



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

July 23, 2024

Learning Session Agenda

TeamBirth Implementation

- Announcements
- Implementation Pathway & Timeline
- Current core activities: **Finalize boards, Small-Scale Testing, Patient Surveying**
- Upcoming core activities: **Providing Training, Launch Planning**

TeamBirth Core Knowledge & Skills

- Review: **Training Core and Adaptations**
- Learn: **TeamBirth Huddle Practice**

Looking Ahead

- Takeaways From Today
- Action Items & Next Steps

Announcements



- ☐ **August:**

- ☐ **Learning Session : Tuesday, August 27th at 12pm**

- ☐ Coaching Calls held as usual

- ☐ **September:**

- ☐ **No Coaching Calls**

- ☐ Learning Session: Tuesday, September 24th at 12pm

- ☐ **Launch:** TeamBirth Go-Live

- ☐ Dates: Monday, September 16th and Tuesday, September 17th

Surveying

TeamBirth Patient Survey



Your Measurement Strategy: Patient Surveying

TeamBirth implementation requires input from patients and care teams



Patient Survey

WHO Patients who delivered at your hospital

~20 questions that include:

WHAT Self-reported huddles in labor and postpartum, experience of autonomy in decision making, demographics, additional comments

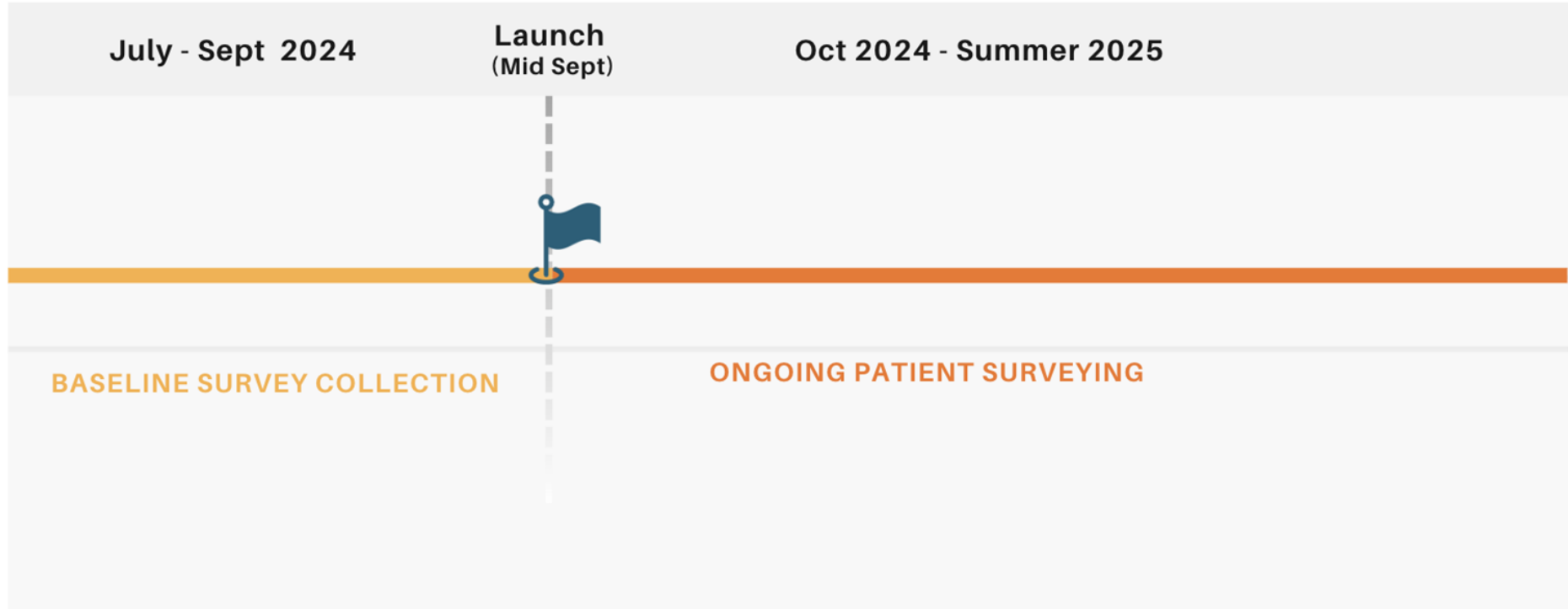
WHY To collect first hand experiences of patients throughout implementation in order to inform opportunities for improvement and demonstrate TeamBirth impact

WHERE Inpatient postpartum units

HOW Survey distribution to patients after birth

WHEN *Baseline: July through mid-September*
Post-go live: Mid-September onward

Patient Surveying Timeline



Patient Surveying Process

Your process for surveying will include:



Survey Preparation	Data Collection	Analysis & Review	Share Results
<ul style="list-style-type: none">● Print Survey● Train staff to message survey to patients	<ul style="list-style-type: none">● Distribute surveys● Collect Responses	<ul style="list-style-type: none">● Enter data into Qualtrics● Implementation Team data review	<ul style="list-style-type: none">● Share findings with clinical teams during coaching calls

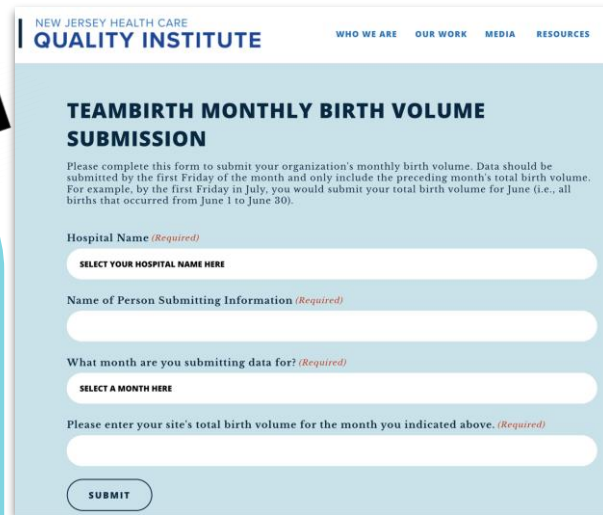
Teams will discuss and plan for the details of your unique patient survey strategy in Coaching Calls

Patient Survey Data Entry Tips

1. Track your monthly birth volume into the NJHCQI resource page by the first week of the following month. This is important for tracking the response rates, which tells us how representative the data is relative to your patient population.

$$\text{Response rate} = \frac{\text{\# of completed surveys}}{\text{\# live births}} \times 100$$

2. If a respondent has left a question blank, please select “Prefer not to answer.”



The screenshot shows the 'TEAMBIRTH MONTHLY BIRTH VOLUME SUBMISSION' form from the New Jersey Health Care Quality Institute. The form includes instructions, a hospital name dropdown, a submitter name field, a month selection dropdown, a birth volume input field, and a submit button.

NEW JERSEY HEALTH CARE
QUALITY INSTITUTE

WHO WE ARE OUR WORK MEDIA RESOURCES

TEAMBIRTH MONTHLY BIRTH VOLUME SUBMISSION

Please complete this form to submit your organization's 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 the first Friday in July, you would submit your total birth volume for June (i.e., 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

3. Please try to enter all paper surveys in the same month that they were completed.

For example, ideally all paper surveys received in August 2024 would be entered into the electronic system in August 2024.

4. If you are entering a test record, please **enter “TEST” in the open text fields** if you are clicking through the survey online

5. Don't leave surveys incomplete. If you have a question as you're entering data and aren't sure what to do, please finish entering the record and add “QUESTION ABOUT DATA ENTRY” in the “Please share any additional thoughts or comments you have about your labor and delivery.”

Frequently Asked Questions

FAQ

IS THIS GOING TO BE CONTINUOUS OR JUST A SET WINDOW?

→ **Continuous!** Right now is the time to test your survey process to get it up and running, and you'll continue it through launch and for 6 months after.

WHAT HAPPENS WHEN WE LAUNCH?

→ **Nothing about your process changes**

IS THERE A CERTAIN NUMBER OF RESPONSES WE NEED TO HIT?

→ **We don't set a specific # or percentage**, but the goal is always to **survey every live birth!** We will help you track your response rate - roughly 60% or over is fantastic, and over 30% is a good reassurance that we have a reasonably representative sample size

→ The more data you have, the more we can do with it. (So it can be especially important for small sites to reach as many of their patients as possible given their low birth volume)

PREFERENCES

- "...they took the time to answer all of my questions and to **understand my choices.**"
- "We had a wonderful experience and felt like **my preferences and needs were heard and met.**"

PLAN

- "They informed me of all the things I needed to know about the labor and delivery and helped me to make sure **I was aware of all of my options**"
- "My doctor and nurses in charge of me were very helpful and kind and gave me and my spouse all the right information to assure us about my health and baby's health and **right options for me.**"

NEXT HUDDLE

- "...We were often asked if we had questions but it was hard to think of them quickly, then **the provider would leave the room (without us knowing when they would next be back) before questions popped in our heads**"

Spotlight: Virtua Voorhees

We need
You!!!



Mother Baby is the final piece of the
TeamBirth puzzle!!!

Virtua MCH is committed to improving patient outcomes and decreasing maternal mortality and morbidity. TeamBirth is officially launching in L&D on 9/13 and the success of the study relies heavily on feedback from our patients. Each patient will receive a survey in their admission folder upon arrival to the MB unit. ***We need you to encourage each and every patient to complete the survey prior to discharge.*** We know this is a big ask, but extremely important when trying to improve our patient's satisfaction with their entire birth experience.

Contest #1 TOP Nurse

We will award a prize to the MB nurse that turns in the most surveys every week. Make sure you write your name on the top of each survey to get credit!!

- 9/4-9/10
- 9/11-9/17
- 9/18-9/24
- 9/25-10/1

Contest #2 TOP Floor

Which MB floor can get the most surveys?? We will count the surveys from each floor from and the floor with the most surveys submitted will win a Pizza and ice cream party for both day and nightshift!!

TeamBirth Lottery

Enter for a chance to win!!!!

Submit your certificate/
answer sheet below!

Item # 1: Submit the printed certificate for completion of the "TeamBirth for RNs" curriculum on the VLS.

Starting 8/1

Item #2: Complete the Questions for scenario A

Available 8/7

Item # 3: Based on Scenario A, complete the first column of the L&D TeamBirth board with the information you feel is appropriate.

Available 8/14

Item #4: Based on Scenario B, list what you feel is appropriate to put on the board on the second column of the TeamBirth board.

Available 8/21

Item #5: Based on Scenario B, complete the third column of the L&D TeamBirth Board.

Available 8/28

TEAM BIRTH



Blank
Answer
sheets

Submit
TeamBirth
answers
here!

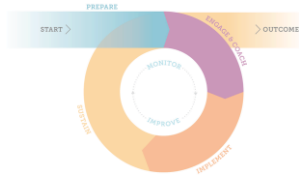
Patient Survey Process:
Messaging to Postpartum Staff

Staff Training Process:
On-Unit Education Station

September Go-Live!



TEAMBIRTH GO LIVE ~ Launch Event



CORE: Designate when TeamBirth is officially live on your units.

OBJECTIVE S

Establish the date when your site is first starting to do TeamBirth with patients

Notify your staff and leadership of when boards are installed and when huddles should start happening

ADAPT

You determine when you are ready to go live and how you will communicate your start with TeamBirth to staff and patients.

Launch the project!

September 16th and 17th



Monday 9/16
JSUMC, Virtua Our Lady of Lourdes


















Tuesday 9/17
HUMC, RWJ Jersey City

How will you go live?

What will effectively communicate to your leaders, staff, patients, and community?



TEAMBIRTH LAUNCH WEEK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
 <p>Social Media Press Release</p>	 <p>Social Media Press Release</p>	 <p>Site visit System Execs Local Officials Community Leaders NJHCQI/TeamBirth</p>	 <p>TEAMBIRTH GO-LIVE! LET'S HUDDLE</p>	 <p>Social Media Press Release</p>	 <p>Social Media Press Release</p>	 <p>Social Media Press Release</p>
 <p>Community Event</p>	 <p>Board installation</p>		 <p>Ribbon Cutting Formal Event</p>	 <p>Patient Awareness</p>	 <p>Social Media Press Release</p>	 <p>Social Media Press Release</p>
					 <p>Social Media Press Release</p>	 <p>Social Media Press Release</p>



Dry Erase Markers
give out at shift change



Patient Surveying Continues



Ongoing Support
resources, leaders, and
champions available

TeamBirth Launch Event



Advertise - Invite - Promote



TeamBirth is rolling out state-wide in Washington over the next three years in a joint collaboration between [Washington State Hospital Association](#) and [Ariadne Labs](#) with funding from Ballmer Group.



Celebrating **TEAMBIRTH**

INTEGRIS Health @integrishealth_ · Oct 4, 2022

We are excited to announce that we are launching TeamBirth at five INTEGRIS Health Women's Centers this week! TeamBirth from Ariadne Labs is an evidence-based tool for improving communication and teamwork during childbirth. rdco.io/4Uw_gBAYFAA



Launch Themes

TeamBirthdays are our Specialty | Purple Passion |
 “Deeply Rooted” in TeamBirth | I’m on (white)board! |
 Rise and Shine it’s TeamBirth Time |
 TeamBirth: It’s All About You | In our TeamBirth Era



TeamBirth Tees



Formal Acknowledgement



TeamBirth for Families and Community



Ask me about

TEAMBIRTH

Let's huddle.

Celebratory Nourishment!



TeamBirth Practice & Discussion

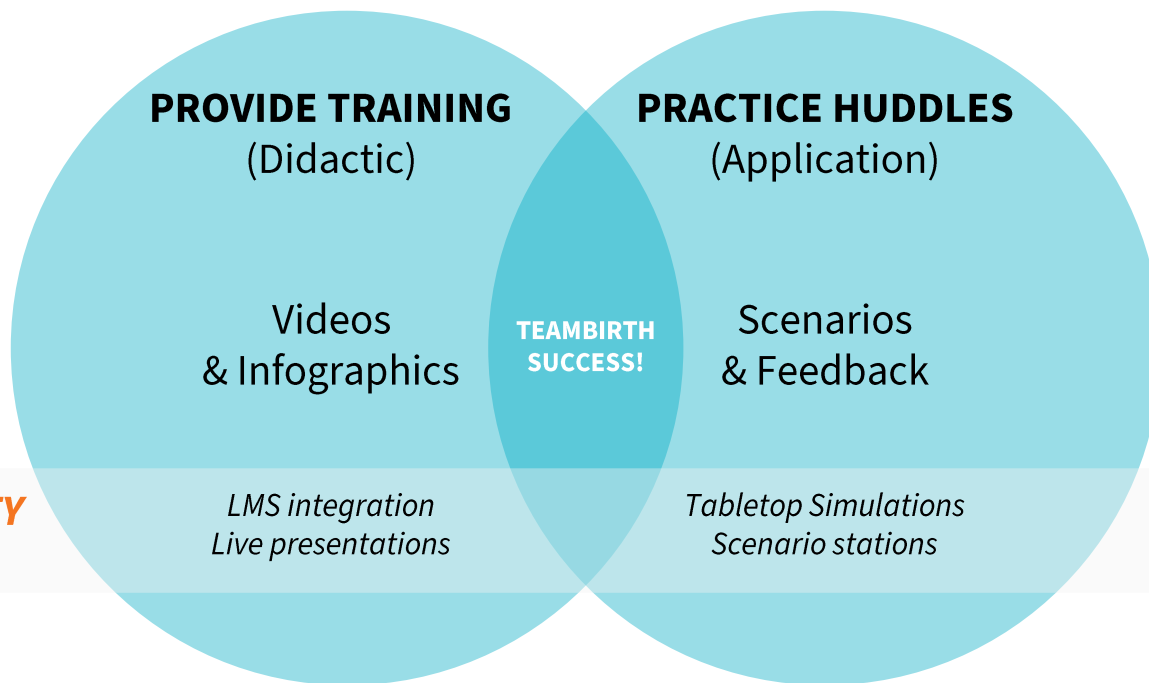




To ensure TeamBirth success,

ensure everyone has the necessary knowledge AND the opportunity to apply it

CORE IMPLEMENTATION ACTIVITIES



To ensure TeamBirth success,

ensure everyone has the necessary knowledge AND the opportunity to apply it

CORE Implementation Activities

PROVIDE TRAINING

Knowledge (Didactic)



PRACTICE HUDDLES

Application (Action)

- | | |
|---|--|
| <ul style="list-style-type: none"> ● Assign videos in online learning management system ● Distribute QR codes for YouTube links ● Give your own live presentation of TeamBirth video content ● Supplement videos with TeamBirth resources like the infographics | <ul style="list-style-type: none"> ● Role play huddle scenarios in multidisciplinary groups ● Tabletop ● Demos ● SIMs ● Combine with skills day |
|---|--|

REMEMBER

- Gather all members of the direct care team, including the patient and their support people
- Hold huddle in person when possible, but can also be conducted over phone when needed
- Any member of the team may call for a huddle and/or lead the conversation
- Designate a facilitator to prompt the huddle, lead discussion, and ensure all team members have the opportunity to participate



INITIAL

INITIAL PLANNED

- Admission
- Induction
- High Risk/Antepartum
- OBED
- Planned C-Section
- Transfer In (from community or other facility)
- Postpartum Readmission

KEY DECISIONS & CHANGES TO CARE PLAN

ONGOING PLANNED OR AS NEEDED

- Labor Progress
 - Interventions: AROM, augment, vacuum, forceps, or C-section
- Category 2 tracing
 - Interventions: internal monitoring, assisted birth
- Hemorrhage
- Hypertension
- Post OB emergency
- Opioid Use
- Pain Control Options

Newborn specific:

- NICU Observation/Transfer
- Supplemental Feeding Plans/ Hypoglycemia Management
- Hyperbilirubinemia/Phototherapy
- Opioid Withdrawal Syndrome/ Eat Sleep Console

ADD ON

ONGOING PLANNED OR AS NEEDED

- Immediate Post-Birth
- Lactation
- Daily Rounds
- Discharge
- Provider Handoff
- Bedside Handoff
- Tuck-in (before bed to plan for night contingencies)

Scenario Prompt B - Raia

Huddle 1

Raia is being admitted to L&D for induction having been sent directly from the OB office with a new diagnosis of gestational hypertension (not severe).

- Raia is a G2P1, 39.5 wks, no other complications. BP stable.
- FHR reassuring.
- Raia's cervix was favorable (2-3/80%/-2)
- Raia had a natural birth with her first & is hoping for that again.
- Raia had spontaneous ROM last time & is hoping for that again.
- The nurse is getting some of the board filled out with Raia on admission.
- The laborist will be in soon for a huddle (will be covering until Raia's primary OB is done with clinic hours).

Team



Raia & Asher

Nurse: Dee

Dr. on call:

Plan of Care



For Raia

For Baby

For Labor

Preferences



-natural, like last time

-surprised about induction

Next Huddle



-when on call doc stops in

Team



Raia & Asher

Nurse: Dee

Dr. on call:

Preferences



-natural, like last time

-surprised about induction

Plan of Care



For Raia

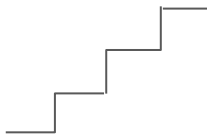
-BP checks

For Baby

-wireless all the time

For Labor

-IV pitocin



Next Huddle



-2-3 hours, as needed

Scenario Prompt B - Raia

Huddle 2

Raia is being induced for a new diagnosis of gestational hypertension.

- Raia's BP is stable.
- FHR reassuring.
- Raia's cervix was favorable 2-3/80%/-2 on admission (has not been rechecked).
- Pitocin was started a little over 2 hours ago.
- Raia has been moving around in the room, trying to help labor kick in. She's had several painful contractions, but they are not yet regular. She just now got back in bed to rest.
- Raia's primary OB just finished office hours and came to check in.

Team



Raia & Asher

Nurse: Dee

Dr. on call:

Preferences



- natural, like last time*
- surprised about induction*
- hope water breaks*

Plan of Care



For Raia

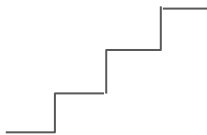
- BP checks*
- Rocking chair between walks*

For Baby

- wireless all the time*

For Labor

- IV pitocin*
- Walk, lunges*



Next Huddle



- 2-3 hours*
- after next exam*

Scenario Prompt B - Raia

Huddle 3

Raia is being induced for a new diagnosis of gestational hypertension.

- Raia's BP is labile, but none in severe range.
- Raia is working well with contractions & has not asked for any pain meds.
- FHR reassuring.
- Pitocin has been going for 5 hours, contractions are regular & mod-strong.
- Raia's cervix is 4-5/90/-1, still intact.
- Raia's primary OB just called RN for update, offers to come AROM.

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



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,362,133.00 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit www.hrsa.gov.

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?

Mom

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:** _____

TEAMBIRTH



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,362,133.00 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit www.hrsa.gov.

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?

Mom

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

Slow induction



- Either:
- ☐ Early labor (6 cm or less) for 24 hours or more
 - ☐ Medications to support contractions and waters broken for at least 12-18 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



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,362,133.00 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit www.hrsa.gov.

TeamBirth Basics

- Update name on TeamBirth board
- Call huddles as indicated
- Participate in huddles as requested
- Verbalize that a huddle is occurring
- Utilize patient-friendly language
- Initial huddles should occur around admission
- Additional huddles should be called for key decisions
and clinical changes in plans throughout the maternity care continuum

Any team member can request a huddle

TeamBirth Considerations for OB providers

- Initial huddles should occur for all patients around admission
 - Triage, high-risk antepartum, induction, spontaneous labor
- Additional huddles should occur around key decisions and clinical changes in care
 - Interventions for augmentation
 - Concerns about the status of the person in labor, the baby, and/or labor progress
 - Discussions about assisted delivery
 - Changes in status during the postpartum course



Any team member can request a huddle

TeamBirth Considerations for L&D staff RNs

- Initial huddles should occur for all patients around admission
 - Triage, high-risk antepartum, induction, spontaneous labor
- Additional huddles should occur around key decisions and clinical changes in care
 - Interventions for augmentation
 - Discussions about assisted delivery
 - Concerns about the status of the person in labor, the baby, and/or labor progress
 - Great visual for bedside handoff! L&D → PP



Any team member can request a huddle

TeamBirth Huddle Considerations for Postpartum Staff

- Use TeamBirth board in postpartum
 - Keep updated even if there is no indication for a team huddle
 - Great visual for bedside handoff!
 - Utilize *with* patients and families
 - Support staff, lactation, social work can also interact with board
- Communicate with providers in the presence of patients & families
- Recognize decision-making opportunities, and call a huddle

Any team member can request a huddle



TeamBirth Huddle Considerations for Newborn Providers

- Recognize when key decisions and clinical changes in care are occurring in postpartum, and call a huddle
 - Strategic rounding
- Participate in huddles when requested; in-person or speakerphone
- Use the TeamBirth board in postpartum
 - Keep your name updated
 - Review the board for questions
 - Utilize *with* patients and families

Any team member can request a huddle



Postpartum Shared Planning Board

Team

Sarah and baby Noah
Barbara- Sarah's mom
Katie - nurse
Dr. Short - OB on call
Dr. Cole - PED on call

Preferences

breastfeeding, all advice welcome!

Grandma goes wherever Noah goes

Go home early in the day

Plan of Care For Sarah

Cluster Care - call us when you're awake

Sleep between feeds

Shower in the morning

Take ibuprofen before shower


Home today!

Next Huddle

-as needed
-on request

Plan of Care For Noah

breastfeed a lot! at least every 3 hours,
sooner if Noah looks ready

test  after next feed

put diaper changes in tracker

Next Huddle -as needed

Wrapping Up & Looking Ahead



Action Items



Implementation Pathway *Action Items*

TeamBirth Go Live	Connect with site Communications/Marketing team on your launch date
	Plan an inclusive and engaging event to build momentum for TeamBirth with all clinicians and all patients
	Share success stories from champion experiences during small scale testing
Patient Surveying	Print surveys and begin to distribute on postpartum unit
Provide Training	Upload and track completion of training videos in your learning management system
	Track and conduct scenario based huddle practice for all clinicians
	Continue to offer scenario based practice post go live
Small Scale Testing	Use PDSA cycles with champions to iterate your training strategy
	Use PDSA cycles to improve your patient surveying strategy
	Engage champions to identify opportunities for PDSAs when you go live to ensure you are testing and iterating how TeamBirth works in your context

Next Cohort 3 Collab Learning Session

August 27th @ 12-1pm (*Fourth Tuesdays, monthly*)

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

Share your feedback!

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

