Response

Communication and Collaboration

Optimizing Professional Communication

Building a culture of safety through civility and respect among care providers is a critical component of QI in all health care. In the case of community birth transfer is needed, a culture of safety encompasses all who care for the patient, regardless of location. Every team member should feel comfortable speaking up to optimize safe, respectful, and high-quality care. Setting expectations for appropriate behavior and communication and modeling such behavior should be a priority of the QI team working to improve community birth transfer.

Disrespectful interactions present a key risk to quality of care, are unprofessional, and are considered a form of disruptive behavior that undermines teamwork and the culture of safety; they also may contribute to patient safety events. This type of disruptive behavior is a choice. It may be considered an at-risk behavior and should be evaluated using the "just culture" system of accountability.[1] A just culture recognizes that people can make mistakes and acknowledges that competent professionals can develop unhealthy norms, such as taking shortcuts and routinely violating established rules. A just culture, however, has zero tolerance for reckless behavior,[2] including disrespectful or derisive communication between care team members, regardless of credentials or practice setting.

A culture of safety draws on several principles, such as a shared purpose, psychological safety, a culture of trust, and reflection. These concepts may be established, supported, and reinforced by shared learning, bidirectional communication, and building trust over time; plans to support and augment these concepts in practice should be explicitly integrated into all aspects of a community birth transfer QI workplan. Addressing entrenched cultural issues can seem an insurmountable hurdle but can be supported by using standard tools that reframe how all team members communicate and recontextualize their relationships with each other. Examples include establishing rules of engagement that all providers and clinicians commit to adhering to; consistently using standard communication tools, such as SBAR or projects **such as TeamBirth**; and implementing a structured process for patient care transitions with community birth transfer.

All individuals who are providing care should commit to professionalism and civility in interactions and in how care is provided in any setting or when another provider's care is discussed with patients and their support network to optimize quality and safety of care.

Optimizing Patient Communication

Excellent clinician-patient communication is essential in providing safe, high-quality, and respectful patient care.[3] As an expert on their own lived experience, any person receiving care should be included as a valued member of the health care team at each step of care provided, and this includes the birth setting transfer process. This inclusion requires ongoing, transparent, respectful, and appropriate communication with the patient and their support team.[4]

A patient's chosen support network may include partners, family members, and other trusted individuals selected to be present for the labor and/or birth experience. While participating in the birth experience is important for many partners,[5] some describe feeling unheard or sidelined, especially during shifts in location of planned care.[6] Providing patient-centered care involves the inclusion of partners and support persons in ongoing communication as the patient desires.[7]

Patient autonomy and informed decision making, as discussed in the **Introduction**, requires that patients have high-quality and accurate information.

A community birth transfer for any reason represents a shift in planned care and care complexity. The transfer process represents a change in the care plan that can cause anxiety and heightened concerns and may activate a trauma response for patients, partners, and family members who have a history of trauma (See the **Respectful, Equitable, and Supportive Care** section for more information.) Hospital providers and staff can support an ongoing plan of care that incorporates the values, beliefs, and preferences of the person giving birth by being welcoming, communicating clearly, and providing ongoing patient and family education. This education and care should be provided in tandem with the community birth provider as desired by the patient.

Clear, concise information that is free of bias or judgment is foundational to establishing an environment where high-quality care may be provided. Team members, both in hospital and community settings, should take explicit care to avoid conveying a sense of undermining, condescending, or disrespect for each other in their communication with the patient and their designated supports.

A specific plan should be outlined by the QI team and agreed on by care providers that spells out who will provide the patient with explanation, debriefing, and space to process their birth and transfer experience after delivery and how these steps will be accomplished. This critical debriefing, specifically focused on the patient's experience and the clinical context, and similar interventions have been shown to reduce or prevent posttraumatic stress symptoms and posttraumatic stress disorder in postpartum women.[8]

Conduct Huddles and Post-Event Debriefs to Identify Successes, Opportunities for Improvement, and Action Planning for Future Events

Huddles, debriefing, and action planning during and after community-birth-to-hospital transfer can provide valuable insights for health care team members to improve processes and perinatal outcomes, as well as foster situational awareness and collaborative working relationships.

Huddles

Event or occurrence huddles are ad hoc, brief meetings that occur in real time when there is a change in patient status, change in resources for care, or other acute topics that require team awareness and planning. This type of pause in care with shared discussion allows for understanding of changing events and enhances the team's ability to rapidly plan for actual or potential changing needs in care. A team huddle, designed to reinforce plans already in place and to assess the need to adjust the plan, also may be used to review situational awareness and to troubleshoot and revise the current plan of action, if needed. Huddles specific to events or occurrences may include all or just a few team members and can be called by any team member.

The team should include all those providing and planning for care, including the transferring community birth midwife whenever possible. If a community midwife is no longer present and their participation is deemed important, they may be included in huddles via phone or meeting platforms. A community midwife directory is useful to encourage open communication with the community midwife and hospital providers and staff.

The person giving birth and their designated support team, including partner, doula, or others, should be included in and inform this type of huddle as a plan of care is evolving.[11]

Huddles Example

- **Tampa General Hospital: Pre-Cesarean Huddle Form:** This huddle form provides an example of a communication tool which can be used to guide and document a huddle.

Huddles Resources

- **Washington State Hospital Association: Guide to Safety Huddles:** This guide provides practical recommendations for conducting huddles.
- **Smooth Transitions Team Birth Collaboration Resources:** These resources include guides for midwives and doulas on TeamBirth processes including regular huddles.

Debriefs

The debriefing process is an important facet of a culture of safety. Debriefs allow teams to identify successes and operational difficulties, provide real-time feedback, and conduct short-term planning for follow-up processes. Ideally, a debriefing immediately follows an episode of care and involves a short, concise discussion of what went well and what could be improved in the future. At times, it may be helpful for a team to use a guided debriefing form that is not part of the patient's medical chart, but instead is used by the broader QI team to address any needs for future planning.

Before a community birth midwife leaves the hospital, a debrief with the receiving provider and nursing staff may be helpful, particularly if any of the interactions during the transfer have been stressful. This is not the time to give feedback; rather, it is an opportunity to build a mutually respectful relationship by expressing gratitude for any aspect of the transfer that went well.

Debriefs Resources

- **California Maternal Quality Care Collaborative: Sample Perinatal Safety Debrief Form** This example debrief form provides an example of a communication tool which can be used for the debriefing process.

Debriefs Resources (Con't)

- **Florida Perinatal Quality Collaborative:** Debriefing Following a Severe Incident in Pregnancy This one-page guide provides an overview of debriefing, it's practical application, and recommendations.
- **Nebraska Coalition for Patient Safety:** Patient Safety Improvement Tools: Debriefs This webpage includes a compilation of resources and examples that support the debriefing process including webinar recordings, templates, and forms.
- **Texas Children's Hospital:** Debriefing Clinical Events: Improving Team Communication and Collaboration This slide deck includes recommendations for important elements of a debrief.

Action Planning

Following a patient care episode and debrief, steps should be taken to address identified gaps in care, processes, and equipment or supplies. This effort should include all members of the care team, including the community birth provider, to reinforce that patient safety and high-quality care are each team member's responsibility. Facilities and QI team members can design a system as part of the community birth transfer workplan to allow team members to document issues and review processes discussed during debriefs. Each team should identify a formal pathway to share knowledge gained from the event with leadership and staff. Teams should determine who is responsible for improvements as part of action planning.

Action Planning Resources

- **Agency for Healthcare Research and Quality (AHRQ):** Action Plan for the AHRQ Surveys on Patient Safety Culture This action plan template can be customized to define and guide the steps to be taken for QI.

Use Standardized Communication Practices to Facilitate Transfer of Care

The American College of Obstetricians and Gynecologists states, "In the era of collaborative care, effective clinician-to-clinician communication is important to facilitate continuity of care, eliminate preventable errors, and provide a safe patient environment."[12]

In the event of transfer, a midwife should remain with the person they are caring for, and direct, provider-to-provider communication should occur, including ongoing conversation about care management. Provider conversations in this instance may include community birth provider to EMS, as well as EMS with community birth provider to hospital team to optimize continuity of care. Whenever possible, communication should be initiated before arriving at the hospital to allow the receiving facility to prepare for the transfer.

On arrival of the patient to a hospital for care, face-to-face bedside communication among providers, nursing staff, the patient, and the patient's identified support network should occur according to established transfer protocols, as discussed in in the **Readiness** section.

Accurate communication of information about a patient from one member of the health care team to another is a critical element of patient care and safety. This is particularly true during a transfer of care to another clinician. In the era of collaborative care, effective clinician-to-clinician communication, including community birth providers and EMS, is essential to facilitate continuity of care, eliminate preventable errors, and provide a safe patient environment.

Any transfer of care should include an opportunity for all involved to ask questions about, clarify, and confirm the information being transmitted. As part of its standard for provision of care, treatment, and services, The Joint Commission emphasizes that the "process for hand-off communication provides for the opportunity for discussion between the giver and the receiver of patient information."[13] Ineffective organization of the information by the sender and lack of attention by the receiver are two significant barriers to the effective transfer of vital information. Structured forms of communication should be considered, such as use of templates and SBAR.

Medical Record Access

When responsibility of caring for a patient shifts from one clinician to another, the transfer of patient information and historical knowledge of care may be lost or disrupted. The most effective sharing of patient information includes both verbal and written components. Prenatal and labor records (copies or originals) from the community birth practice should accompany the patient to the hospital, including all including all laboratory and ultrasound results, and referral and outcomes of consultation(s). This sharing of information should be reciprocal; community birth providers should have access to the patient's hospital chart after discharge for ongoing care by the patient's provider of choice.

Examples of Communication Practices to Facilitate Safe Transfer of Care

- **Maine Center for Disease Control and Prevention:** Best Practice Recommendations for Handoff Communication During Transport from a Home or Freestanding Birth Center To a Hospital Setting
  - Brief SBAR [Situation, Background, Assessment, Recommendation] Script for Phone Call Initiating Transport by EMS (p. 11-13)
  - Brief SBAR Form for Recording Phone Call to Hospital regarding Transport (for nurse receiving the transfer call, p. 14)
- **Foundation for Health Care Quality: Smooth Transitions:** 911 Protocol for Community Midwives**:** This protocol provides guidance for community midwives calling 911 to initiate a transfer of care.
- **Home Birth Summit**
  - SBAR Script for Phone Call Received re: Transfer from Home Birth**:** This one-page script provides an SBAR-based guide for hospital staff transfer calls from home births.
  - Transfer Guidelines Model Forms **(newborn and maternal):** These downloadable forms can be used to support safe and respectful transfers.

Examples of Communication Practices to Facilitate Safe Transfer of Care (Con't)

- **Utah Women and Newborns Quality Collaborative:** Utah Best Practice Guidelines: Transfer to Hospital from Planned Out-of-Hospital Birth
  This guide provides recommendations for best practices before, during, and after transfer (pp. 2, 4, 5, and 7)
- Oregon Community Birth Transfer Partnership
  Tips for Welcoming Community Birth Transfers (Transfer Improvement Toolkit, p. 34): This list of tips provides guidance for fostering a welcoming environment for community birth transfers in hospital settings.

Initiate Protocols, Policies, and Guidelines for Safe Transfer of Care When Indicated

As discussed in the **Readiness** section of this resource kit, preparing for birth transfers—for example, by adopting protocols, policies, guidelines, and supporting checklists—contributes to opening lines of communication and creating a shared mental model among all providers caring for perinatal patients.

Timely transfer and, in an emergency, stabilization, are key to providing risk-appropriate care and ultimately reducing preventable morbidity and mortality.[14] Teams without formal obstetric services should establish feasible plans and pathways for patient stabilization and transport to higher levels of care, regardless of transfer urgency.

Through comprehensive discussion among multidisciplinary teams of delegates to two national Home Birth Consensus Summits, the following components of model best practices were identified[15] These components may guide development and enactment of protocols for birth setting transfer by community birth QI teams:

Home Birth Consensus Summit Model Practices for the Community Birth Provider

- In the prenatal period, provide information about hospital care and procedures that may be necessary and documents that a plan has been made for hospital transfer should the need arise.
- Assess patient status throughout the maternity care cycle to determine if a transfer will be necessary.
- The midwife will notify the receiving provider or hospital of the incoming transfer, reason for transfer, brief relevant clinical history, planned mode of transport, and expected time of arrival.
- Continue to provide routine or urgent care enroute in coordination with any emergency services personnel and address the psychosocial needs of the patient during the change of birth setting.
- Upon arrival at the hospital, provide a verbal report, including details on current health status and need for urgent care. Provide a legible copy of relevant prenatal and labor medical records.

- The community birth provider may continue in a primary role as appropriate to their scope of practice and privileges at the hospital. Otherwise, the community birth provider will transfer clinical responsibility to the hospital provider.
- Promote good communication by ensuring patient understanding of the hospital provider's plan of care and that the hospital provider understands the patient's need for information regarding care options.
- As desired by the patient, the community birth provider may remain to provide continuity and support.

Home Birth Consensus Summit Model Practices for the Hospital Provider and Staff

- Accepting hospital team members will be sensitive to the psychosocial needs of the patient that result from the change of birth setting and provide trauma-informed communication and care.
- Accepting hospital team members will communicate directly with the community birth provider to obtain clinical information in addition to the information provided by the patient.
- Timely access to maternity and newborn care providers may be best accomplished by direct admission to the labor and delivery or pediatric unit.
- Whenever possible, the maternal-infant dyad is kept together during the transfer and after admission to the hospital; care to avoid maternal-infant separation should be explicitly centered.
- Accepting hospital team members participate in informed decision-making process with the patient to create an ongoing plan of care that incorporates the values, beliefs, and preferences of the person giving birth or who has given birth.
- As desired by the patient, hospital personnel will accommodate the presence of the community birth provider as well as the patient's primary support person during assessments and procedures.
- Accepting hospital provider and the community birth provider coordinate follow-up care for the pregnant or postpartum person and newborn, and care may revert to the community birth provider upon discharge.
- Relevant medical records, such as a discharge summary, are sent to the referring community birth provider.

Examples of Transfer Protocol Template

➢ **Foundation for Health Care Quality:** Smooth Transitions
Modifiable Templates:

- **Smooth Transitions Template Protocol: Hospital Transfer from Planned Community Birth:** This customizable protocol template can be tailored by hospitals to clarify the transfer process.
- **Early Discharge for the Newborn—Template:** This template includes recommendations of criteria to assess well newborns for possible early discharge from the hospital and an informed consent agreement for use with parents.

Examples of Transfer Protocol Template (Con't)

- Oregon Community Birth Transfer Partnership
  - **Sample Community Midwife Hospital Transfer Plan (p. 41, Transfer Improvement Toolkit):** This transfer plan can be used to inform patients about what emergency and non-emergency transports are and the partnering hospitals.
  - **Sample Hospital Transfer Worksheet (p. 42, Transfer Improvement Toolkit):** This worksheet can be filled out by patients to communicate questions and concerns about birth transfers and their preferred hospital if a transfer becomes necessary.
- **Home Birth Summit: Transfer Guidelines Model Forms Transfer from Planned Home Birth to Hospital (Completed form required to obtain PDF):** These downloadable forms can be used to support safe and respectful transfers.

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