British Association of Perinatal Medicine

National Patient Safety Improvement Programmes
Maternity and Neonatal

In collaboration with the Maternity and Neonatal Safety Improvement Programme and developed by a Multiprofessional BAPM working group.

Building Successful Perinatal Optimisation Teams

A Toolkit to support delivery of the Perinatal Optimisation Pathway

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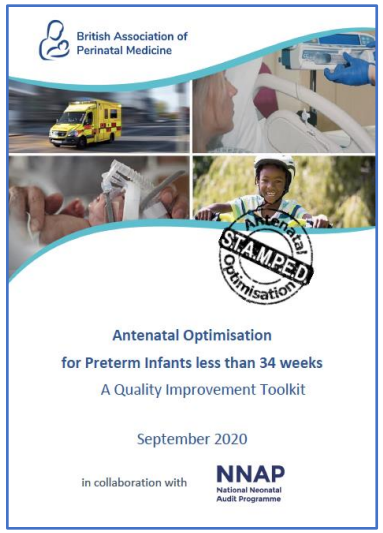
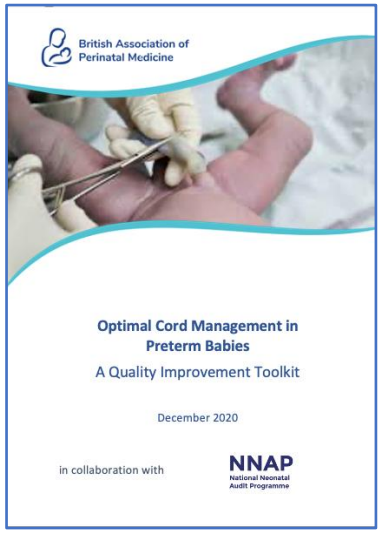
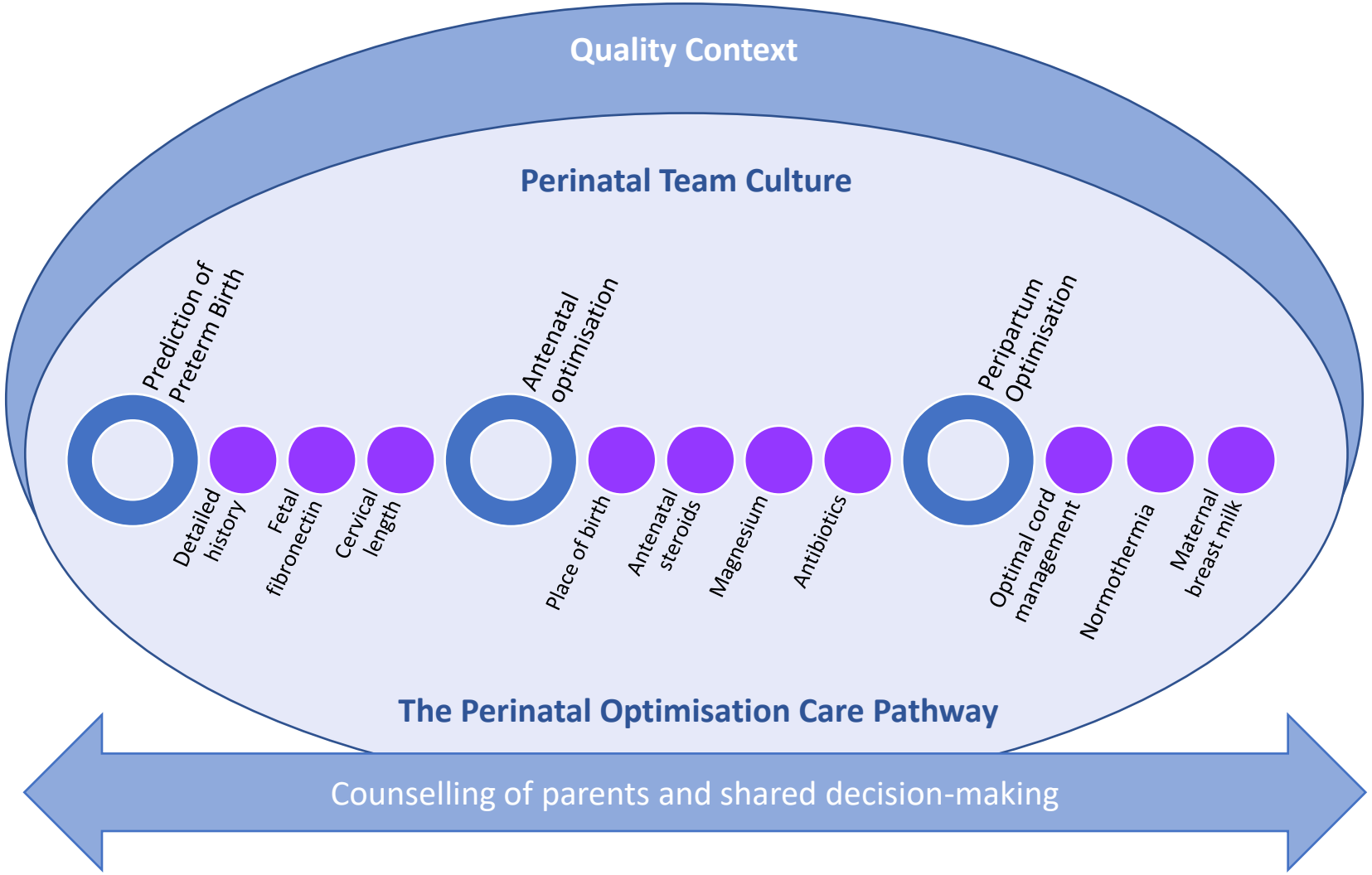
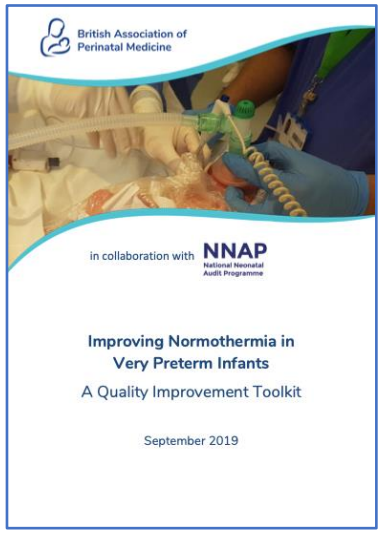
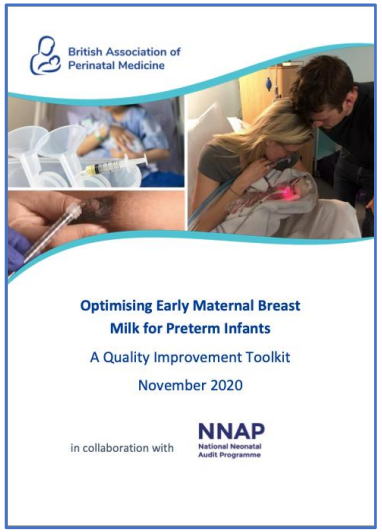
The Perinatal Optimisation Care Pathway











www.bapm.org/pages/104-qi-toolkits

Building Successful Perinatal Optimisation Teams: Improving Team Culture and Context around Perinatal Optimisation

- Resource to support the BAPM/NNAP Perinatal Optimisation toolkits
- Collaboration with MatNeoSIP
- Representation from:
  - Parents
  - Members of the perinatal optimisation team
    - All levels of unit
    - Transport teams
    - Trainees
  - HSIB, NTG, PERIPrem, National Neonatal Palliative Care Project

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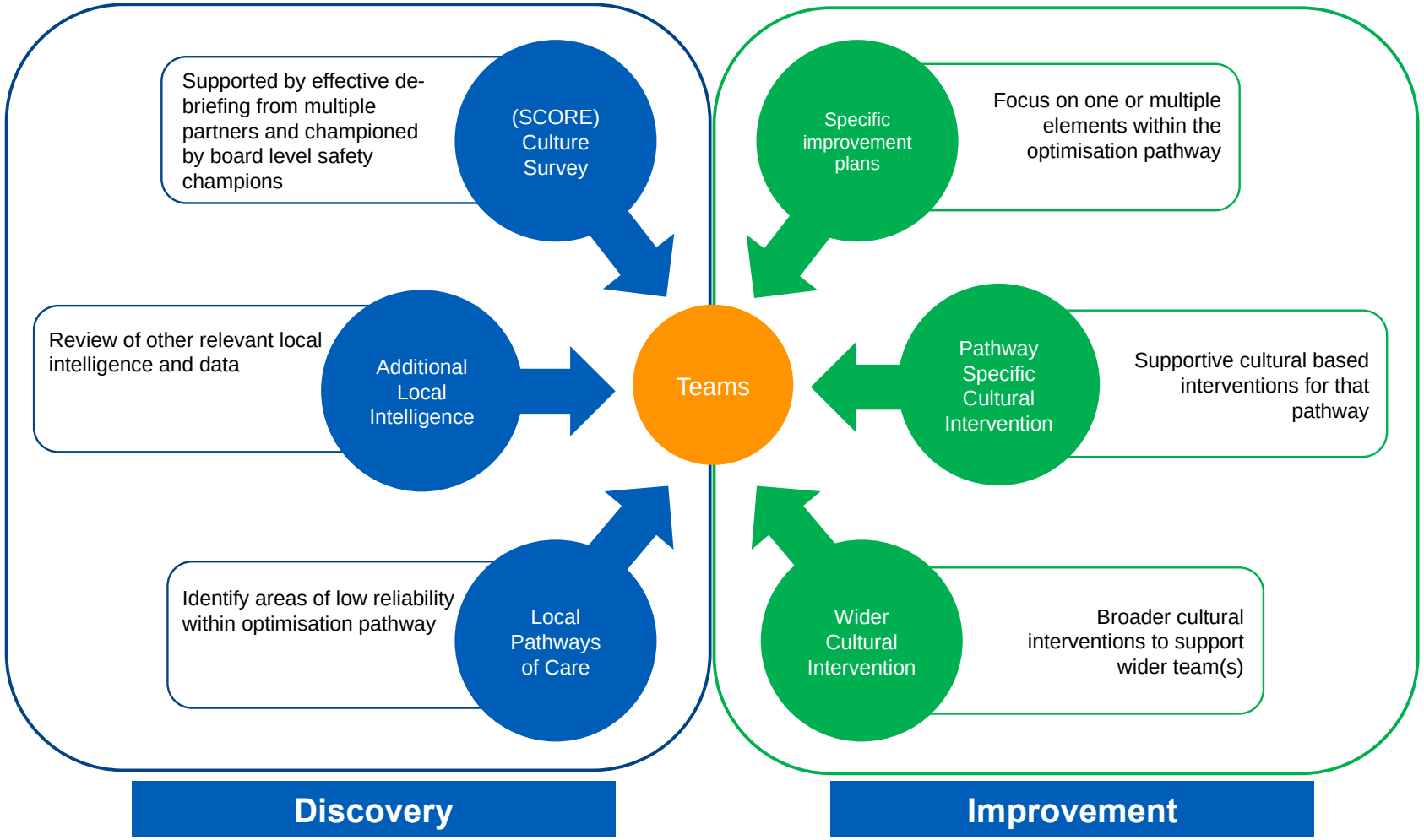
Building Successful Perinatal Optimisation Teams

Section 1: Assessing your context and culture:

- Staff culture surveys (SCORE)
- Parent and family feedback and surveys
- Trainee surveys and feedback
- Analysis of Perinatal Optimisation performance
- Miscellaneous mechanisms
  - SAE themes around preterm birth
  - External reviews
  - Recruitment/retention rates
  - Staff feedback boards and questionnaires

Building Successful Perinatal Optimisation Teams



Building Successful Perinatal Optimisation Teams

Section 2: Implementing improvements

- Improving effective **leadership** in Perinatal Optimisation
- Safe and person-centred **pathways of care**
- Effective **teamworking**, shared goals and positive communication
- Effective and continuous **learning** from episodes of error, excellence and near miss
- Engagement in **audit, benchmarking and research**
- Establishing capability and capacity for **quality improvement**

Building Successful Perinatal Optimisation Teams:

Effective teamworking, shared goals and positive communication

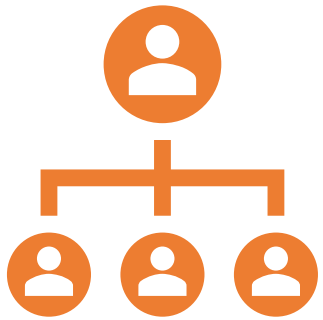
Section 2: Implementing improvements

Activities

Solutions

Improvement stories

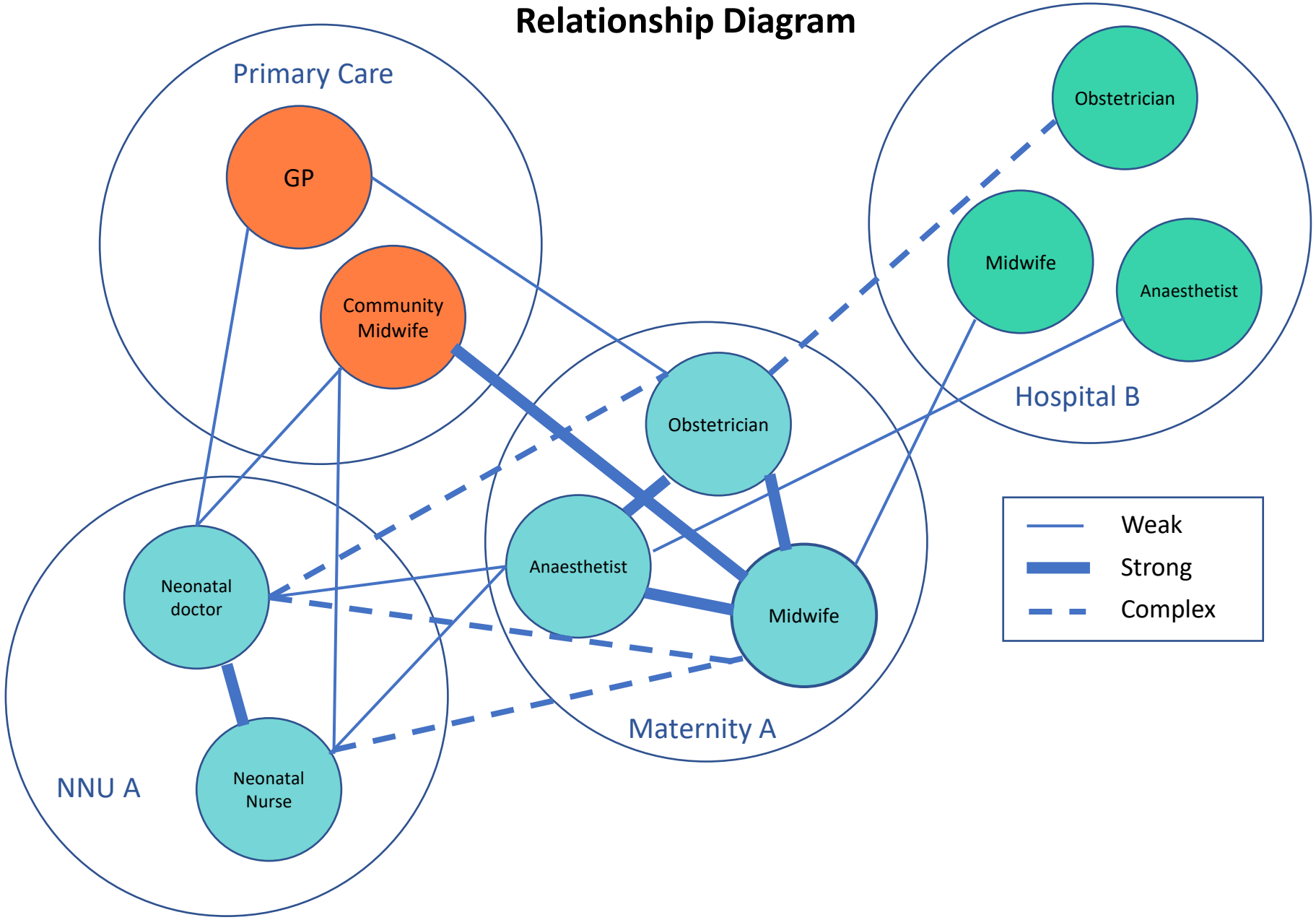
Example:
Effective teamworking, shared goals and positive communication



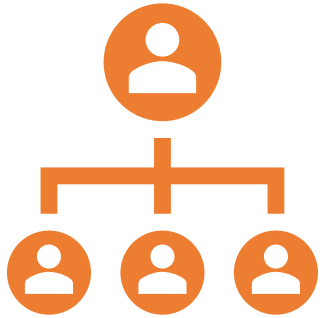
Activities

- Each consider your colleagues' roles and skills. Ask what do you know about their day to day working and what challenges they face. Have you ever taken a few hours to 'walk in their shoes'? @WhoseShoes?
- What do colleagues not understand about *your* job? What would be helpful for them to know or understand? Share this information.
- What do women and families say about how your teams work together? Review recent feedback or complaints.

Relationship Diagram



Example:
Effective teamworking, shared goals and positive communication



Activities

- Identify and review recent episodes of ‘teaming’ in preterm birth. What went well and what could be better? Was communication optimal? What knowledge or skills do you need to function better next time?
- Does your team have a shared mental model around perinatal optimisation? Ask all staff (maternity, neonatal and others) what they aim to achieve when a woman arrives in preterm labour?

Example:
Effective teamworking, shared goals and positive communication

Principles

- Foster a habit of non-hierarchical relationships
- Grow an awareness of team roles
- Establish shared goals
- Train all staff to a high level of skill and situational awareness

Example:
Effective teamworking, shared goals and positive communication

Practical Solutions

- **Structured handovers** such as SBAR for communicating clinical concerns especially at critical information-sharing timepoints
- Daily **safety huddles** to discuss women at risk of PTB, and maternity/neonatal capacity
- Routine **pre-briefs** for preterm births including MDT meetings for complex cases and births less than 27 weeks
- Routine multidisciplinary **debriefs** (hot and cold) for extreme preterm births with gap analysis and identification of improvement goals

CIVILITY SAVES LIVES

Best practice principles for multidisciplinary perinatal team meetings

Where

- A forum which makes it easy for the relevant people to attend comfortably- MS Teams; a room of appropriate size near to where care is being provided if frontline staff are to attend; or away from where care is being provided so that interruptions are minimised.
- A forum which includes facilities for optimal and reliable data presentation that presenting staff are familiar with and are skilled using, as well as easy access to patient records, guidelines and standard operating procedures.
- Avoid seating patterns that result in tribes of professional groups sitting together.

When

- A time which makes it easy for the relevant people to attend.
- A regular day and time is easier for people to remember but may need to be reappraised if attendance poor.
- Support attendance by diarising of event electronically.

Who

- A chair who is skilled in communication, leadership and diplomacy.
- A core MDT for presenting and discussing: ensure if junior staff are presenting that they are adequately prepared and supported.
- Clerical support for taking attendance, minutes and notes.
- Members of wider staff where appropriate.
- Trainees and other junior staff should be supported to attend smaller meetings to learn processes.

How

- Welcome with introductions if needed.
- Agree the goals of the meeting.
- Focus on systems and not individuals.
- Agree the action points and how they are to implemented.
- Agree learning points and how they are to be disseminated.
- Agree adherence to best practice behaviour to support an environment of psychological safety.

Encourage staff to model the following behaviours:

- Punctuality (start and end time).
- Kindness and civility.
- Respect and courtesy.
- Personal humility.
- Active listening without interruptions.
- Respect for confidentiality a focus on asking questions with blame-free curiosity.
- A focus on understanding other professionals' roles and their challenges.
- Celebration of success and praise where due.
- Zero tolerance for an environment which fosters disrespect and fear.

Developing good communication culture

Culture that stifles change and action	Culture that promotes change and action
"sorry we're closed to all admissions as soon as we are over our numbers- try again tomorrow"	"let's talk about how we can find the space for this high risk mother as it is so important for her baby to be in the right place if she gives birth"
"triage is so busy, there's no way we can prioritise women who may or may not be in preterm labour"	"how can we re-structure triage pathways to ensure the right women have rapid access to the right care?"
"helping this mum to express is not our job; that's the role of labour ward"	"if we give this mum information about the benefits of breastmilk for her baby, can you show her how to express within an hour of birth?"
"we can't manage deferred cord clamping- it feels too risky and babies get cold, it's easier for us to give the baby straight to the neonatal team"	"let us, the neonatal team, support you while we wait at least 60 seconds, as this could be so important in improving this baby's survival"
"this mother is young and on her own so there's no point in asking her to express"	"we believe all mothers deserve information about the benefits of breastmilk for their preterm baby, so they can make an informed choice"
"we don't have the time to spend teaching the parents how to give their baby colostrum and it's not safe"	"if we teach parents how to tube feed their baby safely, it gives us more time and empowers parents to be partners in care"
"parents can't visit as the ward round is going on"	"parents are part of the team, never visitors, and their input to the ward round is invaluable"
Consider episodes of communication you have experienced that have impressed, disheartened or even upset you, or other people? What factors may have led to this style of communication? What impact might re-phrasing the conversation have had? How might this person be trying their best at this time? What have you learned? Consider bringing staff groups together to develop communication guidelines for the overall team – this can give ownership and helps to develop a sense of 'how we like to do things here'.	

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Improvement stories