

TeamBirth: Initiating a patient centered approach to improving patient experience, team decision making, and clinical outcomes

Jessica Sorelle DO, PGY 2; Ann Tran DO, PGY 1; Frans Honig DO, PGY 1; Alex Schnaderbeck DO, PGY 4; Emilie Folz MS-1
Erin Brown DO, Faculty Advisor

INTRODUCTION

A healthy baby and a safe delivery are the main goal of any expecting mother, but any mother's feel unheard during the labor and delivery (L&D) process. We have partnered with Ariadne Labs to create a culture of shared decision making to improve the L&D process for patients and care teams combined.

BACKGROUND

This method has previously been implemented at three facilities across the USA with the objective to improve communication between the patients and care team. In the pilot study for TeamBirth, it was found that the platform could be implemented successfully at community hospitals across the country in a both rapid and safe manner. TeamBirth had a positive impact ($p < 0.001$) on patient experience when their medical team performed one or more huddles with them throughout their birthing process. Not only did patients have a positive experience, but medical team members felt that TeamBirth improved care, team communication, and decision making. Finally, the pilot study was shown to both decrease NTSV Cesarean rates and postpartum depression rates at its highest performing hospital.

METHODS

- Provide visual aids at different steps of the L&D process to guide shared decision making
- Place standardized white boards in every L&D room that displays patient's goals, labor progress, and support people.
- Initiate designated huddle times to discuss progress and any changes in the labor plan. Huddles will include patient, support person, nurses, physicians, residents.
- Will provide both patient and faculty surveys before and after implementation of TeamBirth, to compare patient and healthcare team satisfaction.

RESULTS

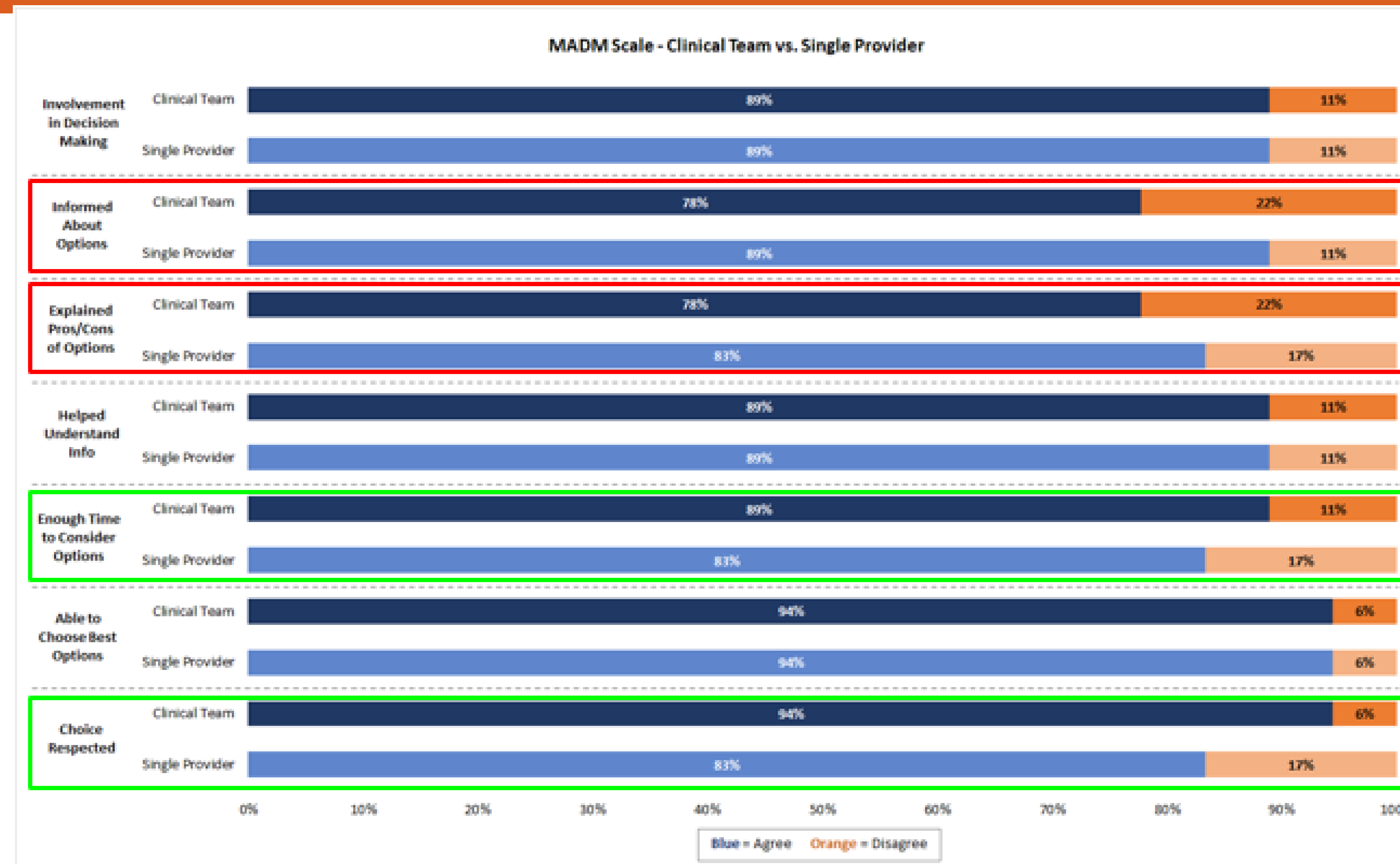


Figure 1. Represents all seven questions to evaluate the Mother's Autonomy in Decision Making (MADM). The MADM can be seen in the left column. Survey results were collapsed the levels of agreement into simply agree (in blue) or disagree (in orange).

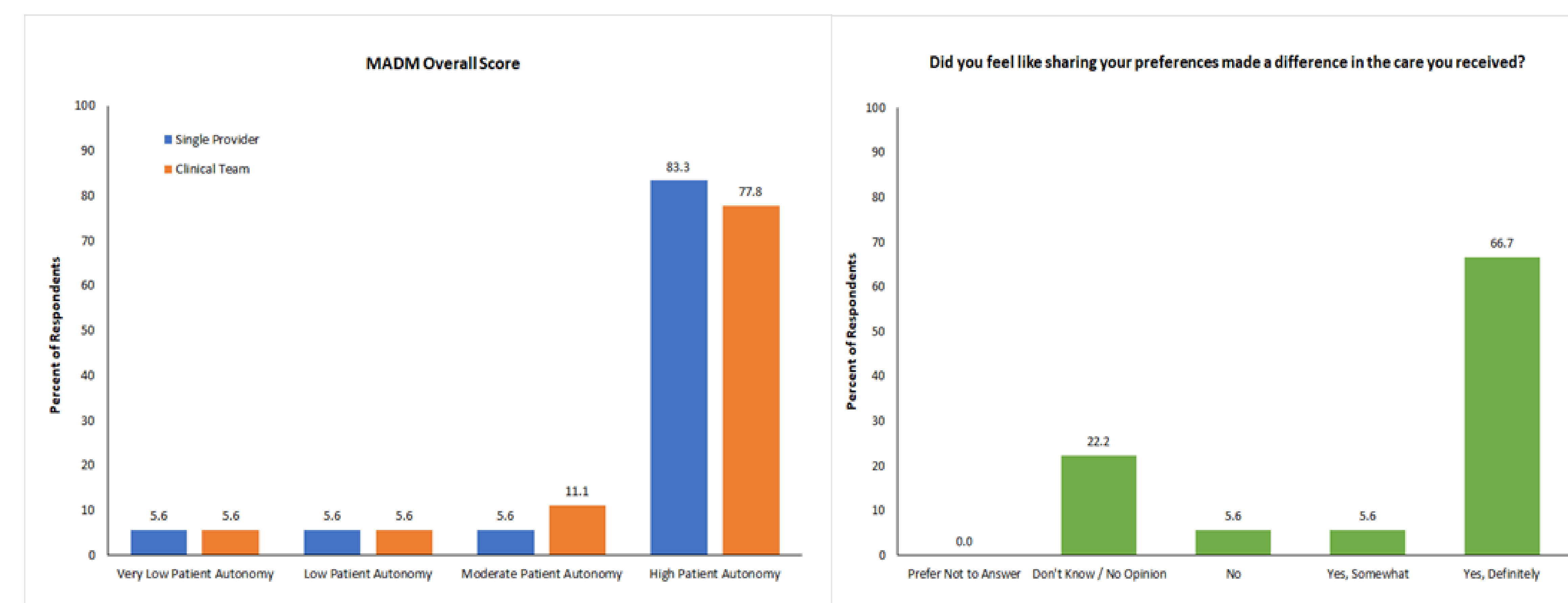


Figure 2. Summation responses from the 7 MADM questions, categorized as "Very Low Patient Autonomy", "Low Patient Autonomy", "Moderate Patient Autonomy", and "High Patient Autonomy".

Figure 3. Respondents are asked whether they agree that sharing their preferences impacted the care they received.

CONCLUSION

Given the relatively short period of implementation, we do not have enough data to draw definitive conclusions regarding program impact. With continued implementation, study power will inevitably increase. Preliminary results show the program negatively impacted patient education regarding care management options. Positive impact was seen regarding time given for patient consideration of options and provider respect of patient choices. Overall MADM scores worsened. We believe this is likely secondary to an under-powered study and potential early struggles with implementation.

DISCUSSION

As part of the pilot study, TeamBirth was initially implemented at Saint Francis Hospital (SFH), a partnered hospital with OSUMC. As both hospitals serve similar patient populations in the Tulsa metropolitan area, we expect similar improvements in patient satisfaction scores through TeamBirth's improved communication structure. The results represented here are preliminary results, as we are still in the early stages of implementation at OSUMC. There is ongoing data collection as well as continuing process improvement with incorporating these huddles into daily work flow from all care team roles.

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Disclosure statement:

The authors declare that they have no conflicts of interest and nothing to disclose.

RESOURCES

- TeamBirth Pilot Study. 2017. Ariadne Labs. Delivery Decisions Initiative.
- TeamBirth Pilot Study. 2017. Saint Francis HCAPS data.