



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

September 24, 2024

# Collaborative Session Agenda

## TeamBirth Implementation

- Announcements
  - Cohort Sessions/Coaching calls dates
  - Launches: **RWJ Jersey City** and **VOLOL Launch Share Outs!**
- Implementation Pathway & Timeline:
  - Ongoing Activities: **Patient surveying, TeamBirth Huddles**
  - Upcoming Activities: **HUMC and Jersey Shore Go-Live**

## TeamBirth Core Knowledge & Skills

- Learn: **Diffusion of Innovation Theory**
- Discuss/Practice: **What Sparks a Huddle? Discussion and Practice**

## Looking Ahead

- Takeaways From Today
- Action Items & Next Steps
- Feedback Survey

# Announcements



September:

- Cohort 3 Collaborative Session - today 9/24

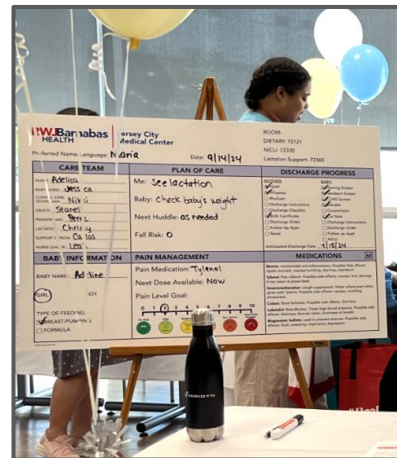
October:

- Cohort 3 Collaborative Session - 10/22
- Coaching Calls for:
  - Virtua Our Lady of Lourdes
  - RWJ Jersey City
- HMH Launches (TBD)

# Cohort 3 TeamBirth Go-Live

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## RWJ Jersey City



## Baby Fair - Jersey City Medical Center



Jersey City Medical Center's annual Baby Fair offers a one-stop shop for all things baby-related. Whether you're an expectant parent, a new mom, or a seasoned caregiver, you won't want to miss it! Bring your family and friends and spend the day with us!

**Date:** Saturday, September 14, 2024 | 10:00 am to 2:00 pm

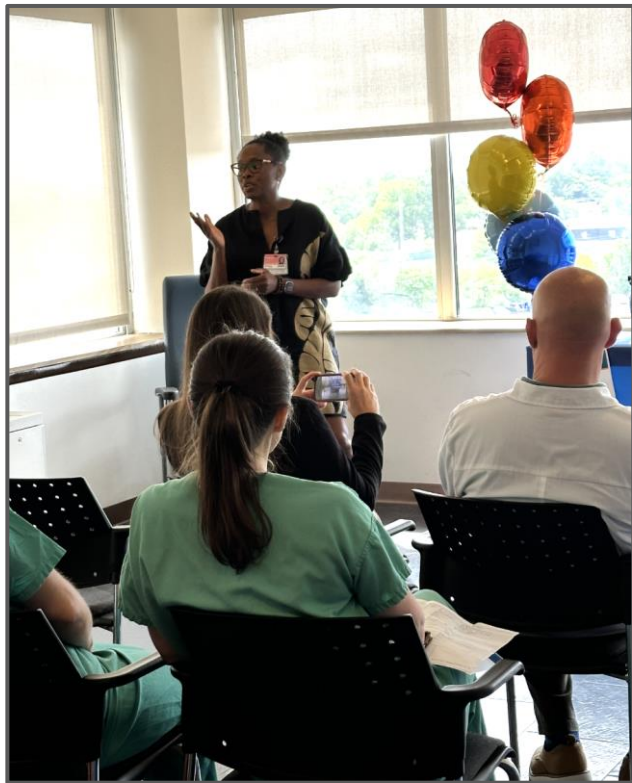
**Location:** Jersey City Medical Center - 355 Grand Street, Jersey City

At this year's Baby Fair, come and experience:

- A vendor showcase for families to explore a variety of baby products, from strollers and car seats to adorable
- Clothing and nursery essentials.
- Attend educational workshops to learn from our expert speakers about infant care, breastfeeding, nutrition, and more.
- Engage with interactive demonstrations and get hands-on with baby gear, safety tips, and diaper-changing techniques.
- Connect with local organizations with community resources offering support for families.
- Win exciting prizes, including gift baskets and baby gear.
- Take a guided tour of the state-of-the-art Lord Abbott Maternity Wing at Jersey City Medical Center.

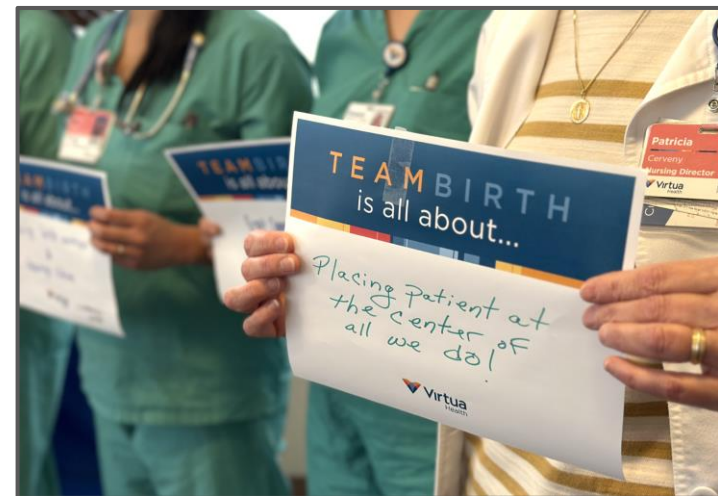
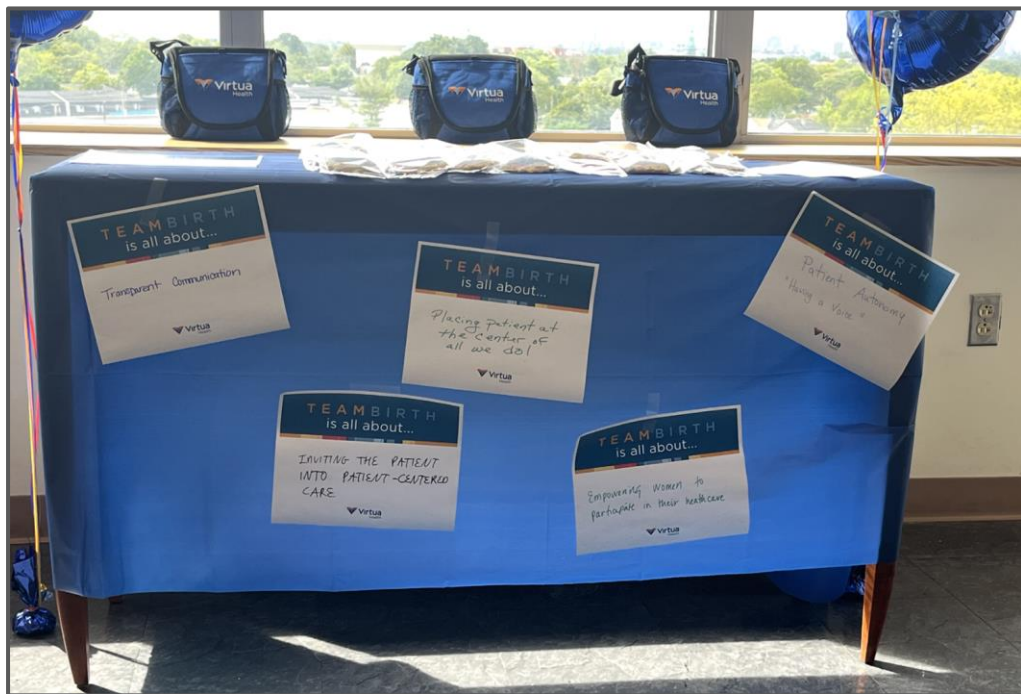


# Virtua Our Lady of Lourdes













# Virtua Our Lady of Lourdes



# HMH sites - Launching soon!

## TEAMBIRTH LAUNCH WEEK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
 <b>Community Event</b>	 <b>Social Media Press Release</b>  <b>Board installation</b>	 <b>Site visit</b> System Execs Local Officials Community Leaders NJHCQI/TeamBirth	 <b>Ribbon Cutting Formal Event</b>	 <b>Patient Awareness</b>	 <b>Huddle Raffle</b> drawing each shift	 <b>Nightshift/Weekend Crew TeamBirth launch party</b>



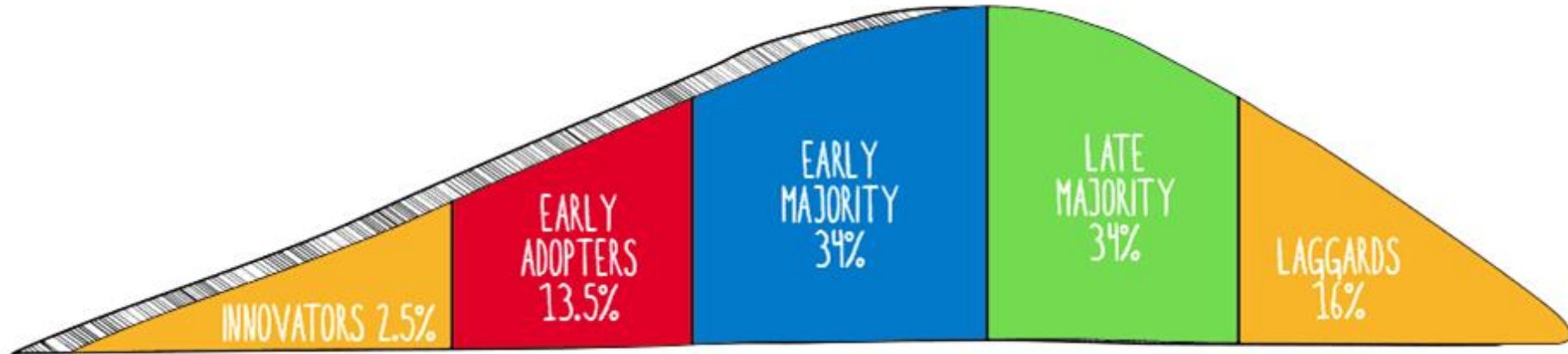


# Implementation: Diffusion of Innovation Theory



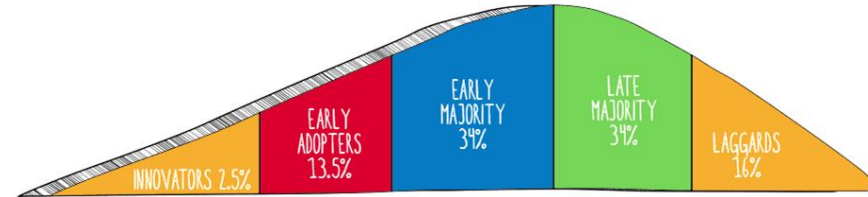
# Rogers' Diffusion of Innovation Theory

Leverage this theory to better drive TeamBirth practice change



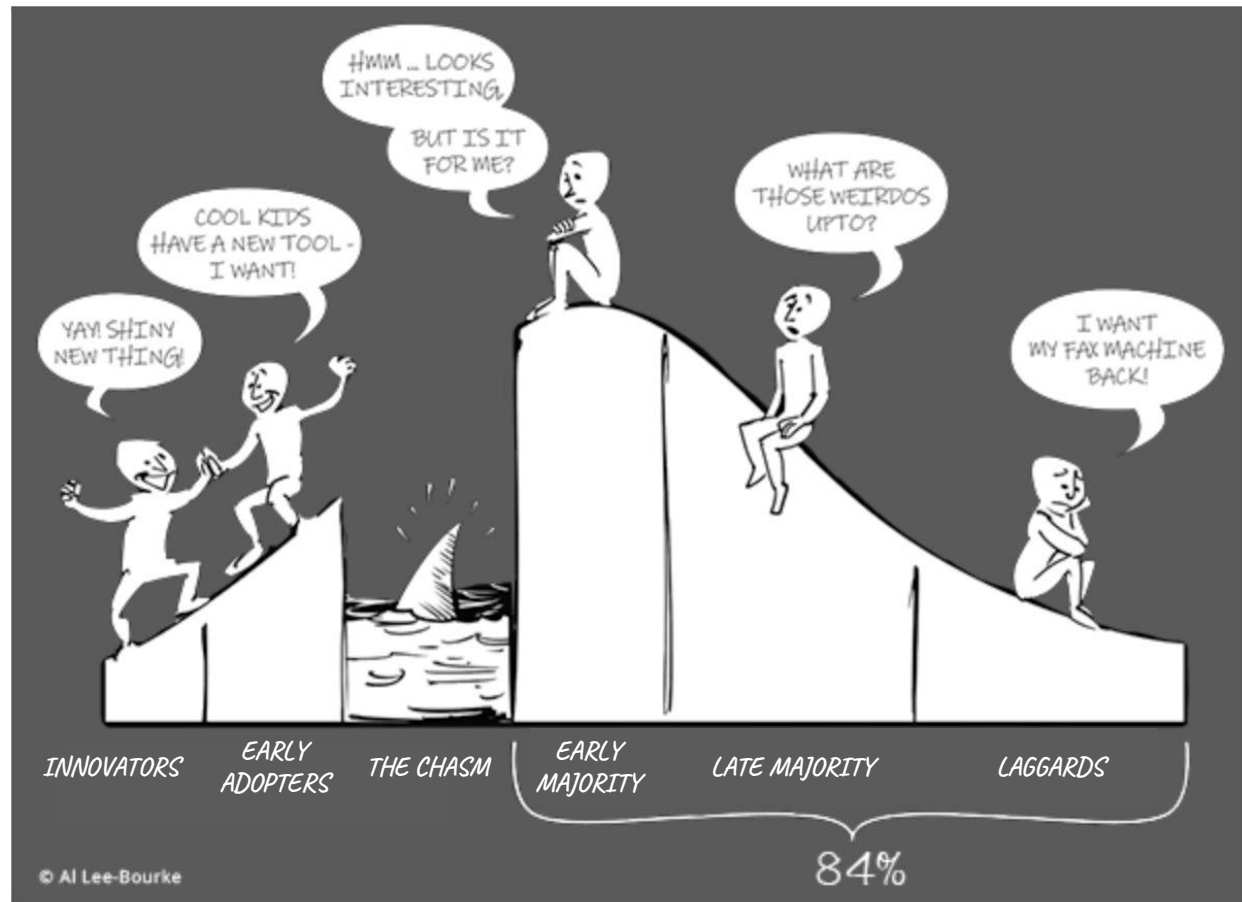
# Understanding who we want to adopt TeamBirth

The goal is not to turn people into early adopters, but to ensure we meet the needs of people across the categories.



Innovators	Early adopters	Early Majority	Late Majority	Laggards
Ok with uncertainty and risk taking	Opinion leaders and role models			
Need to be involved as change agents and be creative	Need to be first to try new things			
Get them involved early as champions on the implementation team and/or as trainers				
Leverage their engagement for small scale testing				

The majority of people are going to be **curious or skeptical** rather than eager, at first.

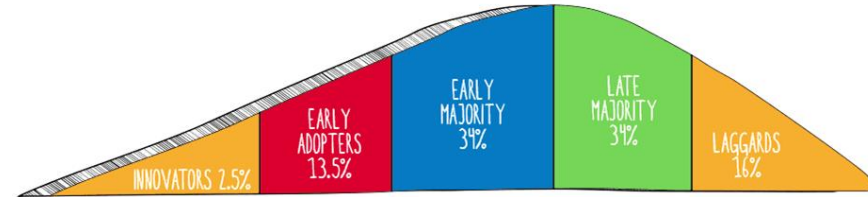


"Rogers Adoption Curve." Illustration originally published in *Change Management Field Guide* (2021).

# Understanding who we want to adopt TeamBirth

The goal is not to turn people into early adopters, but to ensure we meet the needs of people across the categories.

## THE CHASM



Innovators	Early adopters	Early Majority	Late Majority	Laggards
<p>Ok with uncertainty and risk taking</p> <p>Need to be involved as change agents and be creative</p> <p><i>Get them involved early as champions on the implementation team and/or as trainers</i></p> <p><i>Leverage their engagement for small scale testing</i></p>	<p>Opinion leaders and role models</p> <p>Need to be first to try new things</p>	<p>Late opinion leaders who value intentional change</p> <p>Need things to be simplified and well proven</p> <p><i>Identify late blooming champions</i></p> <p><i>Value their feedback</i></p>		



# Cohort 3

## Review: Patient Survey Process

# Patient Survey Process

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

# 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

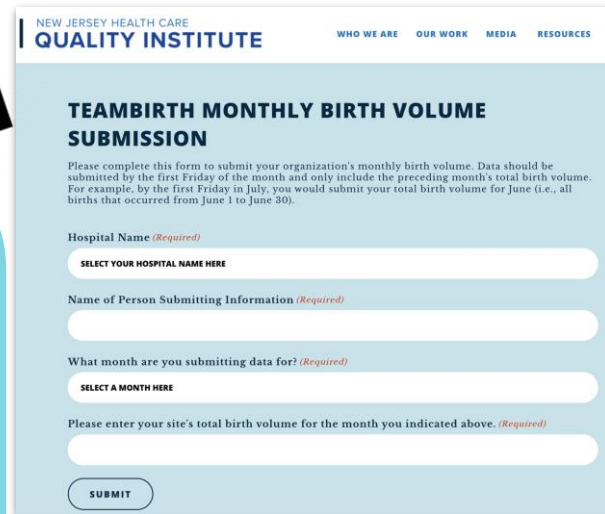
→ The more data you have, the more we can do with it. (So it can be especially important for small sites to reach as many of their patients as possible given their low birth volume)

# 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 on the NJHCQI website. The form includes instructions, a hospital name field, a submitter name field, a month selection field, 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

Learn: Spark a Huddle





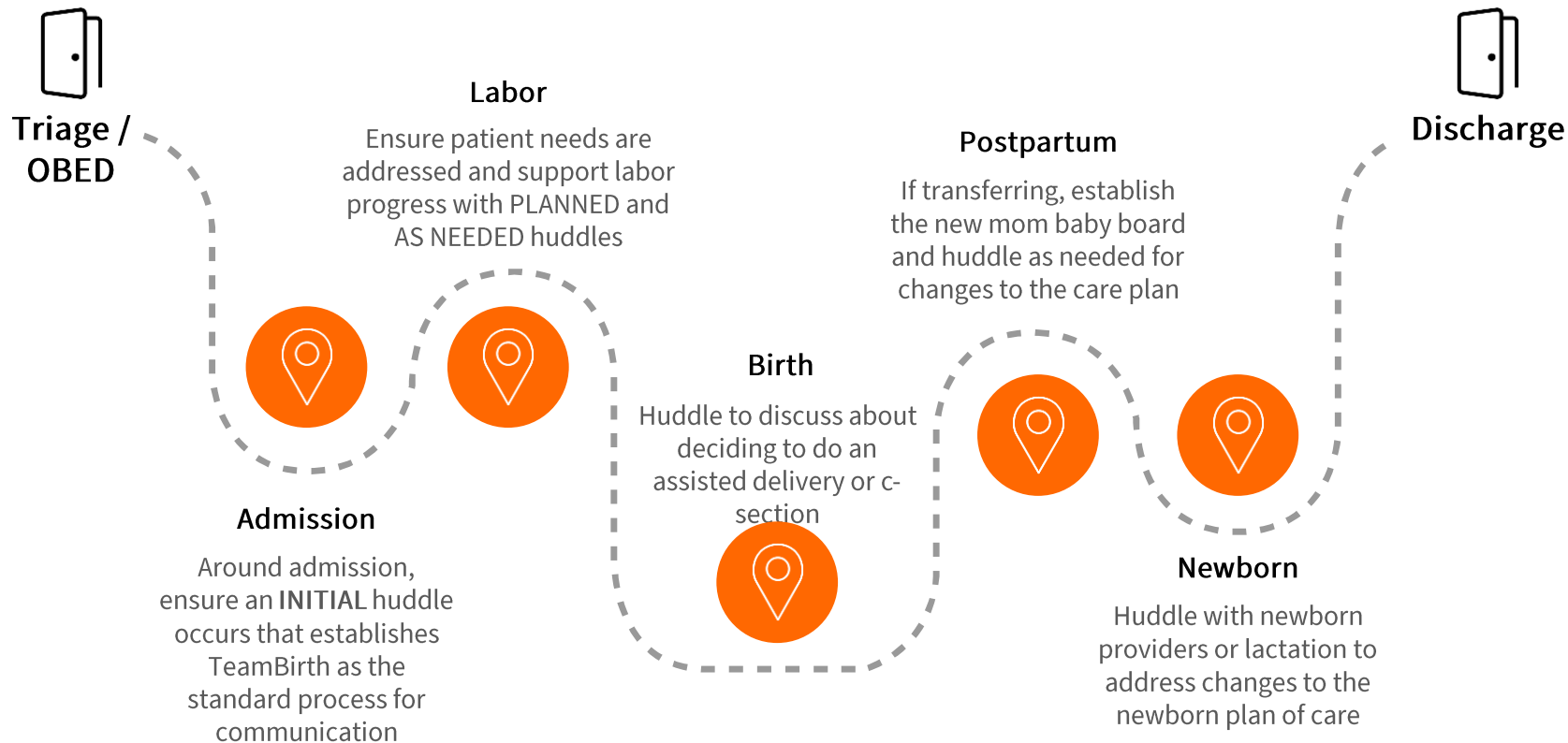
# TeamBirth Core Takeaways



<b>TEAM</b>	<ul style="list-style-type: none"> <li>● State a TeamBirth huddle is occurring and ensure the patient knows what huddles are</li> <li>● Ensure everyone including the patient and support person is included and introduced</li> <li>● Promote each team member to establish psychological safety</li> </ul>
<b>PREFERENCES</b>	<ul style="list-style-type: none"> <li>● Opportunity to elicit what matters now - HEAR your patient here</li> <li>● Can change over time</li> <li>● Review/discussion of an existing birth plan may be valuable</li> </ul>
<b>PLAN</b>	<ul style="list-style-type: none"> <li>● Written in patient friendly language</li> <li>● Clearly distinguishes plans for: birthing person, baby, and labor progress</li> <li>● Discussed at every Huddle even if no change is made</li> </ul>
<b>NEXT HUDDLE</b>	<ul style="list-style-type: none"> <li>● Setting clear expectations for future huddles</li> <li>● Reduces uncertainty by providing transparency</li> <li>● Ensures everyone knows that anyone can request a huddle</li> </ul>
<b>HUDDLE TIMING</b>	<ul style="list-style-type: none"> <li>● All patients should have an initial Huddle to establish norms</li> <li>● Ongoing, planned, and as needed Huddles will occur throughout their stay at key decision points or requests</li> </ul>

# Door to Door TeamBirth

These **key moments** describe how TeamBirth is put in practice throughout the birthing journey.





# 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 clear communication
2. This is used for all 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.

# Shared Decision-Making



An *individualized approach* to the informed consent process that involves *discussing* benefits and risks of available options

Patients are encouraged to **share information**, **express value-based preferences**, and **provide input on decisions and plans**

Patients are **supported** to consider their options and make **informed decisions**

Clinicians and patients share the **best available evidence** when faced with the task of making decisions

Patients are **involved** to the extent that they **desire**

# When to Huddle

What are your team's key moments that spark a TeamBirth huddle?

INITIAL	KEY DECISIONS & CHANGES TO CARE PLAN	ROUTINE
<ul style="list-style-type: none"><li>• Triage / OBED use of the Admission Discussion Guide</li></ul> <p><b>Admission:</b></p> <ul style="list-style-type: none"><li>• Induction</li><li>• High risk / Antepartum</li><li>• Active labor care planning</li><li>• Scheduled C-section</li><li>• Transfer from other facility</li><li>• Postpartum readmission</li></ul>	<p><b>Laboring:</b></p> <ul style="list-style-type: none"><li>• Use of the Labor Support Guide</li><li>• AROM</li><li>• Augmentation</li><li>• Pain management</li></ul> <p><b>Delivery:</b></p> <ul style="list-style-type: none"><li>• Internal monitoring</li><li>• Use of the Assisted Delivery Discussion Guide to guide discussions about doing an assisted delivery (i.e. vacuum, forceps) or c-section</li></ul> <p><b>Postpartum:</b></p> <ul style="list-style-type: none"><li>• Hemorrhage</li><li>• Blood pressure management</li><li>• Pain management</li></ul> <p><b>Newborn:</b></p> <ul style="list-style-type: none"><li>• Antibiotics</li><li>• Hypoglycemia / Supplemental feedings</li><li>• Hyperbilirubinemia / Phototherapy</li><li>• Procedures</li><li>• NICU observation or transfer</li></ul>	<ul style="list-style-type: none"><li>• Post-birth debrief</li><li>• Daily rounds</li><li>• Provider handoff</li><li>• Bedside handoff</li><li>• Lactation</li><li>• Discharge</li><li>• Tuck-in (before bed to plan for night contingencies)</li></ul>

### Adapting When to Huddle

TeamBirth will look different based on:

- Your specific unit structure
- Your patient's unique preferences and needs

**Which of these key moments always sparks a huddle for your team?**



## Team

*Punnya & Kyle*

*Leesha - doula/photos*

*Francesca - RN*

*Dr. Li & Dr. Meadows*

## Preferences

*epidural eventually, wait if possible*

*Lots of pictures*

*I'm so hot!*

*At birth:*

*No vacuum*

*Kyle wants skin to skin too*

*Placenta pics*

## Plan of Care

### *For Punnya*

*Keep fan close*

*Keep cool (ice and wet cloths)*

### *For Baby Simone*

*Listen to baby on and off*

### *For Labor Progress*

*Keep moving! Ball, stand and sway*

## Next Huddle

*Dr. Li: check cervix around 3:30*

*Huddle after*

## Team

*Punnya & Kyle*

*Leesha - doula/photos*

*Francesca - RN*

*Dr. Li & Dr. Meadows*

## Preferences

*Lots of pictures*

*I'm so hot!*

*Wait on breaking water*

*At birth:*

*No vacuum*

*Kyle wants skin to skin too*

*Placenta pics*

## Plan of Care

### *For Punnya*

*Stay comfy and cool*

*Keep fan close*

*Keep cool (ice and wet cloths)*

### *For Baby Simone*

*Listen to baby all the time*

### *For Labor Progress*

*Peanut ball, pitocin to get labor pattern going again*

## Next Huddle

*Exam in ~3 hours, then huddle*

*If we need to before that*

## Team

*Punnya & Kyle*

*Maria- RN for Punnya & Simone*

*Cindie - patient care tech*

*Dr. George - OB*

*Amanda - NP*

*Dr. Content - Peds*

## Preferences

*Sleep!*

*Breastfeeding*

*No narcotics for pain*

*Kyle wants skin to skin too*

*Taking Placenta home*

## Plan of Care

### *For Punnya*

*-Cluster Care (call us when you're awake!)*

*-Sleep between feeds*

*-ice, Tylenol, Ibuprofen on a schedule*

### *For Baby Simone*

*Feed me when I look hungry!*

*Try every 2-3 hours if I don't*

## Next Huddle

*-as needed*

*-on request*

## Team

*Punnya & Kyle*

*RN - Maria*

*patient care tech - Cindie*

*OB resident - Dr. George*

*MFM attending - Dr. V*

*NEO attending - Dr. Kumar*

## Preferences

*-privacy when possible*

*-No rounds from 630-7am*

*(facetime with big kids before school)*

*-ice pack with shots*

## Plan of Care

### *For Punnya*

#### *Cluster Care*

*-vitals & meds during baby monitor*

*-contraction monitor all the time*

*-quiet hours 1-4pm*

*Tuesday ultrasounds*

*Next: 8/13 (31 weeks!)*

### *For Baby Simone* 30.2 weeks

*Listen 3x a day (for ~20 minutes)*

*NICU & lactation refresher @32 weeks*

## Next Huddle *Call Kyle for huddles (617)773-1781*

*Weekly, After Tuesday ultrasounds*

*& As needed*

# TeamBirth Huddle Board

The core components of TeamBirth *benefit the entire team*



## Shared Planning Tool

### TEAM

*Lisette*  
*Kris - partner*  
*Jenica - doula*  
*Misha - RN (here til 7pm)*  
*Dr Chien - MD (here til 7am)*

### PREFERENCES

*Look at placenta after*  
*Hayden is born*

### PLAN

Me: *Guided breathing with Jenica*

Baby: *Watch baby Hayden on*  
*monitor*

Progress:  
*Let nature take its course*

### NEXT HUDDLE

*After clinic*  
*(unless needed before)*

→

## The TeamBirth Shared Planning Board:

1. is a visual checklist to prompt communication behaviors during a TeamBirth huddle
2. reflects the current plan (team, preferences, and next huddle may change, and should be updated)
3. is written in patient friendly language
4. can be updated by any team member



# Huddle Flow



## Elicit Preference, Concerns, and Needs

Ask patients about their goals and any concerns

- *What matters most to you?*
- *What are you worried about?*
- *What do you want us to know that is important to you?*

## Use Shared Decision-Making to Create Plans

- Leverage the elicited preferences and any new concerns or questions the patient has to decide on the updated plan
  - Ensure all team members have the opportunity to share thoughts, concerns, questions and ideas.
- Write the new plan briefly on the board, using patient-friendly words in the relevant section: Me, Baby, Labor Progress
- Be clear about how any changes to the plan will (or will not) affect any other plans in place

1

## Initiate a Huddle and Introduce the Team

- Explain the reason for calling a TeamBirth huddle
- Introduce each person and write names and roles on the TeamBirth board
- Ensure the appropriate team members are present (including support people indicated by the patient)

2

## Discuss Clinical Assessments and Care Options

- Talk about the reason for calling the huddle
- Outline options for the plan of care
  - *Clearly differentiate between recommendations and/or interventions for the:*
    - *well-being of the patient*
    - *well-being of the baby*
    - *the progression of labor*
  - *Include the option of doing nothing yet*
- Discuss considerations for each option

3

4

5

## State the next anticipated TeamBirth huddle

- Give a time frame, or name what would spark another huddle
- Always reassure that any team member can request a huddle for any reason

# Wrapping Up & Looking Ahead



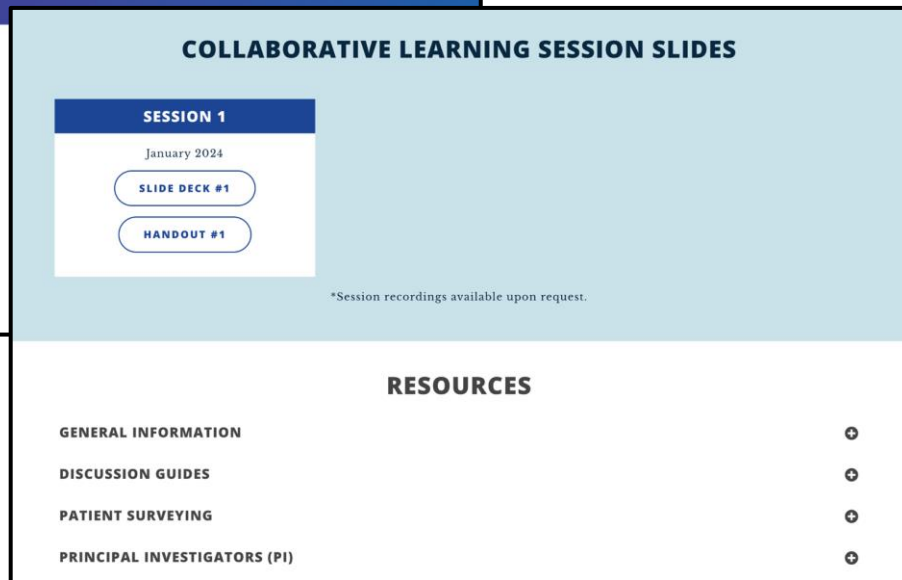
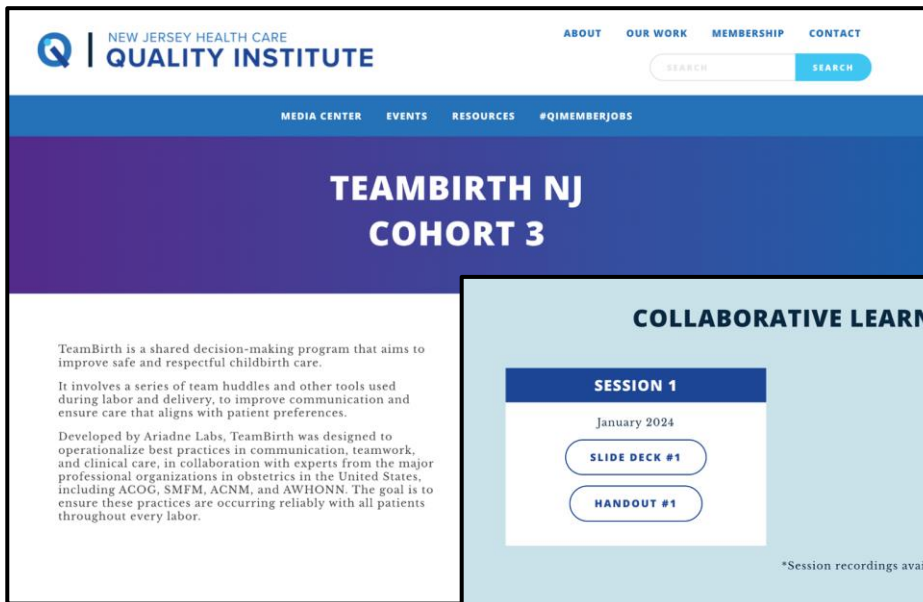
# Action Items



*Implementation  
Pathway*

*Action Items*

<b>TeamBirth Go Live</b>	Finalize launch activities (or maintain launch momentum)
	Share success stories from champion experiences during small scale testing
<b>Patient Surveying</b>	Continue to message and distribute on postpartum unit. Collect and hold (or enter online)
	Enter monthly birth volume into the NJHCQI Cohort Resource Page
<b>Promote Training &amp; Practice Huddles</b>	Continue to offer training, education, and huddle practice post go live
	Track training efforts - NJHCQI will request training percentage estimates on next call
	Offer encouragement, coaching - join huddles for support and feedback



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

## Next Cohort 3 Collab Learning Session

October 22 @ 12-1pm (*Fourth Tuesdays, monthly*)

Please reach out with any questions: [aperez@njhcqi.org](mailto:aperez@njhcqi.org) or [mseverson@ariadnelabs.org](mailto:mseverson@ariadnelabs.org)

## Share your feedback!

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

