

## Becoming Baby-Friendly in Oklahoma

### Next Steps




## BBFOK Goals



- Increase number of Oklahoma birthing hospitals that are Baby-Friendly designated
  - Current tally = 0
- Recruit 10 hospitals per year to participate
  - Trailblazer group: 2012
  - Pioneer group: July 2013
- Implement at least 4 of the 10 steps in first year of each group
- Host statewide Baby-Friendly Summit

## BBFOK Resources



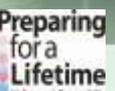
- Hospital Breastfeeding Education project
  - Making Breastfeeding Easier classes
  - Train-the-trainer skills labs
  - Physician CMEs
- Website: [www.ourmedicine.com/breastfeeding](http://www.ourmedicine.com/breastfeeding)
  - Resources for hospitals
  - Baby-Friendly section under construction
- Model hospital policies

## BBFOK Resources



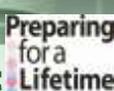
- Baby-Friendly curriculum for staff training
  - To be available 2013
  - Online, FREE
  - 15 contact hours
  - Will meet the required didactic training
  - Hospitals will need to do the clinical competency validation elements

## BBFOK Resources



- Sample mother survey
- Other sample hospital policies
- DVDs on skin to skin contact
- Lactation textbook
- Sample physician handbook

## BBFOK Support

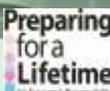


- Initial in-person group meeting
  - \$500 attendance stipend
- Monthly conference calls for each group
- Technical assistance as needed
- Mock surveys prior to assessment
- Funding



## Trailblazer Group

- Receive \$500 stipend AFTER:
  - Attending Trailblazer group meeting
  - Completing self-assessment
  - Submitting signed CEO letter
  - Registering for Baby-Friendly Discovery phase

## Trailblazer Group

- January 2013:
  - Enroll in Baby-Friendly Development phase
    - Focus on:
      - Policy Development
      - Staff training
      - Patient education
  - Implement data monitoring
    - Any breastfeeding
    - Exclusive breastfeeding at discharge (TJC core measure)
    - Other as needed





## Trailblazer Group

- Send team to March 1 Baby-Friendly OK Summit
- Receive \$250 stipend after attending
- January 2013- July 2014
  - Complete Development phase; receive at least \$1000 upon verification
  - Complete Dissemination phase: receive at least \$1000 upon verification



## Trailblazer Group

- July – December 2014
  - Prepare for Designation
  - Schedule BFUSA phone assessment
  - Schedule mock surveys
  - Schedule onsite assessment




## Trailblazer Group

- Achieve designation!
  - Receive final \$1000 funding
  - Have a party
  - Submit a news release
  - Post on website
  - Inform providers and patients





## Pioneer Group

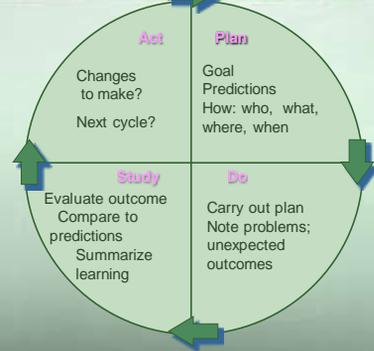
- Notify BBFOK of interest by May 1, 2013
- Submit CEO letters by July 1, 2013
- Attend in-person Pioneer meeting in fall of 2013
- Complete Baby-Friendly Discovery phase



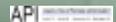
## What about everyone else?

- Small steps to the Ten Steps: go back and change ONE thing
- **PDSA:**
  - Plan
  - Do
  - Study
  - Act

## The PDSA Cycle



Material is from The Improvement Guide, Second Edition, Jossey-Bass, June, 2009

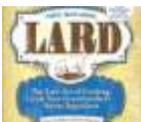


## The problem.....

- Many of us resist change
- We were TOLD to do it this way
- We LIKE doing it this way
- We always did it this way....no-one died
- We don't want to be the 1<sup>st</sup> to change, and it all goes wrong

## However.....

- New evidence emerges all the time
- Improved methods emerge all the time..
- Change we must.....



## PDSA: Doing it right

- You want to cook with olive oil, not lard
- **Plan:** You decide to buy 1 jar of olive oil
- **Do:** You cook 1 dish with olive oil not lard
- **Study:** You watch your family eat it
- **Act:** Based on their reactions, you adapt for next time



## PDSA: Doing it wrong

- **Plan:** You decide to replace all your lard with olive oil
- **Do:** You cook every dish every day for 2 weeks with olive oil
- **Study:** Too bad if it goes wrong: You threw out the lard
- **Act:** Family leaves home and starts eating at grandma's



## Learn from Experience

- OUMC did not pass Step 9 (pacifiers) on first visit
- ACTION: Get rid of the pacifiers!
  - Email sent to staff and physicians
- OUTCOME: “well, that didn’t work very well...”



## Learn from Experience

- OBs:
  - all my patients will be upset and still mad at their postpartum visit
- Peds:
  - what about newborn pain management?
  - What about NICU?
- Staff:
  - What do I say when mom requests?

## Over to Claremore.....

.....Jenna Meyer RD IBCLC

## PLAN

- Objective: Gain compliance with Step 7, keeping infants with mothers 23/24 hours by doing weights in room
- Questions: 1) Will we be able to wheel the scale into each room with little disruption to nurses’ routine? 2) Will moms accept having babies weighed in their rooms around midnight?

## Prediction

- Weighing babies in the room at midnight would pose little disruption to nurse’s routine or mother’s comfort

## Who, what, when, how

- Who: night shift nurse: Renae
- What: Renae will weigh all infants in mother’s room
- When: 1 night shift where I could be there to analyze results
- How: Scale will be wheeled room to room

## DO

- Renae weighed all infants in their mother's rooms
- Mothers awake anyway getting their assessments done

## STUDY: We found that....

- Time spent in the room about the same as weighing each infant in the nursery
- Renae's comfort level increased when performing assessment and weight in the room
- Scale was large and bulky. Some difficulty pushing it around and finding a place for it in the room
- Certain items needed on the scale cart to increase efficiency and decrease total time expenditure

## ACT

- Located much smaller, more portable scale in the pediatric clinic and able to make a trade
- Equipped bottom of cart with essential items (gauze, clamp removes, alcohol etc).
- Decided to go ahead and redo PDSA with new modifications

## New cycle....



- New scale more convenient, transportable
- Now require that all infants be weighed in the rooms with their mothers

## PDSA Baby-Friendly Style

- One baby will go skin to skin post cesarean
- One baby will have pediatric exam/bath/hearing test in room
- One survey will be tested on a prenatal patient
- One baby's movements in and out of room will be tracked

## Small scale testing

- Gain feedback
- Test the change with those who like it first
- Test in 1 place or on 1 patient
- Do it quickly
- Make a big positive fuss if it works. Keep quiet and rethink if it doesn't

## “Successful”

- ❖ All PDSAs are “successful” because we learn
- ❖ The only unsuccessful PDSA is the 1 that never gets done
- ❖ On which note.....

## *Let's Move! Let's get going!*

- What PDSA can you do today?
- What PDSA can you do this week?
- What PDSA can you do by summer?
  
- Prize for the 1<sup>st</sup> **completed** PDSA emailed in

## Next week (better: Monday)

- ID something “Baby-Friendly” to test
- Write down the **PLAN**
- **DO** the test ASAP
- **STUDY** the results
- **ACT** on outcomes by planning your next test of change
- Email to Anne: [anne.merewood@bmc.org](mailto:anne.merewood@bmc.org)

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## How to report

- Step addressed?
- P-D-S-A – write it out
- What you predicted
- What happened relative to prediction
- What you learned
- What you will change next time around