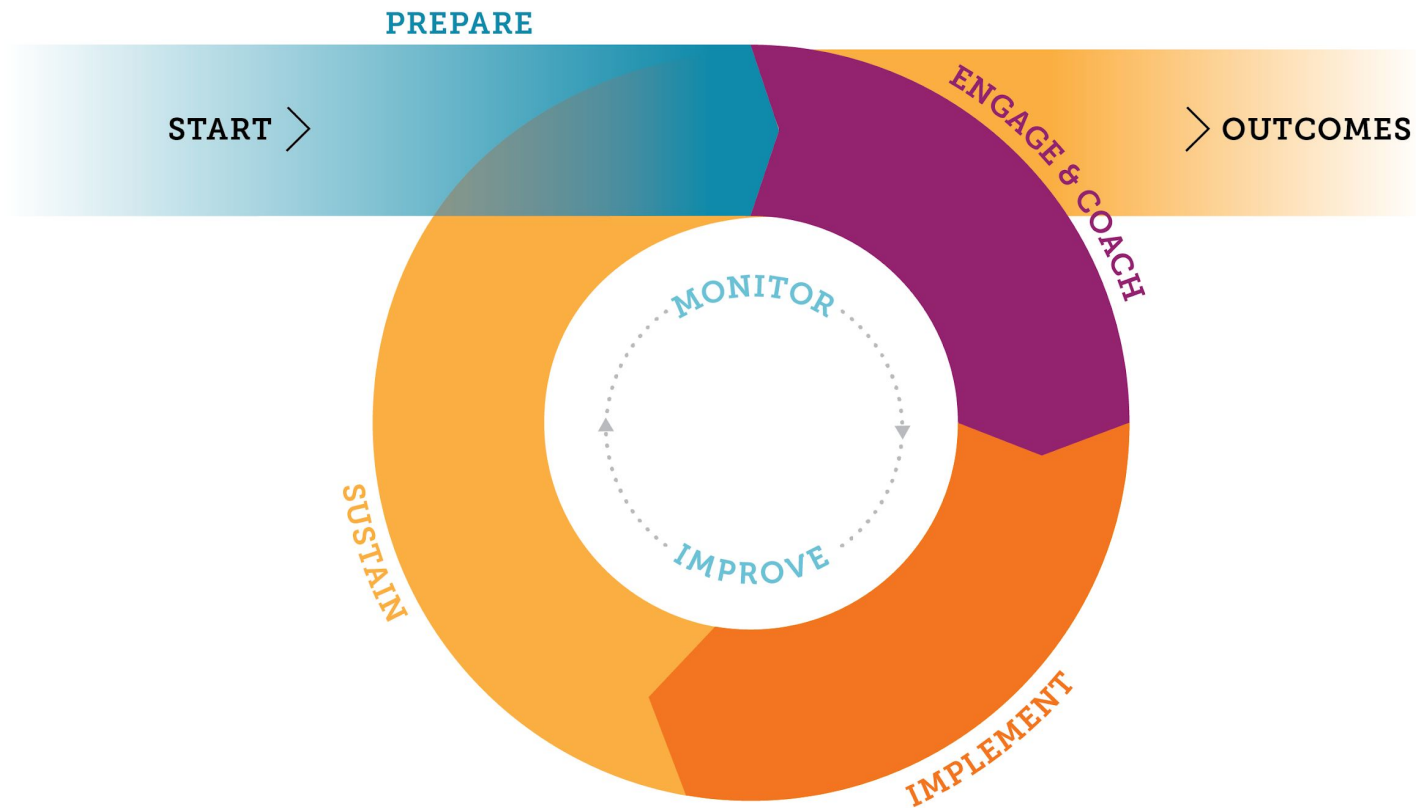


Cohort 5 Implementation Pathway

Implementation Pathway

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



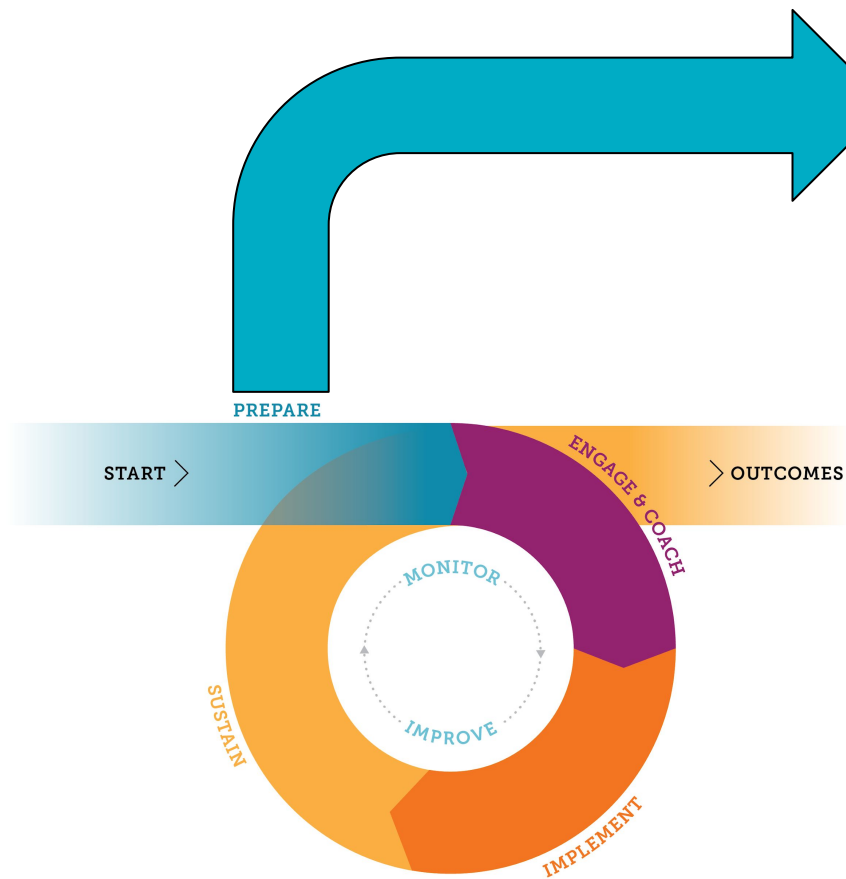
Implementation Roadmap

Describe activities that systematically guide TeamBirth implementation toward successful and sustainable impact



	PREPARE	ENGAGE & COACH	IMPLEMENT	SUSTAIN
	<input type="checkbox"/> Project Kick Off	<input type="checkbox"/> Clinicians Trained <input type="checkbox"/> Boards Installed	<input type="checkbox"/> TeamBirth Go Live <input type="checkbox"/> Patient Surveys	<input type="checkbox"/> Showcased Progress <input type="checkbox"/> TeamBirth Recognition
Lead & Socialize	✓ BUILD YOUR IMPLEMENTATION TEAM			
	✓ DEVELOP IMPLEMENTATION & COMMUNICATION STRATEGY	✓ Curate a culture of change	✓ Celebrate wins	✓ Share results
	✓ BUILD YOUR MEASUREMENT STRATEGY			
Assess & Adapt	✓ Assess your context	✓ Develop Huddle workflows	✓ Assess Progress	✓ Identify areas for expansion
	✓ Customize your tool	✓ Coach implementation		
Training	✓ Develop onboarding plan	✓ Provide training ✓ Coach Huddles	✓ Conduct Huddle Observations	✓ Onboarding and continuing education
Monitor & Improve	✓ Define success & metrics with data collection tools & plans	✓ Collect experience data	✓ Collect huddle data	✓ Systematic quality improvement
				✓ Evaluate impact

Implementation Pathway



Prepare Phase:

1. Build your Implementation Team
2. Develop an Implementation Strategy
3. Socialize and Build Support
4. Build your Measurement Strategy

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

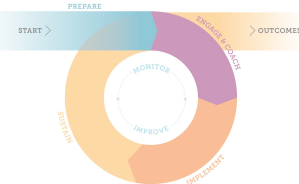
SUSTAIN

IMPLEMENT

Implementation Activity: BUILD YOUR IMPLEMENTATION TEAM

- Your implementation teams are a multidisciplinary group of people responsible for planning and executing TeamBirth in your context.

Build your Implementation Team



Lay a strong foundation by recruiting the necessary personnel to support on the implementation team.

IMPLEMENTATION TEAM

Who

Who are leaders on your unit and in your hospital that can support this initiative?

Who has the authority to make decisions, escalate concerns, needs, and execute decisions?

- Providing planning, support and resources
- Providing insight into the workflow and processes for implementation
- Customizing and testing the tools
- Anticipating challenges and overcoming barriers
- Define and carry out governance plan to make decisions and resolve challenges
- Training and coaching others by modeling the use of TeamBirth
- Providing feedback using qualitative and quantitative data to staff, patients and families, and leadership

Purpose

Implementation team members should join monthly coaching calls and delegate tasks for shared responsibility and governance.

How

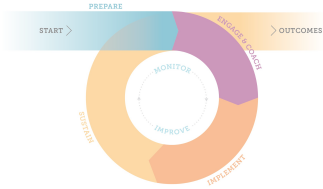
Build your Implementation Team

WHO

Implementation Teams

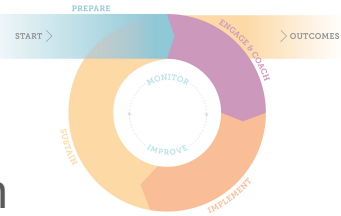
Representatives from the following backgrounds:

- ❑ Obstetrical nurse leaders (managers/ANMs, directors, educators, perinatal specialists)
-labor, postpartum, high risk, triage, clinic
- ❑ Obstetrical care providers (midwives, physicians - including residents, interns, students)
- ❑ Pediatricians, Anesthesiologists, Neonatologists
- ❑ Charge nurses, Staff nurses
- ❑ Data/quality specialists
- ❑ Project managers/coordinators
- ❑ Patient advocates/family representatives
- ❑ Community birth workers - doulas, birth center midwives
- ❑ Community leaders in maternal child health
- ❑ DEI committee members
- ❑ Representatives from anti-racism workgroups, unit based councils, shared **governance**



Build your Implementation Team

Take the steps to ensure your implementation has strong buy-in



Assignment:

- ❑ Define who will be on your multidisciplinary implementation team
- ❑ Identify your leaders
- ❑ Identify your core team members
- ❑ Develop and then assign team member roles, processes, and responsibilities, including designating a team leader



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

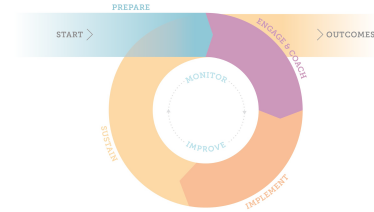
SUSTAIN

IMPLEMENT

Implementation Activity: BUILD AN IMPLEMENTATION STRATEGY

- Begin developing your unique TeamBirth implementation strategy

Build an Implementation Strategy



Lay a strong foundation by systematically planning for your practice change

IMPLEMENTATION STRATEGY

GOALS

What is your unique mission statement?

What specific goals do you have for your TeamBirth implementation?

What resources do you have available: staff, funding, time, internal systems, etc?

RESOURCES

What is your implementation budget and implementation team allocations?

TIMELINE

When do you expect key milestones to occur throughout the implementation?

OTHER COMPONENTS

Leadership & Implementation Team Members & Governance Structure

Communication Strategy (see next slide)

Plans for executing each implementation activity (see Roadmap)



Update as
you go!

TeamBirth

Implementation Activities

Project
Kickoff



Research Forms

Surveying
Begins



Survey Process Prep

Patient Surveying

Patient Surveying

TeamBirth
Go-Live



Board Installation

Board Design

Board Ordering

Messaging a Culture Change

Curating a Culture Change

Sustaining a Culture Change

Socialization
"Why Team Birth"

TeamBirth videos

Small-scale testing

Training across maternal and
well-newborn service line

Atlas Staff Survey

Atlas Staff Survey

Month 0

Month 1

Month 2

Month 3

Month 4

Month 5

Month 6

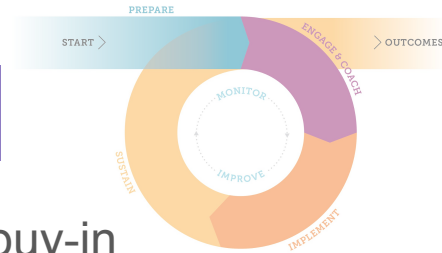
Sign-up for Monthly Coaching Calls with OPQIC

Zoom meetings between OPQIC and the implementation team at your hospital. Focus is individualized support, check-in on progress and troubleshooting.



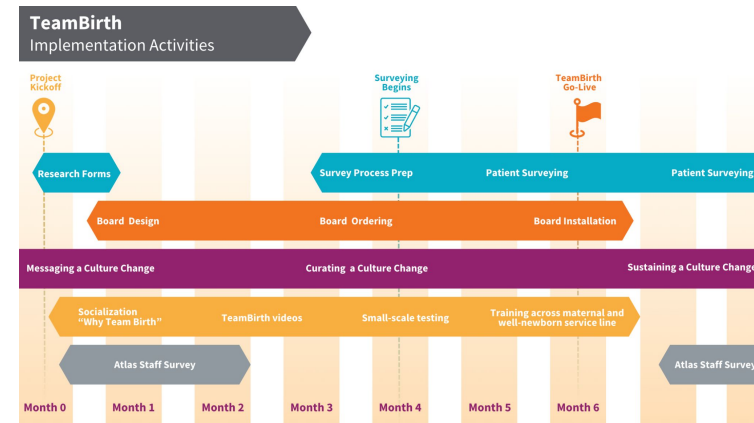
Build an Implementation Strategy

Take the steps to ensure your implementation has strong buy-in



Assignment:

- ❑ Identify your strategy and set specific goals
- ❑ Determine your White Board needs (how many, where to place, collaboration with marketing team, order & install)
- ❑ Define and communicate expectations for project and meeting management (who, how often, etc.)
- ❑ Identify a plan early on to resolve conflict and communicate expected behaviors



PREPARE

START >

> OUTCOMES

ENGAGE & COACH

MONITOR

Implementation Activity: **SOCIALIZE AND BUILD SUPPORT**

- Understand the resources available for socializing TeamBirth across your organization

SUSTAIN

IMPLEMENT

Socialize and Build Support

Establish a clear plan for engaging leaders and staff

COMMUNICATION STRATEGY

WHO Who are the different people and teams that need to hear about TeamBirth now and throughout the project?

It can be helpful to draft a stakeholder map

FOR EACH
“WHO”

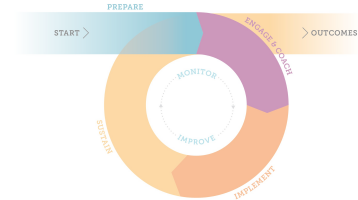
WHY The purpose of the communication

What do you want them to do with the information?

WHAT Based on your WHY, what key points or information do you need to include?

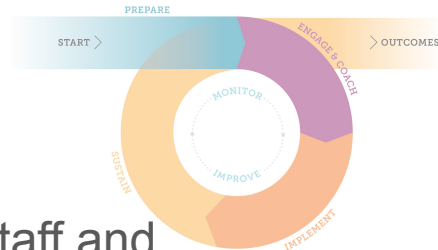
WHEN & HOW What are the best ways to share your WHAT (e.g. conversations, videos, 1-pager, email, meetings, etc)?

When and how often do they need to receive this message?



Update as
you go!

Socialize and Build Support



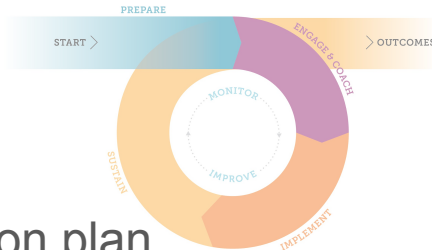
Socialize TeamBirth to build familiarity and buy-in across staff and clinicians

WHAT - Key messages or points to engage in with colleagues:

THE BASICS	What the project is and why it is important
THE GOALS	How this project is aligned with your individual, team, or organizational priorities and values
THEIR ROLE	What will be asked of them and how they benefit by participating (What's in it for them?)
WHAT TO EXPECT	<p>How everyone will learn about the project and be supported throughout implementation</p> <p>Where and when the opportunities will be to engage and provide feedback</p>

Socialize and Build Support

Resources help support your messaging and communication plan



TeamBirth Overview

Share and reference this 1-pager about the TeamBirth Components and Implementation Pathway



Why TeamBirth Video

Share this short video showcasing TeamBirth



Publications

TeamBirth research demonstrating its effectiveness and impact



Website

Send people to or reference the Ariadne Labs TeamBirth website for a brief summary of the initiative

Socialize and Build Support

Take the steps to ensure your implementation has strong buy-in

Assignment:

- ❑ Review the resources: **TeamBirth Overview**, **Why TeamBirth Video**, **TeamBirth Website**
- ❑ Discuss with your implementation team who needs to know about TeamBirth, how, and when
- ❑ Articulate the communication plan to socialize TeamBirth
- ❑ Get socializing by sharing the resources and having conversations!

The collage includes several key resources for TeamBirth implementation:

- Top Right:** A circular diagram with the stages: PREPARE, START, ENGAGE & COACH, IMPLEMENT, IMPROVE, and MONITOR.
- Center:** A QR code with the text "Scan to watch: Why TeamBirth?" below it.
- Bottom Right:** A video player showing a woman in a hospital bed being attended to by two healthcare providers. The video is titled "TEAMBIRTH" and has a progress bar at the bottom.
- Left Side:** A document titled "Why TeamBirth" with sections on components, core components, and key behaviors.

Why TeamBirth Components & Implementation Overview

WHAT IS TEAMBIRTH

TeamBirth is a care process innovation that supports open communication among patients, their support people, and clinicians across the maternal health continuum.

- Improve Communication
- Facilitate Teamwork
- Utilize Shared Decision Making
- Promote Dignified Childbirth

WHY IS TEAMBIRTH VALUABLE

People giving birth in the U.S. are more likely to face mistreatment, serious complications, or death than people in any other high-income country. Failures in communication and teamwork among clinical teams play a role in 80–90 percent of cases of patient harm.

Every person deserves a voice in their care when having a baby. Through structured team huddles and a shared planning board, TeamBirth empowers everyone to reach decisions together. The result is more dignified, respectful care that gives patients the role that they want.

Our process is rooted in research and backed by evidence. In a pilot trial at four U.S. hospitals:

- 97% of patients said the role they wanted in their childbirth experience
- 93% of clinicians felt TeamBirth improved care through better communication, teamwork, and shared decision-making
- 90% of nurses, midwives, and obstetricians reported they would recommend TeamBirth for use in other birthing centers

HOW IS TEAMBIRTH IMPLEMENTED

Implementation is a journey, not a single event. Purposeful preparation is key, and the Implementation Pathway and Roadmap describe culture change and quality improvement activities that systematically guide TeamBirth integration toward successful and sustainable impact.

HOW CAN YOU SUPPORT TEAMBIRTH

TeamBirth culture change needs champions and engagement from all the different roles that support people throughout their labor, delivery, and postpartum experience.

- Providers (OBs, midwives, pediatricians, etc.)
- Nurse Practitioners, L&D, postpartum, lactation, etc.)
- Doula
- Social Workers
- Interpreters
- And more!

TEAMBIRTH CORE COMPONENTS

- Structured Team Huddles
- Shared Planning Tool

KEY TEAMBIRTH BEHAVIORS

- Promoting each member of the care team
- Eliciting patient preferences
- Distinguishing care plans (patient, baby, progress)

PREPARE

START >

> OUTCOMES

ENGAGE & COACH

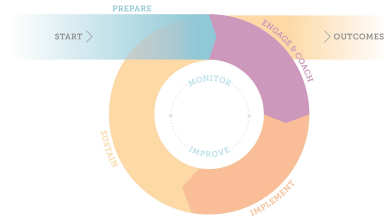
MONITOR

Implementation Activity:

BUILD A MEASUREMENT STRATEGY

- Data informed decision making and iteration is essential to reach your implementation goals.
- Elevating the patient voice and improving patient experience is a goal that must be measured to ensure success.

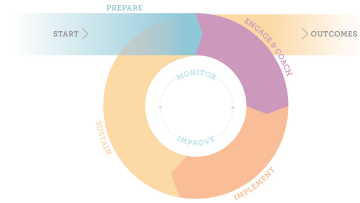
Build your Measurement Strategy



TeamBirth implementation requires input from patients and care teams. At minimum, your strategy should include:

Context Assessment	Patient Survey	Continuous Feedback Opportunities
Pre-implementation survey of leaders and staff to identify strengths and opportunities in your organization	TeamBirth paper or digital survey to collect first hand experiences of patients throughout implementation	Staff progress surveys and other touch points to elicit input from staff about what is working and what needs to improve

Build your Measurement Strategy



GOALS

What specific monitoring & evaluation questions do you hope to answer in order to reach your goals, in the short- and long-term?

DESIRED DATA

What types of data do we need in order to answer our learning questions? (aka What indicators and metrics do we need?)

Which data are highest priority

What are the possible sources of this data?

METHODS

How, when, and for whom are you going to collect your priority data?

How will you analyze the data and how will you use your findings for decision making and improvement?

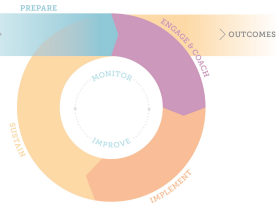
DATA COLLECTION TOOLS

What data collection do you already have and what tools need tailoring or development?

Build your Measurement Strategy

START >

> OUTCOMES



Patient Survey



Permission to Take Part in a Human Research Study

Protocol Title: Evaluation of the TeamBirth Project across the state of Oklahoma

Principal Investigator: Dr. Amber Weiseth, DNP, MSN, RNC-OB

Site Principal Investigator: Lauren Brown, MSN, RN

Description of Study Population: Maternity patients at Cherokee Nation W.W. Hastings Hospital

Version Date: March 13, 2023; v4

Key Information

The following is a short summary of this study to help you decide whether or not to participate.

Why am I being invited to take part in a research study?

We have invited you to take part in a research study because you recently had a live birth at a birthing hospital across the state of Oklahoma and we believe you might have useful feedback to share. We expect to invite up to 130,000 patients to take this survey over the course of this study.

What should I know about a research study?

- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You may discuss your decision with your family, your friends and/or your doctor.
- You can ask all the questions you want before you decide.

Why is this research being done?

Your hospital is currently conducting a quality improvement initiative, called TeamBirth, to see how we can optimize the labor and delivery and postpartum experience at our hospitals. This study will be conducted by Ariadne Labs, with partnership of the Oklahoma State Department of Health (OSDH) and Oklahoma Perinatal Quality Improvement Collaborative through the University of Oklahoma Health Sciences Center Office of Perinatal Quality Improvement (OPQIC). This study will be conducted across all birthing hospitals (hospitals that include a labor and delivery and postpartum unit) in Oklahoma that have not previously implemented TeamBirth. Ariadne Labs includes a group of researchers at Harvard TH Chan School of Public Health and Brigham and Women's Hospital that developed the TeamBirth initiative.

TEAMBIRTH



TEAMBIRTH Recognition Huddle Observation Form

Name: _____ Role/Title: _____

Facility Name: _____ State: _____

1. Please attest to personally witnessing or being a part of TeamBirth huddles this month.

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. 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

4. Did the team elicit preferences and concerns related to the current plan being discussed and were they written on the planning board?

- ☐ Yes - preferences and concerns about the current plan were elicited and written/updated on the board
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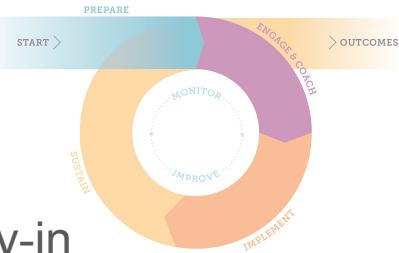
Huddle Observation Form

Build your Measurement Strategy

Take the steps to ensure your implementation has strong buy-in

Assignment:

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ARIADNE LABS **OPQIC**

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TeamBirth OK Patient Survey v5 3/1/23 Page 1

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Labor evaluation, induction, Scheduled C-Section, High Risk Antenatal, Postpartum readmission, Transfer in from community birth setting or other facility
☐ Labor Progress
☐ Prior to non-emergent intervention for nonbirthing person
AROM, augment, internal monitor, use of vacuum or forceps to assist birth, C-Section
☐ Prior to non-emergent intervention for baby
Supplemental feeding plan, phototherapy, opioid exposure plan, NICU observation/admission
☐ Contraception

☐ Change in care management
Hypertension, Hemorrhage, Infection, Opioid Use Disorder
☐ Post-birth/Post-emergency/Debrief
☐ Shift change/Hand-off
Need for huddle noted during provider or nursing bedside hand-off
☐ Pain Control
Profound labor, Post-op pain
☐ Outpatient setting
☐ Other

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