



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

## **NJ Cohort 5 Collaborative Learning Session #6**

### **June 25, 2025**



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# Learning Session Agenda

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## Introduction

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### TeamBirth Core Knowledge & Skills

Recap: Core components  
Practice: Postpartum Scenario  
Practice: Doula Scenario

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### TeamBirth Implementation

Current core activities:  
Conduct Patient Surveys  
Launch TeamBirth

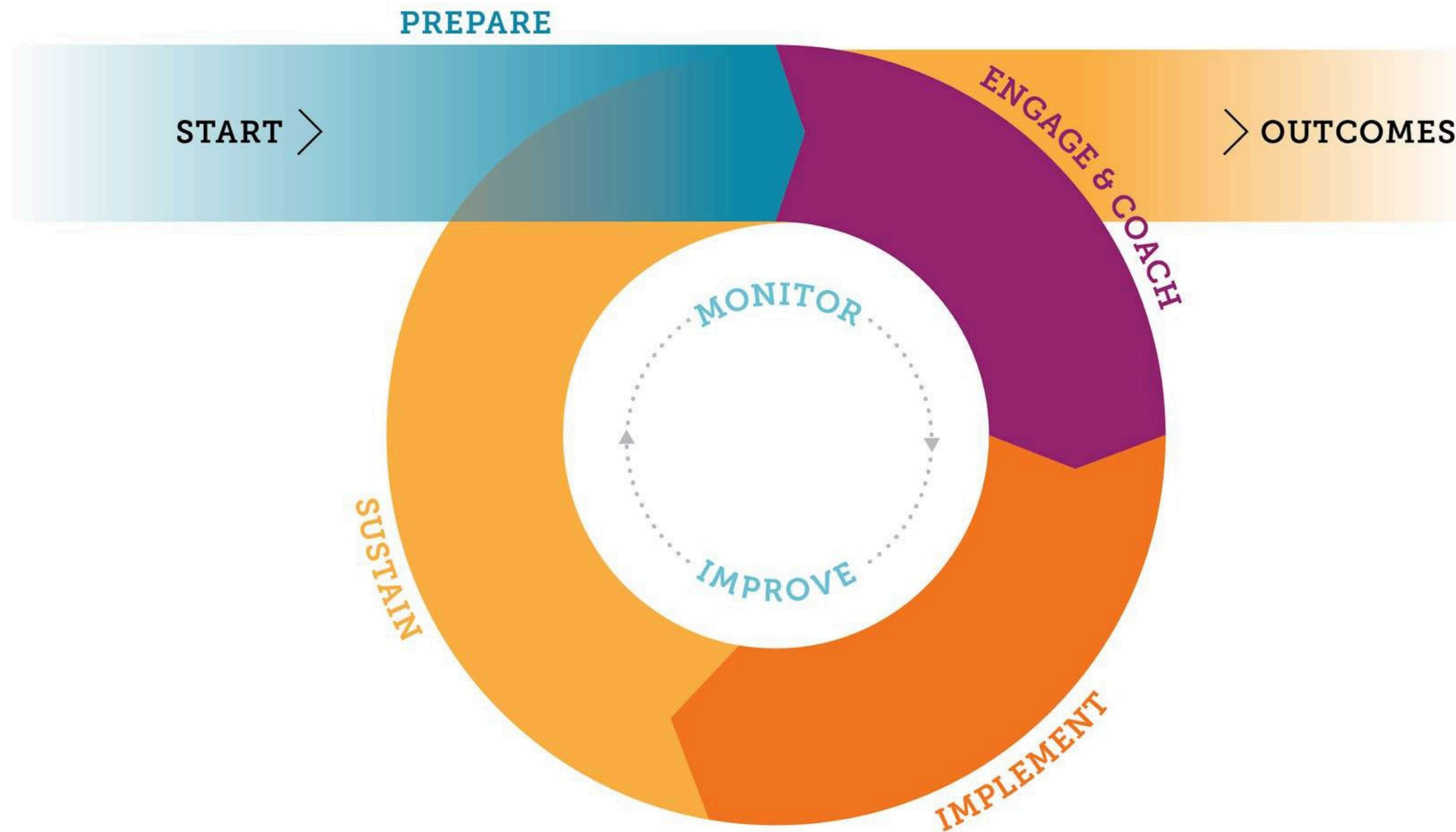
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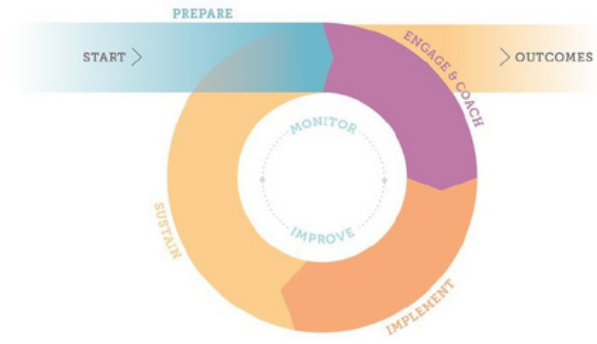
### Looking Ahead

Takeaways From Today  
Action Items

# TeamBirth Implementation Pathway

Guiding practice and culture change activities to ensure effective and sustainable implementation





# 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><li>• </li></ul>	<ul style="list-style-type: none"><li>• <b>Socialize</b></li><li>• <b>TeamBirth</b></li><li>• <b>Provide training &amp; practice huddles</b></li><li>• <b>Conduct patient surveys</b></li><li>• <b>Test &amp; improve</b></li><li>• </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>



# Implementation Support

## LEARNING SESSIONS

### WHAT

Monthly virtual multi-site group session (60-90 mins.)

### WHY

To provide TeamBirth implementation guidance and training

### WHO

Led by DDI TeamBirth & Partners  
Attended by each site's implementation team members

## COACHING CALLS

Monthly virtual site support meeting (50 mins.)

To provide tailored site specific support (i.e. advising, answering questions, overcoming barriers) for executing the implementation pathway activities

Led by DDI TeamBirth & Site Lead  
Attended by site's implementation team and as necessary champions

# NJHCQI TeamBirth Websites

Access Cohort 5 resources at this **private website**:

[www.njhcqi.org/teambirthnjcohorts](http://www.njhcqi.org/teambirthnjcohorts)

Password: NJcohorts2022!

**Public** TeamBirth NJ website:

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

The screenshot shows the homepage of the TeamBirth NJ Cohort Resource Page. At the top is the NJHCQI logo and navigation links. The main header is a dark blue banner with the title 'TEAMBIRTH NJ COHORT RESOURCE PAGE'. Below this, there is a text block explaining the program, a video player for 'Why TeamBirth?', and a section for 'COLLABORATIVE LEARNING SESSION SLIDES' with buttons for Cohorts 2, 3, 4, and 5. At the bottom, there is a 'RESOURCES' section with expandable menus for 'GENERAL TEAMBIRTH INFORMATION' and 'DISCUSSION GUIDES'.

NEW JERSEY HEALTH CARE  
**QUALITY INSTITUTE**

WHO WE ARE OUR WORK MEDIA

## TEAMBIRTH NJ COHORT RESOURCE PAGE

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 professional organizations in obstetrics in the United States, including ACOG, SMFM, ACNM, and AWHONN. The goal is to ensure these practices are occurring reliably with all patients throughout every labor.

Why TeamBirth?

Watch on YouTube

### COLLABORATIVE LEARNING SESSION SLIDES

COHORT 2	COHORT 3	COHORT 4
SEE RESOURCES	SEE RESOURCES	SEE RESOURCES

### COHORT 5

SEE RESOURCES

### RESOURCES

- GENERAL TEAMBIRTH INFORMATION
- DISCUSSION GUIDES

# 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

## When To Huddle 2-pager

### TEAMBIRTH

### TEAMBIRTH BASICS

Huddle Key Behaviors

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.

**TEAM**

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

**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)

**PLAN**

**KEY BEHAVIOR**  
Distinguish the care plans:  
1. Me (birthing person)  
2. Baby  
3. Labor Progress

**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

**PREFERENCES**

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

**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)

**NEXT HUDDLE**

**KEY BEHAVIOR**  
Set shared expectations for the timing of the next huddle

**INTENT**

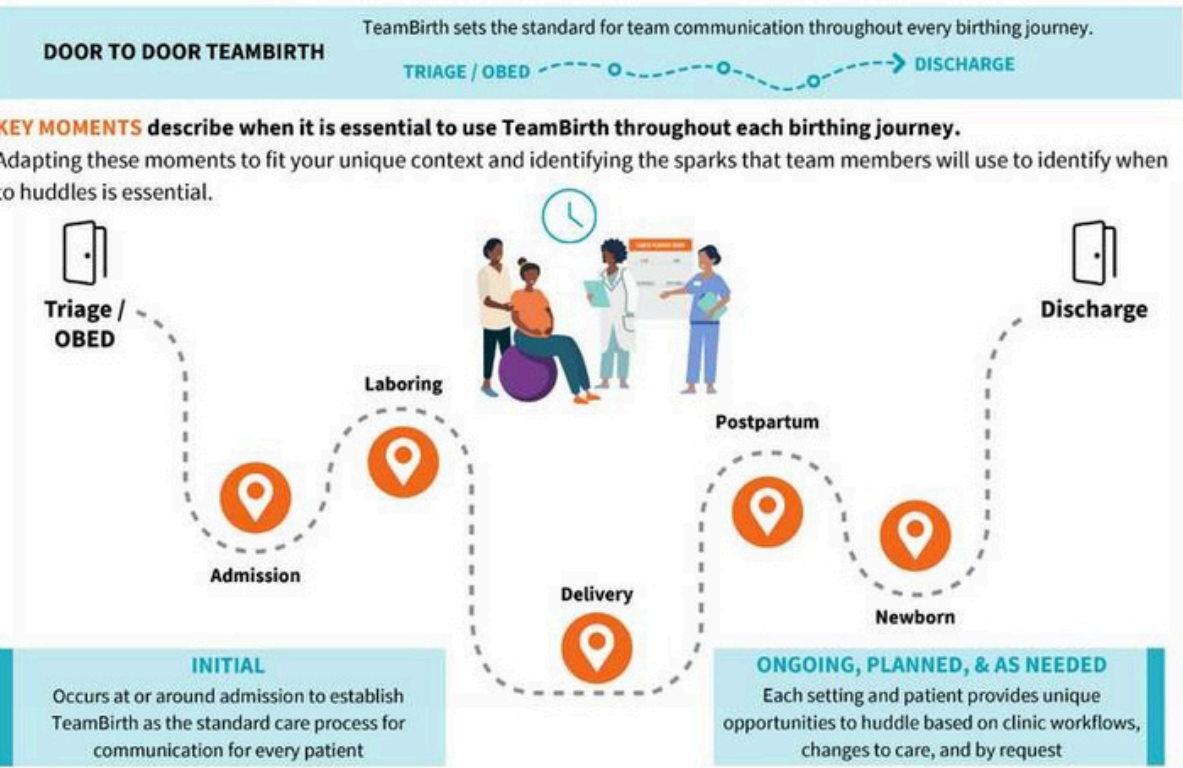
- To reduce uncertainty for the patient and support person
- To facilitate situational awareness

**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

### TEAMBIRTH

### WHEN TO HUDDLE



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- Infographic | When to Huddle  
Version July 2024
- High risk / Antepartum
  - Active labor care planning
  - Scheduled C-section
  - Transfer from other facility
  - Postpartum readmission
  - Pain management
- Delivery:**
- Internal monitoring
  - Use of the Assisted Delivery Discussion Guide to guide discussions about doing an assisted delivery (i.e. vacuum, forceps) or c-section
- Postpartum:**
- Hemorrhage
  - Blood pressure management
  - Pain management
- Newborn:**
- Antibiotics
  - Hypoglycemia / Supplemental feedings
  - Hyperbilirubinemia / Phototherapy
  - Procedures
  - NICU observation or transfer



**mBirth huddle?**

N	ROUTINE
	<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?**

# Practicing Core Knowledge & Skills





# Plan

Me

Baby



# Scenario Practice - Fiona

Fiona delivered a baby boy vaginally today at 1343

## Fiona Report

1<sup>st</sup> 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 7lbs 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



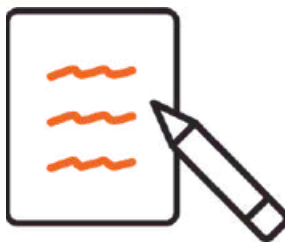
## TEAM

*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*

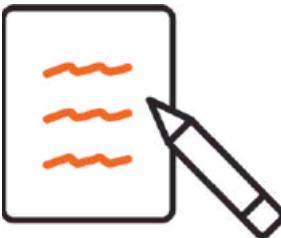
*Mom and Harini, track wet & dirty's in PP handbook*

*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*

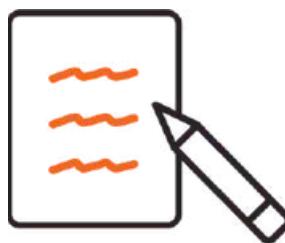
## PLAN

*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

# 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*

*begin phototherapy at bedside*

*breastfeed on demand (but wait no longer than 3 hrs)*

*supplement post feed with formula*

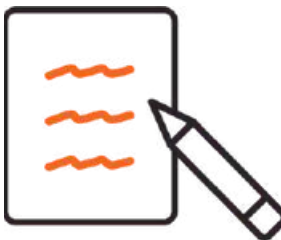
*recheck labs in 6 hours*

## NEXT HUDDLE

*With pediatrician when the labs come back*

*as needed*

*on request*

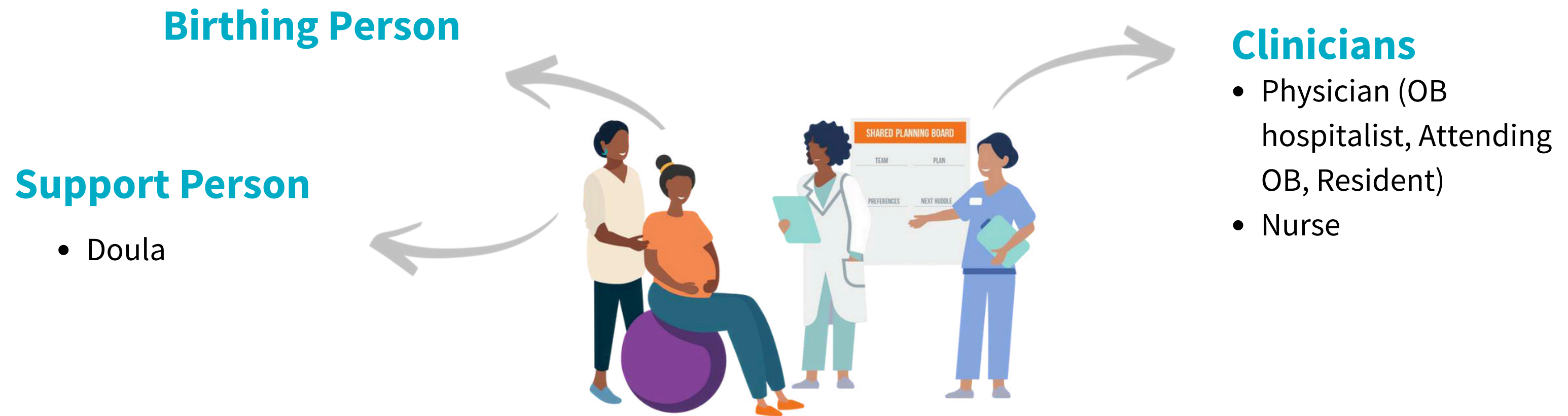


# TeamBirth Practice Scenario





# Incorporating doulas into huddles





# DOULAS

## SCENARIOS AND PRACTICE

### DURING ADMISSION, BEFORE A HUDDLE

While getting Kelsey settled, Nurse Trisha asked if she has a birth plan or wants to share any specific birth preferences. Kelsey shares that she started a birth plan with her doula Isabel but didn't end up finishing it since she knows so much can change.

**Doula:** “Yes! We started to talk about some of Kelsey’s hopes for labor and birth, knowing of course that things can change. I’m here to support her in having a positive experience in any case.”

**Nurse:** Yes, it’s ok either way. You can tell us things that are important to you anytime throughout your stay. What’s on your mind right now?

**Kelsey:** “Well, I’m interested in trying to go natural for as long as possible and trying some pain-coping techniques with Isabel, like walking around, massage, and bouncing on the ball. I do know I want Niko to come up here (Kelsey pats her heart ) right after birth, and I want to try breastfeeding as soon as possible. And I want my aunt Yara to be with Niko if there’s any time I can’t be.”



# Labor & Delivery Shared Planning Tool

## TEAM

*Kelsey & Baby Niko*  
*Isabel - Doula*  
*Yara - Auntie*  
*Trisha - Nurse*  
*Whitney - Midwife*

## PREFERENCES

*go natural as long as possible*  
*pain coping with Isabel*  
*Niko to Kelsey's chest right away*  
*breastfeed ASAP*  
*Kelsey or Yara with Niko all the time*

## PLAN

Me

Baby

Labor Progress

## NEXT HUDDLE

*when Whitney comes in*



# DOULAS

## SCENARIOS AND PRACTICE

### ADMISSION HUDDLE

**Midwife:** “Okay, let’s huddle! Nurse Trisha let me know that your water is broken. Lots of first-time mamas have their water break first before labor starts. We can discuss a few options to ensure your labor continues progressing. I see that you are hoping to go natural as long as possible, so a first step could be walking around and bouncing on the ball with support from your doula and sister. We will monitor you closely in case there's any indication for augmenting your labor medically with Pitocin.”

**Kelsey:** “That sounds good. I remember hearing about Pitocin during a prenatal visit and from Isabel. I think my aunt had Pitocin too for her labor and found it to be really painful.”



# DOULAS

## SCENARIOS AND PRACTICE

### ADMISSION HUDDLE

**Midwife:** “Right, so when your water breaks and you’re not in labor, we often give Pitocin to get it going. [explains pitocin]”

**Kelsey:** “Oh—am I *not* in labor? I’ve been having contractions ever since my water broke.”

**Nurse:** “The monitor shows you’re having contractions every 3-5 minutes, but you don’t seem to notice most of them. Does that sound right?”

**Doula:** “Kelsey was squeezing my hand and breathing really hard every 10 minutes, I’ve been timing it. Now she's doing that every 6 or 7 minutes, and she is squeezing my hand a lot harder. So I think Kelsey maybe *is* in labor.”





# Labor & Delivery Shared Planning Tool

## TEAM

*Kelsey & Baby Niko*  
*Isabel - Doula*  
*Yara - Auntie*  
*Trisha - Nurse*  
*Whitney - Midwife*

## PREFERENCES

*go natural as long as possible*  
*pain coping with Isabel*  
*Niko to Kelsey's chest right away*  
*breastfeed ASAP*  
*Kelsey or Yara with Niko all the time*

## PLAN

Me *Eat a snack!*  
*Move around*  
Baby *Listen on & off*

Labor Progress  
*try lots of moves now*  
*start Pitocin later if needed*

NEXT HUDDLE *as needed*  
*in 2-3 hours*  
*after the next exam, if we need to*



# 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>• <b>Test &amp; improve</b></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 >

> OUTCOMES

ENGAGE & COACH

MONITOR

IMPROVE

SUSTAIN

IMPLEMENT

# Core Implementation Activity: **CONDUCT PATIENT SURVEYS**

# Patient Surveying Process

## Survey Processes

Survey Preparation

Collect Data

Analyze & Review

Share Results

Use the [HOW TO](#) resource to plan your patient surveying process!

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

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

IMPROVE

SUSTAIN

IMPLEMENT

Core Implementation Milestone:  
**LAUNCH TEAMBIRTH**



## IMPLEMENT PHASE

# 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 your go live date and how you will communicate your start with TeamBirth to staff and patients.





# How will you go live?

What will effectively help you communicate to your leaders, staff, patients, and community?

## Consider:

- Do you have a website or newsletters to include launch announcements in?
- Do you want a formal celebration or something more intimate on the units?
- Will you include different shifts, units, and provider groups?

## Plan for:

- Formal remarks at “kick-off” to engage staff and announce go-live.
- Quality Institute staff will attend in-person; Ariadne Labs or NJDOH staff member *may* attend in-person.
- Quality Institute staff to observe a huddle in L&D and postpartum.
- [How else can we be helpful day of?](#)



# Formal Acknowledgement



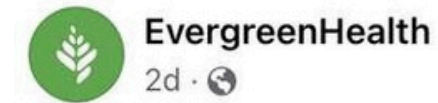
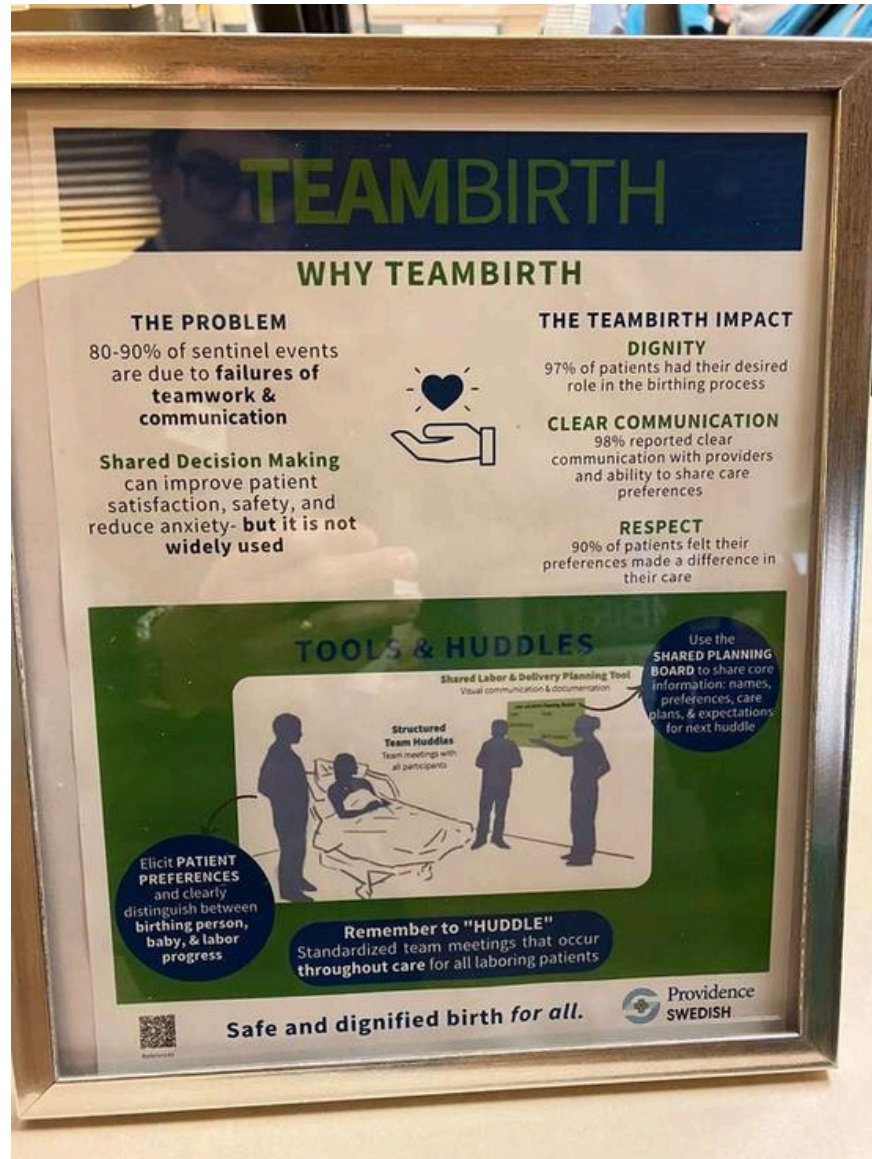


# Launch Location





# Advertise - Invite - Promote



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.



**INTEGRIS Health** @integrishealth\_ · 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)



# 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



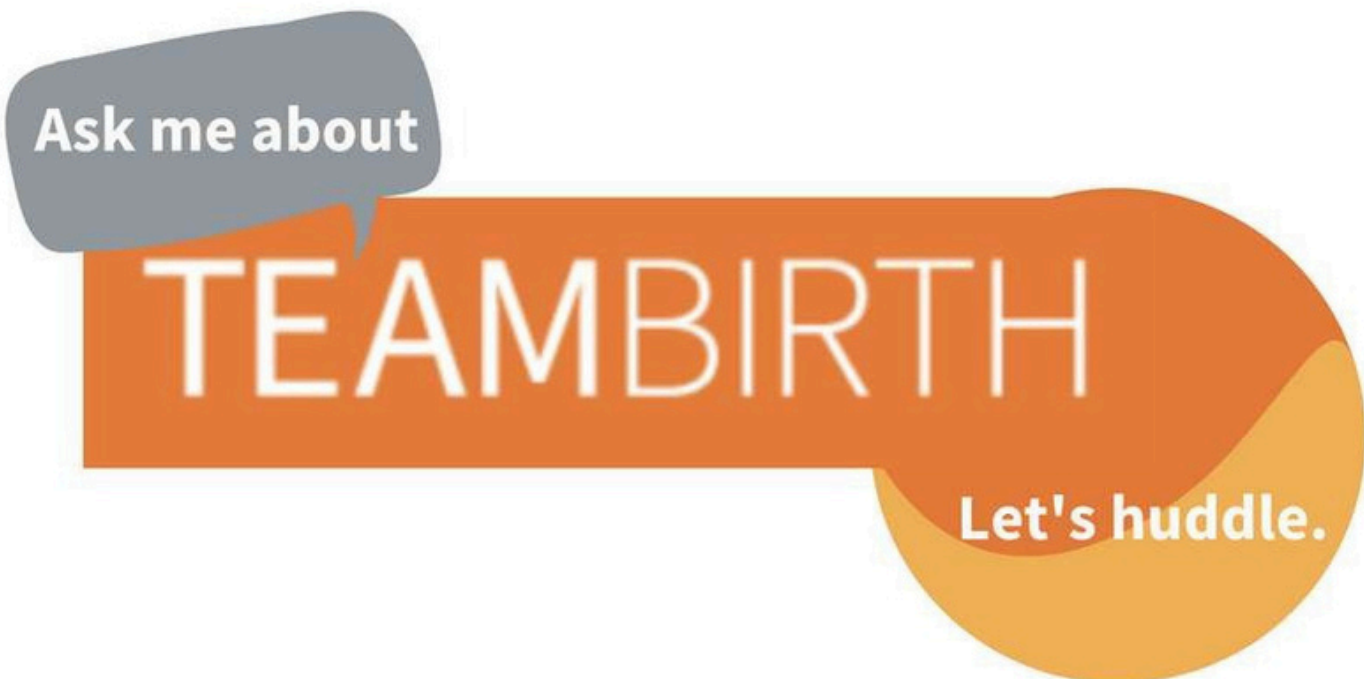


# TeamBirth Tees



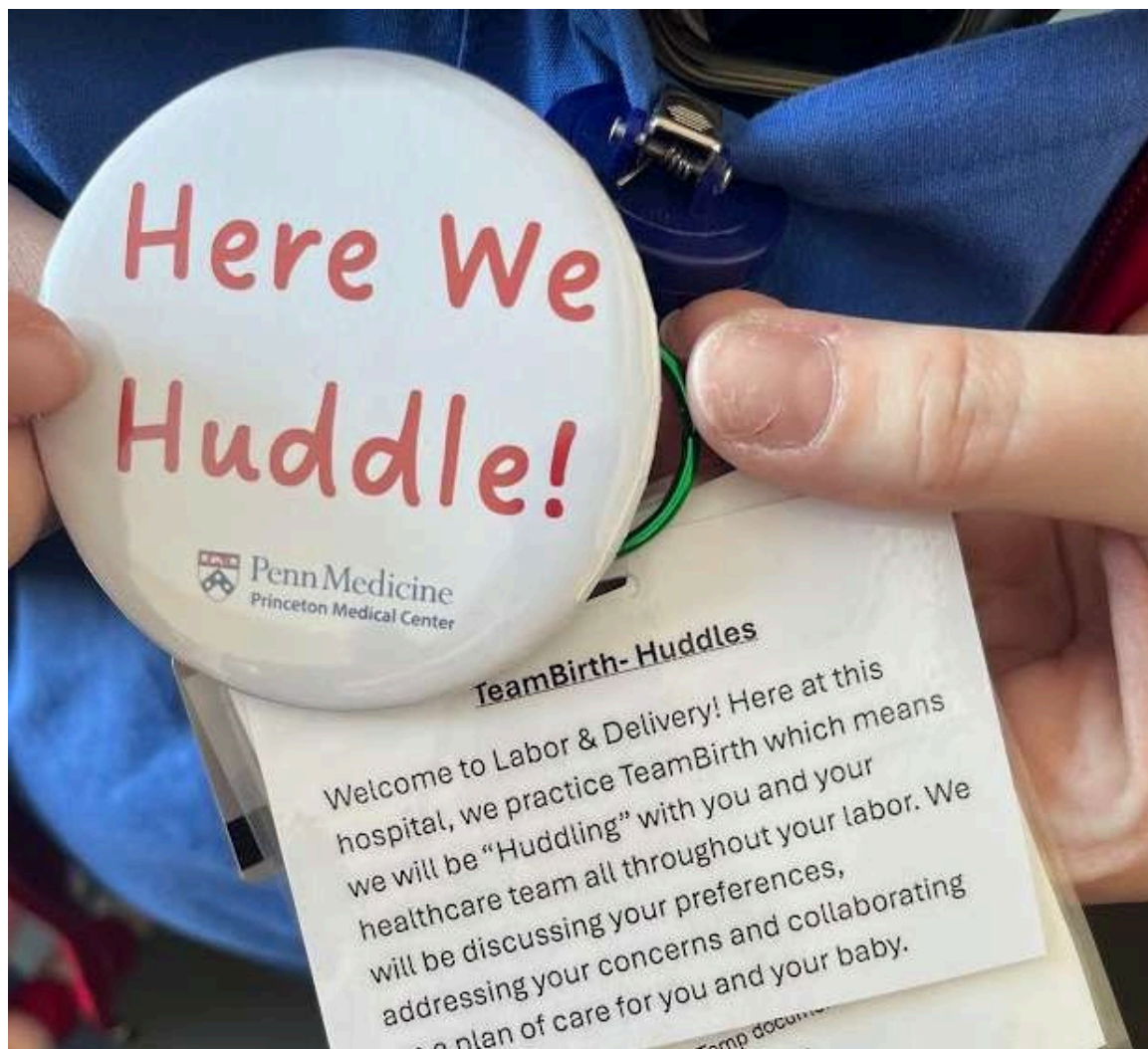
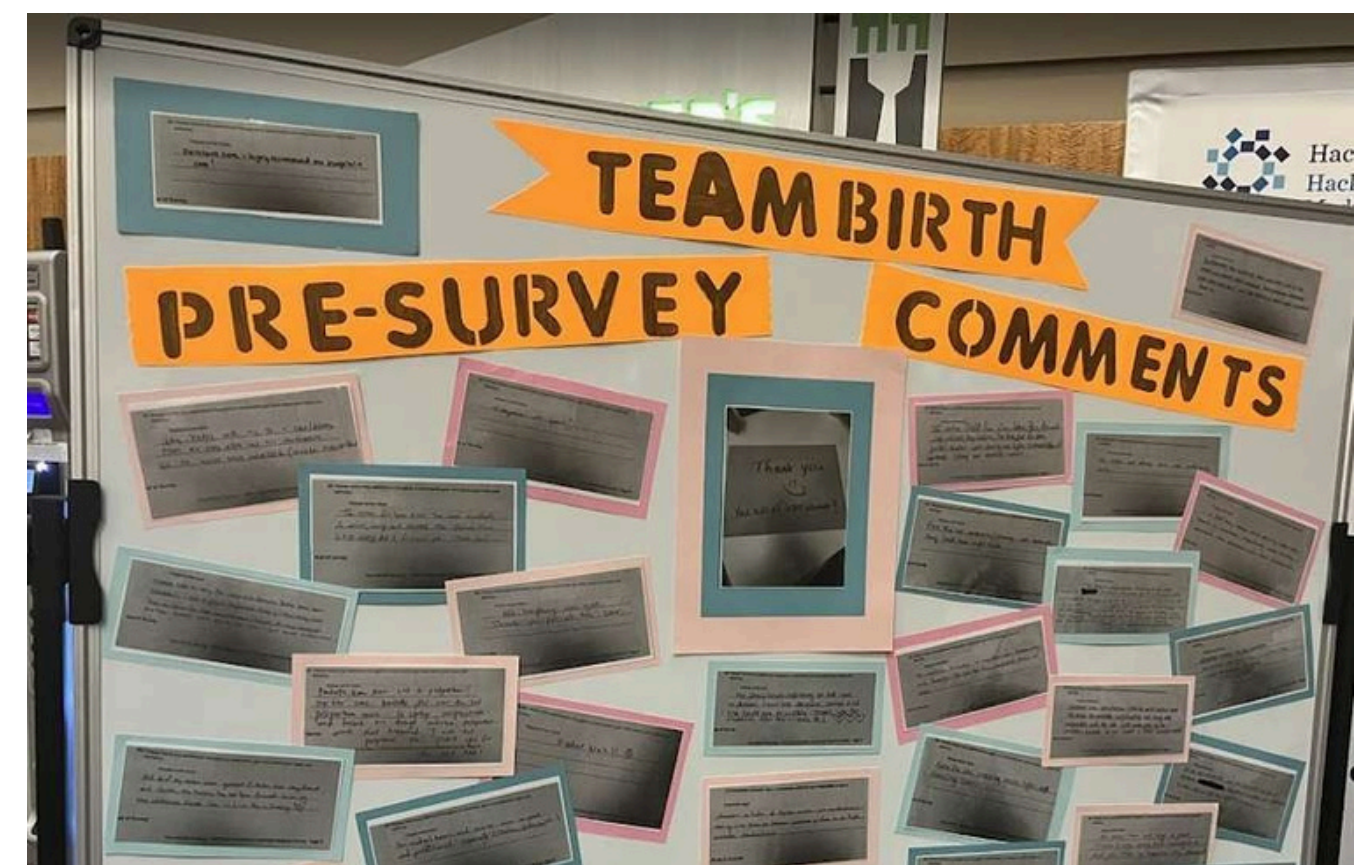


# TeamBirth Patient and Family Socialization





# Staff Engagement



## TEAM BIRTH LAUNCH PARTY!!!

When: March 18<sup>th</sup>, 2025

- **Food and Drinks**
  - Lunch at 1:00 PM
  - Dinner at 8:15 PM
  - 3<sup>rd</sup> Floor Large Conference Room
- **Fun Games & Activities**
  - 12:00 pm to 4:00 pm
  - 7:00 pm to 10:00 pm
  - Hallway outside of 1<sup>st</sup> Floor NICU
- **Prizes and Giveaways**
- **Educational Resources**
- **1<sup>st</sup> Team Birth Patient Huddles!**
  - 9:30 AM on Labor and Delivery
  - 10:45 AM on Mother-Baby



Please sign up using QR code below if you plan on attending Lunch or Dinner!!



## TEAMBIRTH



# Celebratory Nourishment!





# TeamBirth Launch Week Examples

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	Patient Awareness  Formal hospital event 	 Social Media Press Release	 Replace current patient survey print-outs with post-implementation surveys	 Nightshift/Weekend Crew TeamBirth pizza party

*Show Your Creativity*

**MON, 18  
GAME  
DAY**  
WEAR YOUR FAVORITE SPORTS  
TEAM GEAR

**TUE, 19  
CRAZY  
HAIR DAY**  
LET'S SEE THOSE  
CRAZY HAIRSTYLES,  
WIGS, AND COLORS!!

**FRI, 22  
TEAM BIRTH  
GO LIVE !!  
COMPANY PRIDE  
DAY**  
SHOW OFF YOUR  
FAVORITE HMH SWAG

**THU, 21  
SOCK DAY**  
HAVE A FAVORITE PAIR  
OF SOCKS?, SHOW  
THEM OFF OVER YOUR  
SCRUBS

**WED, 20  
HAT  
DAY**  
ROCK YOUR FAVORITE  
HAT!

**TEAM  
BIRTH**  
NOV 18-22  
SPIRIT WEEK

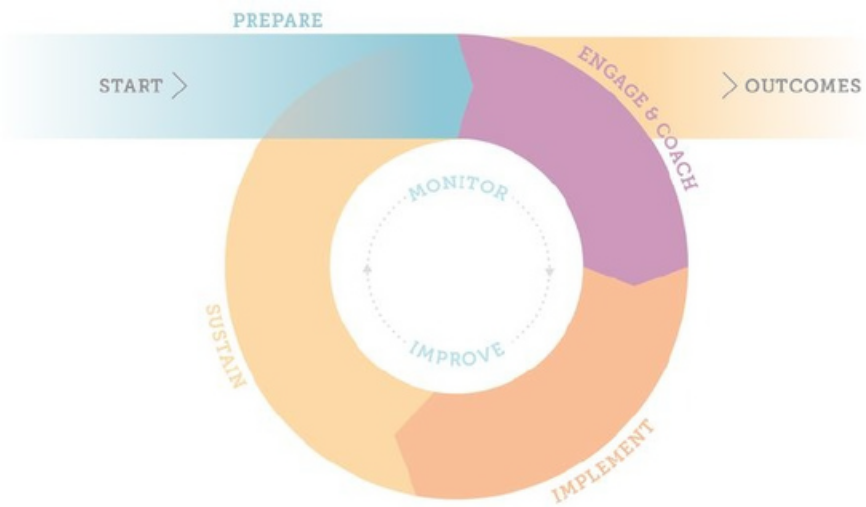
JSUMC MATERNITY

# Looking Ahead





# Implementation Timeline



Go Live!

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	+
<b>Learning Sessions</b> <i>4th Monday</i>	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	
<b>Coaching Calls</b>													
<b>Activities</b>													
			Atlas Survey										
			Design Boards		Order & Install Boards								
			Champion Training		Staff & Provider Training								
					Test Patient Surveying		Baseline Patient Surveying						

# Today's Key Takeaways



## Huddle Practice

- Use training scenarios to practice having interdisciplinary huddles 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

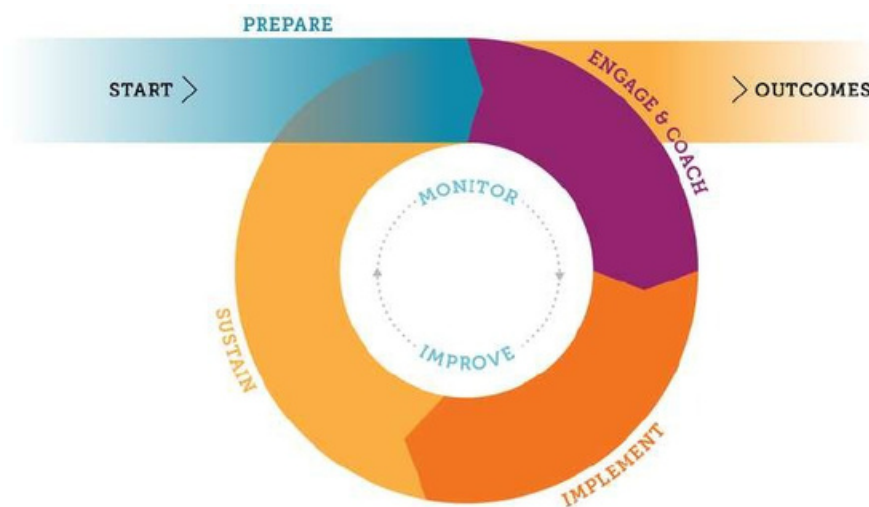
## Conduct Patient Surveying

- Capture patient experience at baseline using the patient survey

## Launch TeamBirth

Establish the date when your site is going live with patients

- Plan for how you will notify your staff and leadership of when boards
- 



# Action Items



<i>Implementation Pathway</i>	<i>Action Items</i>	<i>Details and Resources</i>
PROVIDE TRAINING& PRACTICE HUDDLES	Implementation Team & Champions complete LMS Training Videos  All staff begin huddle practice opportunities	<a href="#">Training Resources</a>  <a href="#">HOW TO   Provide training &amp; practice huddles</a>
CUSTOMIZE TEAMBIRTH	Send Adelisa & Annelise your finalized board	<a href="#">TEMPLATE   Board Evaluation Form</a>
CONDUCT PATIENT SURVEYS	Conduct 1-2 small scale survey tests Use the HOW TO worksheet to plan your survey	<a href="#">NJ Patient Survey Template</a> <a href="#">HOW TO   Conduct Patient Surveying</a>
LAUNCH TEAMBIRTH	Start discussing Launch event ideas Select your launch/go-live date	Bring your preferred launch date to your July



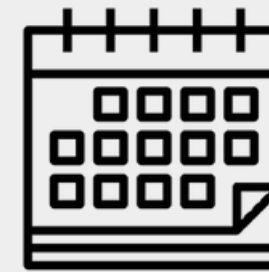
# Next Steps

## Learning Session - July

Summer Break

Share your feedback on  
this session!

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



## Coaching Calls

See followup email for  
Learning **Session Handout**



Email Adelisa & Annelise

for

- Support, resources, and updates
- Implementation Questions & Needs

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

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