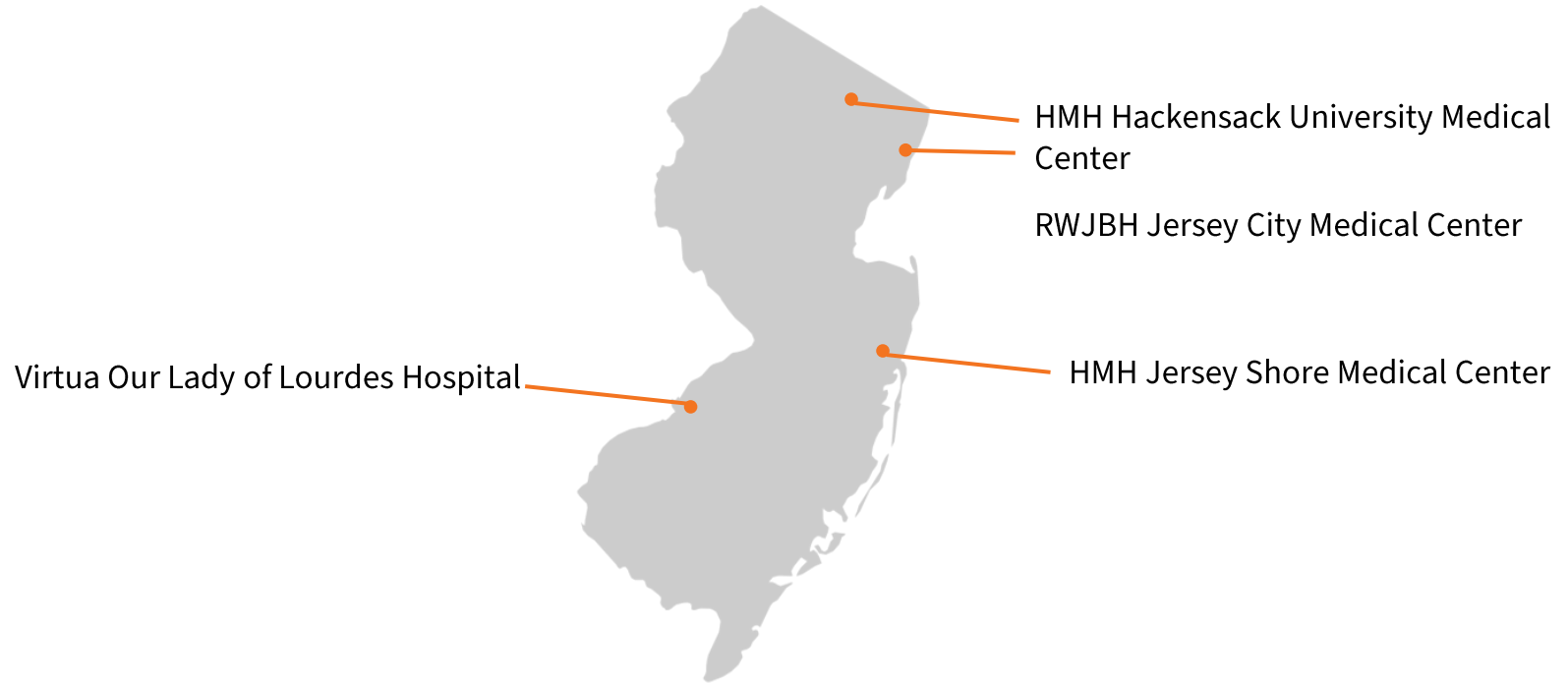




TeamBirth: Process Innovation for Clinical Safety, Effective Communication, and Dignity in Childbirth

November 26, 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**
 - Share-out: **HUMC and Jersey Shore Go-Live**

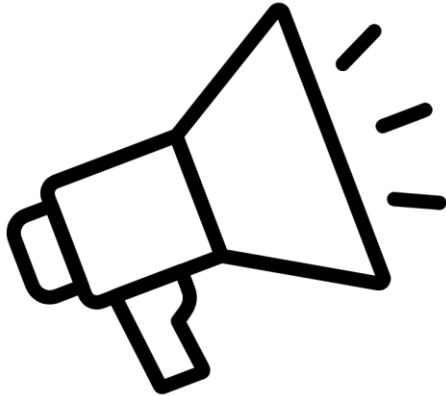
TeamBirth Core Knowledge & Skills

- Review: **Theory of Change**
- Connect: **Sustaining TeamBirth**
- Learn: **Huddle Discussion and Practice - Antepartum**

Looking Ahead

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

Announcements



December:

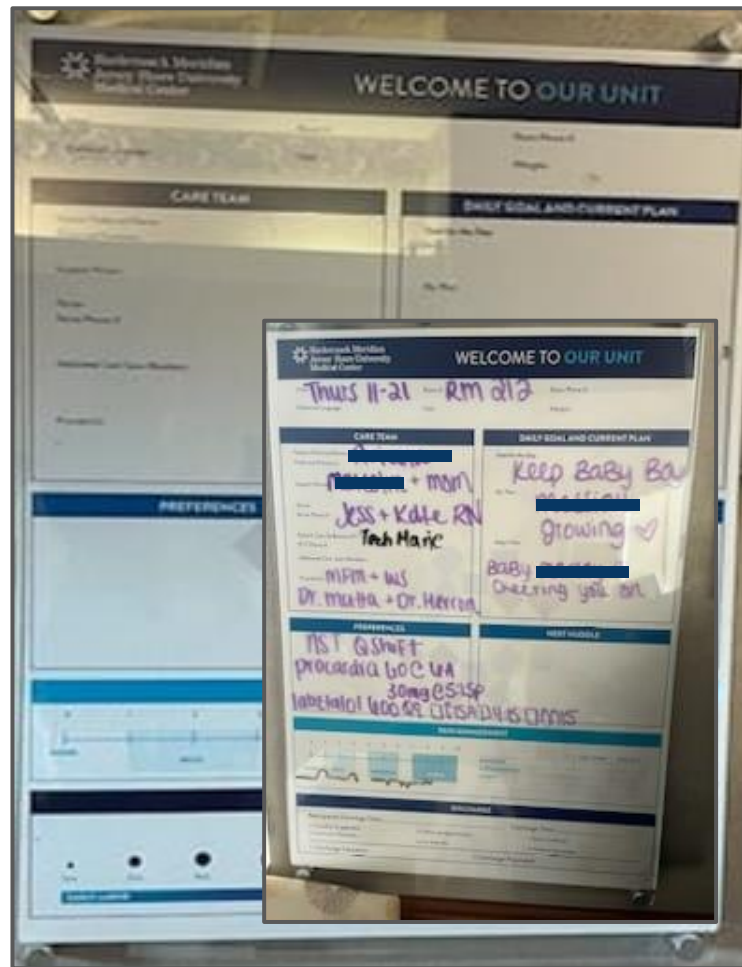
- ☐ Coaching Calls as scheduled
- ☐ No Collaborative Session



January:

- ☐ Coaching Calls as scheduled
- ☐ Collaborative Session Jan 28 @12pm

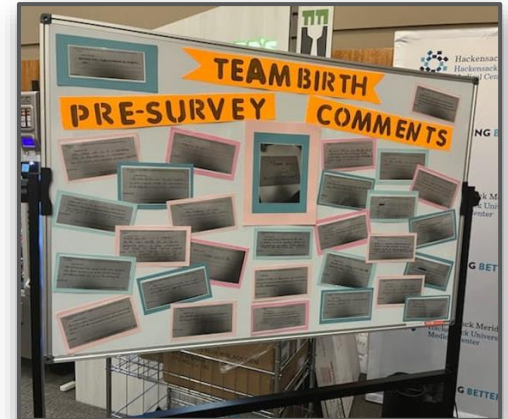
Jersey Shore - TeamBirth Launch



Jersey Shore - TeamBirth Launch



HUMC - TeamBirth Launch



HUMC - TeamBirth Launch Countdown

Email updates with a 10-day-countdown to launch that include fun knowledge check gifs

We stand together, each with a part,
To play in the care, from the very start.
From doctors to nurses, therapists and more,
We work as one, to heal and restore.

What are we doing?

I am a map, a guide for the way,
To navigate the journey, come what may.
With wishes and preferences, clearly defined,
I empower the patient, peace of mind.

What am I?

We gather when needed, not by the hour,
To discuss the patient, with all our power.
We adapt our approach, as the situation unfolds,
Ensuring the best care, as the story is told.

What are we doing?

I speak in words, that all can understand,
To bridge the gap, between patient and hand.
With clarity and empathy, I convey,
The information needed, each and every day.

What am I?

I hold the key to a patient's well-being,
Their comfort, their wishes, their needs unseen.
To understand them, is to truly care,
To provide the best, beyond compare.

What am I?

We gather close, with patient at the core,
To discuss their needs, and explore.
With empathy and care, we listen and explain,
To ensure their comfort, and ease their pain.

What are we doing?

Sustaining Change

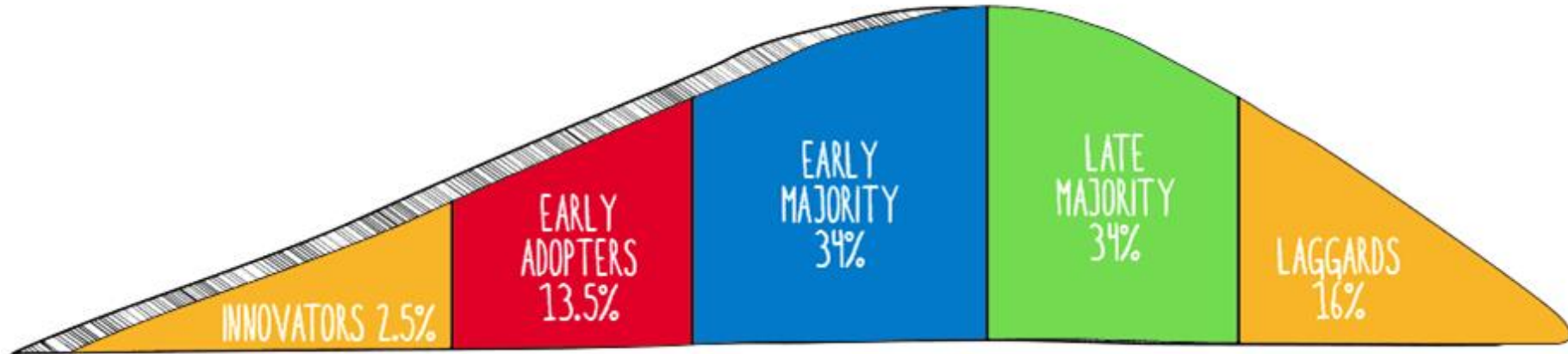




"The announcement of the changes really went well."

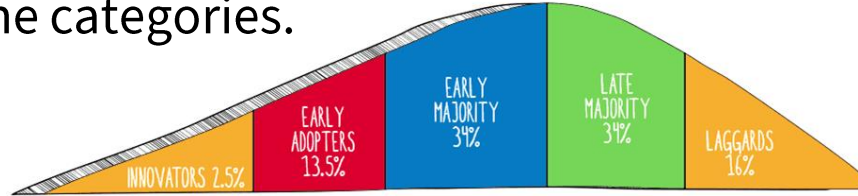
Rogers' Diffusion of Innovation Theory

Leverage this theory to better drive TeamBirth practice change



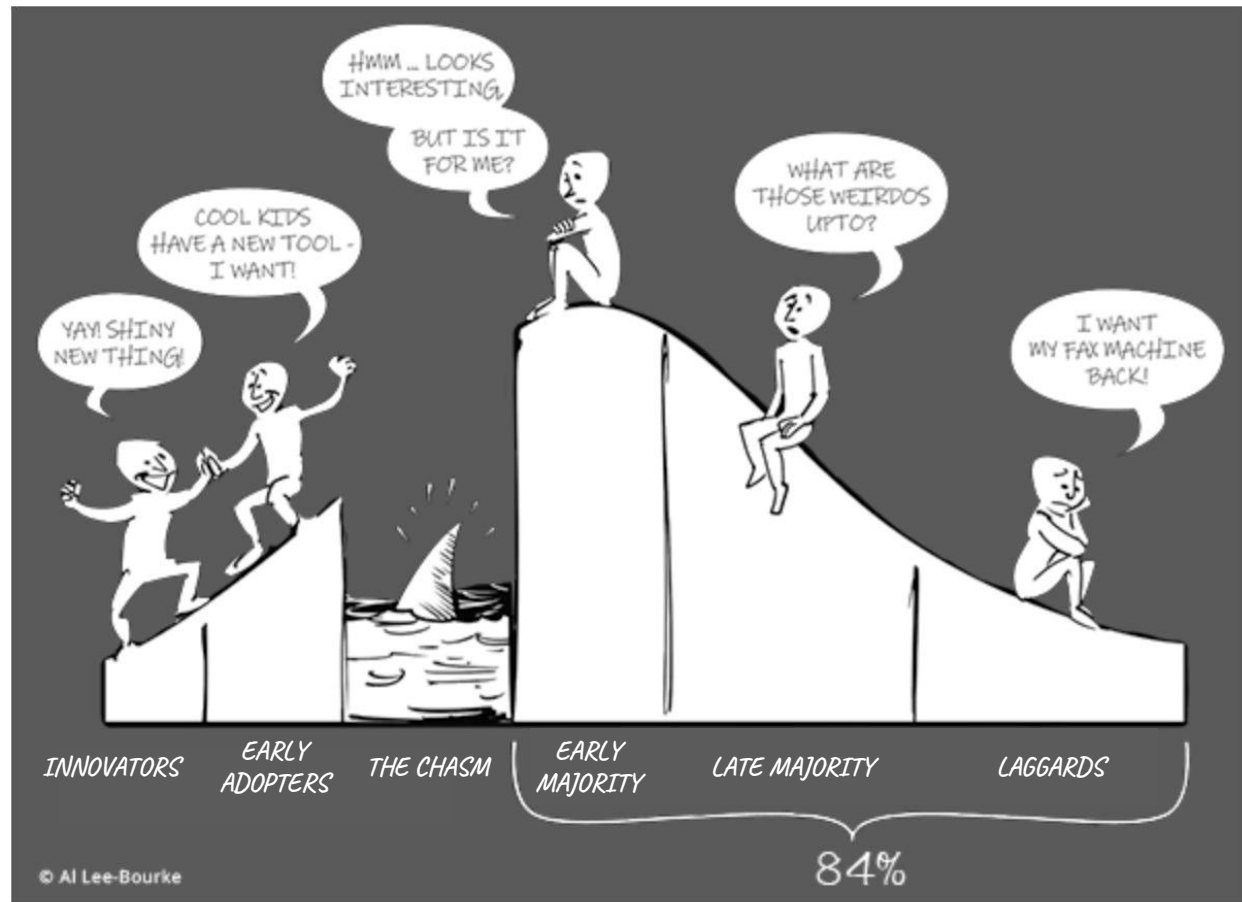
Understanding who we want to adopt TeamBirth

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
<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>			

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).

PREPARE

START >

ENGAGE & COACH

> OUTCOMES

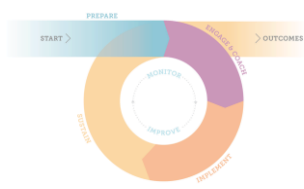
MONITOR

Core Implementation Activity: **EMBED FOR SUSTAINABILITY**

SUSTAIN

IMPROVE

IMPLEMENT



SUSTAIN PHASE

EMBED FOR SUSTAINABILITY

CORE: Establish a new status quo where your teams hold the gains from TeamBirth implementation and setup processes for evolving as needed

OBJECTIVE S

Establish onboarding & continuous education on TeamBirth for all relevant staff

Identify ongoing ownership of and accountability for TeamBirth continuous improvement and monitoring

Milestones:

- ☐ Onboarding & continuing education activities started
- ☐ Ownership of ongoing TeamBirth QI established

ADAPT

Your unique processes, roles, and strategy for maintaining the new TeamBirth status quo

Sustainability

When new ways of working and improved outcomes become the norm

‘Not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well. In other words the **change has become an integrated or mainstream way of working** rather than something ‘added on’.

As a result, when you look at the process or outcome one year from now or longer, you can see that at a minimum it has not reverted to the old way of working, or old level of performance.

Further, it has been able to withstand challenge and variation; **it has evolved alongside other changes and perhaps has continued to improve over time.**’

TeamBirth Sustainability Activities



Department Consistency

- Patients should experience TeamBirth across the maternity care continuum - triage, labor, high-risk, postpartum, newborn
- Initial huddles and ongoing huddles
- Update policies, procedures, and protocols to identify when initial huddles and ongoing huddles should occur
- Gather & share patient feedback and clinical metrics

Patient Education

- Prenatal clinic information
- Childbirth education
- Website/social media
- Admission packet
- Patient liaison, parent groups

Onboarding

- Residency didactic and sims
- New Hire Orientation
 - Videos in LMS
 - Competency checklist
 - Update job expectations
- Recognition Attestation form for new leadership

Community Engagement

- Doula Welcome kit
- Community Birth Worker mixer
- Community Birth Transfer program utilizing TeamBirth huddles

System Strategic Plans

- TeamBirth in quarterly system goals
- TeamBirth supplies, training, and community engagement allocated to department budgets

Clinician role responsibility

- Preceptors: TeamBirth champions
- Charge RNs: huddle triggers, delivery discussion guide for interventions
- Triage staff: admission huddles
- Review Employee expectations in annual review & dept meetings

EMR integration

- Smartphrase for providers
- Nursing documentation
- patient-facing (MyChart)

Clinician Engagement

- Annual training/simulation
 - Record for future onboarding!
- Gather feedback from patients & clinicians
- Share stories of successes:
 - Huddle of the month
 - Examples of boards in use
 - Collate site specific word bank
- Huddle observations
- Include TeamBirth patient-centered communication in RCA reviews and recommendations



Implementation activities for sustainability

Turning your TeamBirth foundation into ongoing effectiveness

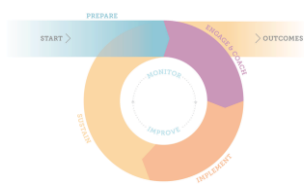
Implementation Activities



Transform for Sustainability



Successful implementation
=
Effective & sustained change



Implementation activities for sustainability

Turning your TeamBirth foundation into ongoing effectiveness

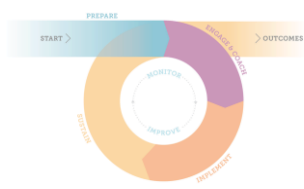
Implementation Activities ➡ **Embedded for Sustainability...** ...in order to ensure a core component of sustainability.

Build your team ➡ Leadership accountability To sustain ownership

Socialize TeamBirth ➡ Celebrating progress To sustain buy-in

Provide training & practice huddles ➡ Onboarding & continuing education To sustain knowledge & skills

Monitor & celebrate progress ➡ Evaluate impact & continuously improve To sustain measurement of outcomes & impact



Embed: Leadership accountability

Identify ongoing ownership of and accountability for TeamBirth as the new norm

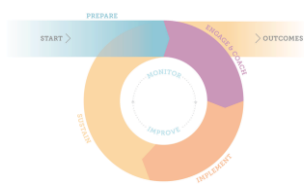
Who will be accountable for ensuring the sustainment activities occur (i.e. onboarding & continuing education, continuous improvement & evaluation of performance, celebrating progress)?

- Partner with existing systems across your hospital (e.g. quality, education, information technology, etc)
- Establish a department leader and role-based clinical champion with ongoing TeamBirth ownership

What systems need to be in place to ensure clear roles and responsibilities that include TeamBirth?

How are current leaders and departments held accountable for quality and safety outcomes?

What resources are prioritized to support TeamBirth overtime?



Embed: Onboarding & continuing education

Ensure all new staff receive training and huddle practice while reinforcing knowledge and skills for all staff over time

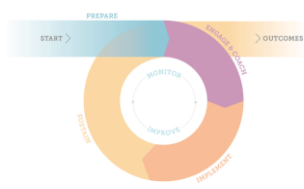
CORE Training Components

Knowledge (Didactic) + **Application (Action)**
TeamBirth Videos Huddle Practice



For all relevant roles (i.e. physicians, midwives, nurses, nurse managers, lactation, social work, etc):

- **Onboarding plans** or checklists that include *both* completion of didactic TeamBirth content and opportunities to practice/demonstrate huddles
- **Continue education plans** for routine opportunities to reinforce staff knowledge and receive feedback on TeamBirth key behaviors



Embed: Onboarding & continuing education

Develop clear role-based plans

Onboarding	Continuing Education
<ul style="list-style-type: none">● TreamBirth items on role-based competency checklists● LMS assignments● SIM / huddle practice attendance	<p>What quarterly and yearly activities can help keep TeamBirth sustained?</p> <ul style="list-style-type: none">● Routine reinforcement of TeamBirth knowledge and updates via LMS assignments● Huddle practice included in skills fairs● Updates on TeamBirth data shared during key meetings



TeamBirth EHR Fields

Develop EHR fields to document and track TeamBirth activities

What priority metrics or information would be helpful for your teams to track?

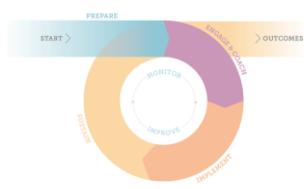
Examples:

- Huddle occurred: yes/no
- Huddle participants: free text or dropdown
- Reason for huddle: dropdown options
- Board sections updated: multi-select
- Use of discussion guides: dropdown options
- Huddle summary: free text or smartphrase in encounter notes

How and when will you view the data you collect?

Examples:

- Unit and facility dashboards
- Summary data (all time, month, or year to date)
- Run charts showing metrics over time
- Metrics disaggregated by:
 - Patient race/ethnicity
 - Other priority demographics
 - Provider
 - Birth type



Example TeamBirth EHR Fields - Epic

Team Birth Huddle	
Team BirthHuddle initiated	Yes
Team members present	<input type="text"/>
Whiteboard discussion./update	<input type="text"/>

Team members present

Select Multiple Options: (F5)

- Patient
- Significant Other
- Support Person
- Nurse
- OB Provider
- Midwife
- Doula
- Neonatology Provider
- MFM Provider
- Anesthesia Provide
- Other (Comment)

Whiteboard discussion./update

Select Multiple Options: (F5)

- Whiteboard Update
- Patient Preferences
- Mom Status/Plan
- Baby Status/Plan
- Progress Status/Plan
- Next Huddle

Example TeamBirth EHR Fields - Epic



Patient

RT

Summary Chart Recon Results Work List Flowsheets Notes Education Ca

Flowsheets

File Add Rows LDA Avatar Add Col Insert Col Data Validate Hide Device Data

Vital Signs Vigilance/Perigen Intake/Output OB Triage Care Record OB Patient Profile Labor Rec

Accordian Expanded View All

1m 5m 10m 15m 30m 1h 2h 4h 8h 24h Interval Start 0700 Reset Now

Admission (Current) from 7/22/...

Search (Alt+Comma) 1500 Last Filed

Deep Tendon Reflexes

Additional Documentation

Amnioinfusion

Additional Documentation

Notification

Provider Name/Title

Provider Role

Family member notified

Method of Communication

Reason for Communication

OB Reason for Communication

Response

Notification Time

Notification Exception

TeamBirth Huddle

TeamBirth Huddle

TeamBirth Huddle Participants

Intrapartum Charges (This Phase STOPS at Delivery of Placenta)

Intrapartum Class 1

7/22/22 1500

TeamBirth Huddle

Select single option (F5)

Yes

No

Comments (Alt+M)

7/22/22 1500

TeamBirth Huddle Participants

Select multiple options (F5)

Provider

Primary Nurse

Anesthesia Provider

Consulting Provider

Doula

Resident

Support Person

Charge Nurse

Pediatric Provider



Example TeamBirth EHR Fields - Cerner

✓ Magnesium Sulfate Therapy	Blue Band Applied
✓ Neurological Assessment	Preeclampsia Additional Comments
✓ Respiratory Assessment	Team Birth
Seizure Assessment	Members Present for Huddle
Team Birth	Whiteboard Huddle/Update
Psychosocial - OB	Team Birth Additional Comments
✓ Membrane Status	Psychosocial - OB

09:28 AM 09:25 AM 09:15 AM 09:00 AM

☒ **Members Present for Huddle** X

- ☐ Patient
- ☐ Significant other
- ☐ Doula
- ☐ Support people
- ☐ Nurse
- ☐ Charge RN
- ☐ OB Provider
- ☐ MFM Provider
- ☐ OB Hospitalist
- ☐ Midwife
- ☐ Anesthesia
- ☐ Pediatrician
- ☐ Neonatologist
- ☐ Social Worker
- ☐ Dietary
- ☐ Other

09:28 AM 09:25 AM 09:15 AM 09:00 AM 08:45

☒ **Whiteboard Huddle/Update** X

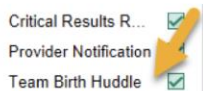
- ☐ Team members current
- ☐ Patient preferences
- ☐ Mom status/plan
- ☐ Baby status/plan
- ☐ Progress status/plan
- ☐ Next assessment
- ☐ Decision aid reviewed
- ☐ Other

Example EHR Fields Onboarding



Team Birth Huddle – Nurse Documentation

Team Birth Huddle documentation is available in the following Flowsheets: **Labor, Postpartum, and Newborn Nursery Assess**. It is located just under Provider Notification in all three templates.



When you document that a Team Birth Huddle was initiated, the following rows will display: "Team Members Present" and "Whiteboard Discussion/Update."

Team Birth Huddle
Team Birth Huddle Initiated?
Team Members Present
Whiteboard Discussion/Update

If the "Discussion to Deliver" tool was used during the huddle, make sure to document that in the Whiteboard Discussion/Update row:

Team members current
Patient preferences
Patient status / plan
Baby status / plan
Progress status / plan
Next assessment
Timeline
Discussion to Deliver tool used

Noting
Discussion
Guide use

When you write your Plan of Care note, all Team Birth Huddle documentation from the past 12 hours will automatically display for review:

Team Birth Huddles for the past 12 hrs:		
10/20/23 1500	Team Members Present Patient, Significant other, OB provider, Social Worker	Whiteboard Discussion/Update Team members current, Patient status / plan, Timeline

Team Birth Huddle – OB Documentation

To allow Team Birth Huddles to be documented in Epic, a new SmartPhrase is available for use in your Progress Notes: **.BIRTHHUDDLE**

When you use .BIRTHHUDDLE the following template displays in your note:

Team Birth Huddle Discussion

{Team Birth Huddle Discussion:304150001}

Summary: ***

Patient preferences
Patient status/plan
Baby status/plan
Progress status/plan
Next assessment
Timeline
Discussion to Deliver Tool used

Select the topics discussed during the huddle from the list, and add any additional information needed in the "Summary" section.

Selections from the topic list are filed discretely to the chart as SmartData Elements. This allows reporting on what types of huddles have occurred as well as if the Discussion to Deliver Tool was utilized during care.

Custom TeamBirth Smartphrases

The .BIRTHHUDDLE SmartPhrase can be placed into any personalized note templates you use if you would like it to show automatically, such as an antepartum progress note template.

If you would prefer to create your own format for displaying this information (such as removing the Summary section), you will still need to include the topic list selection as it contains data elements used for reporting.

SmartList ID: 304150001 – OHA IP CBC TEAM BIRTH HUDDLE DISCUSSION

Example TeamBirth Dashboard

Team Birth Huddle Info

excludes planned cesareans

Delivery Provider

(All)

Admission Date

Last 13 months

Data Updated 2/1/2024

Total # Huddles

2,223

Avg # of huddles per patient

0.6429

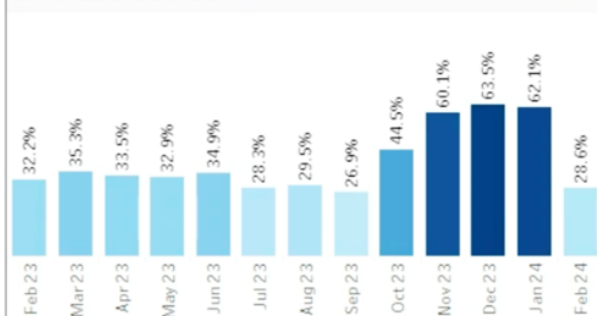
Avg # of huddles for vag births

0.6872

Avg # of huddles for cesareans

0.5781

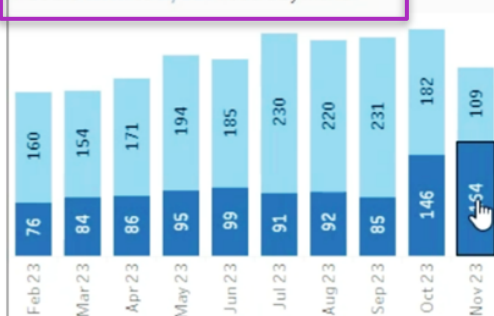
% of Births with 1+ Huddle



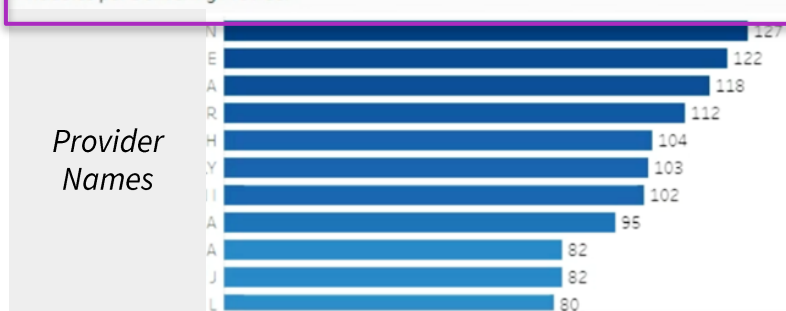
% of Births with 2+ Huddles



births WITH vs W/O huddle by month



Huddles per Delivering Provider



births w/o huddle by provider



Provider Names

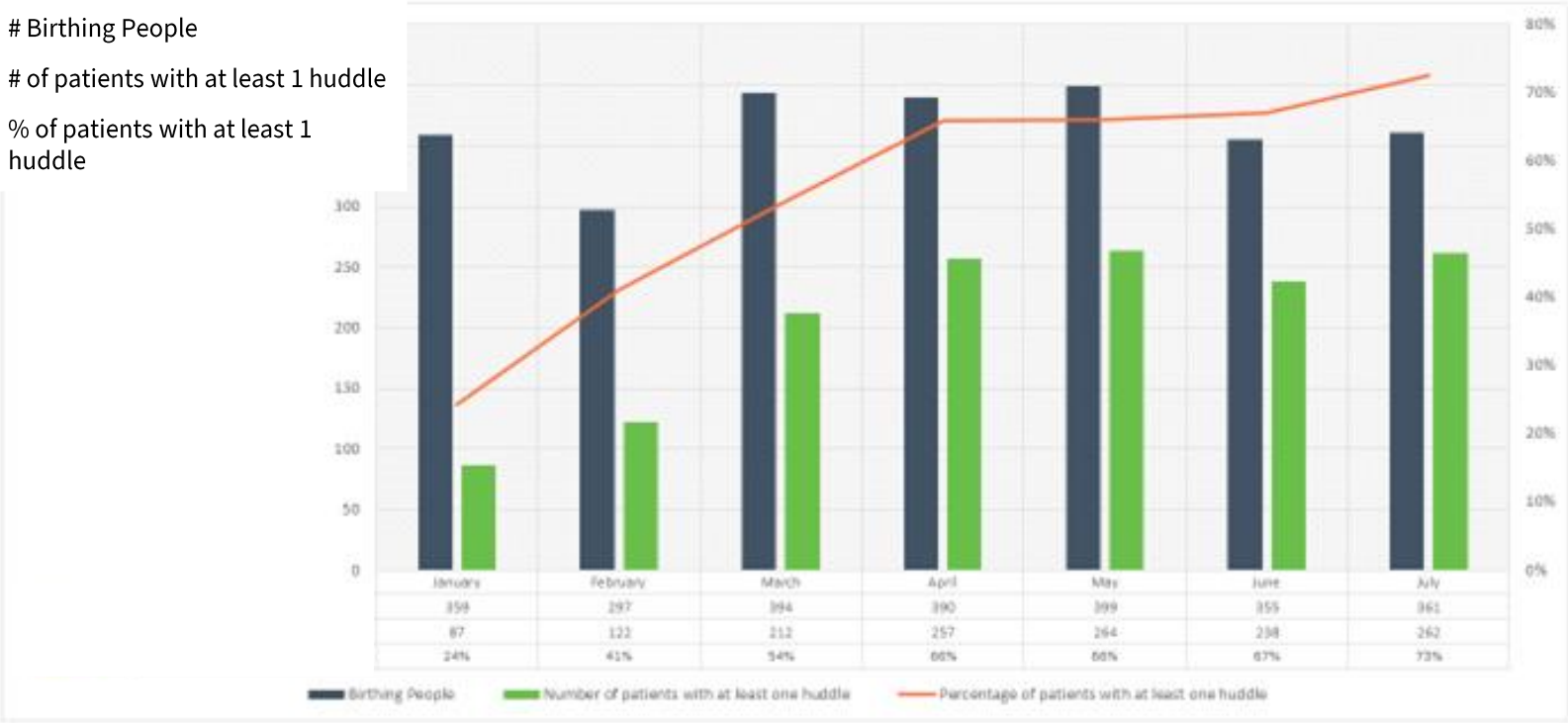
Provider Names



Example TeamBirth Reporting

Percentage of Birthing People with at least one huddle

- # Birthing People
- # of patients with at least 1 huddle
- % of patients with at least 1 huddle



TeamBirth Huddle Observations

Practice in Action





Huddle Observation and Feedback

Timely and actionable feedback is crucial to improvement

WHO	<p>Huddle participants</p> <ul style="list-style-type: none">● Clinical: nurse, provider, etc● Support person: partner, doula, etc <p>Huddle observers</p> <ul style="list-style-type: none">● Peers (a non-huddle nurse, provider, etc)● Champions, managers, etc
WHAT	<p>Documentation and communication of observed behaviors using the Huddle Observation Form</p>
WHY	<p>To provide consistent structure for:</p> <ul style="list-style-type: none">● Celebrating or highlighting strengths● Discussing opportunities to adjust or improve <p>To provide space for non-judgemental feedback that is respectful, timely, specific, relevant, and actionable</p>

Huddle Observation Form

A valuable tool for coaching huddles throughout implementation



Download, print, and share with staff the
[TeamBirth Huddle Observation Form](#)

TEAMBIRTH Huddle Observation Form ARIADNE LABS

Name: _____ Role / Title: _____ Date: _____
Facility Name: _____ State: _____

1. Please attest to personally observing or being a part of a TeamBirth huddle by selecting your role in the huddle:

- ☐ I was a clinical team member in the huddle
- ☐ I was a support person (like spouse, doula, family, etc) in the huddle
- ☐ I was an observer of the huddle

2. Which of the following instances prompted the huddle? **Select all that apply:**

<input type="checkbox"/> Admission Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility	<input type="checkbox"/> Change in care management Hypertension, Hemorrhage, Infection, Opioid Use Disorder
<input type="checkbox"/> Labor Progress	<input type="checkbox"/> Post-birth/Post-emergency Debrief
<input type="checkbox"/> Prior to non-emergent intervention for mom/birthing person AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section	<input type="checkbox"/> Shift change/Hand-off Need for huddle noted during provider or nursing (bedside) hand-off
<input type="checkbox"/> Prior to non-emergent intervention for baby Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission	<input type="checkbox"/> Pain Control Prodromal labor, Post-op pain
<input type="checkbox"/> Contraception	<input type="checkbox"/> Outpatient setting
	<input type="checkbox"/> Other

3. Did the team clearly state that this conversation was a TeamBirth huddle?

- ☐ Yes - a team member stated this clearly. Please specify how the huddle was identified. Quote, if possible: _____
- ☐ No - the huddle occurred, but was not explicitly verbalized to the patient
- ☐ No - it was not clear to the full team present that a huddle was occurring

4. Were the team members' names/roles written on the shared planning board, either during this huddle or previously?

- ☐ Yes - all names/roles were discussed and written on the board
- ☐ Yes - most names/roles were discussed and most were written on the board (Please specify which roles were not discussed/updated): _____
- ☐ No - names/roles were minimally discussed and minimally written on the board
- ☐ No - names/roles were not discussed or written on the board

5. Who discussed the huddle? **Apply:**

- ☐ Mom/Birthing person
- ☐ Support person
- ☐ Nurse
- ☐ Provider (midwife, physician, etc)
- ☐ Patient preference

6. Did the team write down the huddle notes?

- ☐ Yes - care plan
- ☐ Yes - some notes (Please specify on what): _____
- ☐ No - some notes
- ☐ No - care plan

7. Did the team write down the huddle notes?

- ☐ Yes - a plan
- ☐ Yes - a plan
- ☐ No - a plan
- ☐ No - no plan

8. Did the team clearly state the huddle was a TeamBirth huddle?

- ☐ Yes - a team member stated this clearly. Please specify how the huddle was identified. Quote, if possible: _____
- ☐ No - the huddle occurred, but was not explicitly verbalized to the patient
- ☐ No - it was not clear to the full team present that a huddle was occurring

9. Please share your observations? Encourage staff to share their observations.

10. Did you provide any observations? Please share your observations.

11. What else are you able to share with the Delivery Decisions Initiative about your experience with TeamBirth?

WHAT

2-page form

Quick selection options to document each key behavior during a huddle

Several open ended questions for providing additional detail

Share:

- As a printed form
- As a digital Word Doc
- Digital Survey Form

Huddle Observations



WHEN

Observations can be done:

- During practice scenarios or simulations
- During a live patient huddle

Complete the Huddle Observation Form

- In real time during the huddle
- Immediately after the huddle concludes

HOW

Establish clear expectations for how you will conduct huddle observations with your teams

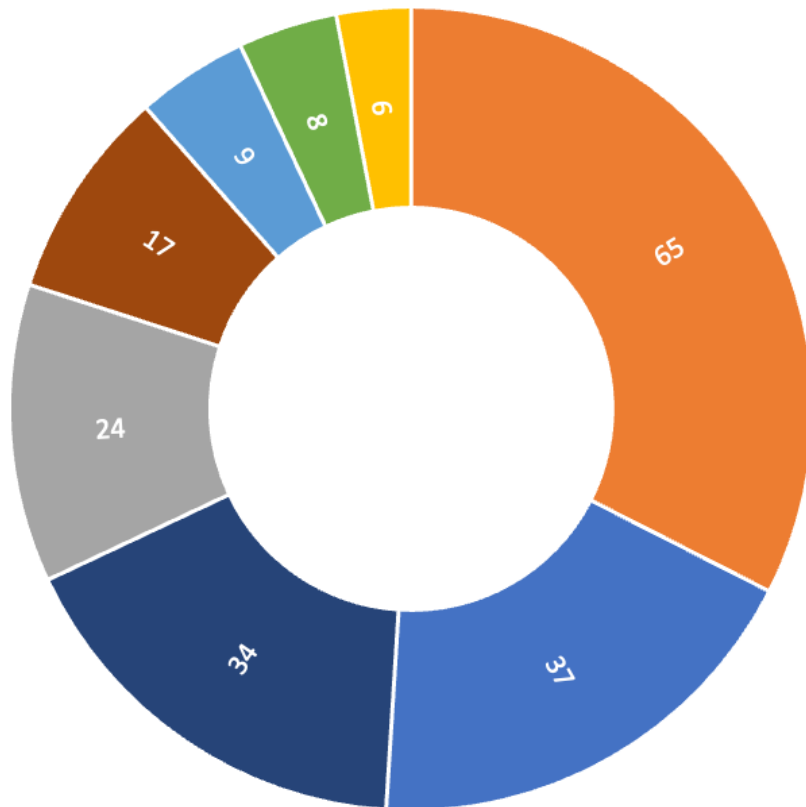
Establish that the purpose of observations is to give and receive feedback on TeamBirth Huddles and the key behaviors

Explore what approach makes sense in your context:

- Self-observation: Asking huddle members to complete the form
- Peer observation: Asking other clinical team members to observe and complete the form
- Champion observation: Establishing specific people (leader or educator) as the observer and completer of the form

Plan for how you support, monitor, and reward care teams for participating in observations

Huddle Observation: **Huddle Initiation**



- Admission (n=37)
- Labor progress (n=65)
- Prior to non-emergent intervention for mom/birthing person (n=24)
- Prior to non-emergent intervention for baby (n=6)
- Change in care management (n=9)
- Post-birth/Post emergency (debrief) (n=8)
- Pain control (n=34)
- Shift change/hand off (n=17)

Huddle Observation: **Observer Comments**

“The patient had delivered her last baby here before we implemented Teambirth and **they really appreciated being part of team.**”

“The patient and her support person were very appreciative for us taking the time to explain her options and including them in the plan of care.”

“The nurse and physician did a great job **explaining why they wanted to use an FSE** and were gracious enough to **listen to the patients decision**. Mom's baby was OP and it was difficult tracing FHT's at times. The nurses wanted to put her in different positions to help turn the baby but was unable to use certain positions due to loss of FHT's and this was an induction and pitocin was infusing. The discussion was about the option of using a fetal scalp electrode to enable multiple position changes. **The patient and her team understood** but still preferred not to use the FSE”



Observation and Feedback Process

Determine how you will conduct observations and provide feedback

PREPARE	OBSERVE	REVIEW & IMPROVE
<p>Who will be complete the form?</p> <ul style="list-style-type: none">Someone in the huddle or an observer? <p>How is the form accessed?</p> <ul style="list-style-type: none">PrintedEmailed, pinned Word Doc	<p>When do observations occur?</p> <ul style="list-style-type: none">Practice sessions and simulationsAfter specific patient huddles <p>Complete the form ASAP for each huddle</p> <p>Share completed forms with the Implementation Team</p>	<p>When does review happen?</p> <ul style="list-style-type: none">Immediately together during practiceDuring an implementation meeting or coaching call (for observed real patient huddles) <p>Provide coaching feedback to huddle participants (see next slide)</p> <p>Opportunities for Improvement:</p> <ul style="list-style-type: none">Individuals: What can I work on in my next huddle?Implementation Team: How can we support staff to address gaps?



What is coaching?

Support that helps individuals make lasting changes to their behavior

WHO	Peer or trusted leader
WHAT	Tailored support to achieve goals and overcome barriers Opportunities to practice Actionable real time feedback
WHEN	After huddles or scenarios Throughout implementation and sustainability

Coaching Principles

1. Create a safe and supportive environment
2. Be curious and ask powerful questions
3. Meet people where they are
4. Acknowledge the positive
5. Empower people to reach their own solutions
6. Provide effective feedback
7. Use data to drive improvement and decision making

Providing coaching helps reinforce and improve the TeamBirth knowledge and skills that result in behavior change.



Providing Feedback

Ensure feedback supports improvement of the key behaviors

Barriers to Effective Feedback

- Generalised feedback not related to specific observations
- Lack of advice on how to improve behaviour
- A lack of respect for the source of feedback
- Fear of upsetting colleagues
- Fear of damaging professional relationships
- Defensive behaviour/resistance when receiving feedback
- Physical barriers: noise, improper time, place, or space
- Personal agendas
- Lack of confidence

Tips for Giving Effective Feedback

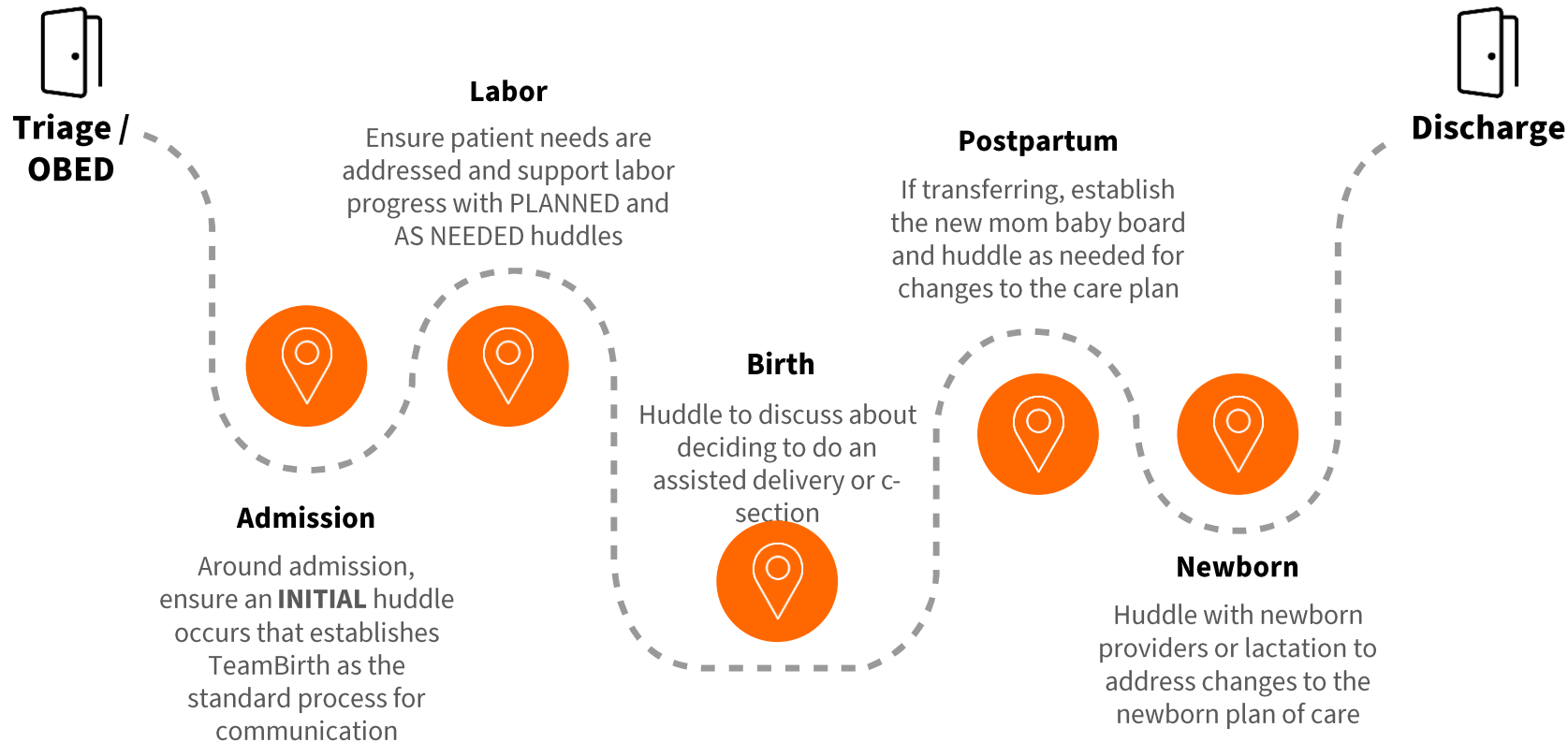
- Plan for the time and space in advance
- **Start with curiosity**
 - What went well? What could have been better?
- Make it prompt, right after the event
- Determine if the feedback is more appropriate one-on-one
- Be specific, referencing observed behaviors
- Encourage self-reflection
- **Be aware of nonverbal clues**
- Self-reflect after the feedback session is completed

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

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?

TeamBirth: Antepartum



TeamBirth Considerations for High-Risk OB Providers and Nursing Staff

- Initial huddles should occur for all patients around the decision for admission
 - Observation, Transfer of Care, Antepartum Inpatient Stay
- Next huddle: team should anticipate next decision point
 - Weekly growth/fluid scans
 - Change in anticipated discharge or delivery date
 - Threshold changes for patient or baby/babies
- Huddles can be scheduled in antepartum! Consider expanded care team:
 - Social work, NICU staff, Neonatology, Spiritual Care, Nutritionist, Diabetic Liaison, RT/PT/OT, Nursing Leadership, Psychiatry



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 times

-contraction monitor all the time

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

For Baby Simone

Listen 4x a day (for ~20 minutes)

7am noon 5pm 10pm

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

NICU & lactation refresher @32 weeks

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

Weekly, after Tuesday
ultrasounds & as needed

Scenario practice - Antepartum Huddle #1

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

Punnya

- G3 P2, 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.

Antepartum Huddle

Team

Punnya & Kyle

RN - Maria

patient care tech - Cindie

OB resident - Dr. George

MFM attending - Dr. V *Case manager - Carmen*

NEO attending - Dr. Kumar

Preferences

-privacy when possible

-No rounds from 630-7am

(facetime with big kids before school)

-ice pack with shots

-wants any opportunity to go home before birth

Plan of Care

For Punnya

Cluster Care

-check temps & *monitor for contractions*

during baby monitoring

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

For Baby Simone

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

before breakfast, after lunch, before

bed

NICU & lactation refresher @32 weeks

Tuesday ultrasounds

Next: 8/20 (32 weeks!)

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

*Weekly, after Tuesday
ultrasounds & as needed*

*Huddle on 8/20, Kyle coming in,
Carmen from case mgmt coming,
discuss discharge options*

Scenario practice - Antepartum Huddle #2

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: 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 checks every 4 hours

- contraction monitor all the time

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

For Baby Simone

Listen all the time

Repeat this Friday

Tuesday ultrasounds

Next: 8/16

NICU & lactation refresher @32 weeks

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

Weekly, after Tuesday
ultrasounds & as needed

Huddle this Friday, Kyle coming in,
discuss possible induction, invite NEO

Wrapping Up & Looking Ahead



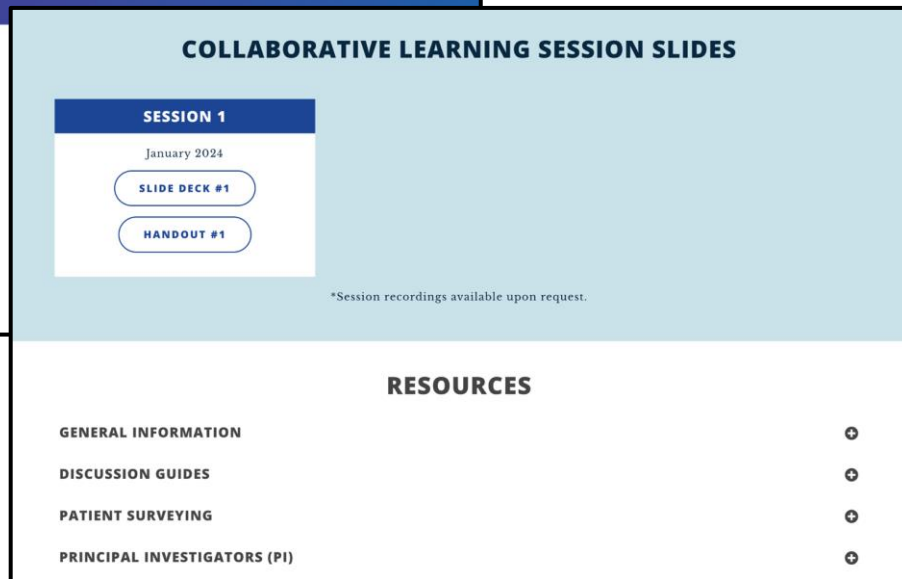
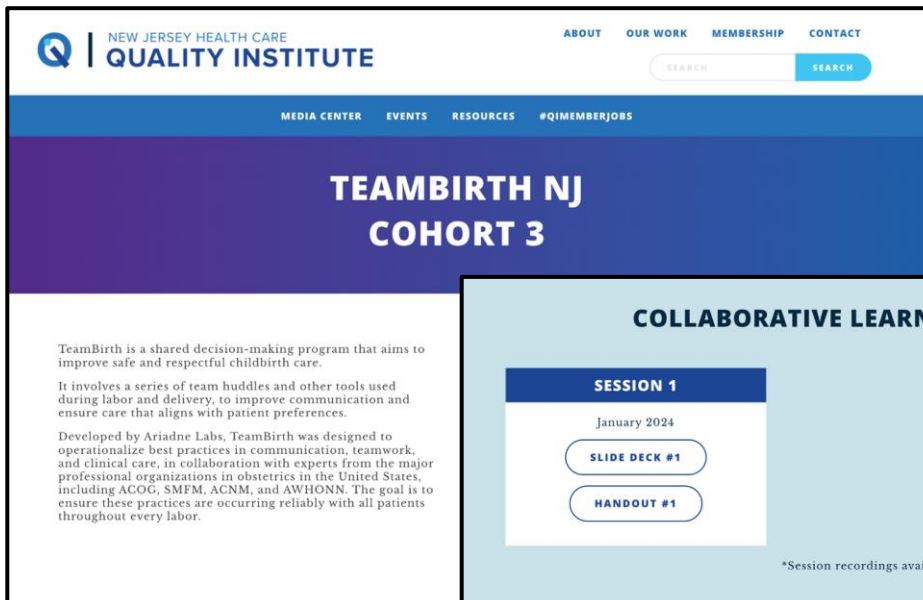
Action Items



*Implementation
Pathway*

Action Items

TeamBirth Go Live	Finalize launch activities (or maintain launch momentum)
	Share success stories from champion experiences during small scale testing
Patient Surveying	Continue to message and distribute on postpartum unit. Collect and hold (or enter online)
	Enter monthly birth volume into the NJHCQI Cohort Resource Page
Promote Training & Practice Huddles	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 ; password: Cohort32024!
Public TeamBirth NJ website: 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 or mseverson@ariadnelabs.org

Share your feedback!

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

