_\_

## MY TEAM

My name: \_\_\_\_\_

My supports: \_\_\_\_\_  
\_\_\_\_\_

OB/CNM: \_\_\_\_\_  
\_\_\_\_\_

Nurse: \_\_\_\_\_

Anesthesiologist: \_\_\_\_\_

## ABOUT ME

My preferences / Good to know:

About my baby:

## MY PLAN

Me:

Baby:

Labor progress:

Huddle time: \_\_\_\_\_

Anticipated next huddle: \_\_\_\_\_



# Next Steps/Focus for April:

## Core and Flexible

- Labor
- Postpartum
- Triage

## Clinician Training

- Video uploads - Now
- Assign/circulate videos - May/June
- Scenario training - July/August

## Meetings

- Implementation teams -bi-weekly
- Add TeamBirth to existing agendas

## Data Collection

- Atlas Surveys
  - Distribute QR codes/links on April coaching calls
- Patient Surveys
  - Process planning in April
  - Begin in June

Please reach out with any questions: [aperez@njhcqi.org](mailto:aperez@njhcqi.org) or [achallenger@ariadnelabs.org](mailto:achallenger@ariadnelabs.org)

**Join us for Learning Session #3:**

**April 26 @ 12-1:30 pm (Fourth Wednesdays, monthly)**

