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 - Will be held at the end of the presentation
 - Written questions are encouraged throughout the presentation
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Upcoming Team Training Events

Webinar

November 11, 2020 | 1:00 - 2:00 PM ET

Register for the webinar Same Storm, Different Boat: Using TeamSTEPPS Strategies to Navigate the Unchartered Waters of Virtual Learning.

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AHA Webinar Obstetrics Team-Based Approaches Improve Value





Educated patients become partners in their own care!





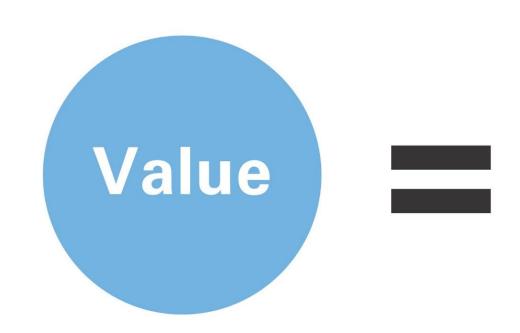




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The Value Initiative



Outcomes & Patient Experience

Cost





Team-based Approaches for Obstetrics







Team-based Care Creates Value

Value Initiative

Issue Brief

Team-based Care Creates Value

This is part of a series of Issues Briefs framing the complex issue of affordability. These briefs can be used to initiate conversations with stakeholders in your community.

What is Team-based Care?

The health care needs of Americans are often complex, as is the health care system patients have to navigate during an illness. To better support patients and their families through an acute or chronic illness, hospitals and health systems are adopting team-based models of care that encompass patients' medical and social needs across the care continuum. Team-based care is a promising, low-tech approach that allows health care workers from varying professional disciplines to provide customized, patient-centered care to manage the physical, psychological and spiritual needs of their patients.

As hospitals and health systems continue to move toward value-based care, team-based approaches provide a pathway to value by improving outcomes, enhancing the patient experience and reducing cost. This issue brief explores how to build effective care teams and how organizations can utilize team-based models to improve value.

Creating Interdisciplinary Care Teams

Interdisciplinary care teams take the multidisciplinary approach to the next level by ensuring that the providers work collaboratively, rather than just alongside one another. Interdisciplinary care teams bring together health care professionals from several disciplines to work towards a common goal, allowing each team member to draw on their discipline's unique skills and capacities. This group of a clinical and nonclinical professionals coordinate their actions for a common purpose – either the prevention and treatment of disease or the promotion of health.

Defining Team-based Care

National Academy of Medicine defines team-based care as "The provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve coordinated high-quality care."1

Though often used interchangeably, multidisciplinary and interdisciplinary differ in their form and function.

Multidisciplinary Care Teams: A team

composed of members from more than one discipline, offering patients a greater breadth of services. Team members work independently and in parallel, with each provider responsible for his or her own area. Communication between team members is formal, and team structure is often hierarchical with a designated leader overseeing the team.

Interdisciplinary Care Teams: A team of professionals from various disciplines are involved in reaching a common goal, with each team member bringing his or her discipline's expertise to the team. Team members work formally and informally, and information is shared in a systemic way among team members. An interdisciplinary team is collaborative and integrates each profession's knowledge into the care plan.²

You are invited to explore The Value Initiative at:

www.aha.org/TheValueInitiative

Value Initiative

Tools, resources and education to help you improve affordability and promote value in your communities.





Today's Presenters



Elissa M. Concini MSN, RNC-OB, C-EFM Women's Health Quality and Safety RN, Geisinger



Rachel Cunniffe, MSN, RNC-OB

Nursing Professional Development
Specialist, Geisinger



Diana Contreras, M.D., Chairman, Department of Obstetrics, Gynecology and Women's Health, Atlantic Health System





Today's Objectives

Understand, Identify, Discuss

Understand the use of TeamSTEPPS in obstetric care and its impact

Identify tools and metrics to track quality of obstetric care

Discuss ways teambased care brings value to the patient, provider and the hospital/health system





History of TeamSTEPPS at Geisinger

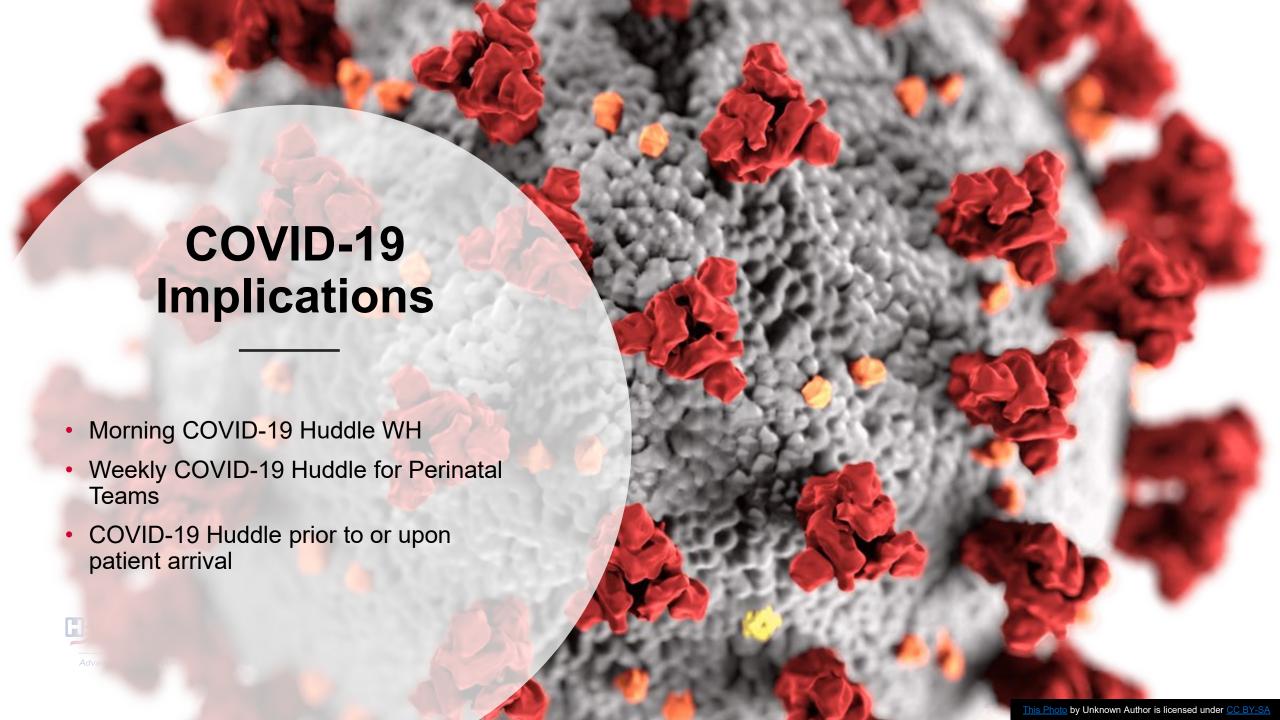
Hospital	First Tool Timeline
GWV	February 2018
GBH	June 2018
GMC	October 2018
GHS	Sept-October 2018
GLH	January 2019
GCMC	October 2019*



Implementation in Obstetrics







Challenges and Successes

Challenges

- Continual change
- Staff transition
 - Need for continued TeamSTEPPS education
- Firefighting
- Handoffs
- Real time feedback
- Interdisciplinary team communication*

Successes

- Clear communication during change
- Imbedded tools
- Decrease in sentinel/serious events*
- Increase in staff communication and support
- Culture of Safety has shifted*
 - Proactive versus reactive

*some sites are improving, while others are having challenges





When the ball drops...

- The Team
 - Was ready
- The Outcome
 - Was good
- The Questions
 - Were overflowing





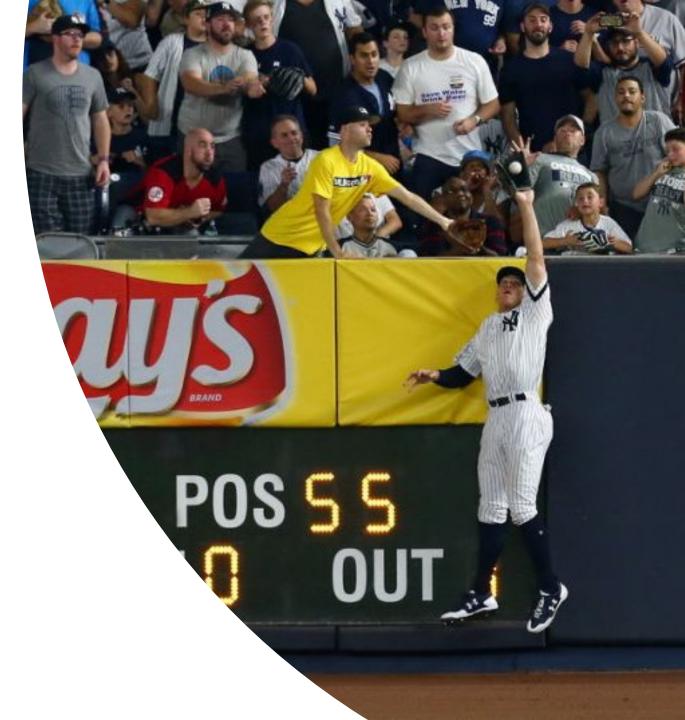


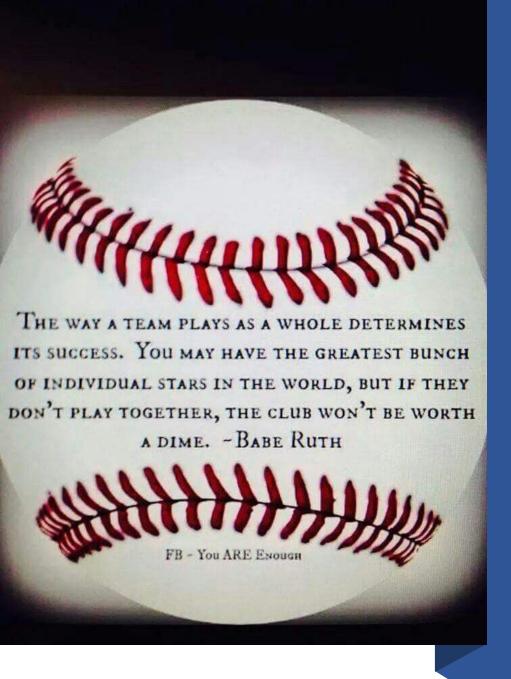
"GREAT CATCH"

- Anticipation of high-risk patients and recognition of additional support for care and deliveries.
 - Shoulder dystocia
 - Transfer of patients to GMC (placenta percreta)
 - Anesthesia prepping GWV Main OR
 - Anticipation of additional equipment for OR
 - NICU Staffing/Census
- Identification that a patient had been on the unit without being seen and evaluated by the unit provider
- Role designation for patient flow and timely discharge









Impact of TeamSTEPPS

- Sentinel/Serious events
- Brief attendance
- Debrief compliances with C-sections
- Huddle attendance/frequency
- Completion of action items from all debriefs (simulation/drills/real cases)

Future of Team STEPPS in OB

Support importance of current tools

Additional tool deployment (IPASS)

New provider education

Re-boot at multiple sites

Dig deeper into Culture of Safety

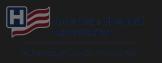
Team building with TeamSTEPPS



Keep your eye on the ball!

- Continuing education
- Clear communication
- Timely follow-up
- Frequent pulse checks
- Celebrate successes







Obstetrics Team-Based Approaches Improve Value

Diana N. Contreras, MD, MPH
Medical Director, Women's Health Service Line

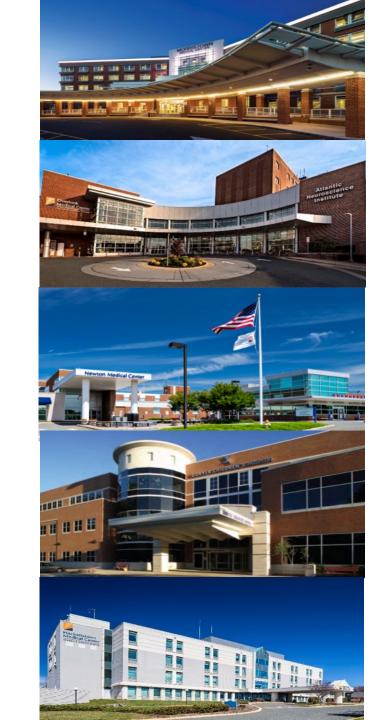






- Atlantic Health System's Hospitals
 - ✓ Morristown Medical Center in Morristown, NJ
 - ✓ Overlook Medical Center in Summit, NJ
 - ✓ Newton Medical Center in Newton, NJ
 - ✓ Chilton Medical Center in Pompton Plains, NJ
 - ✓ Hackettstown Medical Center, NJ
 - ✓ Goryeb Children's Hospital in Morristown, NJ







- 4 Labor and Delivery Units
- NICU
 - Morristown Medical Center
 - Overlook Medical Center
- Residents
- MFM System wide
 - Morristown Medical Center
 - Overlook Medical Center









- System-wide TeamSTEPPS training 2019
- All L&D nurses
- L&D employees
- All OB/GYN department providers
 - Physicians (including the GYN only providers)
 - Midwives
 - Nurse practitioners









- TeamSTEPPS Principles
 - Leading Teams
 - Mutual Support
 - Communication
 - Situational Monitoring







TeamSTEPPS Principles at Atlantic Health System (Same at all sites)

- Twice daily Briefs
 - Established time
 - Established attendance
 - NICU
 - Anesthesia
 - Nursing (L&D and P/P)
 - Providers
 - Social workers
- Huddles
 - Category II tracing huddle
 - Other







TeamSTEPPS Principles at Atlantic Health System (Same at all sites)

- Pre-C/section Huddles
- TOAD
 - Timing
 - Obstetrics
 - Anesthesia
 - Department status
- Post C/S Huddle/Debrief
 - o 3 TeamSTEPPS questions- including the patient
 - What did we do well?
 - What could be improved?
 - What is one thing we should change immediately?







TeamSTEPPS Principles at Atlantic Health System Transforming Teams of Experts into an Expert Team

- System wide policies/Common language
 - 23 policies including:
 - Physician communication policy
 - Hypertension management policy
 - Pitocin management policy
 - Post partum Hemorrhage management policy
 - Maternal Early Warning Signs and escalation policy







TeamSTEPPS Principles at Atlantic Health System Transforming Teams of Experts into an Expert Team

- Common Goals System wide
 - System wide Collaborative
 - Multidisciplinary participants from all sites
 - Nursing
 - Physicians (Full time and voluntary)
 - Midwives
 - o Risk
 - Quality
 - o CMO/CNO
 - Coding
 - Data Analyst
 - Epic support







TeamSTEPPS Principles at Atlantic Health System Transforming Teams of Experts into an Expert Team

- System wide Collaborative
 - Workgroups with representation for each site
 - Hemorrhage: goal to decrease number of post partum hemorrhages
 - Hypertension: goal treatment with correct medication with in less than 30 and 60 minutes
 - NTSV: goal to decrease to below 23.9%
 - Situational Awareness: goal to engagement entire team during briefs and huddles
 - Stop the Line



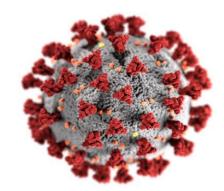




- Team Structure/Mutual Support/Leadership
 - Service line driven shared mental modelstandardized approach system wide
 - Nursing and physician representation for each hospital site
 - Care of the Covid 19+ and Covid 19 negative patient on L&D
 - L&D ORs for C/S
 - Vaginal Birth elimination of elective inductions
 - Postpartum care rapid discharge
 - Visitors
 - Personal protective equipment



Novel Coronavirus (COVID-19)



- Team Structure/Mutual Support/Leadership
 - Nursing and physician representation for each hospital site
 - Collaboration with ED and Medicine same approach at all sites
 - Mild illness and no laboring issues discharge from ED with discussion with L&D team
 - Mild illness and laboring issues L&D admission
 - Moderate or severe illness admission to Covid respiratory floor or ICU
 - L&D would go to the patient
 - Nursing and providers





- Team Structure/Mutual Support/Leadership system wide
 - Subgroups Collaboration Shared Goals
 - Algorithms
 - Transport
 - Security
 - Environmental services





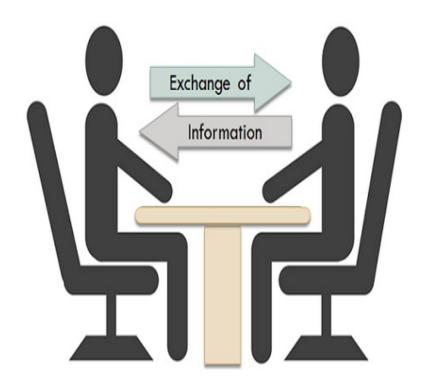


- Team Structure/Mutual Support/Leadership system wide
 - Subgroup created
 - Standardized Prenatal Care Hospital and system owned practices
 - Immediate change to incorporating virtual care
 - Standardized visit frequency
 - Fewer in person visits
 - Standardized communication to patients and visitors
 - o Emails
 - Website





- Communication
 - Daily call/Skype operational with Nurse manager, hospitalist and residents
 - Daily call/Skype providers, hospitals and office staff
 - 15 minutes update
 - 15 minutes Q&A
 - ID experts, NICU experts brought to the call to answer questions
 - Minutes sent via email to everyone system wide each evening
 - Book kept to reference changes







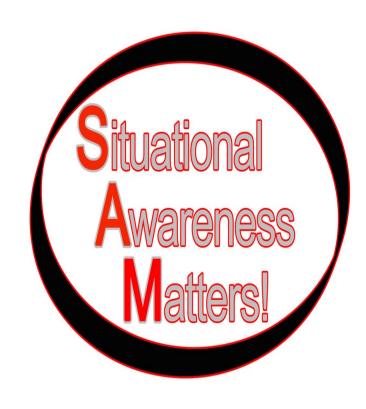
- Communication
 - Sharing of information
 - Canvassing of social media
 - Canvassing of information from England, Spain, Italy, NYC
 - Published on internet
 - Friends/colleagues







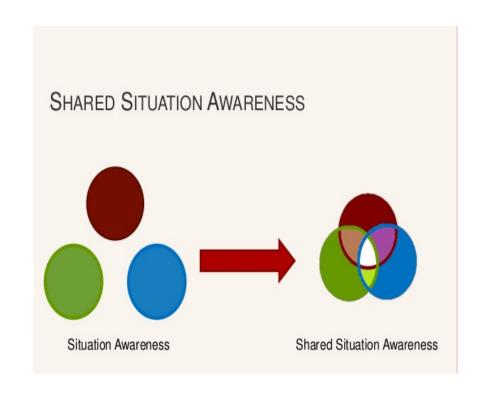
- Situational Awareness System wide/Site
 - Twice daily Briefs
 - Skype/Microsoft Teams
 - Number established and sent to everyone
 - Providers who had a patient in hospital on L&D notified to join







- Situational Monitoring System wide
 - Huddle for all Covid + or PUI patients on admission and at any decision making
 - Infectious prevention
 - MFM
 - Peds
 - Providers
 - Nursing







- Key points
 - Flexible
 - Adaptable
 - One common approach/language
 - Transparency
 - Teamwork
 - Communication
 - Leadership
 - Playbook





Obstetrics and COVID-19 at Atlantic Health System

- Challenges
 - o Fear
 - CDC recommendation constantly changing
 - No standard
 - No history of disease
 - o PPE required not known
 - Resources different at each hospital
 - Not known what would happen to mothers and babies







Obstetrics at Atlantic Health System

- Next Steps
 - Sustainability
 - More engagement of voluntaries
 - Virtual simulations
 - Telehealth









Questions? Stay in Touch!

www.aha.org/teamtraining

Email: teamtraining@aha.org • Phone: (312) 422-2609



