Cohort 4 Collaborative Learning Session #1

May 30, 2024

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

Learning Session Agenda

Introductions

TeamBirth Core Knowledge & Skills
- Learn: Shared Planning Tool - TEAM

TeamBirth Implementation
- Announcements
- Implementation Roadmap & Timeline
- Current core activities:
  - BUILD YOUR TEAM
  - SOCIALIZE CULTURE CHANGE
  - ASSESS YOUR CONTEXT

Looking Ahead
- Takeaways From Today
- Action Items

ARIADNE LABS

Introductions

About the Quality Institute

The Quality Institute is a nonprofit, multi-stakeholder advocate for health care quality in New Jersey.

Our mission is to improve the safety, quality, and affordability of healthcare for everyone.

The primary focus of the Quality Institute's areas of work are:
- Community Health
- Policy
- Quality Improvement

We are a joint center for health systems innovation at Brigham & Women's Hospital and the Harvard T.H. Chan School of Public Health.

ARIADNE LABS

DELIVERY DECISIONS INITIATIVE

Our vision is a world in which every person can choose to grow their family with dignity.

Meet your TeamBirth support

New Jersey Health Care Quality Institute

Ariadne Labs — Delivery Decisions Initiative

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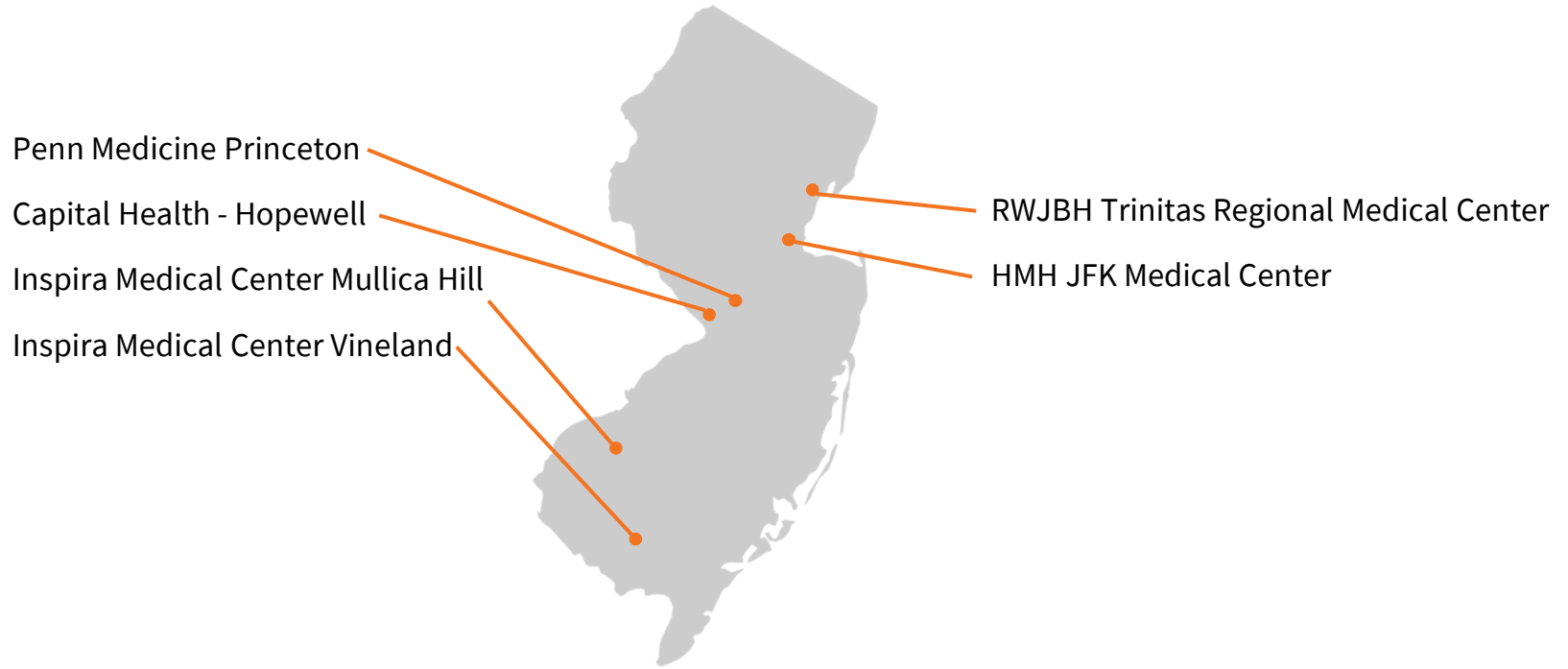Implementation
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Capital Health - Hopewell

Inspira Medical Center Mullica Hill

Inspira Medical Center Vineland

RWJBH Trinitas Regional Medical Center

HMH JFK Medical Center

Who is here with you from your organization today?

TeamBirth Background

Over the past generation, giving birth in America has become less **TRUSTWORTHY**

U.S. women have the highest rate of maternal mortality among high-income countries

Black women experience 3-4x higher mortality

80% of pregnancy-related deaths may be preventable

Almost 1/3 of women in U.S. who gave birth in a hospital reported experiencing one or more types of mistreatment

Mistreatment is experienced more frequently by women of color and among those with social, economic or health challenges

Almost half (45%) of moms reported **holding back from asking questions or sharing concerns** during their pregnancy or delivery.

11

80–90%

of reported sentinel events are due to failures of communication and teamwork.

(Source: The Joint Commission)

TeamBirth is a care process innovation involving a series of team huddles between the patient and their care team designed to:
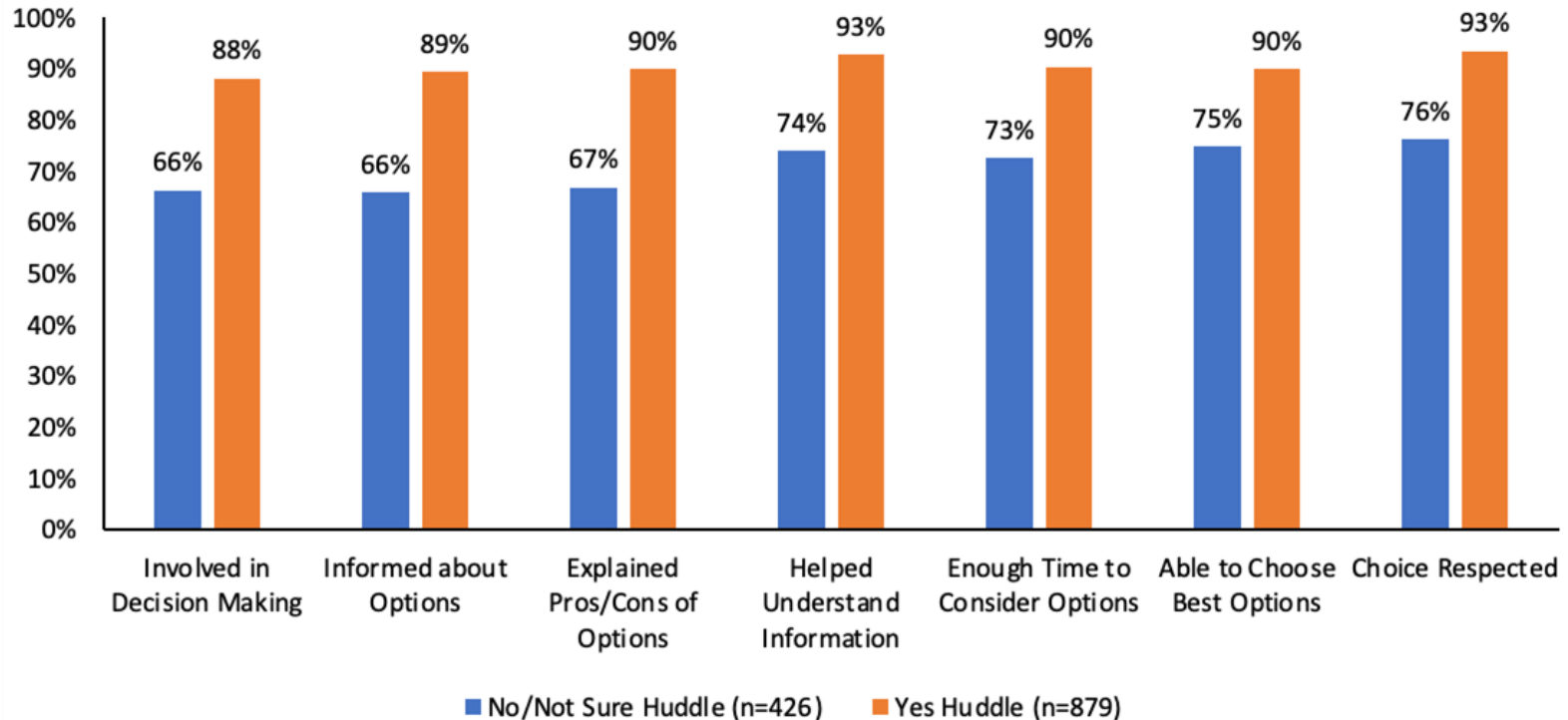
→ Empower each team member to contribute information

→ Reliably structure communication

→ Help the team arrive at shared plans together

For patients, TeamBirth invites them into the conversations and provides a structure that is easy to understand and participate in.

For clinicians, TeamBirth encourages all conversations to be had with the patient to promote effective team communication and alignment across the full team.

New Jersey patients report higher autonomy in shared decision-making

Patients who experienced a TeamBirth huddle during labor, report more "strongly agree" or "completely agree" for each of the MADM score items.

	No/Not Sure Huddle (n=426)	Yes Huddle (n=879)
Involved in Decision Making	66%	88%
Informed about Options	66%	89%
Explained Pros/Cons of Options	67%	90%
Helped Understand Information	74%	93%
Enough Time to Consider Options	73%	90%
Able to Choose Best Options	75%	90%
Choice Respected	76%	93%

Patients who experienced a TeamBirth huddle during labor, have **high MADM scores across different races and ethnicities**, compared to those with no huddle.

MADM Quartiles by Race/ethnicity and Huddle Status

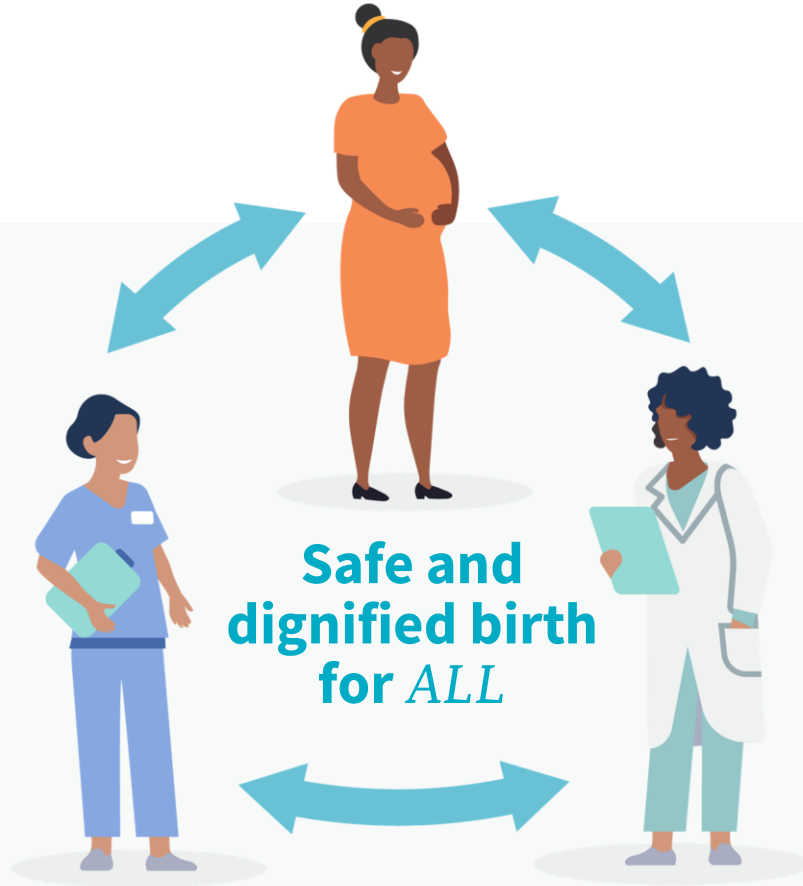| | Very Low |
	Low
	Moderate
	High
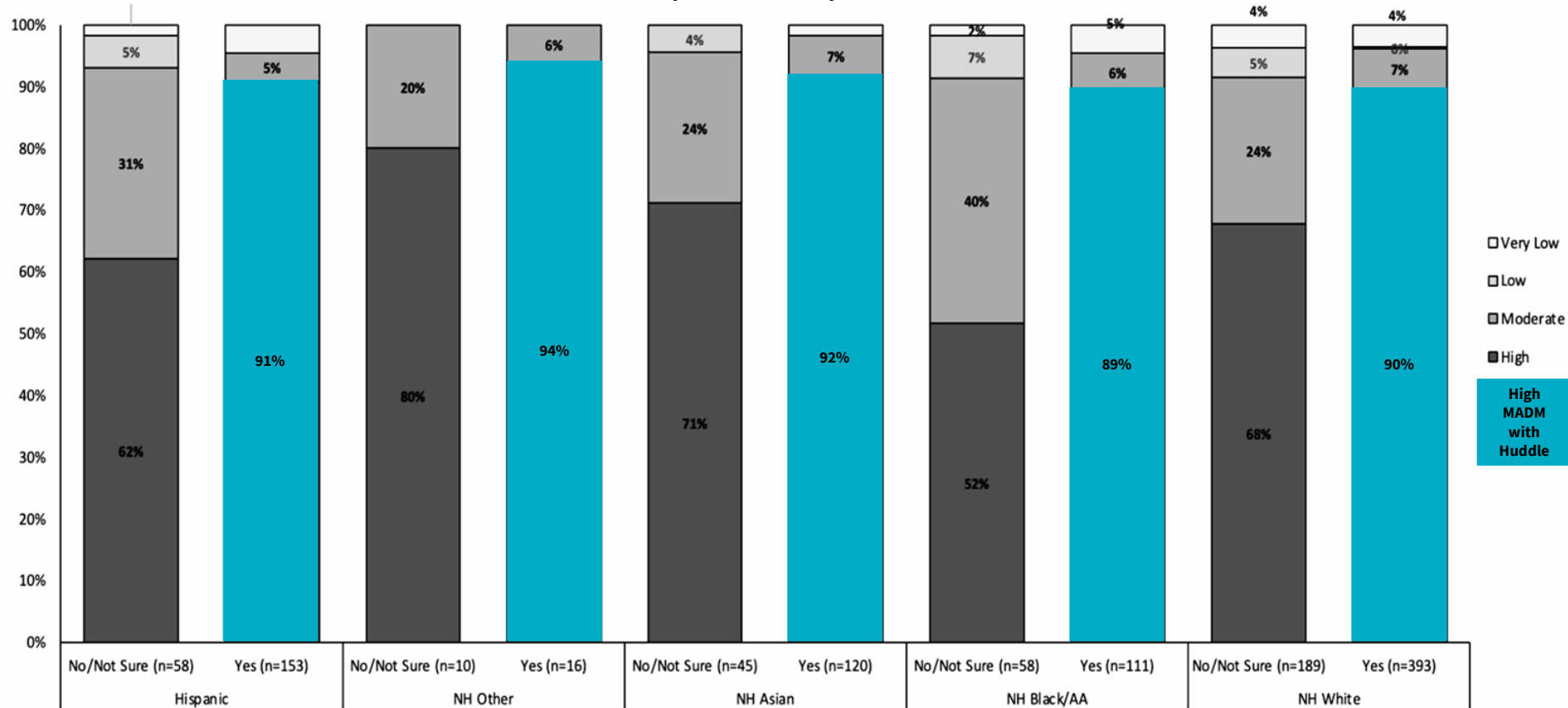
TeamBirth Overview

Communication Channels: **Current**

Communication Channels: **TeamBirth**

Safe and dignified birth for *ALL*

The TeamBirth solution embodies two design principles:

TEAMWORK:
Promote psychological safety and shared decision-making with the birthing person

SIMPLICITY:
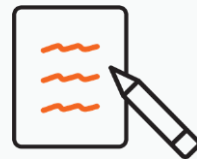Reliably communicate information across the full care team, including the birthing person

TeamBirth's components promote *four key behaviors:*

Promoting the role of each team member

Eliciting patient preferences

Distinguishing plan for patient, baby, and labor progress*

Set shared expectations for the timing of the next huddle

* Labor progress refers to the laboring uterus and cervix. Plans for progress should also be discussed in postpartum and newborn huddles.

TeamBirth **Core** Components

Critical to successful delivery of TeamBirth across the maternal health continuum

1.
STRUCTURED TEAM HUDDLES

Structured conversations that includes the birthing person and their support people

SHARED PLANNING BOARD

TEAM   PLAN

PREFERENCES   NEXT HUDDLE

2.
SHARED PLANNING TOOL

Visual tool that structures communication and provides space to document discussions during huddles

TeamBirth Huddles:

WHO

The **entire direct care team,** including the person in labor and their support

WHAT

Discuss preferences; care plans for mom and baby; labor progress*; and expectations for the next huddle

WHEN

From **admission** throughout the birthing stay (triage & antepartum through postpartum) at **major decision points or changes** in care plans

WHY

Give all team members the **opportunity to participate** in shared decision-making

'Labor progress' refers to the laboring uterus and cervix. Plans for progress should also be discussed in postpartum and newborn huddles.
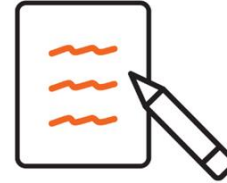
Shared Planning Tool

TEAM

PLAN

Me

Baby

Progress

PREFERENCES

NEXT HUDDLE

TEAMBIRTH

Shared Planning Tool
Version April 2024

Example: UMass Memorial

UMass Memorial Health

LABOR & BIRTH PLANNING BOARD

ROOM#:   PHONE#:   DATE: WEEKS:

TEAM

PREFERENCES

NOTES

PLAN

_____:

BABY:

PROGRESS:

NEXT HUDDLE

EARLY LABOR   ACTIVE LABOR   PUSHING
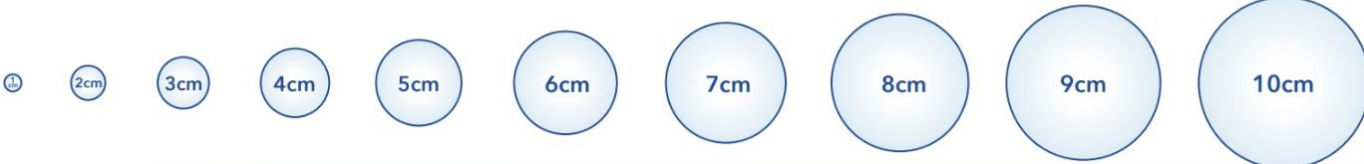
Example: St. Peter's Hospital

Add-On Components: **DISCUSSION AND SUPPORT GUIDES**

Admission Discussion Guide

Discuss the best next steps with your support person or doula, your nurse, and your provider based on how you are doing, how your baby is doing, and how your labor is progressing.

If you are in
EARLY LABOR

You may benefit from

Comfort of home environment

Being active

Staying close to the hospital

Home   Nearby the Hospital

If you are in
ACTIVE LABOR*

You may benefit from

Admission to hospital

Monitoring

Clinical care

Labor & Delivery

DISCUSS WITH YOUR TEAM
What are the **benefits** of birth at 39 weeks or more?

DISCUSS: STATUS
How am **I** feeling?
How is my **baby** doing?
Where am I in **labor**?

DISCUSS: OPTIONS
What are the **benefits and risks** of each option?

DISCUSS: ACTIONS
What can I do to be **more comfortable**?
Where can I go **nearby**?
What are my options for **labor support**?

* The American College of Obstetricians and Gynecologists (ACOG) defines labor as contractions that result in cervical change. Active labor typically begins at 4-6cm with accelerated cervical dilation. Your clinical team will update you on your cervical dilation and progress. This guide is designed for use with full term births.

TEAMBIRTH   QUALITY INSTITUTE   NJMCQC   NJHealth

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Labor Support Guide

Use this guide to identify, discuss, and select options for labor support with your team. These options can benefit you, your baby, and labor progress.

What are your care goals? | **What options can we try?**

Birthing Person — Support labor
- ❑ **Movement:** Change positions, walk, dance or sway
- ❑ **Breathing:** Take deep breaths or use relaxation methods
- ❑ **Touch:** Massage, stroking, or cuddling
- ❑ **Temperature:** Apply heat or cold with water or packs
- ❑ **Environment:** Use light, smells, or sounds to create a comfortable space
- ❑ **Drink:** Have ice chips or a glass of water
- ❑ **Medications:** Start or change medications for your pain
- ❑ **Other:** _____

Baby — Manage wellbeing
- ❑ **Reposition:** Lay on your side, hands and knees, lunge, squat, etc.
- ❑ **Monitoring:** Change monitoring method
- ❑ **Hydrate:** Drink fluids or use an IV
- ❑ **Medications:** Change or stop medication for your contractions
- ❑ **Other:** _____

Labor Progress — Promote progress
- ❑ **Movement:** Change positions, walk, dance or sway
- ❑ **Breathing:** Take deep breaths or use relaxation methods
- ❑ **Tools:** Use labor support tools, like a birthing ball
- ❑ **Break Water:** Use tools to break your water
- ❑ **Medications:** Change or stop medication for your contractions
- ❑ **Other:** _____

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Assisted Delivery Discussion Guide

Use this guide in team discussions about assisted vaginal birth or C-section. Assisting your birth with vacuum, forceps, or C-section may be appropriate if your condition meets these criteria, but discuss with your team what is best for you and your baby.

What are your reasons for considering assisted delivery? | **What are the MINIMUM Conditions for assisted delivery?**

Birthing Person — Request
- ❑ You believe that assisted delivery is the best option for you after discussion with your care team

Baby — Concern for wellbeing
- ❑ On-going slow heart rate OR
- ❑ Far away from delivery with either:
  - ❑ Repeated slow downs in heart rate that do not improve with support
  - ❑ High heart rate that does not improve with support

Labor Progress — Slow induction
Either:
- ❑ Early labor (4 cm or less) for 24 hours or more
- ❑ Medications to support contractions and waters broken for 15 hours or more

Labor Progress — Slow progress
No cervical change with waters broken and 6 cm or more dilated with either:
- ❑ Good contractions for 4 hours or more
- ❑ Medications to support contractions for 6 hours or more

Prolonged pushing without progress
Either:
- ❑ Pushing for at least 3 hours if this is your first labor
- ❑ Pushing for at least two hours if you have labored before

DISCUSS WITH YOUR TEAM:
What are the **benefits and risks** of more time in labor?
What are the **benefits and risks** of an assisted delivery?
What **options** can we try to support my labor? (*See Labor Support Guide*)

TEAMBIRTH   QUALITY INSTITUTE   NJMCQC   NJHealth

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TeamBirth Implementation Pathway

Guiding practice and culture change activities to ensure effective and sustainable implementation
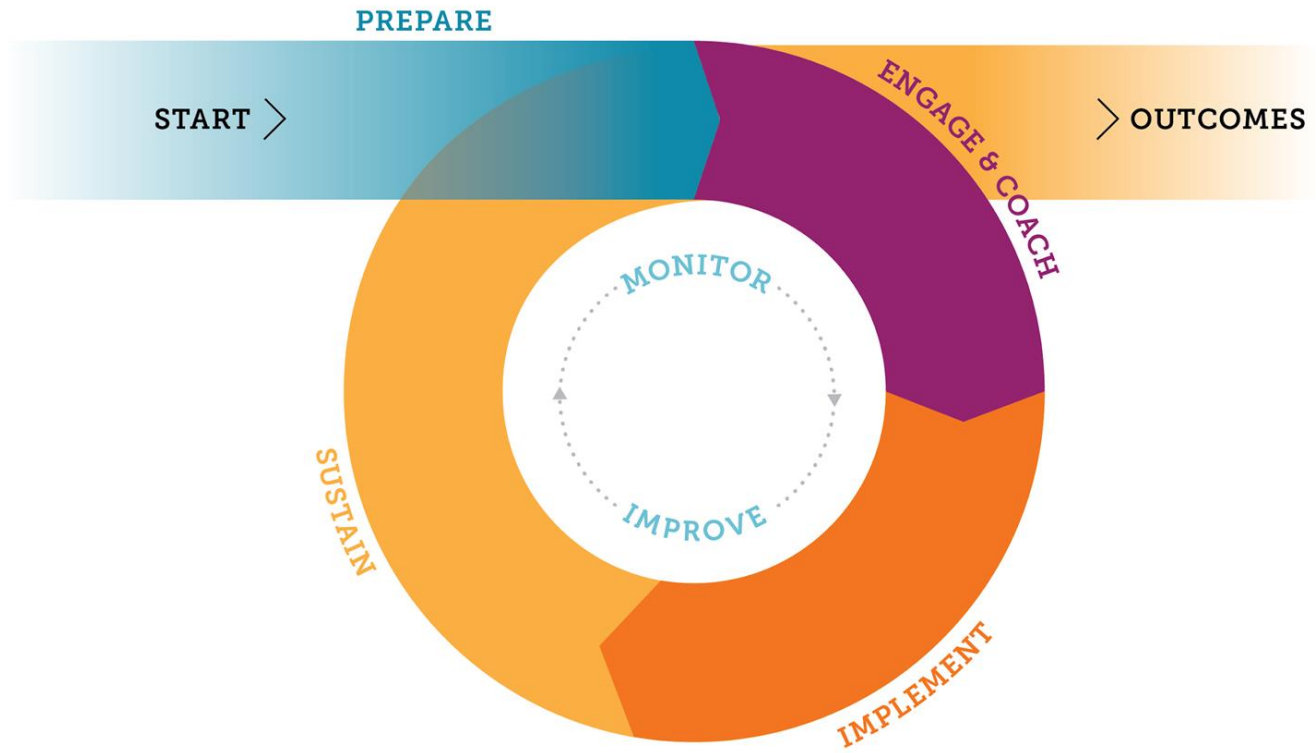
TeamBirth Implementation Roadmap

Core milestones and activities that systematically guide TeamBirth integration while providing flexibility to adapt to your unique system's needs and timeline.

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE MILESTONES	❑ Project Kick Off	❑ Boards Installed	❑ TeamBirth Go Live	❑ Showcase Results
CORE ACTIVITIES	✓ **Build your team** ✓ Develop your strategy ✓ **Assess your context** ✓ Customize TeamBirth	✓ **Socialize culture change** ✓ Provide training ✓ Practice huddles ✓ Conduct patient surveys	✓ Monitor progress ✓ Celebrate wins ✓ Collect huddle & experience data ✓ Iterate & improve	✓ Onboarding & continuing education ✓ Systematic quality improvement ✓ Evaluate impact ✓ Identify areas for expansion

Implementation Support

	LEARNING SESSIONS	COACHING CALLS
WHAT	Monthly virtual multi-site group session (60-90 mins.)	Monthly virtual site support meeting (50 mins.)
WHY	To provide TeamBirth implementation guidance and training	To provide tailored site specific support (i.e. advising, answering questions, overcoming barriers) for executing the implementation pathway activities
WHO	Led by DDI TeamBirth & Partners Attended by each site's implementation team members	Led by DDI TeamBirth & Site Lead Attended by site's implementation team and as necessary champions

NJHCQI TeamBirth Websites

Access your cohort's resources at this **private website**

www.njhcqi.org/teambirthnj-cohort4

Password: Cohort42024!

Public TeamBirth NJ website*

www.njhcqi.org/our-work/qualityimprovement/

TeamBirth Core Knowledge & Skills

Shared Planning Tool

TEAM

PLAN

Me

Baby

Progress

PREFERENCES

NEXT HUDDLE

Shared Planning Tool
Version April 2024
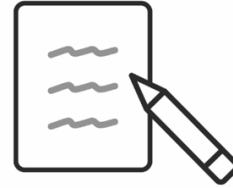
Shared Planning Tool

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NEXT HUDDLE
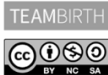
TEAM

KEY BEHAVIOR: Promote the role of each team member

INTENT

To ensure all roles have valuable input in shared-decision making

To establish **psychological safety** by providing an invitation and ongoing opportunity to participate

DETAILS

Verbalize that a TeamBirth huddle is occurring

Start with the patient followed by their support people

Ensure relevant team members are included

May include additional information (e.g. here until 7 pm shift change)

Who is on the Team

The direct care team includes any support people accompanying the patient as well as the clinical team primarily responsible for patient care

Birthing Person

Support Person
- Partner / Spouse
- Family
- Friend
- Doula

Clinicians
- Nurse
- Certified Nurse Midwife
- Physician (OB hospitalist, Attending OB, Resident)
- Lactation Consultant
- Anesthesiologist/CRNA
- Newborn Provider (Pediatrician, Nurse Practitioner, Resident)

Additional team members:
- Interpreter
- Social Worker
- Community-based Midwife
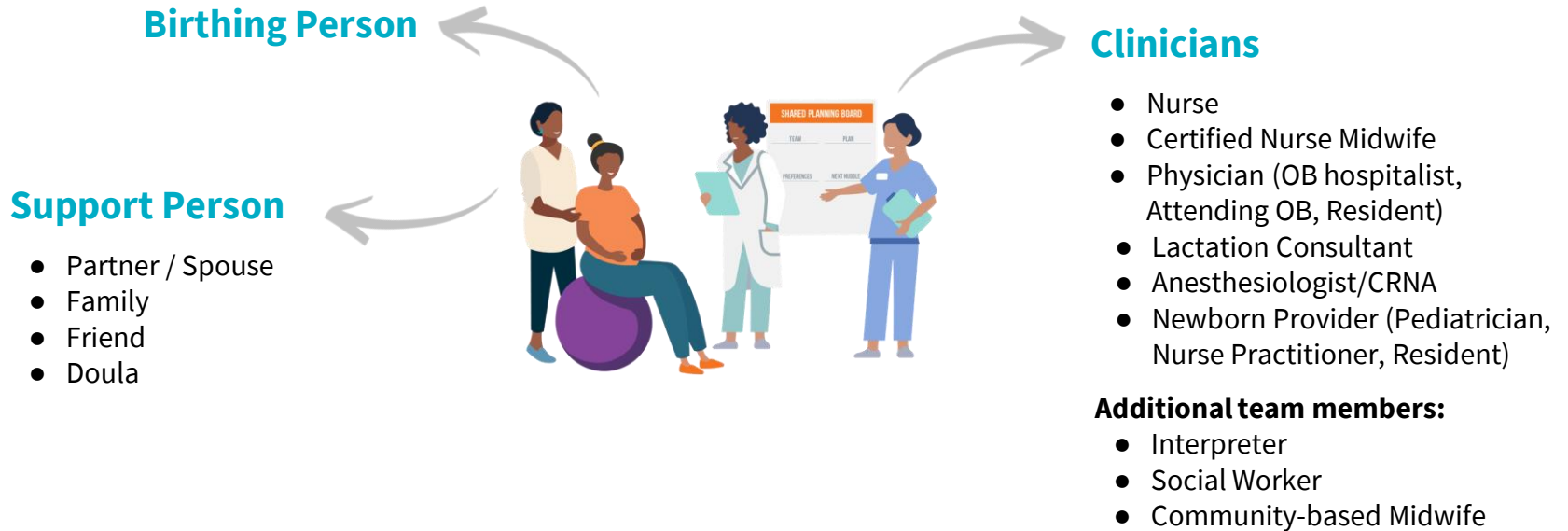
# Huddle Initiation - Starts with the Team

Verbalizing that a TeamBirth Huddle is taking place starts with introducing the team

Team Introductions

1. Start with the birthing person

2. Follow with their support person(s)

3. Then each clinician

Ensure all relevant team members are included based on the purpose of the Huddle:

● Doula, lactation, anesthesiology, etc

Shared Planning Tool

TEAM

PLAN
Me:

Baby:

Progress:

PREFERENCES

NEXT HUDDLE
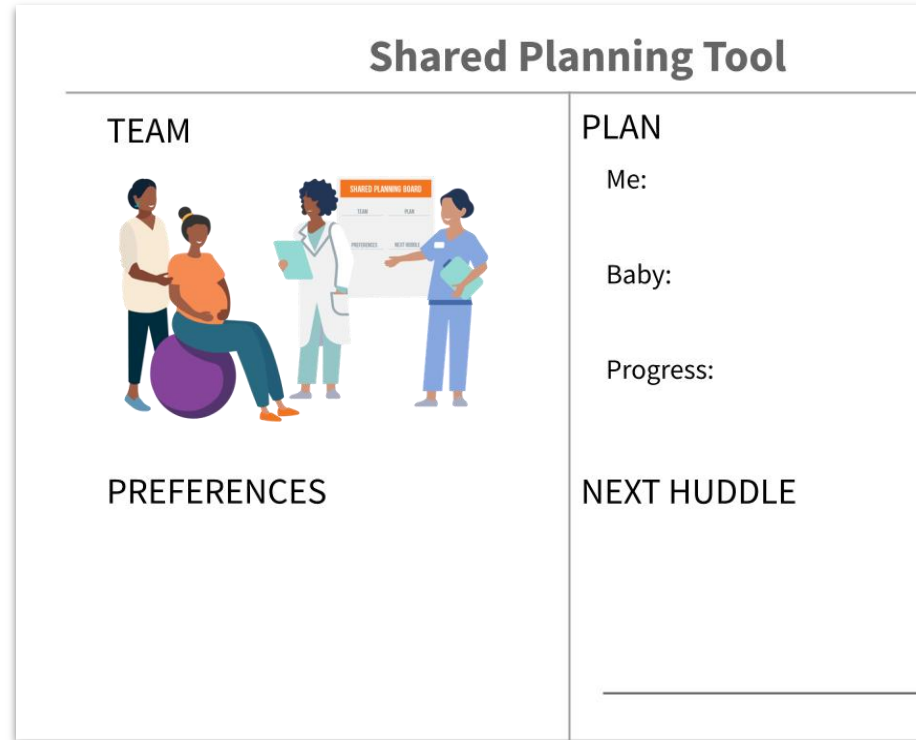
TEAM

Other information may be valuable to include during introductions of the team

In addition to names you may include:

- Role or Title

- Shift times

- Relationship to birthing person

- Accessibility needs

Shared Planning Tool

TEAM

Alea
Aizpea - partner (Spanish)
Mariana - doula
Trisha - RN (here til 7pm)
Dr Chien - MD (here til 7am)

PREFERENCES

PLAN

Me:

Baby:

Progress:

NEXT HUDDLE

TEAMBIRTH Introduction

Use this opportunity to ensure the patient knows what TeamBirth is

Admission Huddles should be used to establish TeamBirth huddles as the communication process the patient will experience throughout their time at the hospital

Anytime a huddle begins confirm the patient is familiar with TeamBirth and provide any explanation so they understand what is happening and why

Key Points

1) TeamBirth ensures teamwork and consistent transparent communication

2) This process is used for all birthing patients

3) The purpose is to ensure you [the patient and support person] can share your preferences and needs and be a part of decision making for your care.
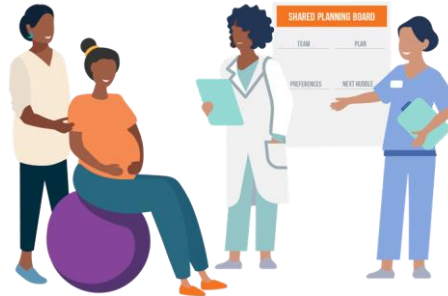
Psychological Safety

Including and introducing each team member sets up psychological safety

The TEAM section and key behavior facilitate:

- An environment that allows individuals to feel safe, comfortable, and supported in expressing themselves

- Mitigation of fear of negative consequences such as judgement, criticism, or punishment

- Minimizing hierarchical power dynamics inherent in healthcare

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

We encourage **safe communication** and creating opportunities to **speak up**

Creating Psychological Safety

01	Promote the whole team	Introduce all individuals present
02	Active listening	Maintain eye contact Consider body language Give full attention
03	Empathy and validation	Acknowledge feelings Avoid dismissing or downplaying
04	Non-judgmental attitude	Avoid assumptions and judgment Recognize and understand your biases
05	Respect for autonomy	Elicit patient preferences Engage in shared-decision making Respect their choice

Creating Psychological Safety

06	Clear communication	Use clear patient friendly language Customize your approach to meet their needs
07	Emotional support	Show compassion Provide comfort Demonstrate understanding
08	Cultural sensitivity	Respect and value diverse backgrounds, beliefs, and practices
09	Boundaries & confidentiality	Respect patient privacy Adhere to ethical and legal guidelines
10	Continuous learning & improvement	Seek feedback from patients and colleagues Reflect and learn from your own experiences

TeamBirth Implementation

TeamBirth Implementation Roadmap

Today's focus

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE MILESTONES	❑ Project Kick Off	❑ Boards Installed	❑ TeamBirth Go Live	❑ Showcase Results
CORE ACTIVITIES	✓ **Build your team** ✓ Develop your strategy ✓ **Assess your context** ✓ Customize TeamBirth	✓ **Socialize culture change** ✓ Provide training ✓ Practice huddles ✓ Conduct patient surveys	✓ Monitor progress ✓ Celebrate wins ✓ Collect huddle & experience data ✓ Iterate & improve	✓ Onboarding & continuing education ✓ Systematic quality improvement ✓ Evaluate impact ✓ Identify areas for expansion

Core Implementation Activity:
BUILD YOUR TEAM

BUILD YOUR TEAM

CORE: Ensure you have the right people, structures, and processes in place to carry out implementation activities

|	
OBJECTIVES	Establish your Implementation Team with clinical and project management roles
	Establish support for TeamBirth among clinical and organizational leadership
	Identify and engage Champions across your key TeamBirth roles and care team members
ADAPT	Which roles and how many depend on your unique organization
	How you bring people together and set up your project governance

BUILD YOUR TEAM

Ensure you have the right people to support your TeamBirth integration
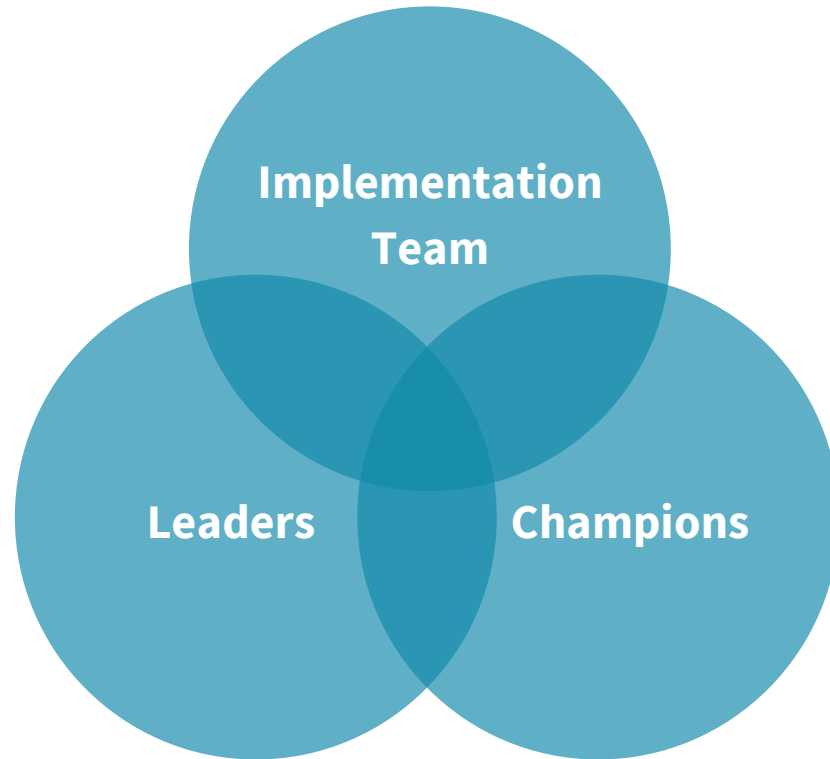
BUILD YOUR TEAM - **IMPLEMENTERS**

Allocate critical staff to ensure TeamBirth is a success

IMPLEMENTATION TEAM

The roles responsible for the planning and management of TeamBirth Implementation

The primary "doers"

Varies in size

Includes administrative support and several clinical leaders

Time and effort needed to implement TeamBirth varies

- Roles should have designated time allocated for TeamBirth
- Time and effort levels can fluctuate through different implementation phases

Some roles can be held by the same person

BUILD YOUR TEAM - **IMPLEMENTERS**

Allocate critical staff to ensure TeamBirth is a success

IMPLEMENTATION TEAM

The roles responsible for the planning and management of TeamBirth Implementation

The primary "doers"

- ❏ Clinical / Project Lead (Nurse &/or Physician Managers or Director)

- ❏ Project Manager &/or Coordinator

- ❏ Provider Champions (Midwives, OBs, Pediatricians, Anesthesiologists, Neonatologists)

- ❏ Nurse Champions (Educators, L&D, Postpartum, Antepartum, Triage)

- ❏ Other Role-based Champions (Doulas, Birth Center Midwives)

- ❏ QI Specialist

- ❏ Data Analyst &/or IT Leader

- ❏ Patient Advocates/Family Representatives

BUILD YOUR TEAM - **IMPLEMENTERS**

Roles and Responsibilities

Project Management and Governance:

- Define shared project goals and timeline

- Provide planning, support, and resources

- Establish regular team check-ins

- Anticipate challenges and overcome barriers

- Define and carry out governance plan to make decisions and resolve challenges

- Engage leaders and colleagues to gain buy-in

- Collaborates with leaders to monitor and improve the program over time

- Builds necessary data infrastructure for documentation and quality improvement

- Train and support clinicians in using the shared planning tool and having huddles

- Engage in rapid cycle feedback and other QI processes to improve the program

- Embed TeamBirth resources and training in onboarding and continuing education processes to ensure sustainability

BUILD YOUR TEAM - **IMPLEMENTATION TEAM**

Allocate leaders and staff to own the TeamBirth Transformation

- ❑ Who will set agendas, schedule and hold accountability for timelines and tasks?

- ❑ Who has the interest and capacity to lead the work?

- ❑ When and how will leaders and champions engage the Implementation Team and each other?

- ❑ What existing recurring meetings can be leveraged for TeamBirth?

- ❑ What multidisciplinary groups or meetings exist that could help facilitate TeamBirth implementation?

BUILD YOUR TEAM - **LEADERS**

Advocators for TeamBirth and its implementation across departments, specialties, and disciplines

LEADERSHIP

Key advocates for TeamBirth

Diverse stakeholders with decision making authority to support TeamBirth with resources

Examples:

- ❏ Chief Medical Officer
- ❏ Chief Nursing Officer
- ❏ Chief Quality Officer
- ❏ President or Vice President of Hospital

BUILD YOUR TEAM - **LEADERS**

Roles and Responsibilities

- Views improving TeamBirth as an institutional priority

- Allocates financial resources for an implementation team to implement the program (e.g. clinical leader(s), project manager)

- Maintains ongoing connection to other implementation leadership and helps overcome obstacles

- Engages department leaders across specialties to garner support for TeamBirth

- Publicly communicates the importance of TeamBirth's Components and key behaviors

- Engages clinicians and teams personally to surface barriers to TeamBirth in practice (e.g. helps to 'build the case for change' and motivate clinicians to participate)

- Attends periodic meetings with the Implementation Team to monitor progress and address obstacles (e.g. steps in to address clinician reluctance)

- Secures department funds to provide incentives for clinicians to attend training and document Huddles

- **For clinical leaders: Ensuring they have completed training and demonstrates using**

BUILD YOUR TEAM -
LEADERS

Establish key leadership buy-in

❏ Who will has decision making authority in the relevant departments and for the relevant roles?

❏ Who will be critical to have on board to ensure success?

❏ How will you hold leaders, implementers, and clinicians accountable to implementation?

❏ Who will be able to help you overcome organizational challenges?

BUILD YOUR TEAM - **CHAMPIONS**

Engage champions with a variety of experiences and backgrounds

CHAMPIONS

Role-based representatives for each of the direct care team members involved in Huddles

- ❏ Obstetrical providers (midwives and physicians)

- ❏ Nurse leaders / charge nurses in antepartum, labor & delivery, and postpartum, outpatient clinics, lactation

- ❏ Doulas, Childbirth educators

- ❏ Patient advocates

- ❏ Clinicians from Pediatrics, Neonatology, and Anesthesiology

- ❏ Roles across the system: social work, interpreters, patient safety/experience

BUILD YOUR TEAM - CHAMPIONS

Roles and Responsibilities

Continuous socialization

- As motivating, respected employees at your organization, champions can very successfully build support for TeamBirth, particularly among laggards.

Training peers on TeamBirth

- Facilitating and encouraging training across roles

Ongoing coaching and support

- Peer-to-peer coaching of all clinicians and staff who will be involved with TeamBirth

- Observing, encouraging, and giving people respectful and constructive feedback as they implement TeamBirth to promote continuous improvement

BUILD YOUR TEAM - CHAMPIONS

Roles and Responsibilities

Identifying barriers and gathering feedback

- Regularly checking in with front-line clinicians to learn what barriers are being encountered throughout implementation

- Bring this crucial data to the implementation team support improvement

Support iteration and improvement

- Discussing strategies to address barriers, celebrate successes, and overcome challenges associated with TeamBirth with the implementation team during regular check-ins

BUILD YOUR TEAM - **CHAMPIONS**

Leverage leadership and staff to identify valuable champions

- ❏ Which TeamBirth early adopters possess the qualities and skills to be effective champions?
  - ❏ Who will you intentionally invite to champion various aspects of the project?
- ❏ How will you incentivise champion engagement?
- ❏ When and how will champions engage the Implementation Team and each other?
- ❏ When and how will champions collect and share feedback from their colleagues and information to their colleagues?

Tips from past sites

- Hold a small event specifically for TeamBirth champions in the early stages of the project

- Create a supportive collaborative environment by organizing regular check-ins for champions to discuss TeamBirth successes and challenges

- Add TeamBirth as a standing agenda item at all department meetings for champions to share updates and insights
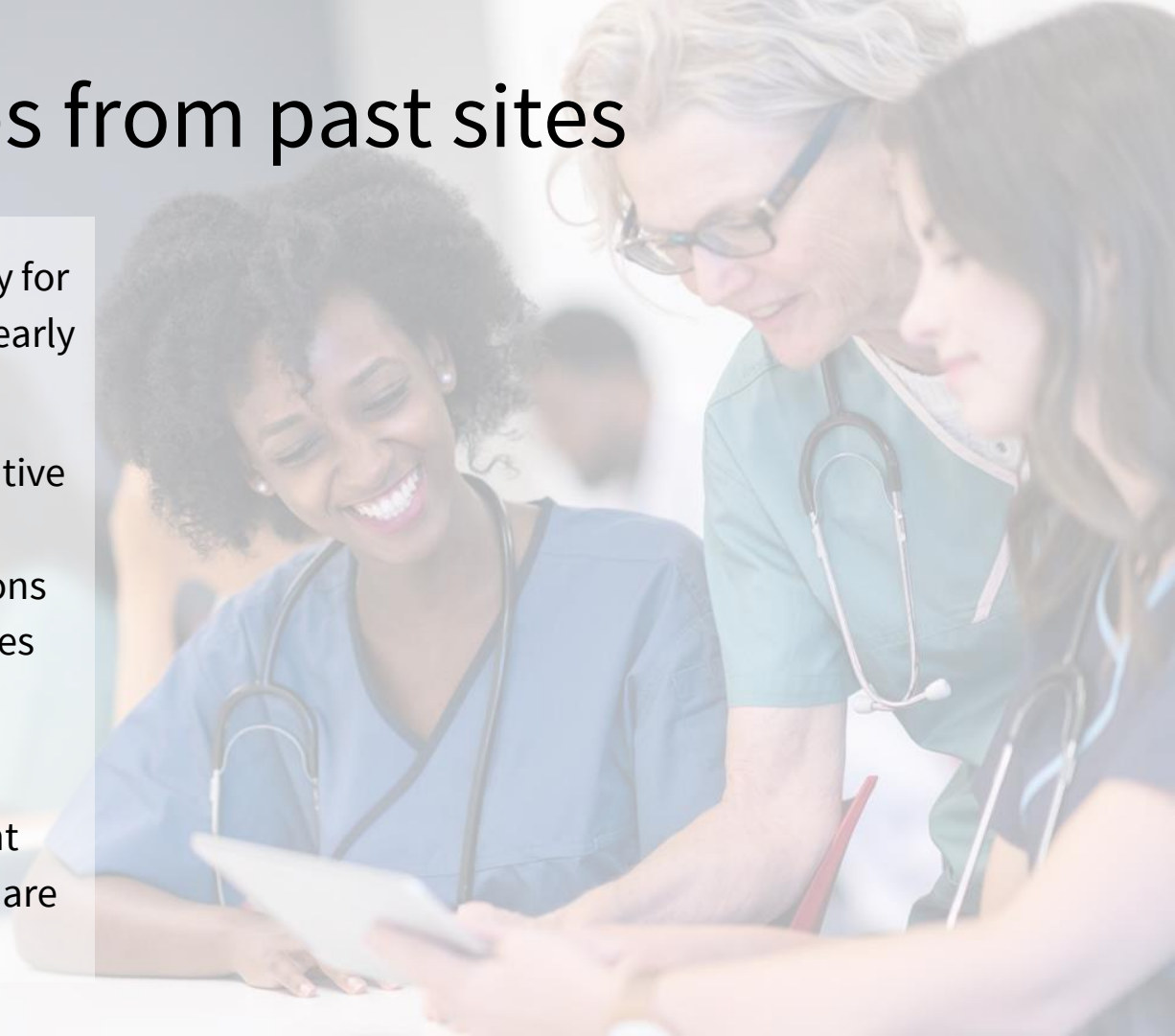
SOCIALIZE CULTURE CHANGE

CORE: Build familiarity and buy-in for TeamBirth across staff and clinicians

OBJECTIVES

Apply your TeamBirth communication strategy

Utilize the TeamBirth resources available for socializing TeamBirth

Convey key messages to engage colleagues and ensure strong buy-in

ADAPT

Your methods for how and when you talk to, present on, and answer questions about TeamBirth

SOCIALIZE TEAMBIRTH

Build familiarity and buy-in across staff and clinicians

Key messages or points to engage in with colleagues:

THE BASICS	What the project is and why it is important?
THE GOALS	How this project is aligned with your individual, team, or organizational priorities and values?
THEIR ROLE	What will be asked of them and how they benefit by participating (What's in it for them?)?
WHAT TO EXPECT	How everyone will learn about the project and be supported throughout implementation? Where and when the opportunities will be to engage and provide feedback?

DEVELOP A COMMUNICATION STRATEGY

Establish a clear plan for engaging leaders and staff

COMMUNICATION STRATEGY

|		
	WHO	Who are the different people and teams that need to hear about TeamBirth now and throughout the project? It can be helpful to draft a stakeholder map
FOR EACH "WHO"	**WHY**	The purpose of the communication What do you want them to do with the information?
	WHAT	Based on your WHY, what key points or information do you need to include?
	WHEN & HOW	What are the best ways to share your WHAT (e.g. conversations, videos, 1-pager, email, meetings, etc)? When and how often do they need to receive this message?

Update as you go!

SOCIALIZE TEAMBIRTH

Our collection of resources help support your messaging and communication plan
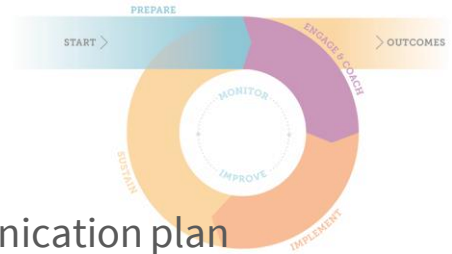
TeamBirth 1-pagers & Infographics

Share and reference these documents about TeamBirth's Components and Implementation

Why TeamBirth Video

Share this short video showcasing TeamBirth

go.ariadnelabs.org/Why_TeamBirth

Publications

Share the TeamBirth research demonstrating its effectiveness and impact

ARIADNE LABS

Collections / TeamBirth Socializing Package

Description

12 Files   Order by Name

This set of resources can be used to help socialize or build awareness and buy-in for TeamBirth.

Share these with anyone interested, whether a prospective TeamBirth partner or a clinician at a TeamBirth site.

Why TeamBirth | Compon...   Weiseth et

TeamBirth Data 3-Pager   Spigel et a

SOCIALIZE CULTURE CHANGE

Take the steps to ensure your implementation has strong buy-in

❏ Review and download the resources here:

go.ariadnelabs.org/TeamBirth

  ❏ Why TeamBirth (video)
  ❏ DDI Two Pager
  ❏ Infographic | Why TeamBirth
  ❏ Why TeamBirth | Components & Implementation Overview
  ❏ Infographic | TeamBirth Key Behaviors
  ❏ TeamBirth Implementation Support Overview
  ❏ TeamBirth Data 3-Pager
  ❏ TeamBirth News and Media Coverage
  ❏ 4 publications

❏ Articulate the communication plan to socialize TeamBirth

❏ Get socializing by sharing the resources and having conversations!

Turning an infographic into a poster

Core Implementation Activity:
ASSESS YOUR CONTEXT

ASSESS YOUR CONTEXT

CORE: Survey leaders, implementers, and frontline staff and review results to learn how implementation can leverage strengths and address opportunities for improvement

OBJECTIVE S	Understand how and why we use Atlas for conducting a context assessment
	Prepare for surveying your staff with the digital surveys
	Milestones:
	❏ Pre-implementation survey results shared (before go live) ❏ Progress survey results shared (after go live)
ADAPT	Your strategies for administering the surveys and how you apply results to your implementation effort

Atlas makes context assessment **easier**, **quicker**, and **actionable**

Saves time with quick early surveys

Makes the "invisible" visible

Shows site-specific patterns over time

Informs implementation strategies

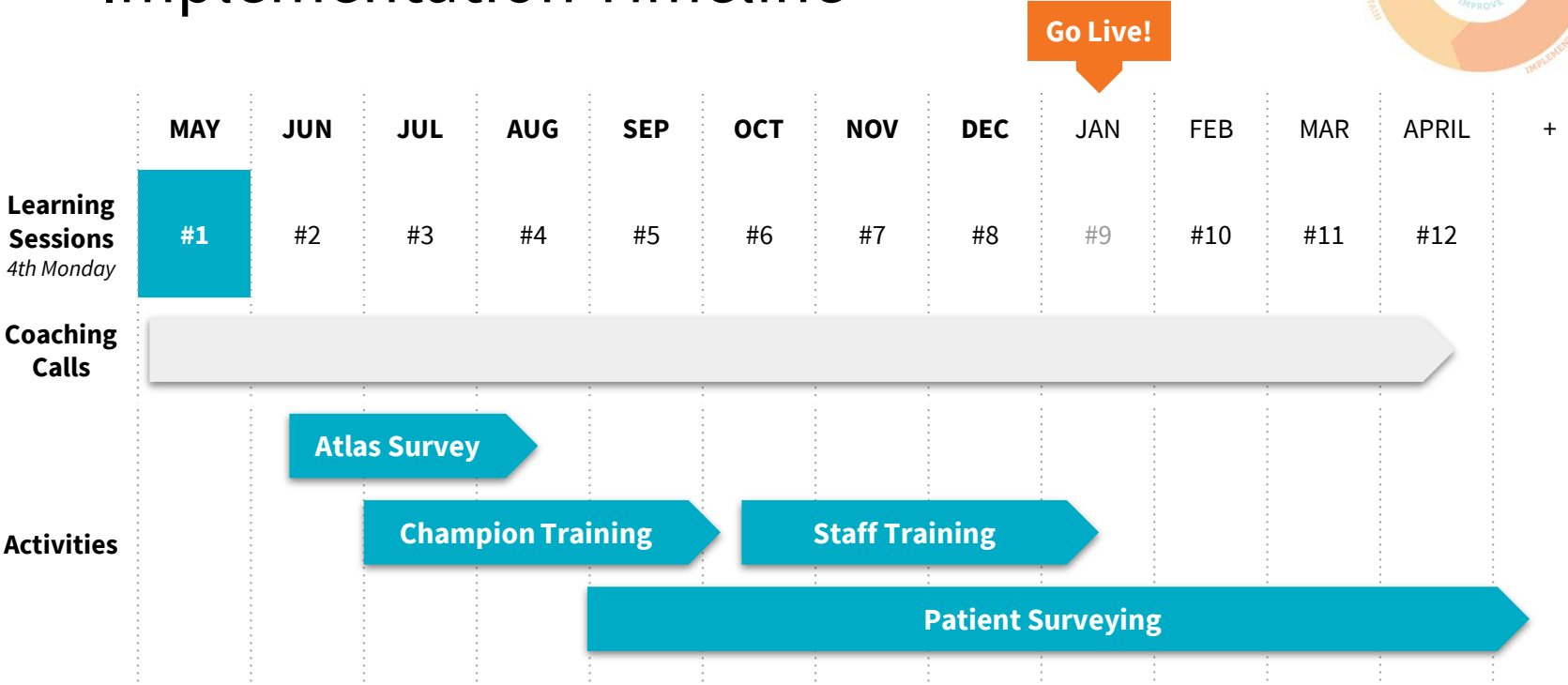Fosters conversations across teams at every level

Contributes to innovative research

ARIADNE LABS

Looking Ahead

Today's Key Takeaways

Shared Planning Tool

Shared Planning Tool: TEAM
- State a TeamBirth huddle is occurring and ensure the patient knows what huddles are
- Ensure everyone including the patient and support person is included and introduced
- Promote each team member to establish psychological safety

Build Your Team
- Ensure you have role-based champions for all members of the care team

Socialize Culture Change
- Review and share TeamBirth resources
- Use your communication plan to build buy-in across staff

Assess Your Context
- Surveying staff to understand your strengths and opportunities for improvement is essential

Action Items

| Implementation Pathway	Action Items	Details & Resources
General	Familiarize yourself with NJ Health Care Quality Institute TeamBirth pages and resources	**www.njhcqi.org/teambirthnj-cohort4** **Password: Cohort42024!**
BUILD YOUR TEAM	Share any additions/changes to your implementation team and champions	
	Establish internal meeting time for your teams	
SOCIALIZE CULTURE CHANGE	Implementation team review the resources	go.ariadnelabs.org/TeamBirth
	Discuss your team's communication strategy	
	Start having conversations and sharing resources	
ASSESS YOUR CONTEXT	Submit your staff numbers: ❏ # of providers and nurses across units ❏ # of relevant leaders ❏ # of other relevant staff	Use the form on the cohort website linked above

Next Steps

Learning Session 2

June 24, 2024
12:00 - 1:00pm EST

Share your feedback!

- Anonymous
- Short survey
- Tell us what you like
- Tell us how to improve
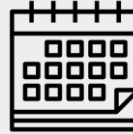
Coaching Calls

See follow up email for Learning **Session Handout** for call agenda

Email Adelisa & Alea for

- Support and updates
- Resources
- Implementation Questions & Needs

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