



DELIVERY DECISIONS INITIATIVE

TEAMBIRTH



NEW JERSEY
HEALTH CARE
**QUALITY
INSTITUTE**



Collaborative Session 8
October 25, 2023

Collaborative Session *

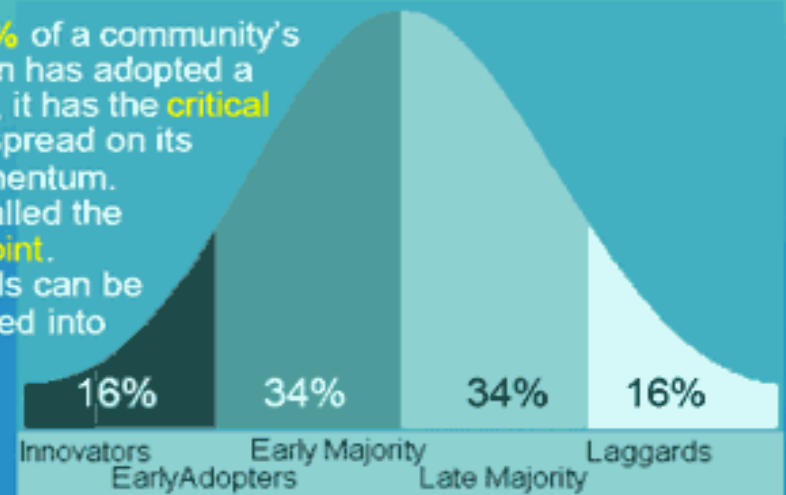
- Check-ins
 - Celebrate successes!
- Sustainability
- Surveying/Data Submission
- TeamBirth In Practice

Rogers' Theory of Diffusion

Diffusion of Innovation Background

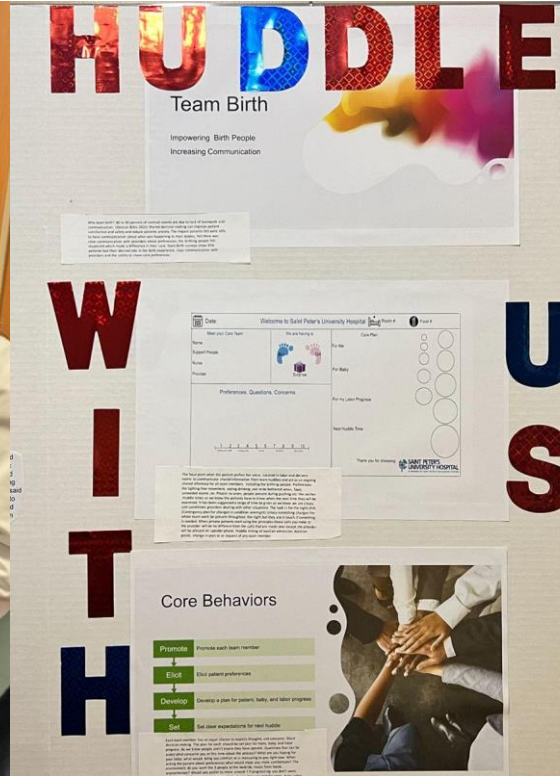
SOCIAL DIFFUSION THEORY*

Once **15%** of a community's population has adopted a new idea, it has the **critical mass** to spread on its own momentum. This is called the **tipping point**. Individuals can be categorized into groups.



***Diffusion of Innovations, Everett Rogers (1962; 1995 fourth edition)**

Staff Training



Example: TeamBirth Scenario Station

Providence Holy Family Hospital
Know Me - Care for me - Ease my way

Name: _____
Date: _____
FMC Front Desk: 482-2229
Nurse Phone: _____

LABOR ACTIVE LABOR PUSHING

My Care Team
Name: _____
Support Person(s): _____
Nurse: _____
Provider: _____
Nurse Leader: _____
Newborn Provider(s): _____
Anesthesia: _____

It's a _____ !
Name: _____
Birthday: _____ Time: _____
Weight: _____ Length: _____

My Preferences
Feeding Plan: ☐ Breast ☐ Bottle ☐ Combo
☐ Hep B Vaccine ☐ Vit K ☐ Erythromycin Eye Oint

Medications
Next @ _____
Next @ _____
Next @ _____
Prepare for Discharge: _____
GBS _____ Blood Type _____ ☐ Rhogam

My Care Plan
Baby: _____
Labor Progress: _____
Last Exam: _____ @ _____
Next Huddle: _____

Our Core Values
Compassion - Dignity - Justice - Excellence - Integrity
#HolyFamilyDelivers



Providence Holy Family Hospital
Know Me - Care for me - Ease my way

Name: _____
Date: _____
FMC Front Desk: 482-2229
Nurse Phone: _____

LABOR ACTIVE LABOR PUSHING

My Care Team
Name: **Beth**
Support Person(s): **Todd** **Doula-Anna**
Nurse: **Cindy**
Provider: **Dr. Prest**
Nurse Leader: **Sonja**
Newborn Provider(s): _____
Anesthesia: **Josh, CRNA**

It's a **Girl !**
Name: _____
Birthday: _____ Time: _____
Weight: _____ Length: _____

My Preferences
Pain relief - wants epidural
Bring my placenta home
Todd/Anna give me massages
Wear my own gown
Skin to skin after birth
Push when pushing

My Care Plan
Mom: **Small meals until labor starts**
Baby: **Monitor baby on and off**
Labor Progress: **Walking**
Last Exam: **6/75/-1 @ 3:30**
Next Huddle: **At 10pm or if labor starts**

Feeding Plan: ☐ Breast ☐ Bottle ☐ Combo
☐ Hep B Vaccine ☐ Vit K ☐ Erythromycin Eye Oint

Medications
Next @ _____
Next @ _____
Next @ _____
Prepare for Discharge: _____
GBS _____ Blood Type _____ ☐ Rhogam

Our Core Values
Compassion - Dignity - Justice - Excellence - Integrity
#HolyFamilyDelivers

Rogers' Theory of Diffusion

Diffusion of
Innovation:
Definition

Knowledge

Persuasion

Decision

Implementation

Confirmation

HMM... LOOKS INTERESTING,
BUT IS IT FOR ME..?

WHAT ARE THOSE
WEIRDOS UP TO?

YAY!
SHINY
NEW THING!

COOL KIDS
HAVE A NEW
TOOL - I WANT!

THE
INNOVATION
DISTRIBUTION
CURVE

I WANT MY
FAX MACHINE
BACK.

INNOVATORS

EARLY
ADOPTERS

CHASM

EARLY
MAJORITY

LATE
MAJORITY

LAGGARDS

Questions & Discussion

Please be prepared to come off mute and share progress around the following:

1. Resistance/Challenges



2. TeamBirth Success



Patient Survey Process



Data Submissions - NJHCQI Website

[ABOUT](#)[OUR WORK](#)[MEMBERSHIP](#)[CONTACT](#)[MEDIA CENTER](#)[EVENTS](#)[RESOURCES](#)[#QIMEMBERJOBS](#)

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

Monthly Data Submissions

TEAMBIRTH MONTHLY BIRTH VOLUME SUBMISSION

Please complete this form to submit your monthly birth volume. Data should be submitted by the first Friday of the month and only include the preceding month's total birth volume.

For example, by Friday, July 7, the first Friday of July, you would submit your total birth volume for June (all births that occurred from June 1 to June 30).

Hospital Name *(Required)*

SELECT YOUR HOSPITAL NAME HERE

Name of Person Submitting Information *(Required)*

What month are you submitting data for? *(Required)*

SELECT A MONTH HERE

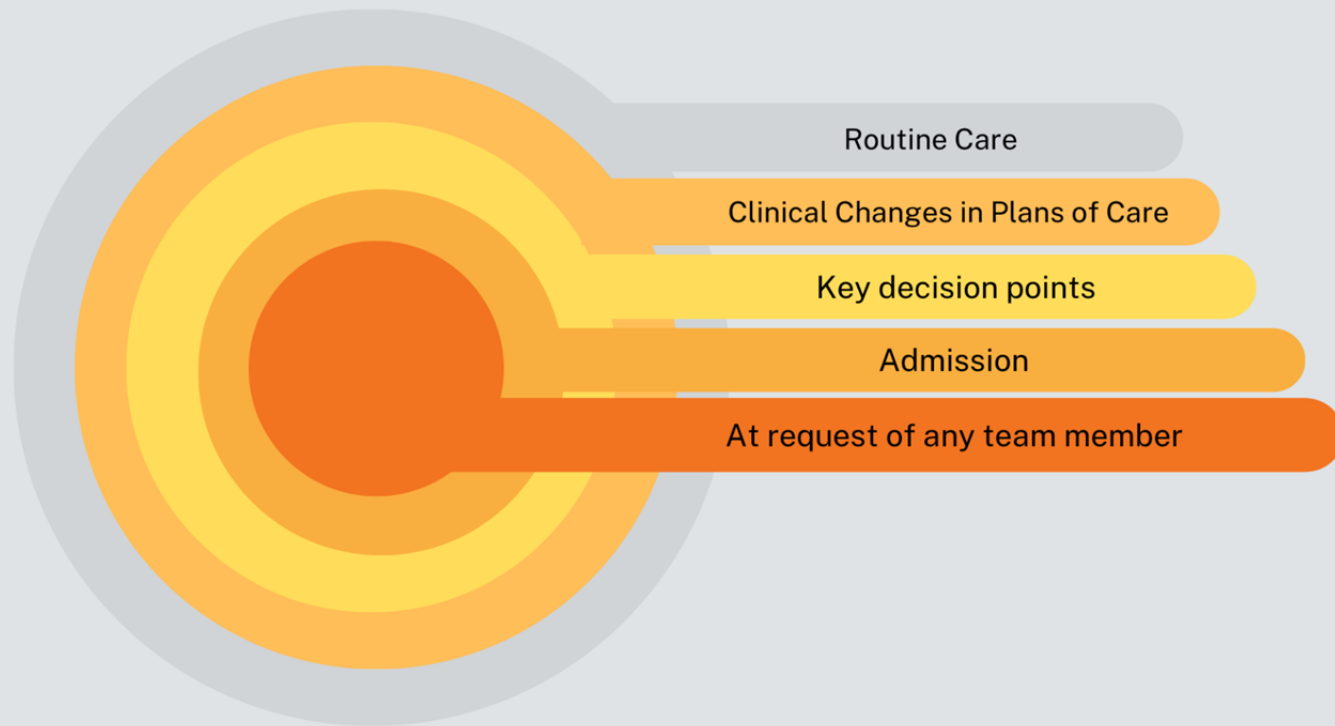
Please enter your site's total birth volume for the month you indicated above. *(Required)*

SUBMIT

Huddle Observation Form

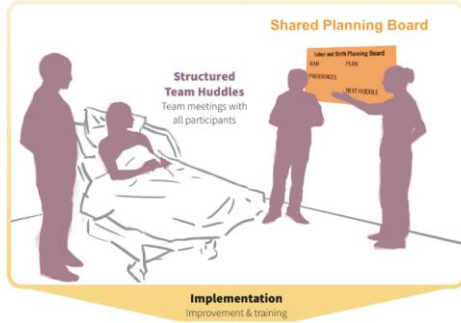


Guidelines: select *at least* three people to observe *at least* three huddles



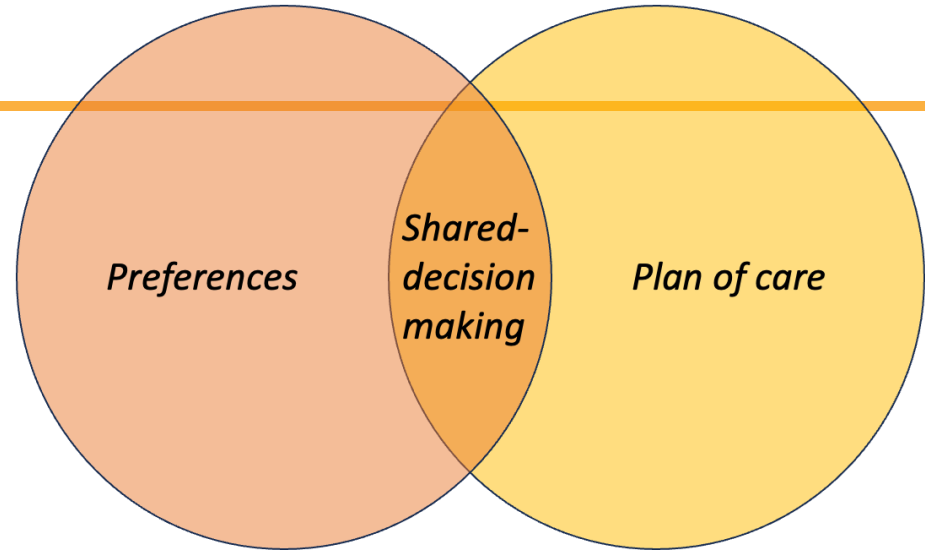
Equal Care

Components which are critical to successful delivery of the intervention¹



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

Equitable Care



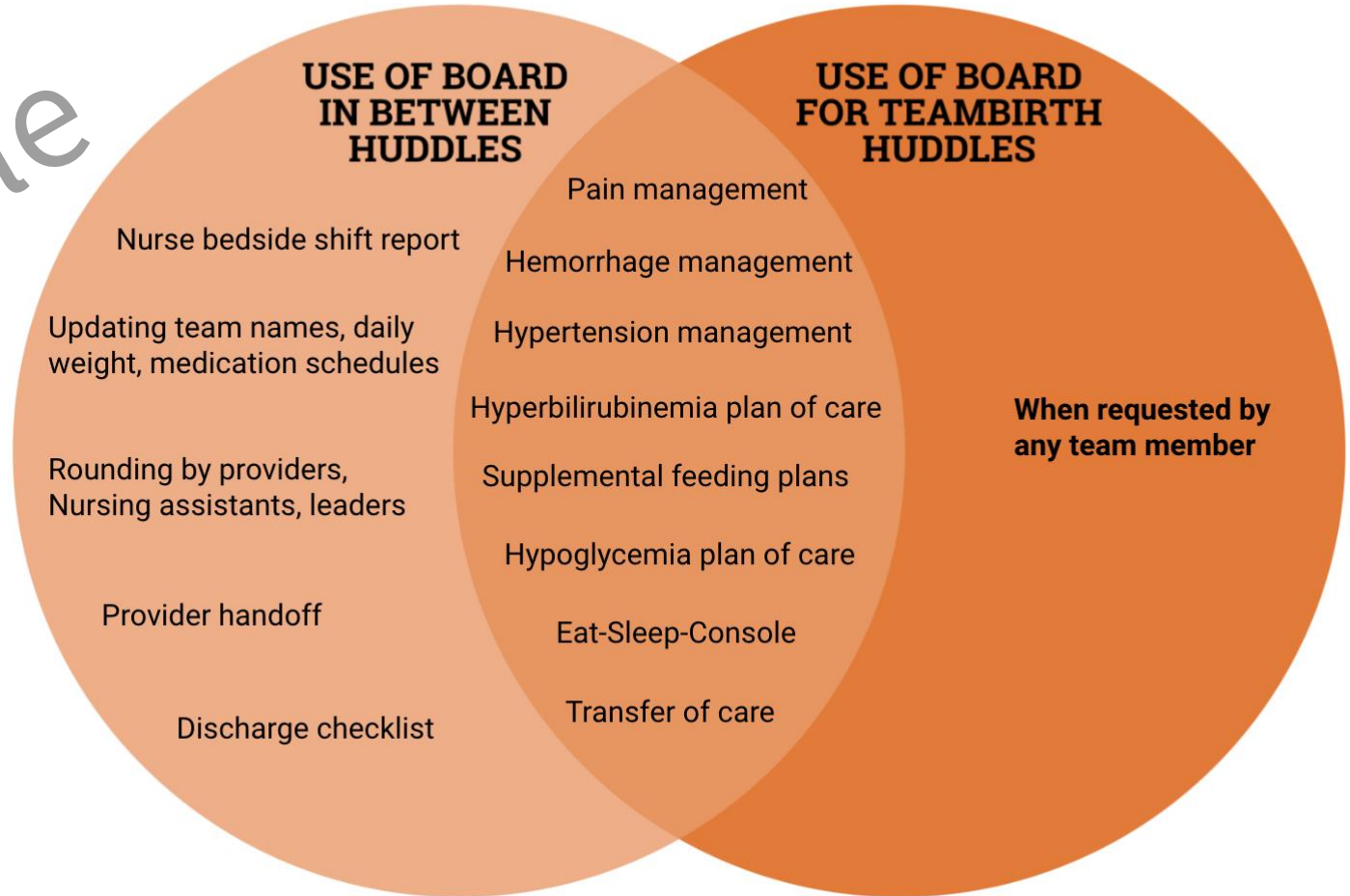
Eliciting preferences



Clearly distinguishing plan for birthing person, baby, and labor progress

USE OF THE SHARED PLANNING TOOL IN POSTPARTUM

Example



USE OF THE SHARED PLANNING TOOL IN POSTPARTUM

Brainstorm

**USE OF BOARD
IN BETWEEN
HUDDLES**

**USE OF BOARD
FOR TEAMBIRTH
HUDDLES**

