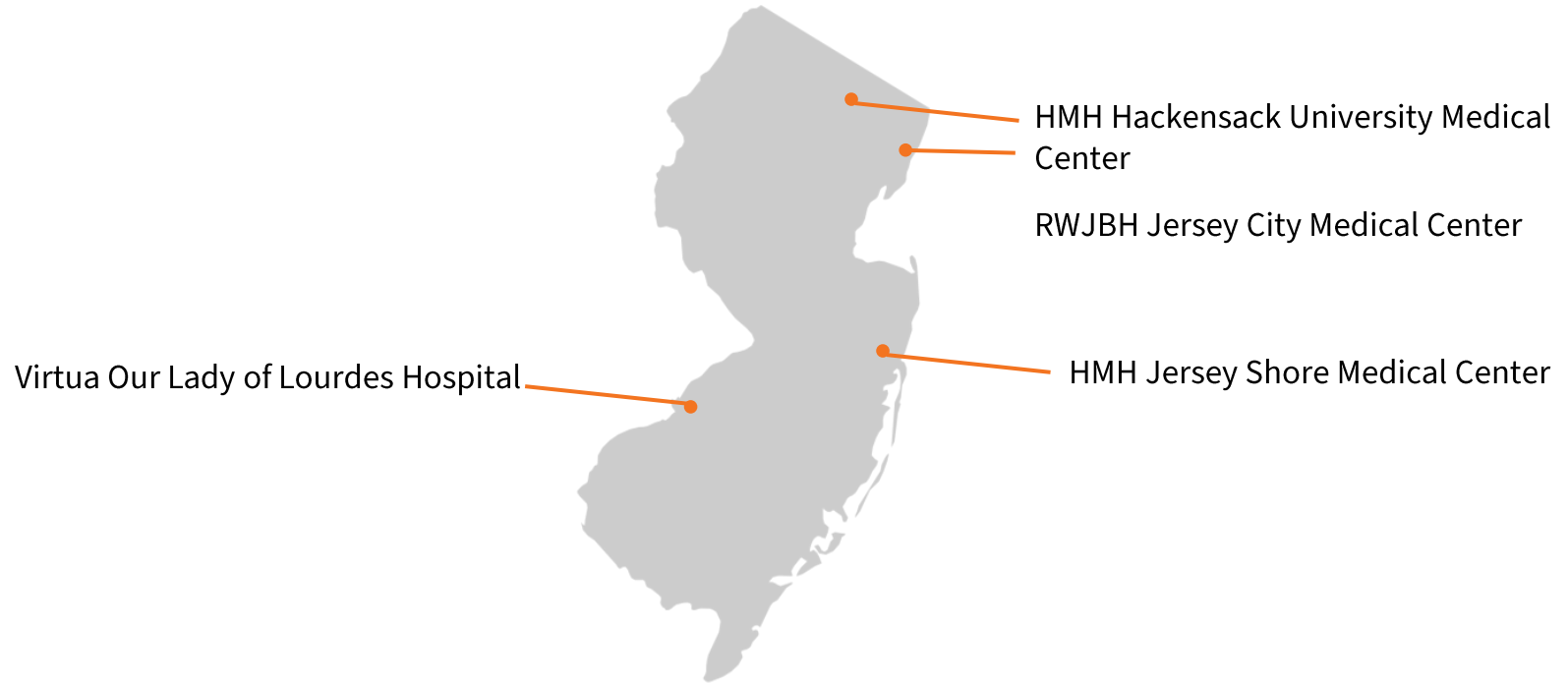




TeamBirth: Process Innovation for Clinical Safety,  
Effective Communication, and Dignity in Childbirth

October 22, 2024

# New Jersey Cohort 3



Who is here from your organization today?

# Collaborative Session Agenda

## TeamBirth Implementation

- Announcements
  - Cohort Sessions/Coaching calls dates
- Implementation Pathway & Timeline:
  - Ongoing Activities: **Patient surveying, TeamBirth Huddles**
  - Upcoming Activities: **HUMC and Jersey Shore Go-Live**

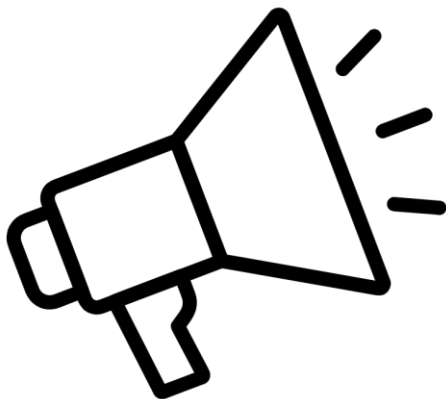
## TeamBirth Core Knowledge & Skills

- Review: **Patient-Reported Experience Measurement (PREM)**
- Connect: **PREM & TeamBirth Communication**
- Learn: **Huddle Discussion and Practice**

## Looking Ahead

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

# Announcements



## November:

❑ **11/26 Cohort 3 Collaborative Session @12pm**

❑ **Coaching Calls for:**

❑ **Virtua Our Lady of Lourdes**

❑ **RWJ Jersey City**

❑ **HMH Launches 11/12 (tentative)**



## December:

❑ **Coaching Calls as scheduled**

❑ **No Collaborative Session**



# Review: Patient-Reported Experience Measurement (PREM)

# 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?*

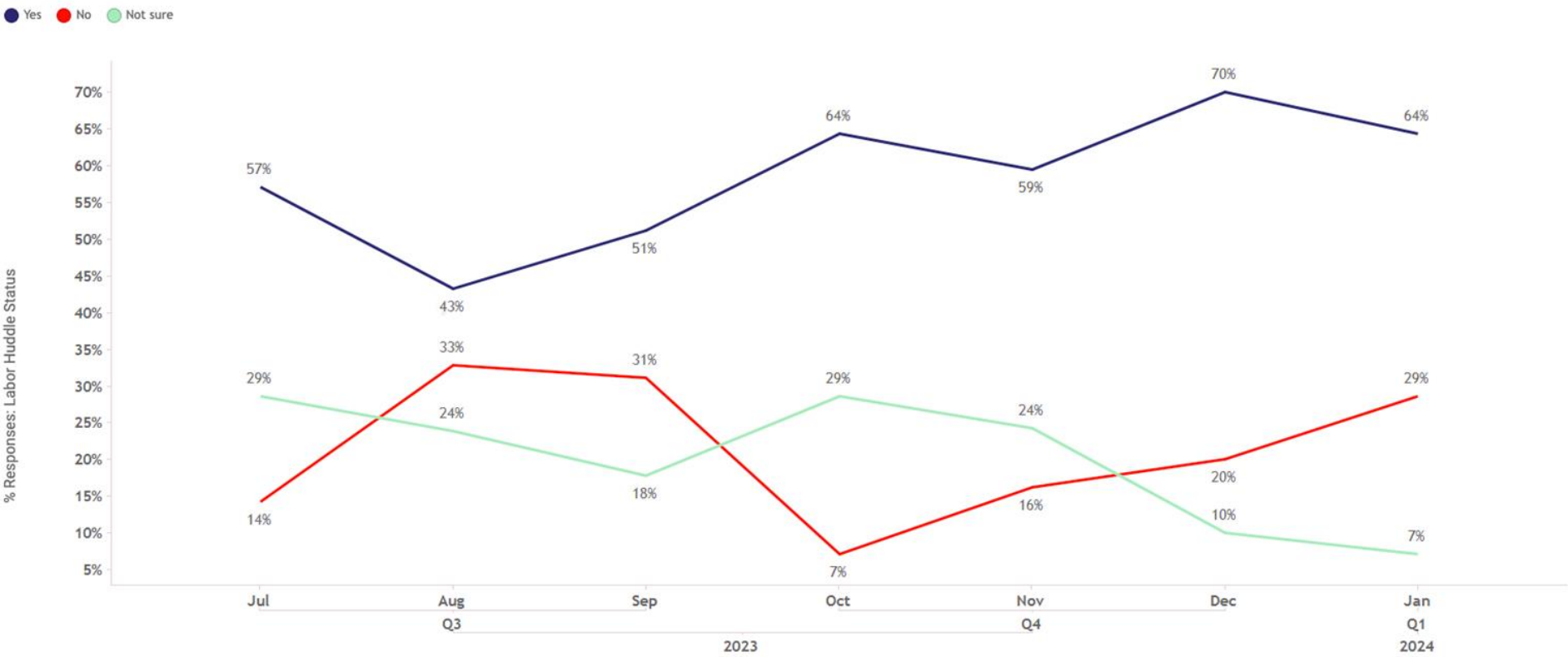
Response options

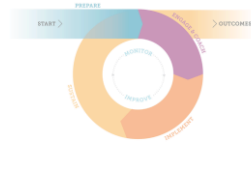
Fully	Mostly	Some	Barely	Not at all	Don't know	Prefer not to answer
-------	--------	------	--------	---------------	---------------	----------------------------

During your [labor and delivery] [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)?

# Patient Survey: Questions on TeamBirth Process

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





# Patient Survey

Collecting demographics & Social Determinants of Health

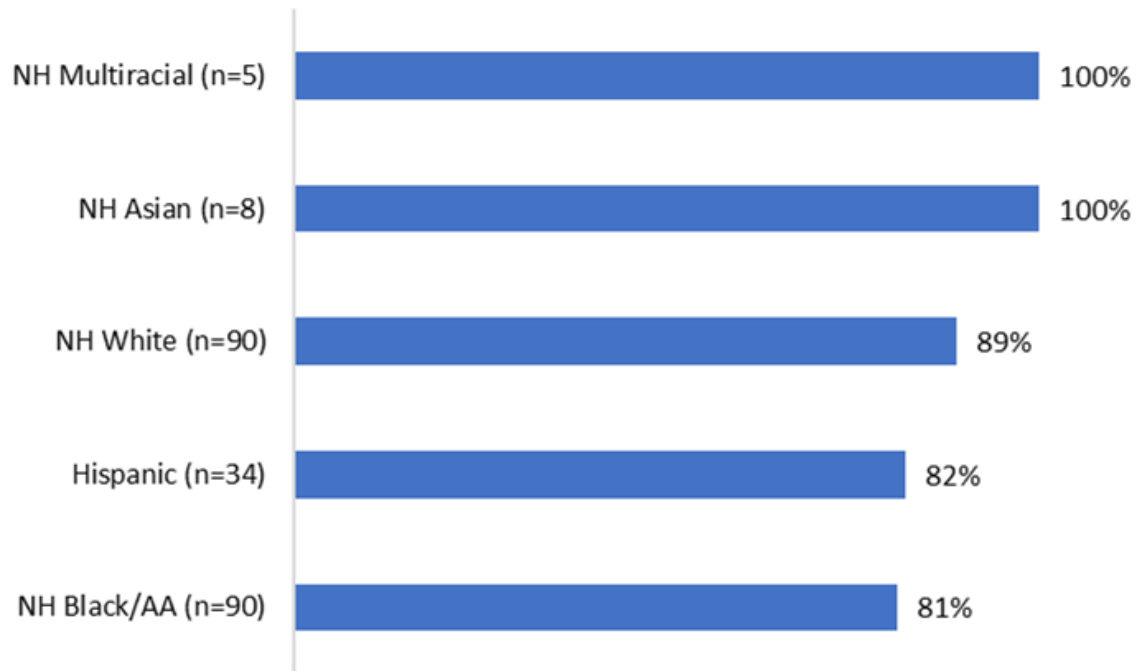
<b>Age</b>
<b>Race</b>
<b>Ethnicity</b>
<b>Education</b>
<b>Health Insurance Type</b>

<b>Miles Traveled to Hospital</b>
<b>Is this your first baby?</b>
<b>Delivery Method</b>
<b>Was labor induced?</b>
<b>High risk pregnancy or medical complication experience?</b>



# 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.

# Connect: PREM & TeamBirth Communication



# 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
----------------------------	----------------------	----------------------	-------------------	-------------------	----------------------	-------------------------



# 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.

# 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)



# 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



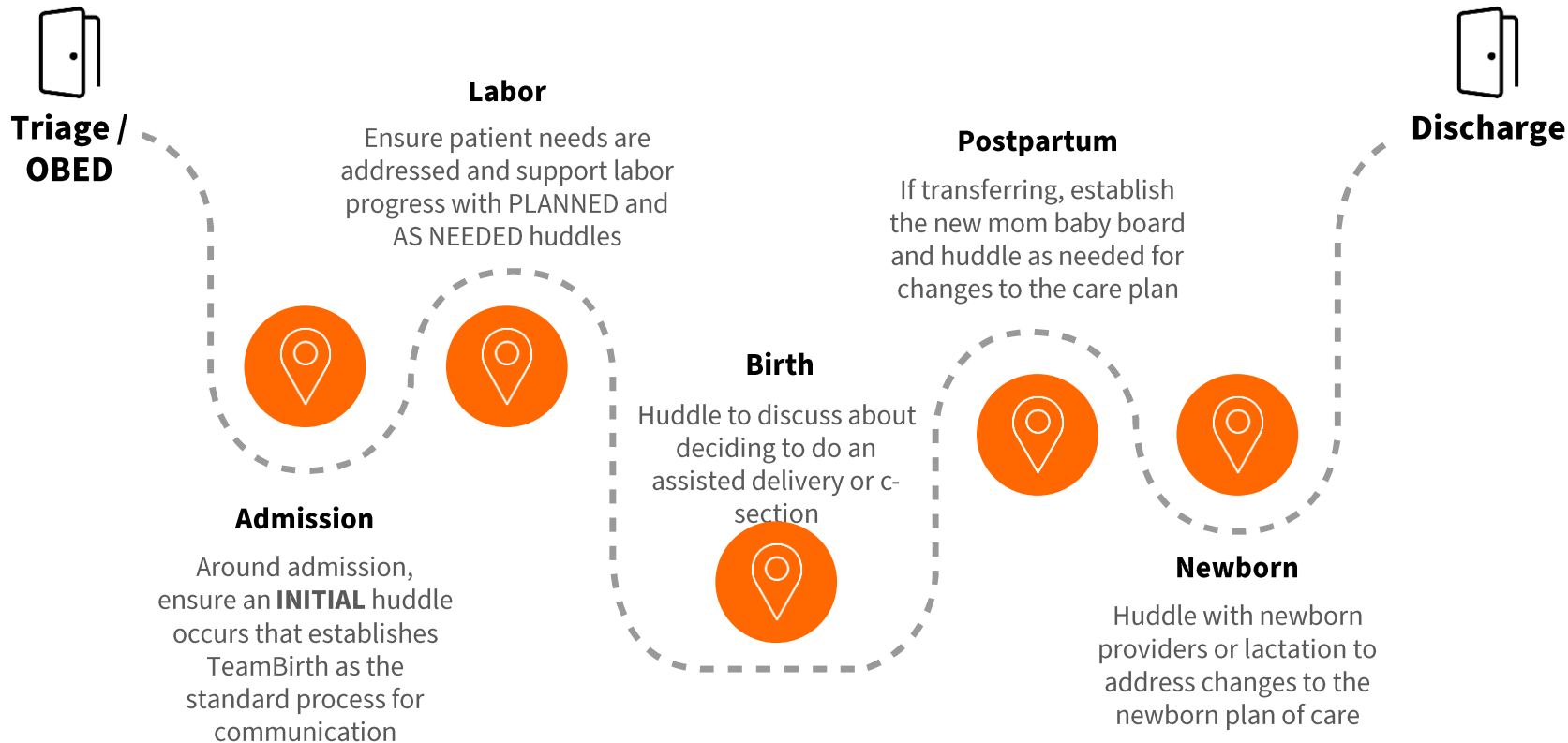
We encourage **safe communication** and creating opportunities to **speak up**

Learn: Huddle Discussion and Practice



# Door to Door TeamBirth

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





# 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?**

# 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



## 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



## 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

- 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*



# Scenario practice - Antepartum Huddle

The team previously agreed to huddle once a week following the weekly ultrasound scan, to review the current plan and updated as needed

## Punnya

- G1 P1, 31.0 wks today
- PPROM @ 27.3 weeks
- Afebrile, temps QID

## Baby Simone

- Beta complete @ 27.5 weeks
- No growth restriction noted
- AFI today: normal, slightly improved

Dr. Venkatesh (MFM) stops at the nurse's station to invite Dr. George (OB resident) & Maria (RN) to the bedside to huddle with Punnya (patient); the weekly AFI scan is complete and Dr. Venkatesh is headed to Punnya's room to review the ultrasound findings, and discuss options for next steps using the TeamBirth huddle format.

# Scenario practice - Antepartum Huddle

The team previously agreed to huddle once a week following the weekly ultrasound scan, to review the current plan and updated as needed

## Punnya

- G1 P1, 31.0 wks today
- PPRM @ 27.3 weeks
- Afebrile, temps QID

## Baby Simone

- Beta complete @ 27.5 weeks
- No growth restriction noted
- AFI today: slightly decreased from last week

Dr. Venkatesh (MFM) stops at the nurse's station to invite Dr. George (OB resident) & Maria (RN) to the bedside to huddle with Punnya (patient); the weekly AFI scan is complete and Dr. Venkatesh is headed to Punnya's room to review the ultrasound findings, and discuss options for next steps using the TeamBirth huddle format.

## Antepartum Huddle

### 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

-temp & meds during baby monitor

-contraction monitor all the time

-quiet hours 1-4pm, 11pm-6am

### For Baby Simone 30.2 weeks

Listen 4x a day (for ~20 minutes)

7am noon 5pm 10pm

NICU & lactation refresher @32 weeks

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

Weekly, After Tuesday ultrasounds

& As needed

Tuesday ultrasounds  
Next: 8/13 (31 weeks!)

# Wrapping Up & Looking Ahead



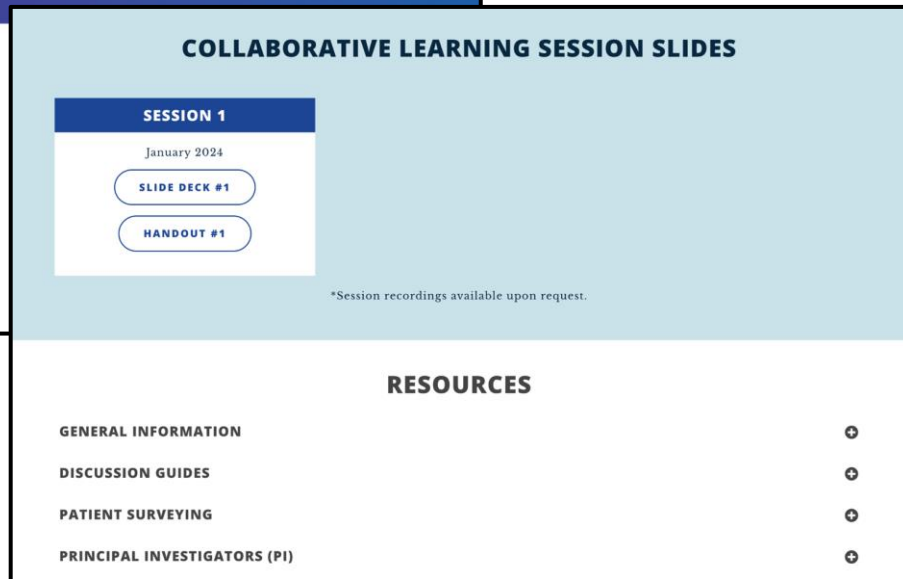
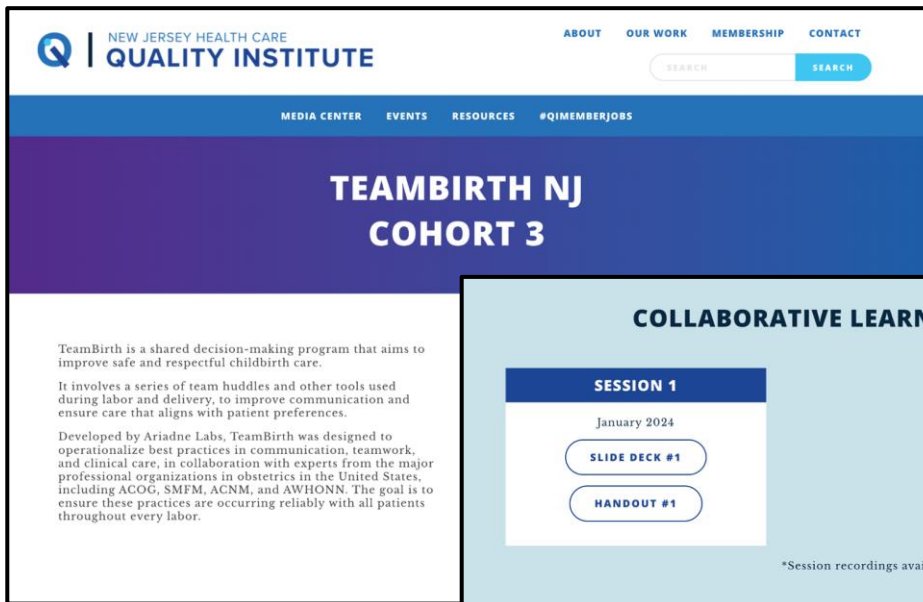
# Action Items



*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

**Tuesday, November 26 @ 12-1pm Eastern**

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

