



TEAMBIRTH



NEW JERSEY  
HEALTH CARE  
**QUALITY  
INSTITUTE**



Collaborative Session 10  
January 24, 2024

# Data Submissions - NJHCQI Website

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## TEAMBIRTH NJ COHORT 2

### RESOURCES

[GENERAL INFORMATION](#)[DISCUSSION GUIDES](#)[PATIENT SURVEYING](#)[PRINCIPAL INVESTIGATORS \(PI\)](#)[STAFF TRAINING](#)[TEAMBIRTH DATA SUBMISSION FORMS](#)

- [Click here](#) to view the Monthly Birth Volume Submission Form
- [Click here](#) to view the Staff Training Submission Form
- [Click here](#) to submit a TeamBirth Story

# Learning Session 9

- Check-ins
  - Successes/Challenges
  - TeamBirth stories
- TeamBirth recognition
  - TeamBirth implementation across continuum of care
  - Huddle observation forms
  - Continued engagement with TeamBirth

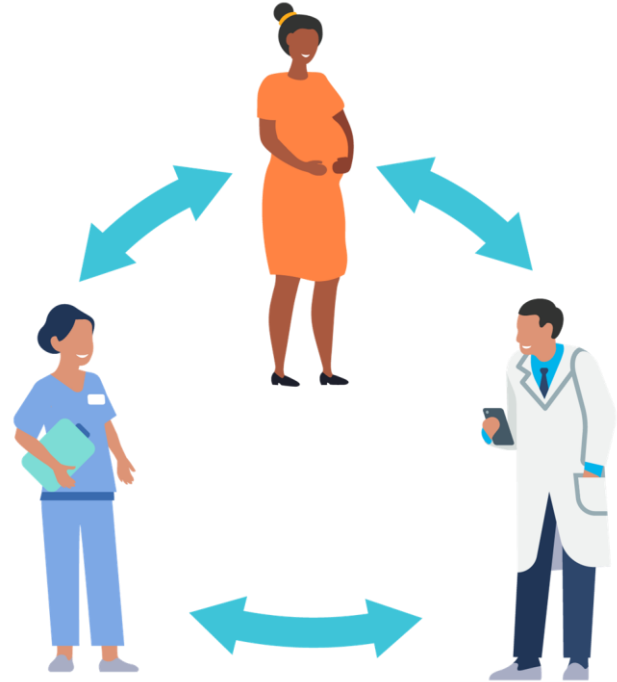


# Let's Discuss

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Please share experiences using TeamBirth for:

- > *Triage*
- > *Labor & Delivery*
- > *Postpartum*





# TeamBirth Recognition

1. Appoint a TeamBirth liaison
  - a. Primary contact for the recognition process
2. Recognition attestation
  - a. Site-specific information about implementation and metrics
  - b. Boards, implementation in triage/L&D/postpartum
3. Huddle observation forms
  - a. Available on March of Dimes resource page
4. Continued engagement activity
  - a. Patient surveying, EMR audit, further research, TeamBirth expansion

TeamBirth Recognition celebrates successful implementation and the ongoing commitment to sustainability of the TeamBirth care process.





# TEAMBIRTH RECOGNITION COMPONENTS

## ATTESTATION



## HUDDLE OBSERVATIONS



# OF OBSERVATION BASED ON  
BIRTH VOLUME



## ENGAGEMENT ACTIVITY

DEMONSTRATE 1 OR MORE ACTIVITY  
(EXAMPLES BELOW ARE NOT EXHAUSTIVE)

MEDIA  
UPDATES

CUSTOM  
TRAINING  
VIDEOS

IN-PATIENT TEAMBIRTH  
SURVEY PROCESS &  
DATA ANALYSIS

DEMONSTRATION OF  
PRACTICE EXPANSION

DOULA  
WELCOME KIT  
PROGRAM

COMMUNITY  
DOULA  
ENGAGEMENT

PATIENT  
INTERVIEWS

COMMUNITY  
EVENT

INTERPRETERS &  
CULTURAL NAVIGATOR  
ORIENTATION

EMR AUDIT ANALYSES

AFTERSHOCK  
VIEWING & PANEL  
RESPONSE

COMMUNITY BIRTH  
TRANSFER PROGRAM


EXTERNAL IN-  
PERSON EVALUATION



TEAMBIRTH  
RECOGNIZED

# TeamBirth Huddle Observations

TEAMBIRTH



ARIADNE LABS  
DELIVERY DELICIOUS INTENTIVE

6. Did the team write/update the care plans on the planning board?

☐ Yes - care plans were discussed and written/updated on the board every time in all sections

☐ Yes - care plans were discussed and written/updated on the board only in specific sections (Which sections? \_\_\_\_\_)

☐ Yes - care plans were often? \_\_\_\_\_

☐ No - care plans were \_\_\_\_\_

☐ No - care plans were \_\_\_\_\_

7. Did the team write/update the care plans on the planning board?

☐ Yes - a plan for the next 24 hours

☐ Yes - sometimes a plan for the next 24 hours

☐ No - a plan for the next 24 hours

☐ No - there was not a plan for the next 24 hours

8. Did the team clearly state the care plans on the planning board?

☐ Yes - Please specify: \_\_\_\_\_

☐ No - the huddle occurred

☐ No - it was not clear

9. Please share your observations of the huddle.

a. What challenges did you observe?

b. What went well?


c. How did the team elicit input from all members?

d. Anything surprising, interesting, or noteworthy?

10. Did you provide any coaching or feedback during the huddle? Please explain.

11. What else are you able to share about the huddle with TeamBirth?

TEAMBIRTH



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DELIVERY DELICIOUS INTENTIVE

**TEAMBIRTH Recognition Huddle Observation Form**

Name: \_\_\_\_\_ Role/Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_ State: \_\_\_\_\_

1. Please attest to personally witnessing or being a part of TeamBirth huddles this month.

2. Which of the following instances prompted the huddle? **Select all that apply:**

<input type="checkbox"/> Admission	<input type="checkbox"/> Change in care management
<input type="checkbox"/> Labor evaluation, induction, scheduled C-section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility	<input type="checkbox"/> Hypertension, Hemorrhage, Infection, Opioid Use Disorder
<input type="checkbox"/> Labor Progress	<input type="checkbox"/> Post-birth/Post-emergency Debrief
<input type="checkbox"/> Prior to non-emergent intervention for mom/birthing person	<input type="checkbox"/> Shift change/Hand-off
<input type="checkbox"/> AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-section	<input type="checkbox"/> Need for huddle noted during provider or nursing (bedside) hand-off
<input type="checkbox"/> Prior to non-emergent intervention for baby	<input type="checkbox"/> Pain Control
<input type="checkbox"/> Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission	<input type="checkbox"/> Prodromal labor, Post-op pain
<input type="checkbox"/> Contraception	<input type="checkbox"/> Outpatient setting
	<input type="checkbox"/> Other

3. During your observation of the huddle, were the team members' names written on the shared planning board, either during this huddle or previously?

☐ Yes, always

☐ Yes, some - please specify which roles were missing: \_\_\_\_\_

☐ No - names were discussed but no one updated the board

☐ No - names were not updated or discussed

☐ I was a member of this huddle

4. Who discussed the preferences/concerns of the mom/birthing person? **Select all that apply:**

☐ Mom/Birthing person

☐ Support person (doulas, family, friend, partner, spouse)

☐ Nurse

☐ Provider (midwife/physician)

☐ The preferences were not discussed

5. Did the team write any preferences on the planning board?

☐ Yes - preferences/concerns discussed and always written/updated on the board


☐ Yes - preferences/concerns were discussed and sometimes written/updated on the board (How often? \_\_\_\_\_)

☐ No - preferences/concerns were discussed but no one updated the board

☐ No - preferences/concerns were not discussed

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TEAMBIRTH



ARIADNE LABS  
DELIVERY DELICIOUS INTENTIVE

**TEAMBIRTH RECOGNITION**

**Huddle Observation Form**

[https://harvard.az1.qualtrics.com/jfe/form/SV\\_3ra14IHBCXzMnV6](https://harvard.az1.qualtrics.com/jfe/form/SV_3ra14IHBCXzMnV6)

12:29

3. During your observation of the huddle, were the team members' names written on the shared planning board, either during this huddle or previously?

☐ Yes, always


☐ Yes, some - please specify which roles were missing

☐ No - names were discussed but no one updated the board

☐ No - names were not updated or discussed

☐ I was a member of this huddle (self-observer)

4. Who discussed the preferences/concerns of the mom/birthing person? **Select all that apply:**



rs with a clinical background should be assigned by the number of huddles calculated based on 10% of the

**Example:**

h an annual birth volume of about 3000

(monthly birth volume) x 0.10 = 25

ry liaison decides to direct 5 clinical team to observe about 5 huddles this month. This ~ 25 huddles observed (10% of births).

n target is less than five, or greater than 35, the Primary amBirth to customize a plan together.



# Let's Discuss Sustainability

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Please share ideas for education/training/auditing:


- > *EMR Integration*
- > *Onboarding for new nursing staff*
- > *In-service staff training/scenarios*
- > *Resident education*
- > *Night Shift education*
- > *Childbirth class/orientation for patients*


# Step 1: Integrate into Learning Management


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## Milestones to Move on:

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Partner with existing systems for sustainability across your hospital (the quality, education, and/or information technology teams) to integrate and support TeamBirth. 

Ensure there is assigned accountability to encourage continuous learning over time 

Ensure there is ownership to make changes as needed as the environment constantly changes 

# Step 1: Integrate into EMR

## Tips for TeamBirth:

- Incorporate fields for reporting huddles into EMR systems for accountability, patient care documentation and tracking

Team Birth Huddle	
Team BirthHudle initiated	Yes
Team members present	<input type="text"/>
Whiteboard discussion./update	<input type="text"/>

Team Birth Huddle	
Team BirthHudle initiated	Yes
Team members present	Patient;Signific...
Whiteboard discussion./update	Whiteboard Up...

### Team members present

Select Multiple Options: (F5)

Patient  
Significant Other  
Support Person  
Nurse  
OB Provider  
Midwife  
Doula  
Neonatology Provider  
MFM Provider  
Anesthesia Provide  
Other (Comment)

### Whiteboard discussion./update

Select Multiple Options: (F5)

Whiteboard Update  
Patient Preferences  
Mom Status/Plan  
Baby Status/Plan  
Progress Status/Plan  
Next Huddle

# Sustainability as a *Culture Shift*

- Respectfully redirect conversations
- Speak humanely about patients and families
- Encourage appropriate team interactions
- Identify huddle opportunities
- Support coordination of a huddle
- Encourage use of TeamBirth board in addition to huddles

*Any team member can request a huddle*



# Clear disparities in mistreatment during maternity care exist



Twenty percent of women report experiences of mistreatment during maternity care. 30% percent of Black, 29% of Hispanic, and 27% of multiracial people reported mistreatment.

The most common types of mistreatment reported were:

- Receiving **no response to requests for help**.
- Being shouted at or scolded.
- Not having their physical privacy protected.
- Being threatened with **withholding treatment** or made to **accept unwanted treatment**.





## PSYCHOLOGICAL SAFETY

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



## SHARED DECISION-MAKING

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

### TEAMBIRTH CONCEPTS

*Beyond the huddle*



## EQUITABLE CARE

**Ask questions** - this is a powerful way to indicate to someone that you actually want to **hear their voice**



## CLOSED - LOOP COMMUNICATION

When we verbalize each other's plans, ideas, questions and mistakes, we contribute moments of safety, learning and **discovering** new perspectives

Come to upcoming coaching calls with questions and sustainability goals!

Next Learning Session: **March 27th @ 12pm EST**

- *Statewide data to be presented!*

