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Providence Implementing Team Birth to Improve Patient Satisfaction on an LDRP (Team Birth Single Room) Unit



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Background

- Team Birth is a EBP program designed to operationalize best practices in communication, teamwork and clinical care, to improve the birthing experience
- Birthing people express powerlessness and fear during the birthing experience
- The Team Birth communication huddle process involves the, birthing person and the care team to improve the patient experience by explaining procedures prior to implementation.
- Team Birth is an EBP which has improved quality of patient care and outcomes

Purpose

- Describe the implementation of Team Birth practice and effects on caregiver patient satisfaction outcomes

Methods

- In spring 2022, huddle boards were placed in patient rooms to enhance patient/team communication (Fig. 1)
- Huddle boards are the foundation of Team birth communication to focus on the goals of the health care team and birthing parents
- Educational campaign to the Healthcare team from educator and nurse manager in summer 2022
- July 2022, nurses surveyed on new process
- Press Ganey scores detailed before and after

Results

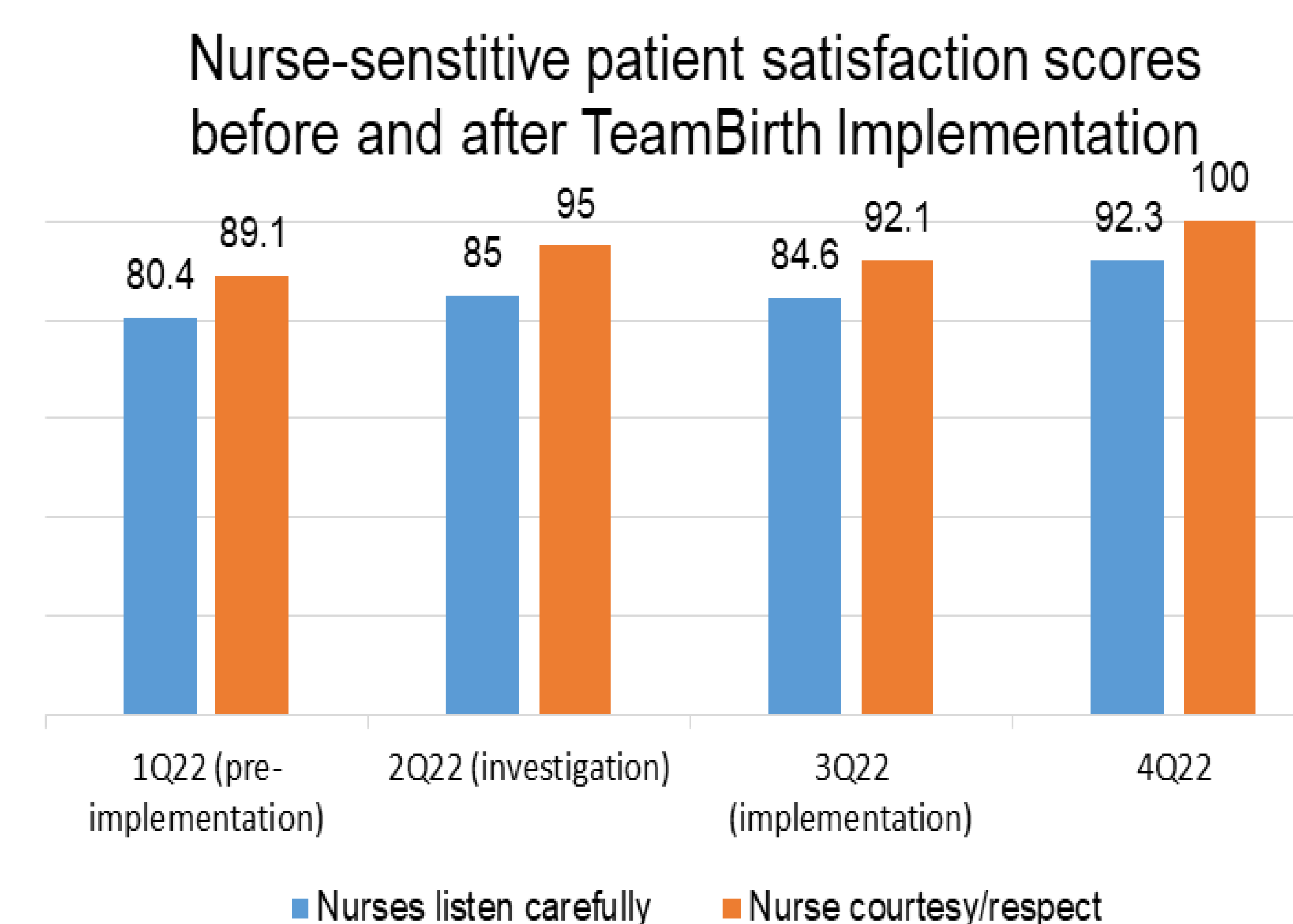
- 31% nurses participated in survey based on the understanding of Team Birth
- Nearly all (15/16) agreed that team members communicate for timely patient care decisions
- Most (14/15) correctly define Team Birth
- Patient satisfaction scores increased as expected (Table 1)

Discussion

- Staff report favorable knowledge of Team Birth
- Teamwork/communication rated highly for nurses
- Nurse-sensitive patient satisfaction scores increased, supporting Magnet designation at this hospital
- Barriers included phone technology and Physician buy-in

Figure 1. Team Birth Huddle Board

Table 1. Patient Satisfaction Scores



Implications for Practice

- All staff successfully engaged in education and practice for Team Birth
- Improved communication between patient and care team
- Next steps include creating a workgroup engaging patients to enhance Team Birth and possible pilot in other WA hospitals as best practice

Acknowledgments

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