**TEAMBIRTH RECOGNITION ATTESTATION**

**Date of Attestation Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Submission of this form completes the Recognition component: site Attestation of TeamBirth implementation. Your site TeamBirth Liaison (a member of the implementation team), with input as needed from relevant stakeholders, fills in Section A & C with site implementation details and provides relevant documentation pieces (Questions #1-9 & 17-20). Then with facilitation by the Liaison a minimum of three team members discuss and complete the reflection Section B (Questions #10-16).*

| **Liaison Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Role**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Role**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Role**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Role**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Role**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Section A: To be Completed by TeamBirth Primary Liaison:**

1. What are your key TeamBirth dates?

Date of TeamBirth Go Live:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Attestation (if relevant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what settings has your site implemented TeamBirth? choose all that apply

| * Labor & Delivery
* Triage / OBED
* Antepartum / High Risk (inpatient)
* Postpartum / Mom Baby
 | * NICU
* Outpatient Prenatal Care
* Outpatient Follow-up Care
* Birth Center
 |
| --- | --- |

1. Please describe any shared decision-making tools\* utilized in your department.

*\* Include an image of your shared planning tool or board when submitting this form*

1. Please list any TeamBirth tools you have in languages other than English and include the list languages for each. *(e.g. Labor Support Guide - Spanish, Arabic, French)*
2. In what ways does the implementation of TeamBirth connect with your organizational efforts toward improving birth equity: choose all that apply

| * TeamBirth was implemented as part of a birth equity bundle (please specify which one in the space below)
* Clinical outcomes are stratified by racial demographics
* Data is reviewed with staff and providers on a quarterly (or more frequent) basis
* Patient reports of birth experience are used for quality and safety improvement
* Implicit bias training with an obstetric focus is offered/required of employees
* Other (please specify in the space below)
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| --- |

1. What percentage of clinicians (physicians, midwives, nurses) completed TeamBirth Training?\_\_\_\_\_\_%

*Further explanation welcome in the space below*

Please describe the training approach:

1. Indicate which of the following new staff have TeamBirth training incorporated into their onboarding processes? choose all that apply

| * Providers (OBs, NPs, family / private practice, hospitalists, laborists, pediatric service providers, etc)
* Residents
* Midwives
* Nurses (L&D, postpartum, charge, lactation, other)
 | * OB Leadership
* Specialists (e.g. quality, safety, data)
* Support staff (e.g. nursing assistant, childbirth educators)
* Social workers
* Doulas
* Other (please specify in the space below)
 |
| --- | --- |

Please describe\* your onboarding processes:

*\*You are encouraged to include attachments, screenshots of learning modules, new hire checklists, or any relevant materials*

1. How does TeamBirth (i.e. Huddles and supportive materials) interact with or integrate into processes outside of the maternity department (i.e. across the organization and community)?

*Examples: patient safety officers review with RCA process, interpreter services have TeamBirth materials for education, ED staff has familiarity with TeamBirth huddles for use when applicable, TeamBirth indicators are included in quarterly hospital reviews, prenatal clinics & childbirth classes, community midwives/local birth centers, doula groups, etc*

1. Since your TeamBirth go live or a prior attestation, have there been any changes to your hospital or birth center’s processes or policies\* related to TeamBirth?

*\*Please attach any policies that have been updated to include TeamBirth*

**Section B: Reflecting on Challenges and Future Strategy**

The Liaison should coordinate and facilitate the completion of these questions in collaboration with a minimum of 3 other team members with clinical background (executive and/or quality leadership involvement strongly encouraged).

1. Is it the expectation in your department that every patient has an initial TeamBirth huddle?

| * Yes
* No
 |
| --- |

1. What percentage of patients do you estimate have experienced a huddle before discharge from their hospital stay? \_\_\_\_\_\_\_%
2. Please explain any logic or data supporting this estimation as well as relevant delineations by care setting (e.g. postpartum vs. L&D, reports from EMR)
3. What challenges are you experiencing with sustaining TeamBirth in this practice?
4. As applicable, how might the Ariadne Labs team support you?
5. What are the next steps, if any, for TeamBirth in your practice? *(e.g. expansion to NICU, etc)*
6. What else would you like to share with Ariadne Labs about your department’s implementation of TeamBirth?

**Section C: Remaining Recognition Components**

The Liaison will complete these final steps before submitting this Attestation Form.

**HUDDLE OBSERVATIONS**

1. At the time of this form’s submission, have you completed and submitted the necessary number of Huddle Observation Forms?

*Note: This question is just to inform next steps and does not influence Recognition acceptance*

* + Yes
	+ No, they are in process
	+ No, we have not started observations yet

**ENGAGEMENT ACTIVITY**

1. Which engagement activity have you done to fulfill the final component of Recognition? Select all that apply from the provided activity types:
	* SOCIALIZATION & EDUCATION - Examples include: TeamBirth updates on hospital/unit website, TeamBirth curriculum incorporated in childbirth education, etc
	* TRAINING - Demonstrating site innovation and owner of training staff in TeamBirth knowledge and skills. Examples include: Creating custom TeamBirth training videos for onboarding, TeamBirth curriculum incorporated in physician and nurse residency didactics and simulations, etc.
	* COMMUNITY PARTNER ENGAGEMENT - Examples include: a doula mixer with doula welcome kits, local birth center TeamBirth event, etc
	* RESEARCH AND MEASUREMENT - Examples include: research project that assesses TeamBirth impact, TeamBirth Patient survey data collection and analysis, EMR Huddle data audit, patient, staff, and provider interviews, etc
	* IMPLEMENTATION EXPANSION - Implementation and go-live of TeamBirth components in additional settings than the original project launch. Examples: Antepartum, NICU, Prenatal, etc
	* Other (please specify in the next section)
2. Describe the engagement activity or activities you selected above.

**RECOGNITION RENEWAL**

1. Looking ahead to the next 3 years before your Recognition will be renewed, what engagement activity do you anticipate demonstrating?

*Note: This is a demonstration of planning and your response will not affect your future renewal.*