NYS Prevention Agenda Webinar Series

NYS Breastfeeding Quality Improvement in Hospitals: Improving Care and Outcomes for New York's Mothers and Babies
MARCH 31, 2015
12:00 TO 1:00 PM

Welcome!

• Today you will hear a presentation and have the opportunity to ask questions

• Find resources and materials at: nyspreventschronicdisease.com

• Today's session is being recorded

Webinar Guidelines

• Please designate one person at the computer
• Adobe Features you will use today:
  – Chat Box (bottom right)
Evaluations
Nursing Contact Hours, CME and CHES credits are available.

Please visit nyspreventschronicdisease.com to fill out your evaluation and complete the post-test.

We have applied for LCERP credits – check back on the website in a few weeks to take the post-test to receive that credit should those be approved.

Objectives
Participants will be able to:
- Recognize the Ten Steps to Successful Breastfeeding as the foundation for improvement in hospital maternity care practices
- Identify two important steps that interested hospitals can take to prepare for participation in the BQIH Learning Collaborative
- Describe hospital benefits derived from participating in the NYS BQIH Learning Collaborative and adopting the Ten Steps to Successful Breastfeeding

Agenda and Introductions
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<tr>
<th>TOPIC</th>
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<tr>
<td>The NYS Prevention Agenda and BQIH</td>
<td>Sara Bonam Wege, MS, RD, CDN New York State Department of Health</td>
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<tr>
<td>NYS Breastfeeding Quality Improvement in Hospitals Learning Collaborative: Phase II</td>
<td>Jennifer Ustianov, MS, BSN, RN, IBCLC National Institute for Children's Quality</td>
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<td>Improving Maternity Care Practices – Starting Out</td>
<td>Yogangi Malhotra, MD Montefiore New Rochelle Hospital</td>
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<td>Improving Maternity Care Practices – The Long View</td>
<td>Sabrina Nitkowski-Kiever, MSN, RNC New York Presbyterian/Hudson Valley Hospital</td>
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NYS Prevention Agenda: 2013-2017:
Promoting Healthy Women, Infants and Children

Goal #2: Increase the proportion of NYS babies who are breastfed

- **Objective 2-1:** By December 31, 2017, increase the percent of infants born in NYS who are exclusively breastfed (in the hospital) by at least 10% to 48.1%
- **Objective 2-2:** By December 31, 2017, improve racial, ethnic and economic disparities in breastfeeding rates in NYS by at least 10%


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Formula Supplementation of Breastfed Infants Within First 2 Days of Life

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<td>28.8</td>
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NYS Breastfeeding Quality Improvement in Hospitals (BQIH)

- **Goal:** Improve hospital maternity care practices and breastfeeding outcomes
- **Focus:** Evidence based strategies specified by the WHO/UNICEF Ten Steps to Successful Breastfeeding
- **Method:** Quality Improvement Learning Collaborative supported by a DOH contract with the National Institute for Children’s Health Quality (NICHQ)
- **Progress:**
  - Tested in 12 hospitals 2010 – 2012 (Pilot Phase)
  - 12 hospitals participating through February 2016 (Cohort A)
  - 39 additional hospitals to begin in 2016 (Cohort B)
About the Ten Steps to Successful Breastfeeding

- Endorsed and promoted by: US Surgeon General, CDC, US Breastfeeding Committee, AAP, AAFP, ABM, AIWHONN, HP 2020
- Foundation for CDC's mPINC Survey and NYS's Hospital Breastfeeding Survey
- NYS Title 10 Regulations, 405.21 - Perinatal Services and the Breastfeeding Mothers Bill of Rights, NY Public Health Law 2505-a, are both based on the Ten Steps
- Criteria for the Baby Friendly Hospital designation

About NICHQ

- NICHQ is an independent, nonprofit organization working for more than a decade to improve children’s health.
- We help organizations and professionals who share this mission make breakthrough improvements so children and families live healthier lives.
NYS BQIH Learning Collaborative: Purpose

The NYS BQIH participating hospitals to build and sustain systems changes to achieve the Ten Steps to Successful Breastfeeding, thereby increasing the exclusive breastfeeding rate among healthy newborns during birth hospitalization period in New York.

NYS BQIH Cohort A Aim

By February 29, 2016, hospitals participating in the NYS BQIH Learning Collaborative Cohort A will improve breastfeeding outcomes, policies, practices and systems to be consistent with NYS Hospital regulations and laws and best practices such that between birth and hospital discharge there is:

- At least a 20% improvement from baseline in the percentage of infants who are exclusively breastfed
- At least a 12% improvement from baseline in the percentage infants fed any breast milk
- At least a 15% reduction from baseline in the percentage of breastfed infants fed any formula (supplemented)
- At least a 25% improvement from baseline in the percentage of infants who are exclusively breastfed for the following populations:
  - Infants of African American descent
  - Hispanic Infants
  - Infants whose primary/secondary insurance is Medicaid

How Will We Achieve the Aim?

- Using the Institute for HealthCare Improvement (IHI) Breakthrough Series Collaborative Model
  - A quality improvement approach designed to enable teams to share, test, and implement ideas
- Engaging in a virtual online community for teams to share resources, interact with faculty and other teams
- Using Plan-Do-Study Act cycles (PDSA) to test changes, identify successful changes and accelerate improvements
- Regular data collection to track shifts and trends in data and identify improvements
This Method Allows Teams To...

- Create rapid system change and improved outcomes
- Ensure change is an IMPROVEMENT - not all change moves the data or yields better outcomes
- Build data collection and management skills
- Build skills and capacity - QI can be applied to a variety of situations in the hospital
**Timeline for Cohort A**

Cohort A (n=12)

- Oct 29, 2014: Action period
- Feb 19, 2015: Action period
- Jan 29, 2015: Action period
- Dec 19, 2015: Last data submission

Ongoing supports: Team reports, assessments, calls/webinars, Improvement Lab, other TBD

- = In-person Learning Session
- = Virtual Learning Session

**Cohort A Results To-Date**

**Exclusive Breastfeeding Rate**

<table>
<thead>
<tr>
<th>Date</th>
<th>Rate</th>
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<tr>
<td>10/1/2014</td>
<td>61%</td>
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<td>11/1/2014</td>
<td>54%</td>
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<td>12/1/2014</td>
<td>50%</td>
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<td>1/1/2015</td>
<td>50%</td>
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<tr>
<td>2/1/2015</td>
<td>51%</td>
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Benefits of the Collaborative

Unique Aspects of BQIH

- Leadership engagement: BQIH engages senior administrative leaders and physician leads to remove barriers and build buy-in.
- Data Collection: BQIH provides tools to assist in data collection and help track progress.
  - Aligned with TJC measures
  - Data used to build the business case
- Engagement of uncommon partners:
  - Mother partners bring the patient perspective
  - Community partners support prenatal education and discharge support
- Access to a variety of content experts in the field
- All teach, all learn framework: Collaboration with other hospitals allows team to share breakthroughs and barriers
- Build QI capacity within the hospital

Ongoing Support Offered Through BQIH

- Monthly Action Period (AP) webinars
  - Content-driven topics and discussions
- Assistance with data reporting
  - Technical support
  - Faculty feedback!
- Virtual online community
  - Teams can share successes and challenges with other hospital teams
  - Access to resources
  - Collaboration with faculty and other teams
Preparing for the Collaborative

If You Are Interested in Joining BQIH Cohort B

- Talk to your administration
  - You will need their full commitment in order to apply
- Identify potential team members and champions
- Identify 2-3 key gaps in practices as outlined in WHO's Ten Steps to Successful Breastfeeding in a Hospital Setting
  - You can include these in your Aim statement (what you hope to accomplish)
- Review current documentation practices
- Build buy-in and excitement

Montefiore New Rochelle
Yogangi Malhotra, MD
Joining the BQIH Learning Collaborative

- Why Montefiore/New Rochelle joined the BQIH Learning Collaborative
  - To improve our exclusive breastfeeding rates (April 2014 was 6%)
  - To support our newly established breastfeeding committee
  - Overwhelming enthusiasm from nurses and other members of breastfeeding committee but no education or training in place
  - BQIH was a creative way to obtain access to the expert resources and a community

Getting Administrative Buy-In to Participate

- In line with the institution’s mission and vision
- Can’t argue with breastfeeding!
- JCAHO, NYS DOH, CMS, ACOG, AAP, ABM and many more organizations recommend it

How BQIH is Aligned with Our Hospital Mission

- Montefiore New Rochelle
  - A 242 bed, community based teaching hospital in Southern Westchester
  - Recently acquired by the Montefiore Health System, a premier academic medical center and the University Hospital for Albert Einstein College of Medicine.
  - Values include: humanity, innovation, teamwork, diversity and equity. They shape our actions and motivate and inspire us to pursue excellence and achieve the goals we have set forth for the future.
  - The Breastfeeding initiative fit well within Montefiore’s mission and vision as participation in this program would facilitate our path to Baby Friendly Hospital designation in the future, following in the footsteps of the other two campuses.
Building Our Team

- Started with early adopters but not too selective
- All hands on deck! Acknowledge and invite talent
- Trim the team to the productive group
- Buy in from administration to ‘encourage’ participation
- Physician leaders critical
- Be flexible about the size
- Parent member – building relationships

Progress to Date: Exclusive Breastfeeding

Process Measures: Skin-to-Skin after Vaginal Birth
**Process Measures: Quantitative and Qualitative**

- Breastfeeding initiated within 1 hour increased from 0% to 90%
- Anticipatory guidance on Breastfeeding Bill of Rights, cue based feeding, importance of exclusive breastfeeding incorporated into EMR
- Group education and discussions in the prenatal clinic waiting room
- WIC Peer Counselors began morning rounds 4 days a week
- Ten Steps to Successful Breastfeeding course for everyone
- One caregiver at a time – the committee continues to grow

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**BQIH Support**

- Invaluable and rich resource community
- Access to online community blogs – posing questions and participating in discussions to problem – solve or get new resources. Efficient and effective.
- Regular meetings with the committee and webinars – trigger for continued conversation among the staff
- Keeping on task

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**Why Should Hospitals Participate in BQIH Cohort B?**

- A non-controversial, family centered initiative
- Almost no cost to the hospital
- No need to reinvent the wheel – direct access to the best resource with proven methods
- Everyone is going to do this – get ahead of the curve
- The support of NYS DOH and NICHQ gives ‘clout’ to the efforts of any quality initiative
HERE IS OUR STORY
The hospital will strive to continuously improve the care provided and develop and offer programs, facilities, systems and alliances that most effectively respond to community health care needs

- 850 births/year
- Level II NICU
- 20% Spanish speaking
- Breastfeeding support group
- Lactation Consultant
- Partnership with local doula service

A CULTURE OF CHANGE
- Support from senior management key to any sustained change
- Staff impact on achieving and maintaining changes
- It really does take a village: Obstetricians, Pediatricians, Community
- 10 Steps To Successful Breastfeeding
- Impact BQIH participation
SUSTAINING CHANGE

- Staff and patient education
- Partnering with our breastfeeding support group
- Renewal of our commitment to our community
- Supporting the staff with recognition of their commitment to breastfeeding

 Questions?

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518-408-5132