



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


February 27, 2024

Learning Session 2

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

TEAMBIRTH TIMELINE

Prepare	January - May 2024	<ul style="list-style-type: none">● Identify site PI (Primary Investigator)● Monthly Collaborative Learning Sessions● Individual site coaching calls● Create Implementation Team● Adapt TeamBirth board● Begin to socialize TeamBirth● Survey clinicians on unit (March-April)● Co-create the implementation strategy, including loading videos and training materials on learning platform● Recruit and train champions on TeamBirth
Engage & Coach	June - August 2024	<ul style="list-style-type: none">● 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 2024	<ul style="list-style-type: none">● Launch Event● Continue patient surveying● Incorporate TeamBirth into new clinician onboarding

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TEAMBIRTH NJ
COHORT 3

TeamBirth is a shared decision-making program that aims to improve safe and respectful childbirth care.

It involves a series of team huddles and other tools used during labor and delivery, to improve communication and ensure care that aligns with patient preferences.

Developed by Ariadne Labs, 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.

COLLABORATIVE LEARNING SESSION SLIDES

SESSION 1

January 2024

SLIDE DECK #1

HANDOUT #1

*Session recordings available upon request.

RESOURCES

GENERAL INFORMATION

DISCUSSION GUIDES

PATIENT SURVEYING

PRINCIPAL INVESTIGATORS (PI)

Password protected site - www.njhcqi.org/teambirthnj-cohort3 ; password: Cohort32024!
Public TeamBirth NJ website: www.njhcqi.org/our-work/qualityimprovement/

Shared Planning Board and Huddle



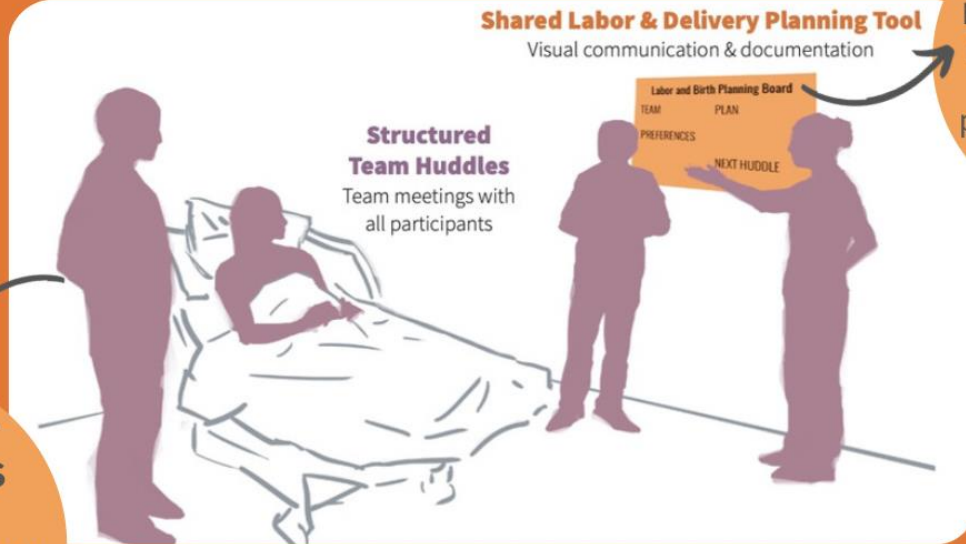
TOOLS & HUDDLES

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

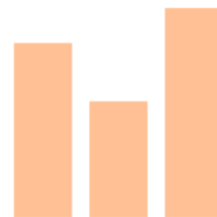


PREFERENCES



PLAN

Baby:



Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

Labor and Delivery Planning Board

TEAM

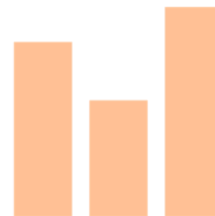


PREFERENCES



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NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

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.



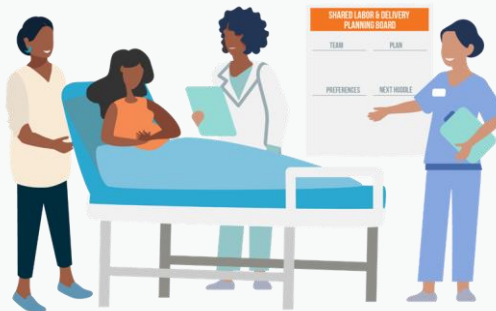
SPECIAL ARTICLE

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



TeamBirth Huddle: Psychological Safety

Initiate a TeamBirth huddle



Include

Your **ideas and experience matter**, regardless of title, position, or education

Collaborate

Interacting as a team encourages **safe communication** and establishes an opportunity to **speak up**

Labor and Delivery Planning Board

TEAM

Alea

Aizpea

Mariana- doula

Trisha - RN x6145, 7pm

Dr Chien - MD 7am

PREFERENCES



PLAN

Baby:



Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

Who should be present in a huddle? Who is a member of the team?



Team Section: Adaptable Components

Huddle Members

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

ADAPTATION GUIDELINES & RECOMMENDATIONS	EXAMPLES
<p>Direct care team</p> <p>The direct care team must include any support people accompanying the patient and the clinical team primarily responsible for the patient's care:</p> <ul style="list-style-type: none">■ Patient■ Support people■ Provider (doctor, midwife)■ Nurse	<p>Support People</p> <ul style="list-style-type: none">• Partner, family member, doula, friend <p>Provider</p> <ul style="list-style-type: none">• Attending, OB, CNM, ARNP <p>Nurse</p> <ul style="list-style-type: none">• Primary nurse, charge nurse, lactation nurse, nursing assistant <p>Interpreter</p> <ul style="list-style-type: none">• In-person, video feed, speakerphone
<p>Other clinicians</p> <p>Other clinicians who are involved in patient care as needed can be included in some huddles when their input is relevant, but do not have to be in every one</p>	<ul style="list-style-type: none">■ OB Hospitalist/Laborist■ NICU/Neonatology■ Pediatrician/Newborn Provider■ Social work■ Lactation■ Community Midwife<ul style="list-style-type: none">• Anesthesia• Consulting OB/MFM• OB/GYN Residents

Team Section: Adaptable Components

The Huddle

Huddles are structured team conversations that occur throughout labor, postpartum, and newborn care.

ADAPTATION GUIDELINES & RECOMMENDATIONS

Huddle naming

These team conversations can be labeled with any name that works for your context; aim to pick a name that will signify that this is a conversation that includes the patient and their support people, distinguishing these conversations from those that have traditionally been amongst clinical personnel only.

Huddle format

The team conversation should be in-person when possible, but can also be conducted over speaker phone or facilitated using technology.

EXAMPLES

- Huddles
 - TeamBirth Huddle
 - Board Huddle
 - TeamBirth Meeting
 - Check-ins
 - TeamBirth Pause
-
- In-person
 - Speakerphone
 - Landline in patient room
 - Nurse phone system (Vocera, Voalte, Spectralink, Ascom, etc.)
 - Cordless phone brought in from nurse's station
 - Designated "huddle" cell phone

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?

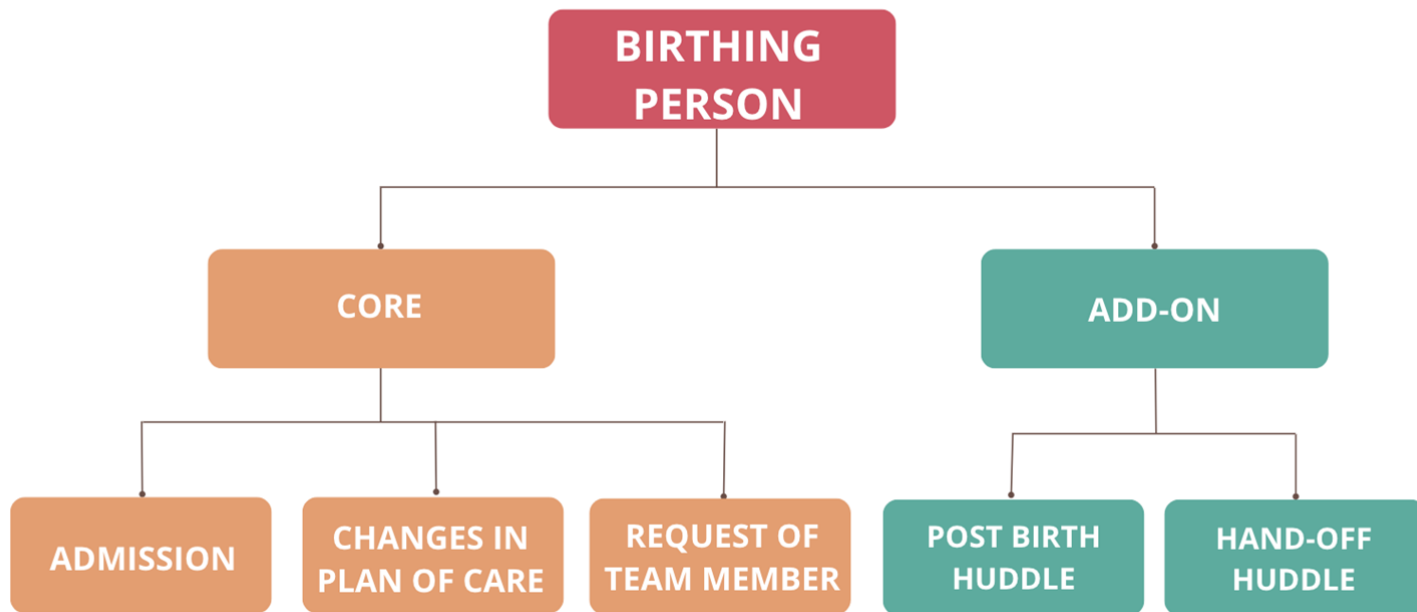
Launch

EVENTS - PARTICIPANTS

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

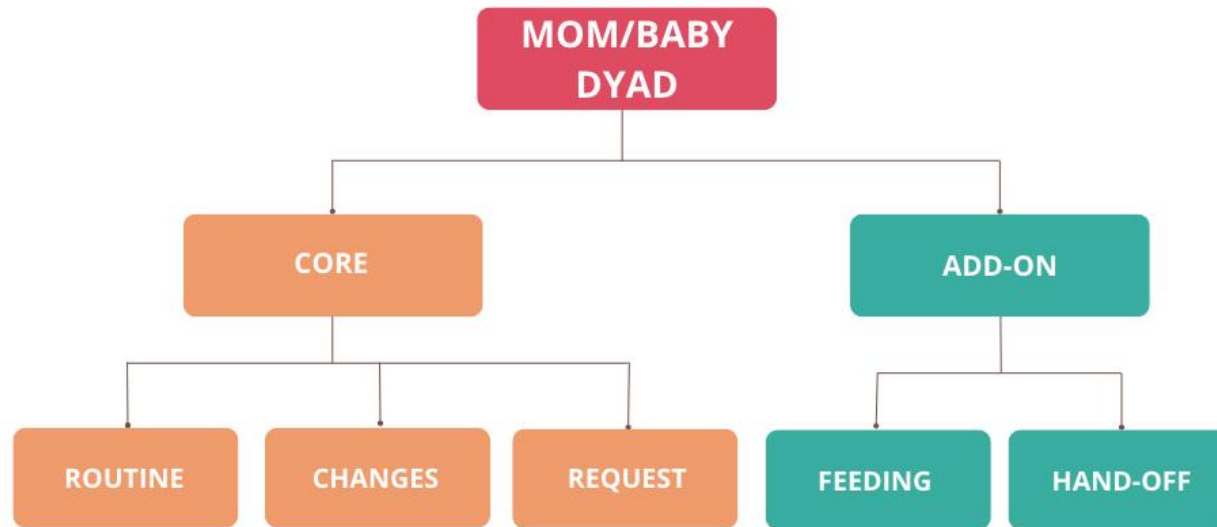
TEAMBIRTH

Labor/Birth Huddles



TEAMBIRTH

Postpartum Huddles



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

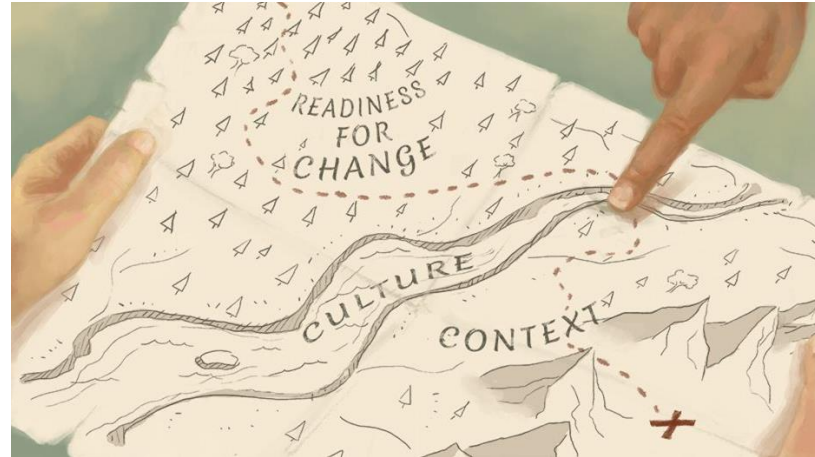


Atlas Context Assessment



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

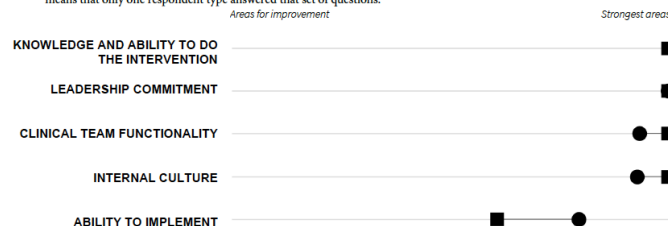
22 frontline healthcare workers
2 leaders

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)*

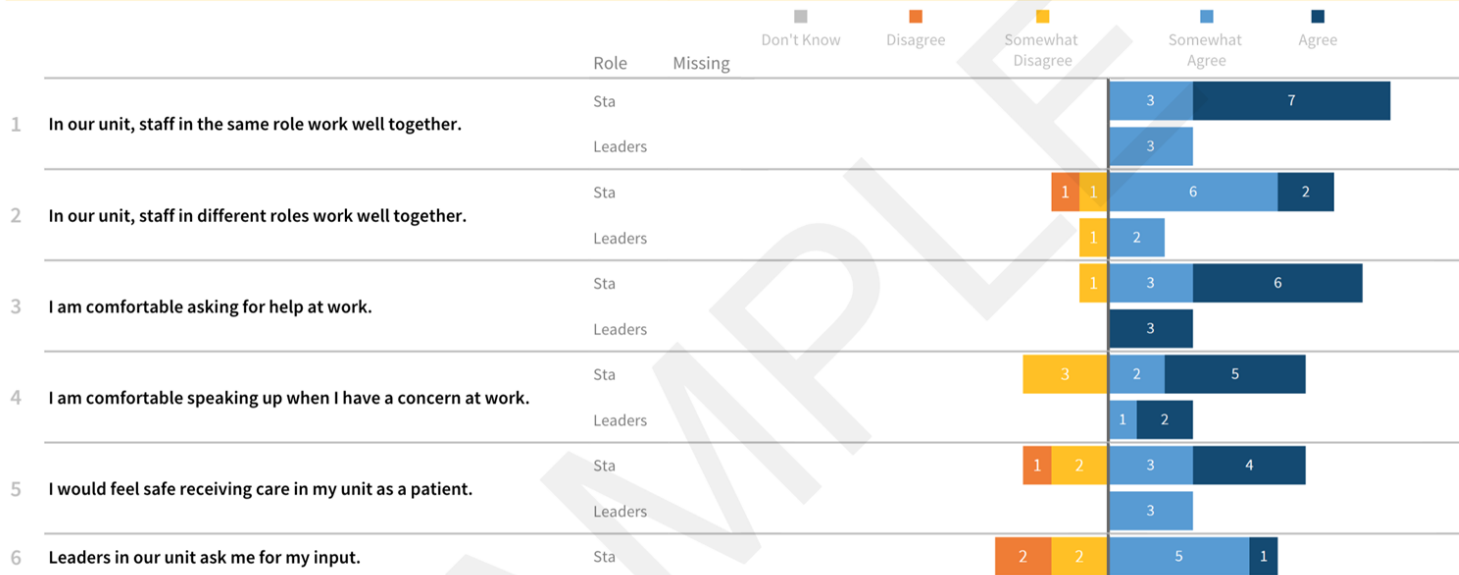
Domain Detail Page

[Sample Practice Change] FOUNDATION RESULTS

[Sample Site] 1/19/2021



Domain: Internal Culture



Atlas Survey - Next Steps

- 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

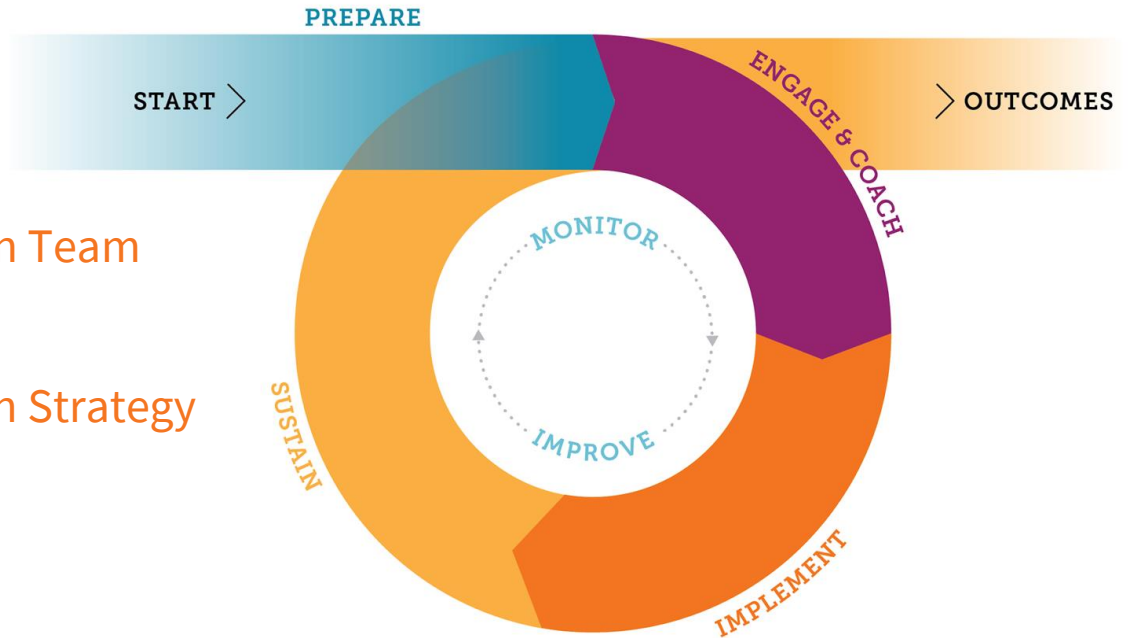
- **Baseline data collection:** June - September
- **Post-launch surveying:** beginning in September 2024
- **Primary outcome:** Mother's Autonomy in Decision-Making (MADM scale)

Implementation Pathway: Prepare



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.



Build Your Implementation Team

Build Your Implementation Strategy

Tips: Build an Implementation Strategy

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

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

Milestones to Move on:

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



Preferences & Plan



Labor and Delivery Planning Board

TEAM



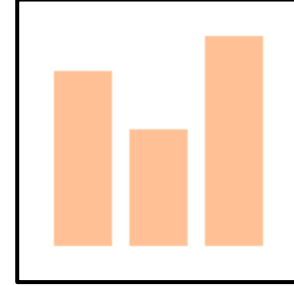
PREFERENCES



PLAN

Me:

Baby:



Labor Progress:

NEXT ASSESSMENT



EARLY LABOR

ACTIVE LABOR

PUSHING

Preferences

1. Not meant to replace the birth plan
2. We expect them to change throughout labor
3. They are opportunities to discuss expectations
4. We encourage support people to help write in this section.
5. Should be written in the patient's word choice (ie. break water vs AROM)

Eliciting Preferences

Talking through preferences is a key component to providing safe, dignified care.

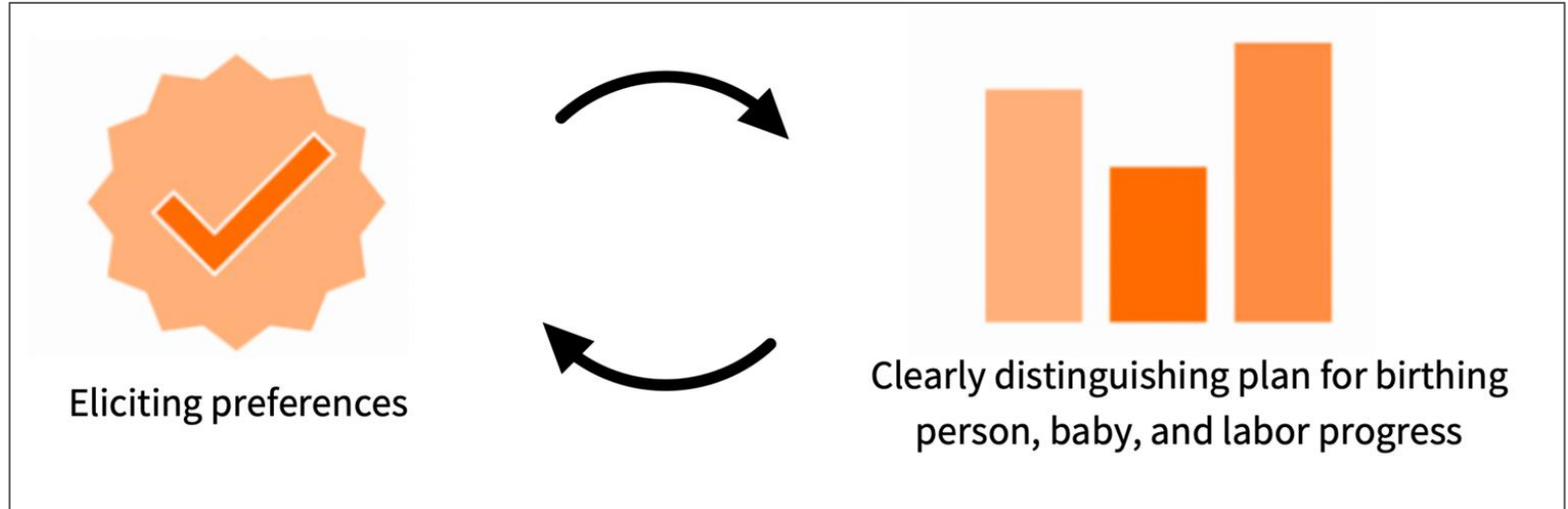
During a huddle, attempt to elicit preferences by asking open-ended questions:

- ❖ What are you concerned or worried about right now?
- ❖ What are your hopes or wishes right now?
- ❖ What is bothering you or frustrating you right now?
- ❖ What is comforting you or reassuring you right now?

These **questions** can help clinicians identify what gives the patient a sense of safety and comfort, and gauge how the plan is being understood.

The **answers** can help clinicians an opportunity to provide education, adjust expectations, and minimize conflict or confusion as labor progresses.

Connection: Preferences and Plans



Next Steps

- ☐ Form your Implementation Teams
- ☐ Add TeamBirth to standing agendas
- ☐ Brainstorm how to distribute the Atlas survey
- ☐ Begin to socialize the project and share the “Why TeamBirth” video
- ☐ Determine # of clinicians in each unit
- ☐ Reflect on opportunities for shared decision making discussions

Next Call

March 23 @ 12-1pm (*Fourth Tuesdays, monthly*)

Please reach out with any questions: aperez@njhcqi.org or achallenger@ariadnelabs.org