



Cohort 4 Collaborative Learning Session #5

September 30, 2024

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

# Learning Session Agenda

## Introduction

### TeamBirth Core Knowledge & Skills

- Recap: Core components
- Practice: Postpartum Scenario

### TeamBirth Implementation

- Current core activities:
  - Conduct Patient Surveys
  - Launch TeamBirth

### Looking Ahead

- Takeaways From Today
- Action Items
- Feedback Survey

# TeamBirth Implementation Roadmap

Building on the priority implementation activities from the first session



PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE ACTIVITIES	<ul style="list-style-type: none"><li>✓ Build your team</li><li>✓ Develop your strategy</li><li>✓ Assess your context</li><li>✓ Customize TeamBirth</li></ul>	<ul style="list-style-type: none"><li>✓ Socialize TeamBirth</li><li>✓ Provide training &amp; practice huddles</li><li>✓ Conduct patient surveys</li><li>✓ Test &amp; improve</li></ul>	<ul style="list-style-type: none"><li>✓ Collect data &amp; feedback</li><li>✓ Launch TeamBirth</li><li>✓ Monitor &amp; celebrate progress</li></ul>	<ul style="list-style-type: none"><li>✓ Embed for sustainability</li><li>✓ Evaluate impact &amp; continuously improve</li></ul>

# NJHCQI TeamBirth Websites

Access your cohort 4 resources at this **private** website

[www.njhcqi.org/teambirthnj-cohort4](http://www.njhcqi.org/teambirthnj-cohort4)

Password: Cohort42024!

Public TeamBirth NJ website now live

[www.njhcqi.org/shared-decision-making](http://www.njhcqi.org/shared-decision-making)

## TEAMBIRTH NJ COHORT 4

TeamBirth is a shared decision-making program that aims to improve safe and respectful childbirth care.

It involves a series of team huddles and other tools used during labor and delivery, to improve communication and ensure care that aligns with patient preferences.

Developed by Ariadne Labs, TeamBirth was designed to operationalize best practices in communication, teamwork, and clinical care, in collaboration with experts from the major



### COLLABORATIVE LEARNING SESSION SLIDES

#### SESSION 1

May 2024

[SLIDE DECK](#)

[SESSION  
HANDOUT #1](#)

#### SESSION 2

June 2024

[SLIDE DECK](#)

[SESSION  
HANDOUT #2](#)

### RESOURCES

#### GENERAL TEAMBIRTH INFORMATION

- [Click here](#) to watch the Why TeamBirth video
- Download the [Why TeamBirth Infographic](#)
- Download [TeamBirth Board Examples](#)
- Review [TeamBirth Components](#) – includes core components and add-on components
- View the [TeamBirth Socializing Package](#)

# TeamBirth Core Knowledge & Skills

# 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



2.

## SHARED PLANNING TOOL

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



# Resource Spotlight

## TeamBirth Basics 1-pager

### TEAMBIRTH

TeamBirth Huddles are structured team conversations that occur throughout birthing care. Huddles are prompted by the visual shared planning tool that structures communication and provides space to document.

#### TEAMBIRTH BASICS

##### Huddle Key Behaviors

#### TEAM

##### 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 huddle is occurring
- Start introductions with the patient followed by their support person
- Ensure relevant clinicians members are included
- May include additional information (e.g. here until 7 pm shift change)

#### KEY BEHAVIOR

Promote the role of each team member: birthing person, support person, all relevant clinicians

#### PLAN

##### INTENT

- To ensure transparency and precision during care planning
- To facilitate clear communication and shared-decision making

##### DETAILS

- Content should be written in patient friendly language
- Discuss at every Huddle even if no change is made
- Can be updated more frequently as needed

#### KEY BEHAVIOR

Distinguish the care plans:

- Me (birthing person)
- Baby
- Labor Progress

#### PREFERENCES

##### INTENT

- To humanize the person giving birth & gain insight to what matters most now
- To give customized clinical care
- To facilitate equitable care

##### DETAILS

- May include referencing a birth plan
- Expect preferences to change over time
- Opportunity to discuss expectations
- Should be written in the patient's word choice (e.g. break water vs AROM)

#### KEY BEHAVIOR

Elicit patient preferences, thoughts, & concerns to inform the current plan

#### NEXT HUDDLE

##### INTENT

- To reduce uncertainty for the patient and support person
- To facilitate situational awareness

##### DETAILS

- Anyone can request a huddle at any time
- Identify planned times for huddles (e.g. next labor evaluation, at a specific time)
- Identify likely reasons to initiate an as needed huddle (e.g. if pain increases, a decision needs to be made)
- May occur in-person or over the phone

#### KEY BEHAVIOR

Set shared expectations for the timing of the next huddle

ARIADNE LABS © 2024 Ariadne Labs, a joint center for health systems innovation between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health. Licensed under the Creative Commons Attribution Non-Commercial-ShareAlike 4.0 International License. <http://creativecommons.org/licenses/by-nc-sa/4.0/>

Infographic: TeamBirth Basics Version April 2024

## When To Huddle 2-pager

### TEAMBIRTH

TeamBirth sets the standard for team communication throughout every birthing journey.

#### WHEN TO HUDDLE

#### DOOR TO DOOR TEAMBIRTH

TRIAGE / OBED → DISCHARGE

**KEY MOMENTS** describe when it is essential to use TeamBirth throughout each birthing journey. Adapting these moments to fit your unique context and identifying the sparks that team members will use to identify when to huddle is essential.

#### INITIAL

Occurs at or around admission to establish TeamBirth as the standard care process for communication for every patient

#### ONGOING, PLANNED, & AS NEEDED

Each setting and patient provides unique opportunities to huddle based on clinic workflows, changes to care, and by request

#### REMEMBER

- Any member of the team may call for a huddle
- Gather all members of the direct care team
- Hold huddle in person when possible
- Designate a facilitator to prompt the team to have the opportunity to participate

**What are your team's key moments?**

INITIAL	KEY DECISIONS
<ul style="list-style-type: none"> <li>Triage / OBED use of the Admission Discussion Guide</li> </ul>	<ul style="list-style-type: none"> <li>Use of the Labor Support</li> </ul>
<b>Admission:</b> <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>	<b>Augmentation:</b> <ul style="list-style-type: none"> <li>Augmentation</li> <li>Pain management</li> </ul>
<b>Delivery:</b> <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>	<b>Postpartum:</b> <ul style="list-style-type: none"> <li>Hemorrhage</li> <li>Blood pressure management</li> <li>Pain management</li> </ul>
<b>Newborn:</b> <ul style="list-style-type: none"> <li>Antibiotics</li> <li>Hypoglycemia / Supplemental feedings</li> <li>Hypervilaminemia / Phototherapy</li> <li>Procedures</li> <li>NICU observation or transfer</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?**

ARIADNE LABS © 2024 Ariadne Labs, a joint center for health systems innovation between Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health. Licensed under the Creative Commons Attribution Non-Commercial-ShareAlike 4.0 International License. <http://creativecommons.org/licenses/by-nc-sa/4.0/>

Infographic: When to Huddle Version 1.0.0

# Practicing Core Knowledge & Skills





# Plan

Me

Baby



# Scenario Practice - Fiona

Fiona delivered a baby boy vaginally today at 1343

## Fiona Report

- 1st degree laceration
- QBL 287 ml
- A positive blood type
- GBS negative
- Hoping to avoid narcotics - ibuprofen for pain management
- Epidural removed at 1445
- Has not yet stood, legs are still heavy

## Baby Isaac Report

- Baby boy Isaac weighed 7 lbs 6 ozs
- Apgars 8/9
- Mom is planning to breastfeed
- Vitamin K and Erythromycin was given
- Parents do want circumcision
- Desires Hepatitis B Vaccine
- Baby latched at 1410 for 15 minutes

# Postpartum Shared Planning Tool



## TEAM

*Fiona & baby Isaac*

*Harini - sister*

*Misha (nurse) - 20071*

*Abby - (nurse tech) - 20986*

*Dr. Sugar (Baby's Dr.)*

*Dr. Chien (Fiona's Dr.)*



## PREFERENCES

*bath in room*

*sleep!*

*okay with visitors during the day*

*hoping to avoid narcotics*

*breastfeeding, needing help from lactation*

*hoping to avoid pacifiers*

*desires circumcision*

*desires hepatitis B*

## PLAN



### Me

*Call Misha when you need to pee - Don't get up without me!*

*Call dietary @ 1-17192 to order dinner!*

*Call with any questions about bleeding or pain*

*Next Ibuprofen can be given at 11:00 pm*

### Baby

*breastfeed on demand*

*- next attempt by 5:00 pm or when baby wakes*

*Mom and Harini, track wet & dirty's in PP handbook*

*bath baby sometime tomorrow*

## NEXT HUDDLE

*as needed*

*on request*



# Postpartum Shared Planning Tool



## TEAM

*Fiona & baby Isaac*

*Harini - sister*

*Adelisa (nurse) - 20071*

*Dr. Sugar (Baby's Dr.)*

*Dr. Chien (Fiona's Dr.)*



## PREFERENCES

*bath in room*

*sleep!*

*okay with visitors during the day*

*hoping to avoid narcotics*

*breastfeeding, needing help from lactation*

*hoping to avoid pacifiers*

*desires circumcision*

*desires hepatitis B*

## PLAN

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

*Sleep between feeds & shower in AM*

*Next Ibuprofen at 11pm - with vitals*

*Call with questions about bleeding or pain*

### Baby

*breastfeed - next attempt by 8:00 pm or when baby wakes*

*No more than 3 hours*

*Mom and Harini, track wet & dirty's in PP handbook*

*bath baby sometime tomorrow*

## NEXT HUDDLE

*as needed*

*on request*



# Scenario practice - Fiona

There is a change in the newborn plan of care

## Baby Isaac

- Standard newborn screening shows an elevated bilirubin
- Last breastfeeding went well 2 hours ago
- 2 wet and dirty diapers today so far
- Hyperbilirubinemia protocol is to recheck bilirubin after 6 hours and ensure feedings are within 3 hours

# Postpartum Shared Planning Tool



## TEAM

*Fiona & baby Isaac*  
*Harini - sister*  
*Adelisa (nurse) - 20071*  
*Dr. Sugar (Baby's Dr.)*  
*Dr. Chien (Fiona's Dr.)*



## PREFERENCES

*bath in room*  
*sleep!*  
*okay with visitors during the day*  
*hoping to avoid narcotics*  
*breastfeeding, needing help from lactation*  
*hoping to avoid pacifiers*  
*desires circumcision*  
*desires hepatitis B*

## PLAN

**Me**  
*Cluster Care (call when you're awake!)*  
*Sleep between feeds & shower in AM*  
*Next Ibuprofen at 11pm - with vitals*  
*Call with questions about bleeding or pain*

**Baby**  
*recheck labs in 6 hours*  
*breastfeed on demand (but wait no longer than 3 hrs)*  
*call in next hour for support with latch*  
*discuss possible need for phototherapy*

## NEXT HUDDLE

*With pediatrician when the labs come back*  
  
*as needed*  
*on request*



# Scenario practice - Fiona Huddle

There is a change in the newborn plan of care

## Baby Isaac

- Bilirubin recheck at 32 hours of life: 12  $\mu\text{mol/L}$
- Hyperbilirubinemia protocol indicates to notify pediatrician for updated orders

Adelisa (nurse) lets the Fiona know what the lab results are and calls Dr. Sugar (pediatrician) at the bedside to huddle about next steps for baby Isaac

**TEAM**

*Fiona & baby Isaac*

*Harini - sister*

*Adelisa (nurse) - 20071*

*Dr. Sugar (Baby's Dr.)*

*Dr. Chien (Fiona's Dr.)*

**PREFERENCES**

*bath in room  
sleep!*

*okay with visitors during the day*

*hoping to avoid narcotics*

*breastfeeding, needing help from lactation*

*hoping to avoid pacifiers*

*desires circumcision*

*desires hepatitis B*

**PLAN**

**Me** *Cluster Care (call when you're awake!)*  
*Sleep between feeds & shower in AM*  
*Next Ibuprofen at 11pm - with vitals*  
*Call with questions about bleeding or pain*

**Baby**  
*begin phototherapy at bedside*  
*breastfeed on demand (but wait no longer than 3 hrs)*  
*supplement post feed with formula*  
*recheck labs in 6 hours*

**NEXT HUDDLE**

*With pediatrician when the labs come back*

*as needed  
on request*





# Questions?

What questions do you have about using the board?

Are there scenarios you are curious about or most want to practice with TeamBirth and/or the shared planning board?

# TeamBirth Implementation





# TeamBirth Implementation Roadmap

Today's focus

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE ACTIVITIES	<ul style="list-style-type: none"> <li>✓ Build your team</li> <li>✓ Develop your strategy</li> <li>✓ Assess your context</li> <li>✓ Customize TeamBirth</li> </ul>	<ul style="list-style-type: none"> <li>✓ Socialize TeamBirth</li> <li>✓ Provide training &amp; practice huddles</li> <li>✓ <b>Conduct patient surveys</b></li> <li>✓ Test &amp; improve</li> </ul>	<ul style="list-style-type: none"> <li>✓ Collect data &amp; feedback</li> <li>✓ <b>Launch TeamBirth</b></li> <li>✓ Monitor &amp; celebrate progress</li> </ul>	<ul style="list-style-type: none"> <li>✓ Embed for sustainability</li> <li>✓ Evaluate impact &amp; continuously improve</li> </ul>

PREPARE

START >

ENGAGE & COACH

> OUTCOMES

MONITOR

# Core Implementation Activity: CONDUCT PATIENT SURVEYS

IMPROVE

USTAIN

IMPLEMENT



## ENGAGE & COACH PHASE

# CONDUCT PATIENT SURVEYS

**CORE:** Capture patient experience at baseline and post-launch to ensure TeamBirth progress and impact

## OBJECTIVES

Develop and prepare for your patient surveying strategy

Begin baseline patient surveying several months before launch and continuing surveying for at least 6 months

Iterate your surveying strategy to ensure robust response

### Milestones:

- ☐ Baseline survey active before launch
- ☐ Switched to post-launch survey week of launch

## ADAPT

Your unique data collection strategy and methods



# Your Measurement Strategy: Patient Surveying

TeamBirth implementation requires input from patients and care teams

## Patient Survey

**WHO** Patients who delivered at your hospital

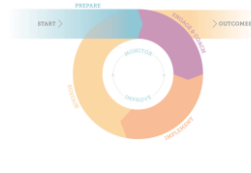
**WHAT** Questions on: demographics, experience of huddle and board use, Mother's autonomy in decision making scale, and patient feedback on their overall TeamBirth experience

**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** Via paper or digital surveys delivered according to your surveying methods and strategy

**WHEN** *Baseline: Oct '24 - Jan '25*  
*Post-Launch: Week of Launch - 6 months*



# Patient Survey

Collecting demographics & Social Determinants of Health

Age	Miles Traveled to Hospital
Race	Is this your first baby?
Ethnicity	Delivery Method
Education	Was labor induced?
Health Insurance Type	High risk pregnancy or medical complication experience?

# Patient Survey: Questions on TeamBirth Process

## TeamBirth Experience

During your hospital stay, did you share any preferences with your clinical team?

How much did you feel like your clinical team heard and understood your preferences?

How much did your clinical team consider your preferences in planning your care?

Response options

Fully	Mostly	Some	Barely	Not at all	Don't know	Prefer not to answer
-------	--------	------	--------	------------	------------	----------------------

During your labor & delivery stay, did you participate in a "huddle" (did your doctor/midwife and nurse talk together with you about your preferences, agree on care plans for you and your baby, and set plans for the next check-in or step)?

During your postpartum stay, did you participate in a "huddle" (did your doctor/midwife and nurse talk together with you about your preferences, agree on care plans for you and your baby, and set plans for the next check-in or step)?

**Process Questions:**

Were you transported to the hospital during labor or after birth from a birth center?

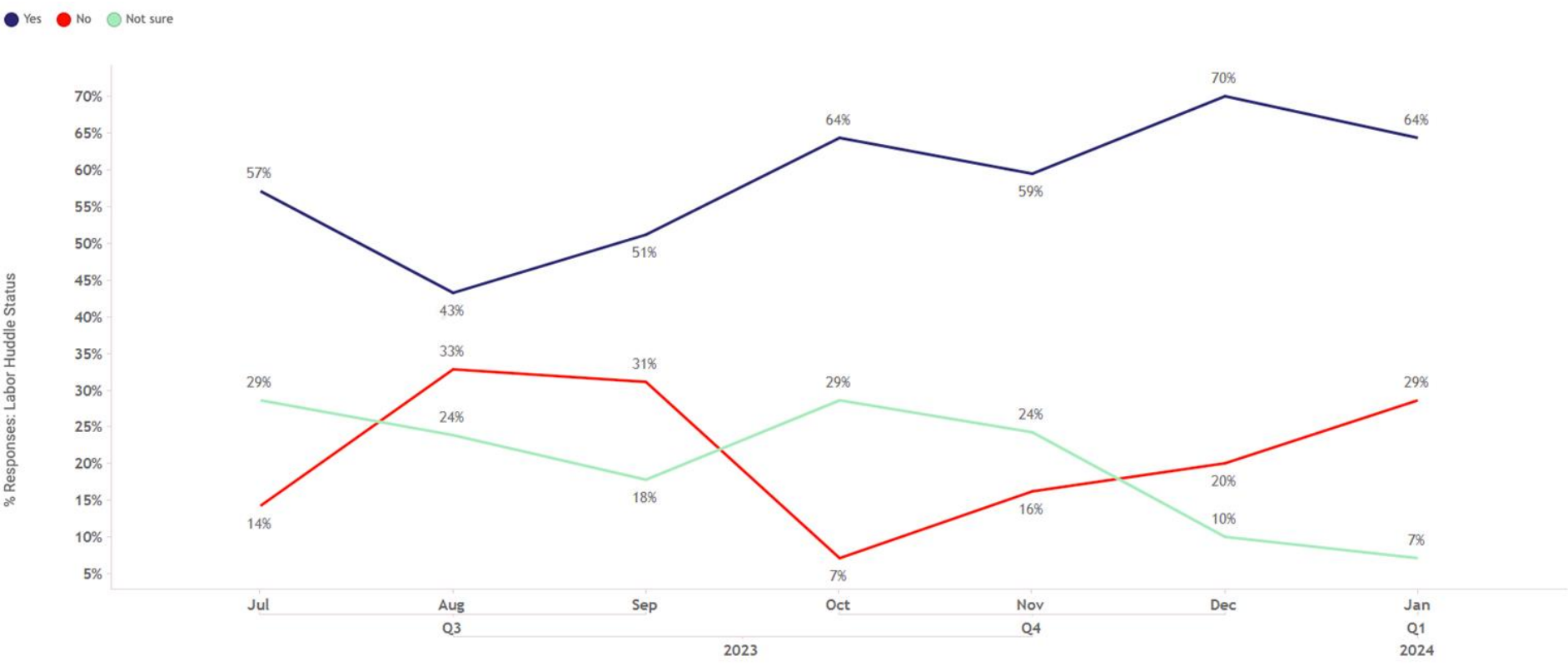
How long were you on the labor and delivery floor before you had your baby?

How likely is it that you would recommend TeamBirth or this hospital experience to a friend or colleague on a scale of 0-10, with 10 being very likely? Select one.



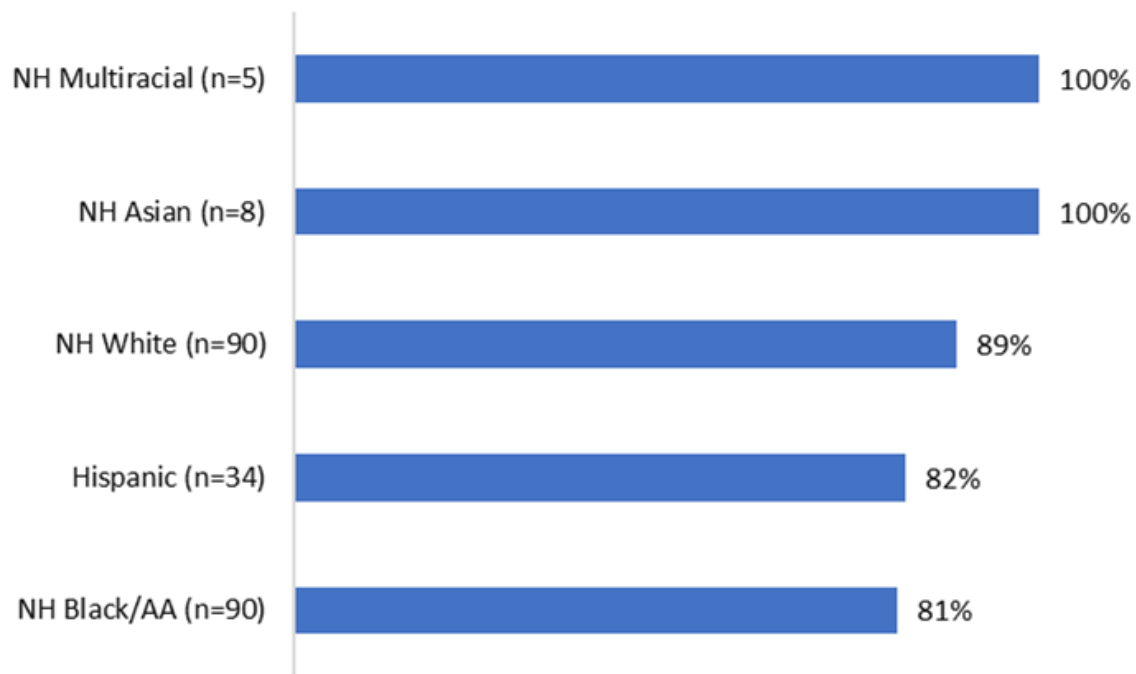
# Patient Survey: Questions on TeamBirth Process

## TeamBirth Experience: % of Patients with and without a Labor Huddle



# Patient Survey: Questions on TeamBirth Process

% of Patient's responding fully to: How much did you feel like your clinical team heard and understood your preferences?



\*Note that these figures reflect data of ALL patients surveyed from this site. They are not broken down by huddle status.

# Patient Survey: Patient Experience

## Mother's Autonomy in Decision Making Scale (MADM)

My clinical team asked me how involved in decision making I wanted to be.

My clinical team told me there are different options for my maternity care.

My clinical team explained the advantages and disadvantages of the maternity care options.

My clinical team helped me understand all the information.

I was given enough time to thoroughly consider the different maternity care options.

I was able to choose what I considered to be the best care options.

My clinical team respected that choice.

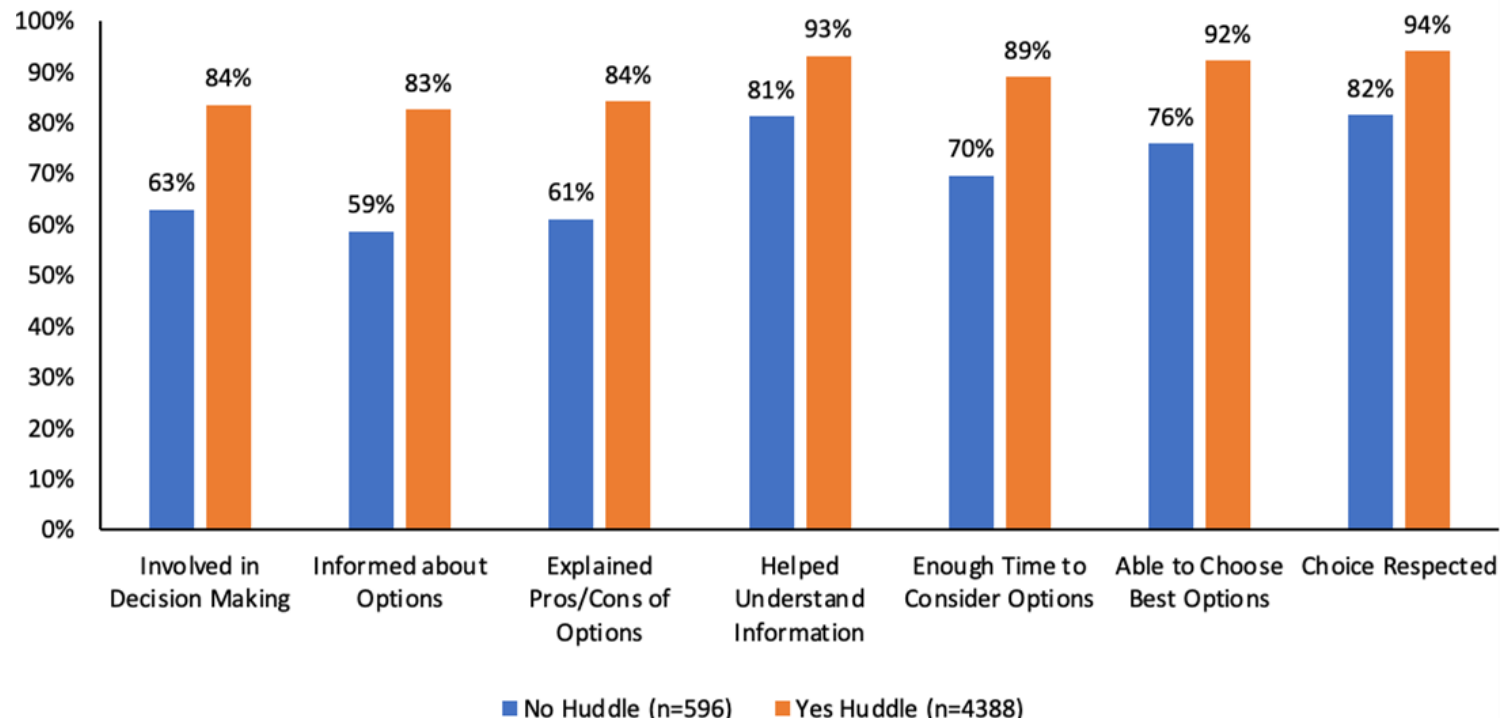
Answered using a 6 point Likert scale:

Completel y Disagree	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Completel y Agree	Prefer Not to Answer
----------------------------	----------------------	----------------------	-------------------	-------------------	----------------------	-------------------------

# Patient Survey: Patient Experience

## Mother's Autonomy in Decision Making Scale (MADM)

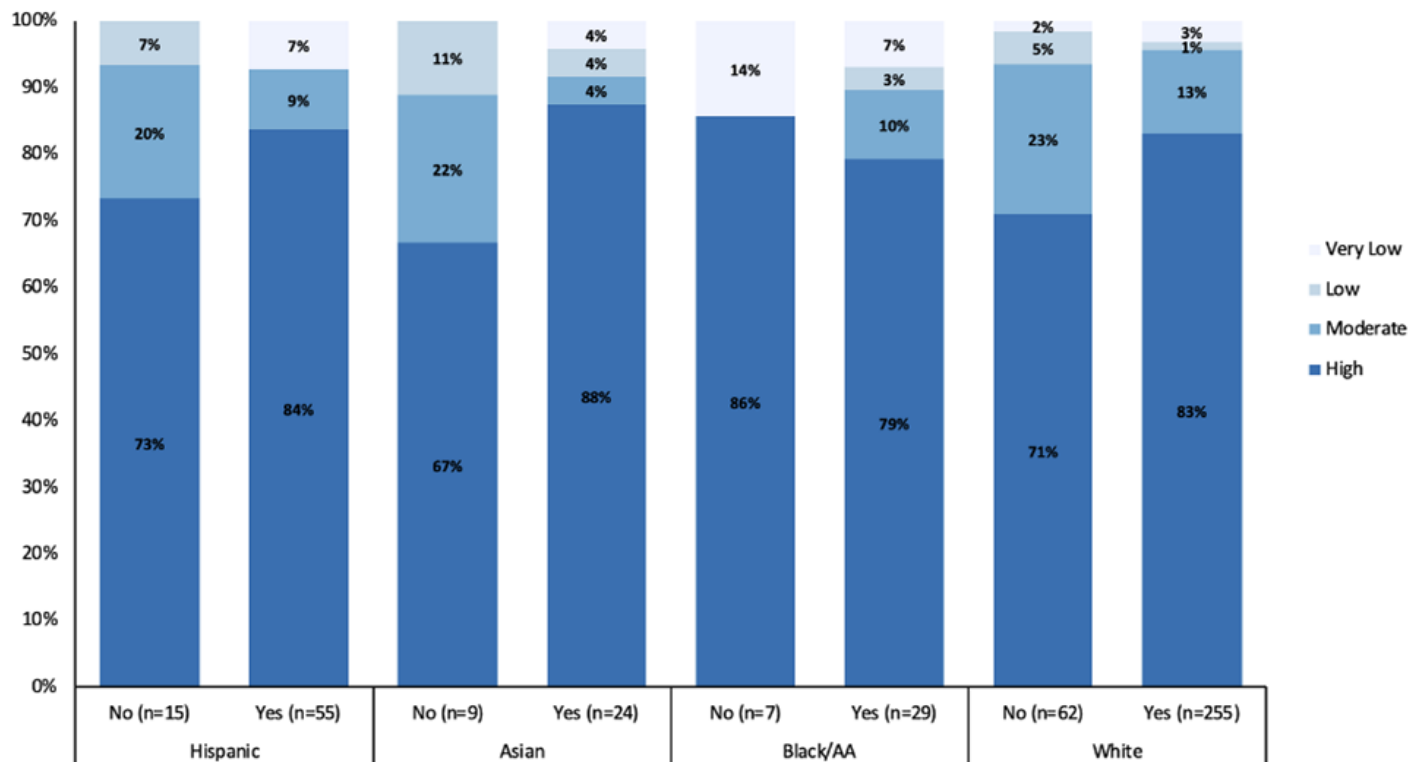
**MADM Items: Percentage of Respondents Strongly or Completely Agreeing by Huddle Status**



# Patient Survey: Patient Experience

## Mother's Autonomy in Decision Making Scale (MADM)

MADM 2 Quartiles by Race/Ethnicity and Labor Huddle (Y/N)

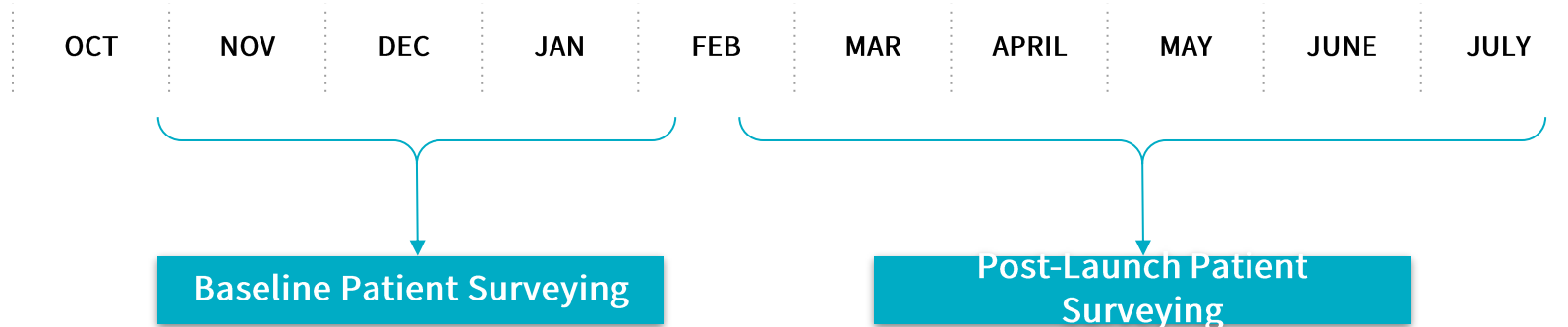




# Patient Survey: Baseline to Post-Launch

Switch to post-launch surveys based on your go live dates

## Timeline





# Patient Surveying Process

Your process for surveying will include:

## Survey Processes

Prepare to Survey

Collect Data

Analyze & Review

Share Results

Use the [HOW TO](#) resource to start planning your patient surveying processes!

**TEAMBIRTH** HOW TO | Conduct Patient Surveying

TeamBirth implementation requires input from patients and clinicians. Patient survey data collection is a crucial way to measure TeamBirth impact on patient autonomy in decision making, huddle and board use, and feedback on overall TeamBirth experience.

With input from your teams, plan for patient surveying using these prompts to define key processes:

Preparation to Survey	Collect Data	Analyze & Review	Share Results
<p><b>Leadership</b> (managers, directors, CNO), project manager, nurse champions, patient advocate, in-house print shop, etc</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Define eligible patients</li><li><input type="checkbox"/> Determine data collection, analysis, and review timeline</li><li><input type="checkbox"/> Outline data collection process: distribution, administration, submission</li></ul>	<p><b>Nursing &amp; provider champions</b>, nursing assistants, shift leads/charge nurses, techs, etc</p> <p><b>Distribution:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Print / copy surveys weekly</li><li><input type="checkbox"/> Keep in designated place for distribution</li><li><input type="checkbox"/> Designate daily leads for rounding or other care constant administration</li></ul> <p><b>Administration:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Provide survey scripting</li><li><input type="checkbox"/> Administer surveys while rounding on eligible patients in postpartum</li></ul> <p><b>Submission:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Securely store completed surveys in designated locations</li><li><input type="checkbox"/> Collect completed surveys at defined intervals</li></ul>	<p><b>Implementation Team</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Assign team member to data entry (may change weekly)</li><li><input type="checkbox"/> Weekly data entry from completed surveys into Qualtrics</li><li><input type="checkbox"/> Report weekly or monthly live birth volumes to generate response rates</li><li><input type="checkbox"/> Synthesize results</li><li><input type="checkbox"/> Review results with implementation team</li></ul>	<p><b>Implementation Team &amp; Champions</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Develop messaging to share results with leadership, staff, and clinicians</li><li><input type="checkbox"/> Identify visible ways to share results and quotes back with staff</li><li><input type="checkbox"/> Communicate wins and opportunities for improvement at least monthly</li></ul>

Consider the steps on the following page as you plan your surveying process. Remember that iteration (or PDSA cycles) are part of the process.

© 2024 Ariadne Labs. A Joint Center for Health Systems of Harvard Medical School and the Massachusetts General Hospital. Licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. <http://creativecommons.org/licenses/by-nc-sa/4.0/>

# Patient Surveying Process

There are 2 methods for survey administration to patients and one option for data entry for analysis. Your strategy for how to use these methods is up to you!

**New Jersey TeamBirth Patient Survey**

Thank you for taking the time to participate in this survey about your childbirth experience! The survey should take around 10 minutes to complete, and your answers will remain entirely confidential. We will not collect any information that would personally identify you. Your responses, combined with those of others, will be used to inform efforts to enhance the quality of care provided and improve childbirth experiences for individuals giving birth at this hospital.

Your participation in the survey is completely voluntary, and you are free to stop at any point. If you do not wish to continue, if you have any questions or concerns, or if you would like to be contacted for further follow-up, please let your health care team know.

**Preferences**

1) We define the clinical team as the nurses, physicians, and midwifery, if present, in this next section, please describe your experience with your clinical team overall during your labor and birth. Select one answer for each row.

	Completely disagree	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Completely agree	Prefer not to answer
My clinical team asked me how involved in decision making I wanted to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clinical team told me that there are different options for my maternity care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clinical team explained the advantages and disadvantages of the maternity care options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My clinical team helped me understand all the information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1

2

3

4

Paper Survey



QR Code to Qualtrics Survey

Automatic Data Entry

Qualtrics Survey

Manual Data Entry



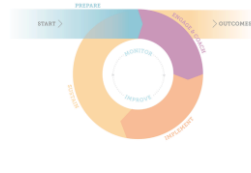


# Patient Surveying Process

Your process for surveying will include:

Survey Preparation	How will you use the different survey <b>methods</b> ? What <b>strategy</b> will you test out first?
Collect Data	Who will be responsible for <b>distributing &amp; administering</b> the survey? What are the processes for how and when they will administer the survey?
Analyze & Review	For paper surveys, who will enter the data into <b>Qualtrics</b> and when? Who needs to <b>review</b> the data? How and when?
Share Results	How and when will you <b>share</b> the survey results with leadership and clinical teams?

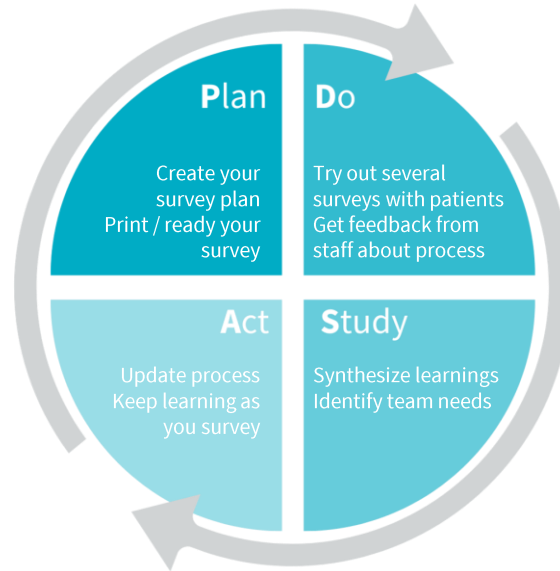
*Teams will discuss and plan for the details of your unique patient survey strategy in Coaching Calls*



# Conduct Small-Scale Testing

Improve your surveying processes based on what you are learning

Set up a PDSA cycle to improve your surveying success



START >

PREPARE

ENGAGE & COACH

> OUTCOMES

MONITOR

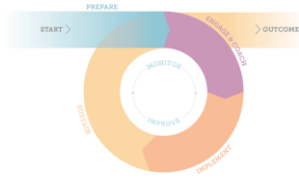
# Core Implementation Milestone: LAUNCH TEAMBIRTH

IMPROVE

USTAIN

IMPLEMENT

# TEAMBIRTH LAUNCH



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

## OBJECTIVES

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

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

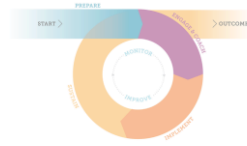
Celebrate your staff for their hard work training and preparing

### Milestones:

- ☐ Launch date set
- ☐ Launch event(s) complete

## ADAPT

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



# How will you go live?

Reference your communication plan for key roles and strategies



## HOW

- What will effectively communicate to your leaders, staff, patients, and community?
  - Do you have a website or newsletters to include announcements in?
  - Do you want to plan an in-person or virtual event?

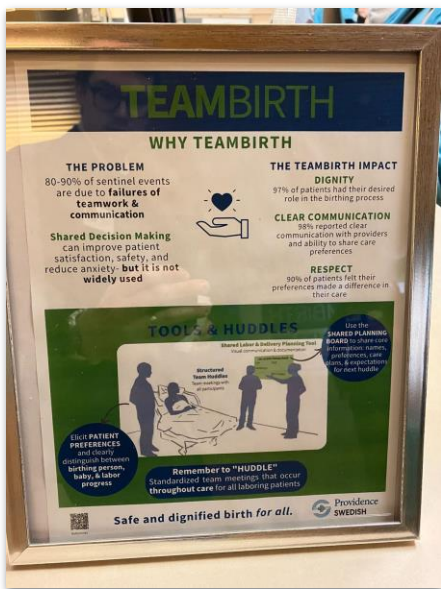


# TeamBirth Launch Event



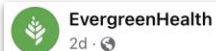


# Advertise - Invite - Promote



**INTEGRIS Health** @integrishhealth\_ · 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](https://rdco.io/4Uw_gBAYFAA)



EvergreenHealth celebrates the revitalization of the TeamBirth program!

The goal of TeamBirth is to empower all members of the care team - including the patient themselves - to play an active role in shared decision-making to improve the safety and quality of care. This ensures those in labor and the clinicians who are caring for them have shared input and understanding into decisions during labor and delivery.

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**

**The Tara Hanse**  
New Jersey continues to see the #TeamBirth we know this idea of difference.

**RWJBarnabas**  
Cooperman Barnabas Medical Center delivers we are excited to collaborate with the New Jersey Health Care Quality Institute, the New Jersey Department of Health, and Ariadne Labs to launch the #TeamBirthNJ model in New Jersey.

#TeamBirth was designed around best practices in communication, teamwork, and clinical care to ensure that people giving birth and the clinicians who are caring for them have shared input and understanding into decisions during labor and delivery. It was developed by Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health in Boston.

#LetsBeHealthyTogether

**TEAMBIRTH**

Home Watch Marketplace Feeds Notifications Menu





## 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





# TeamBirth Tees





# Formal Acknowledgement



# TeamBirth Patient and Family Socialization



Ask me about

# TEAMBIRTH

Let's huddle.





# Celebratory Nourishment!



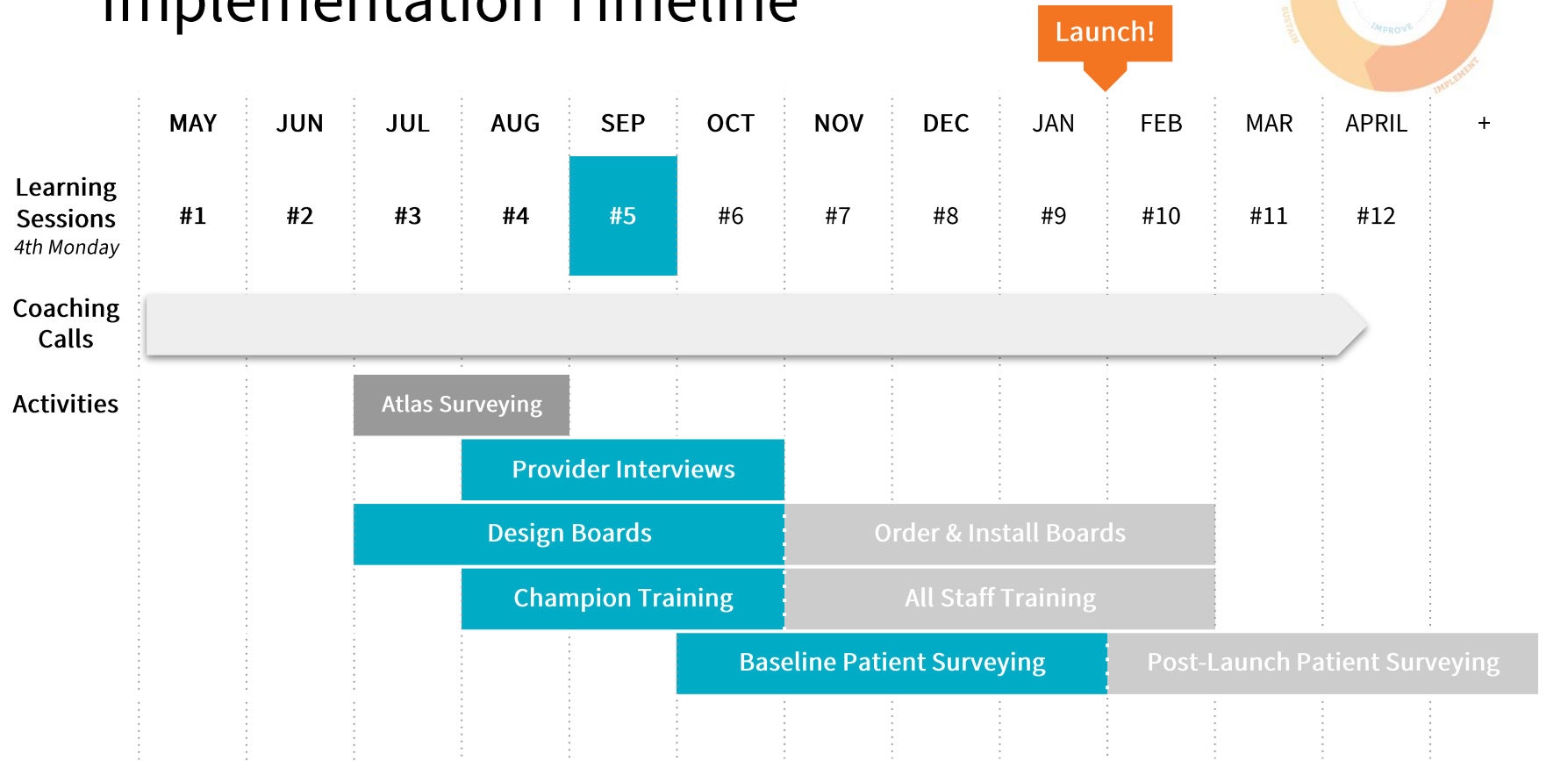
# TeamBirth Launch Week Example

SUNDAY APRIL 21	MONDAY APRIL 22	TUESDAY APRIL 23	WEDNESDAY APRIL 24	THURSDAY APRIL 25	FRIDAY APRIL 26	SATURDAY APRIL 27
 Community Event	 Board installation	 Huddle Raffle each shift	<p>Patient Awareness</p>   Formal hospital event 	 Social Media Press Release	  Replace current patient survey print-outs with post-implementation surveys	 Nightshift/Weekend Crew TeamBirth pizza party

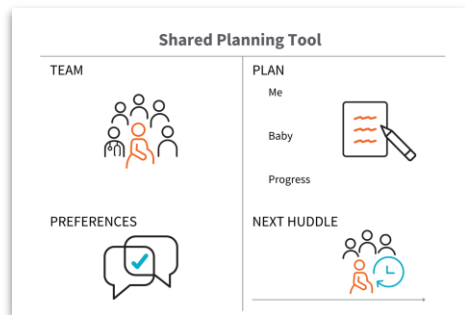
# Looking Ahead



# Implementation Timeline



# Today's Key Takeaways



## Huddle Practice

- Use training scenarios to practice having an interdisciplinary huddle and practice documenting the conversation on the board with patient friendly language
- In postpartum you often “huddle by exception”, updating the board as needed and only calling a huddle if there is a clinical change in care plan for mother or baby

---

## Conduct Patient Surveying

- Capture patient experience at baseline and post-launch using the patient survey to ensure TeamBirth progress and impact



## Launch TeamBirth

- Establish the date when your site is first starting to do TeamBirth with patients
- Plan for how you will notify your staff and leadership of when boards are installed and when huddles should start happening



# Action Items



<i>Implementation Pathway</i>	<i>Action Items</i>	<i>Details &amp; Resources</i>
PROVIDE TRAINING & PRACTICE HUDDLES	Implementation Team & Champions complete LMS training & practice huddles	<a href="#">Training Resources</a>
	Assign all staff LMS training and plan for all staff huddle practice opportunities	<a href="#">HOW TO   Provide training &amp; practice huddles</a>
CUSTOMIZE TEAMBIRTH	Send Adelisa & Indigo your board design drafts for review	<a href="#">TEMPLATE   Board Evaluation Form</a>
ASSESS YOUR CONTEXT	Plan for in-person provider interviews second week in Oct	Inspira Vineland & Mullica Hill, JFK, and Trinitas
CONDUCT PATIENT SURVEYS	Review the survey template	<a href="#">NJ Cohort 4 Patient Survey Template</a>
	Use the HOW TO worksheet to start planning your methods	<a href="#">HOW TO   Conduct Patient Surveying</a>
LAUNCH TEAMBIRTH	Start discussing Launch event ideas	

# Next Steps

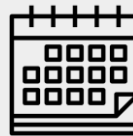
## Learning Session 3

October 28, 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 for

- Support and updates
- Resources
- Implementation Questions & Needs

[aperez@njhcqi.org](mailto:aperez@njhcqi.org)