

Cohort 4 Collaborative Learning Session #9

February 24, 2025

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

Learning Session Agenda

Introduction

TeamBirth Implementation

Current core activities:

- Sharing & Discussion: Launches & Training
- Collect data & feedback: Huddle observations

Looking Ahead

Action Items Feedback Survey





TeamBirth Implementation Roadmap

Building on the priority implementation activities

PHASE	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
CORE ACTIVITIES	✓ Build your team✓ Develop your	 ✓ Socialize TeamBirth ✓ Provide training & 	✓ Collect data & feedback	✓ Embed for sustainability
	strategy ✓ Assess your context ✓ Customize TeamBirth	practice huddles ✓ Test & improve 	 ✓ Launch TeamBirth ✓ Monitor & celebrate progress 	✓ Evaluate impact & continuously improve

NJHCQI TeamBirth Websites

QUALITY INSTITUTE

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



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

www.njhcqi.org/teambirthnj-cohort4

Password: Cohort42024!

Public TeamBirth NJ website

www.njhcqi.org/shared-decision-making



TeamBirth Implementation





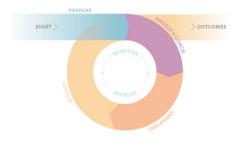


Implementation Progress

- \checkmark Build your team
- ✓ Develop your strategy
- ✓ Assess your context
- ✓ Customize TeamBirth

- ✓ Socialize TeamBirth
- ✓ Provide training & practice huddles
- ✓ Conduct patient surveys
- ✓ Go live and launch TeamBirth

Look how far we've come!



Launch TeamBirth

- What plans do you have for Launch?
- □ How did your launch go?
- What huddle experiences have you had?
- What questions do you have for the other sites?

Inspira Mullica Hill









Inspira Vineland









Provide Training & Practice Huddles

 What has your training and huddle practice looked like?
 What questions are staff asking?

PREPARE



Core Implementation Activity: COLLECT DATA & FEEDBACK

OUTCOMES



Huddle Observations and Feedback



Gather real world data on TeamBirth huddles in order to provide timely and actionable feedback crucial to improvement

Prepare for conducting huddle observations

Begin conducting huddle observations after launch

Iterate your observation strategy as needed

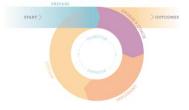
Milestones:

OBJECTIVI

Complete one observation and provide feedback to the team

Conduct a set number of observations and review with the implementation team to inform goals for improvement

ADAPT Your unique observation strategy and methods



Huddle Observation and Feedback

	 Huddle participants Clinical: nurse, provider, etc Support person: partner, doula, etc 		
WHO	 Huddle observers Peers (a non-huddle nurse, provider, etc) Champions, managers, etc 		
WHAT	Documentation and communication of observed behaviors using the Huddle Observation Form		
WHY	 To provide consistent structure for: Celebrating or highlighting strengths Discussing opportunities to adjust or improve 		
	To provide space for non-judgemental feedback that is respectful, timely, specific, relevant, and actionable		

START > CONTCOMES

Huddle Observations

Observations can be done:

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

WHEN

Complete the Huddle Observation Form

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

Establish expectations for how you will conduct huddle observations with your teams (see next slide)

Make clear that the purpose of observations is to give and receive feedback on TeamBirth behaviors

Explore what approach makes sense in your context:

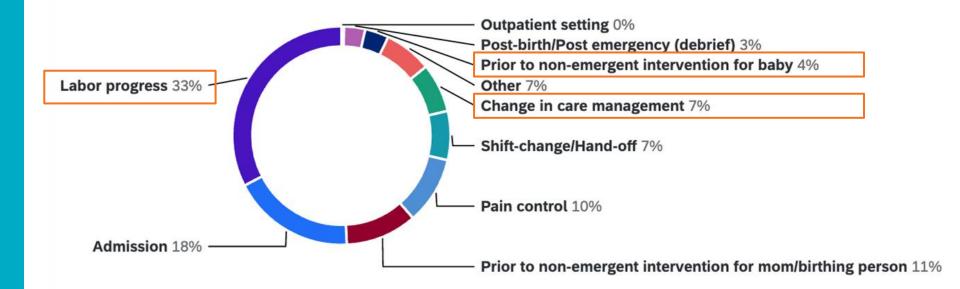
HOW

- 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

Reasons for Huddle

Across the huddle observations submitted to date, these were the stated reasons for the huddle



EXAMPLE PROCESS 1

L&D RN sees an opportunity to huddle L&D RN informes Nurse Manager of upcoming huddle observation opportunity

Nurse Manager attends huddle as observer

Nurse Manager connects with huddle team members to discuss any kudos & feedback Nurse Manager leaves huddle and documents observations on form

Nurse Manager gives form to Implementation Team

Implementation Team member submits form

Implementation Team reviews form and discusses improvement opportunities Baby was OP and had 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 pitocin was infusing for the induction.

The huddle discussion was about the option of using a fetal scalp electrode to enable multiple position changes.

The patient and family understood but preferred not to use the FSE.

EXAMPLE

TEAMBIRTH Huddle Observation Form **EXAMPLE**



Observer Name:	Role / Title:	Date:
Susan	Nurse Manager	n/a

- 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
 - O 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:**

C	Admission (Examples: Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility)	 Prior to non-emergent intervention for mom/birthing person (Examples: AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section)
	Labor Progress	Prior to non-emergent intervention for baby
] Pain Control	(Examples: Supplemental feeding plan, phototherapy, opioid
	Change in care management	exposure plan, NICU observation/admission)
	(Examples: Hypertension, Hemorrhage, Infection, Opioid Use	Post-birth/Post-emergency Debrief
	Disorder)	Other, please specify:
C] Shift change/Hand-off/Discharge	
3. Di	d the team clearly state that this conversation was a Tea Yes A team member stated clearly that a TeamBirt	

• No The huddle occurred but was not clearly named for those present

EXAMPLE

TEAM

- 4. Was each person introduced by name and role at the beginning of the huddle?
 - Yes, everyone Including the patient and any support people
 - No, only some Some people were not introduced by name & role, please specify: _
 - **No** Introductions were not done
- 5. Were the team members' names & roles written on the shared planning board, either during this huddle or previously?

 Yes, all 	All names & roles were written on the board
🔘 No, only some	Some names & roles were left off the board, please specify:
🔘 No	No names were written on the board

PREFERENCES

- 6. Did the team ask the patient to share preferences or concerns related to the current plan being discussed?
 - Yes Patient was able to share preferences or concerns
 - **No** The care team did not ask the birthing person to share preferences or concerns
- 7. Were any patient preferences or concerns about the current plan written on the shared planning board, either during this huddle or previously?

•	Yes	Preferences or concerns about the current plan were written on the board
\bigcirc	Yes, previously	Preferences or concerns were previously written on the board
\bigcirc	No	Preferences or concerns were not written on the board



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EXAMPLE

PLAN

•

- 8. Did the team discuss the care plan options and make decisions that incorporated or addressed the patient's shared preferences or concerns?
 - Yes 🔿 No
- 9. Were the following care plans written or updated on the shared planning board?

	Yes, board updated	No, board did not need updating	No, board left blank
Plan for Me / Mom	•	0	0
Plan for Baby	•	\bigcirc	0
Plan for Labor Progress	•	0	0

NEXT HUDDLE

- 10. Did the team discuss expectations for when the next huddle may occur?
 - Yes Clear expectations for the next huddle were stated
 - **No** The team did not discuss the next huddle
- 11. Were the expectations for when the next huddle may occur written on the shared planning board?

	•	· · · · ·
•	Yes	Next huddle options were written on the board
\bigcirc	Yes, previously	Next huddle options were previously written on the board
\bigcirc	No	Next huddle options were not written on the board

EXAMPLE				
	REFLECTIONS The below reflections provide opportunities for discussion and feedback with the team to support improvement!			
	12. Was everything written on the board in patient friendly language?			
	○ Yes • No			
	13. Who wrote on the shared planning board during this huddle? Select all that apply:			
	Mom/Birthing person			
	 Support person (doula, family, friend, partner, spouse) Provider (midwife/physician) Other (please specify) 			
	14. What went well during the huddle? 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.			
	15. What challenges did you observe or experience?			
	16. How could the team improve next time? Updating plan items with patient friendly language: what is a patient friendly way to write "FSE"?			
	 17. Did you provide any feedback to any team members based on the above observations? Yes O No 			
	18. What else do you want to share about your experience with this TeamBirth Huddle? The mom ended up delivering her baby without an FSE.			

Potential feedback based on the form:

Strengths

- Clear demonstration of the four key TeamBirth behaviors and use of the board!
- Showcased shared decisionmaking by respecting patient preferences in the plan

Opportunities for Improvement

- Clearly introduce and state that a TeamBirth Huddle is occurring
- Exploring patient friendly ways to write clinical terms like FSE on the board
- Encouraging support people to update the board as well as the nurse

EXAMPLE PROCESS 2

Postpartum RN participates in a huddle PP RN completes a selfobservation after the huddle via the digital form Implementation Team reviews submitted forms and discusses improvement opportunities

Implementation Team communicates back to staff strengths and opportunities for improvement observed in huddles Mother has been frustrated with baby's progress and requested a huddle.

Infant has become more irritable over the last 12 hours.

Concerns and ideas were shared, assessments were discussed, and a plan was agreed upon for addressing infants change in irritability and feeding.

EXAMPLE

TEAMBIRTH Huddle Observation Form **EXAMPLE 2**



Observer Name:	Role / Title:	Date:
Alex	Postpartum RN	n/a

- 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
 - \bigcirc 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:
 - Admission

(Examples: Labor evaluation, Induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility)

- Labor Progress
-] Pain Control
- Change in care management (Examples: Hypertension, Hemorrhage, Infection, Opioid Use Disorder)
- Shift change/Hand-off/Discharge

Prior to non-emergent intervention for

mom/birthing person

(Examples: AROM, augment, internal monitors, use of vacuum or forceps to assist birth, C-Section)

- Prior to non-emergent intervention for baby (Examples: Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission)
- Post-birth/Post-emergency Debrief
- Other, please specify: _____
- 3. Did the team clearly state that this conversation was a TeamBirth huddle?
 - Yes A team member stated clearly that a TeamBirth huddle was occurring
 - **No** The huddle occurred but was not clearly named for those present

EXAMPLE

TEAM

- 4. Was each person introduced by name and role at the beginning of the huddle?
 - Yes, everyone Including the patient and any support people
 - No, only some Some people were not introduced by name & role, please specify:_____
 - **No** Introductions were not done
- 5. Were the team members' names & roles written on the shared planning board, either during this huddle or previously?

🔘 Yes, all	All names & roles were written on the board
No, only some	Some names & roles were left off the board, please specify: <u>_support person (auntie)</u>
O No	No names were written on the board

PREFERENCES

- 6. Did the team ask the patient to share preferences or concerns related to the current plan being discussed?
 - Yes Patient was able to share preferences or concerns
 - No The care team did not ask the birthing person to share preferences or concerns
- 7. Were any patient preferences or concerns about the current plan written on the shared planning board, either during this huddle or previously?
 - Yes Preferences or concerns about the current plan were written on the board
 - Yes, previously
 Preferences or concerns were previously written on the board
 - **No** Preferences or concerns were not written on the board



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TeamBirth Recognition | Huddle Observation Form Version Dec 2024

EXAMPLE

TEAMBIRTH

Huddle Observation Form



PLAN

- 8. Did the team discuss the care plan options and make decisions that incorporated or addressed the patient's shared preferences or concerns?
 - Yes 🔿 No
- 9. Were the following care plans written or updated on the shared planning board?

	Yes, board updated	No, board did not need updating	No, board left blank
Plan for Me / Mom	0	•	\bigcirc
Plan for Baby	•	0	\bigcirc
Plan for Labor Progress	\ominus -	\ominus	\ominus -

NEXT HUDDLE

- 10. Did the team discuss expectations for when the next huddle may occur?
 - Yes Clear expectations for the next huddle were stated
 - No The team did not discuss the next huddle
- 11. Were the expectations for when the next huddle may occur written on the shared planning board?
 - Yes Next huddle options were written on the board
 Yes, previously Next huddle options were previously written on the board
 No Next huddle options were not written on the board

EXAMPLE

REFLECTIONS

The below reflections provide opportunities for discussion and feedback with the team to support improvement!

- 12. Was everything written on the board in patient friendly language?
 - Yes 🔷 No
- 13. Who wrote on the shared planning board during this huddle? Select all that apply:
 - Mom/Birthing person
 Support person (doula, family, friend, partner, spouse)
 ✓ Provider (midwife/physician)
 - Other (please specify)

14. What went well during the huddle?

Mother and nursing staff all had good ideas to address said concerns, everyone had a chance to share concerns and ideas

- 15. What challenges did you observe or experience? The board wasn't updated until the end so only the baby's plan was updated
- 16. How could the team improve next time?

Reinforcing the plan and the idea that plans can be evolving and changed at any time but will talk with the family regarding changes

- 17. Did you provide any feedback to any team members based on the above observations?
 - Yes No
- 18. What else do you want to share about your experience with this TeamBirth Huddle?

EXAMPLE

Potential feedback based on the form:

Strengths

- Clearly introduced that a TeamBirth Huddle was occurring
- Clear demonstration of creating the opportunity for patient preferences and shared decision-making!

Opportunities for Improvement

- Reminders to include new people in the Team section of the board, especially support people so they can see that their input is valuable
- The Next Huddle section of the board is the most skipped section, so reminders to even just note "as needed" or "by request" on the board is valuable for team clarity
- Encourage staff to cultivate a culture of continuous improvement by sharing (positive and constructive) feedback with their team members

Huddle Observation Form

START > CUTCOMES

A valuable tool for coaching huddles throughout implementation

TEAMBIRTH Huddle	Observation Fo		erver Name:	Role / Title:		Date:	Unit:	
PLAN I. Did the team discuss the c shared preferences or con Yes No	are plan options and m cerns?	1. P nake di) I was a clinical team	on (like spouse, doula, family, etc)			g your role in the huddle:	
. Were the following care pl	ans written or undated	on the 2. W	hich of the following in	stances prompted the huddle? Se	ect all	that apply:		
. were the following care pr	Yes, board updated	No, t		ion, Scheduled C-Section, High Risk		or to non-emergent m/patient	intervention for	
Plan for Me / Mom	0		birth setting or other facil	admission, Transfer in from community lityl	to a	ssist birth, C-Section)	nonitors, use of vacuum or forceps	
Plan for Baby	0	0	Labor Progress Pain Control		(Su	pplemental feeding plan	intervention for baby , phototherapy, opioid exposure	
Plan for Labor Progress	0		 Change in care mani (Hypertension, Hemorrh Shift change/Hand-c 	age, Infection, Opioid Use Disorder)	Po:	n, NICU observation/adm st-birth/Post-emergener, please specify:		
 Yes Yes, previously No 	Next huddle options v Next huddle options v Next huddle options v	vere pi		ced by name and role at the begin Including the patient and any s Some people were not introduc Introductions were not done	ipport p	eople were introduc		
REFLECTIONS The below reflections provide of	opportunities for discus			' names & roles written on the sha	red plar	ining board, either o	furing this huddle or	
			previously? Ves, all All names & roles were written on the board					
	the board in patient fr	iendly C	Yes, all					
		iendly C	Yes, all No, only some	Some names & roles were left of	f the bo			
12. Was everything written on Ves O No		this hu) Yes, all) No, only some) No		f the bo			
2. Was everything written on Ves O No	planning board during	this hu er, spc) Yes, all) No, only some) No ERENCES id the team ask the pat) Yes Patient was	Some names & roles were left of No names were written on the b ient to share preferences or concer able to share preferences or concer	f the bo oard ns relat	ard, please specify:_ ed to the current pl		
12. Was everything written on Ves No 13. Who wrote on the shared p Mom/Birthing persor	planning board during 1 la, family, friend, partn	this hu er, spc) Yes, all) No, only some) No ERENCES id the team ask the pat) Yes Patient was	Some names & roles were left of No names were written on the b ient to share preferences or conce	f the bo oard ns relat	ard, please specify:_ ed to the current pl		
Was everything written on Yes No No Who wrote on the shared p Mom/Birthing persor Support person (dou	planning board during la, family, friend, partn huddle? bserve or experience?	endly C this hu er, spc 6. D C 7. W d C) Yes, all) No, only some) No ERENCES id the team ask the pat) Yes Patient was d) No The care teal	Some names & roles were left of No names were written on the b ient to share preferences or concer able to share preferences or concer m did not ask the birthing person to nces or concerns about the curren	f the bo oard ns relat share p t plan w he curre eviously	ard, please specify: ded to the current plane references or concer- written on the shared and plan were written or written on the boar	nns d planning board, either a on the board	

Download, print, and share with staff the <u>TeamBirth Huddle Observation Form</u>

WHAT 2-page form Quick select options to document each key behavior during a huddle Several open ended questions for providing additional detail

Share:

- As a printed form
- Digital Survey Form Link*



Observation and Feedback Process

Determine how you will conduct observations and provide feedback

PREPARE	OBSERVE	REVIEW & IMPROVE
 Who will be complete the form? Someone in the huddle An observer 	 When do observations occur? Practice sessions and simulations After specific patient huddles 	 When does review happen? Immediately together during practice During an implementation meeting or coaching call (for observed real patient huddles)
How is the form accessed?	Complete the form ASAP for each huddle	Provide coaching feedback to huddle participants (see next slide)
 Printed Emailed, pinned Word Doc 	Share completed forms with the Implementation Team	 Opportunities for Improvement: Individuals: What can I work on in my next huddle? Implementation Team: How can we support staff to address gaps?



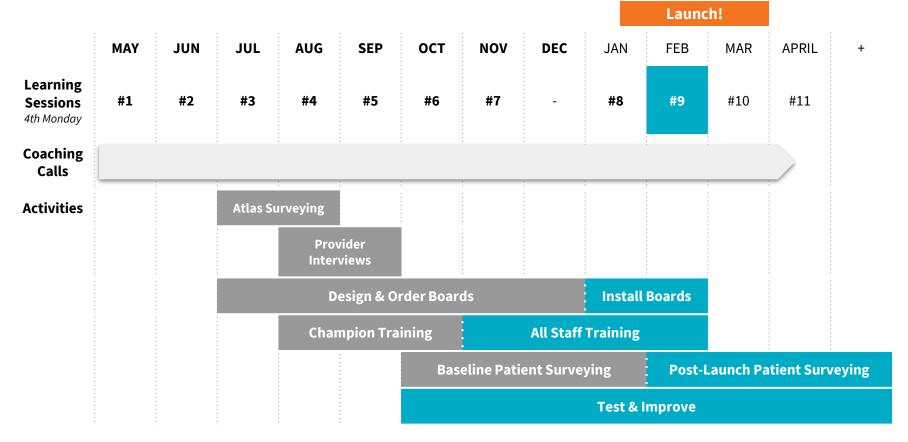
Collect Data & Feedback: Huddle Observations

- □ What process would work for your staff?
- What huddle observation examples or stories do you have?

Looking Ahead



Implementation Timeline



Action Items



Implementation Pathway	Action Items	Details & Resources		
PROVIDE TRAINING & PRACTICE HUDDLES	All staff complete LMS training and huddle practice opportunities	<u>Training Resources</u> <u>HOW TO Provide training & practice huddles</u> <u>Lunch & Learn Template Slide Deck</u>		
CUSTOMIZE TEAMBIRTH	Install your boards right before launch			
CONDUCT PATIENT SURVEYS	Iterate your patient survey process as needed	HOW TO Conduct Patient Surveying NJ Cohort 4 Patient Survey Template		
		See Collaborative Session 5 slides for examples		
LAUNCH TEAMBIRTH	Complete launch activities! (send us photos!)	See Collaborative Session 5 slides for examples		
LAUNCH TEAMBIRTH	Complete launch activities! (send us photos!) Send Adelisa dates for launch/site visits	See Collaborative Session 5 slides for examples		

Next Steps

Next Learning Session

All State Post-Launch Collab!

March 31th, 2025 12:00 - 1:00pm EST

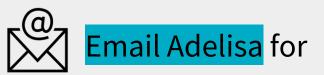
Share your feedback!

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





See follow up email for Learning **Session Handout** for call agenda



- Support and updates
- Resources
- Implementation Questions & Needs

aperez@njhcqi.org