

Changing minds and moving on: Overcoming resistance to the Ten Steps

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Updates from CHAMPS...

- ★ 20 hospitals now enrolled!
- ★ 33 community transformers trained in Mississippi and New Orleans
- ★ 5 Breastfeeding clubs
- ★ Participated in several health fairs and conferences



***Are You Pregnant? Planning on nursing/breastfeeding? Or
Are you breastfeeding?***

Come join us for more information on Breastfeeding.

**Batesville Public
Library
Conference Room**

When:
February 21st, 2015

Time:
1:00 to 2:30 p.m.

**For more information
contact:**

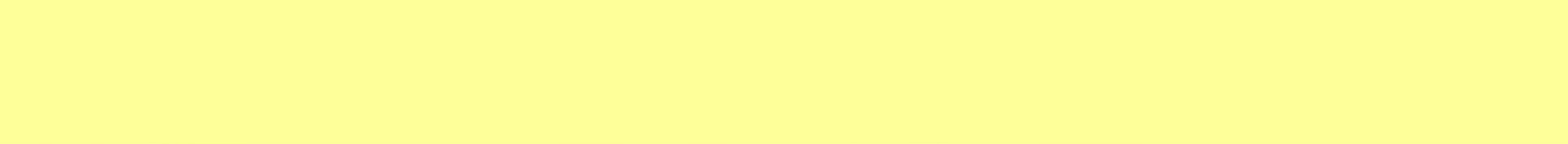
Antoinette Green
greenantllc06@gmail.com
662-313-4003

**Refreshments will
be available**



**Your questions will be answered in a fun
and relaxed environment.**

- What are the advantages of breastfeeding?
- How to getting off to a great start nursing.
- How to Overcoming Challenges
- What about returning to work or school?



Upcoming CHAMPS training opportunities!

- ★ 5 hour “hands on” TtT course
- ★ Memphis – May 19; Jackson – May 21
- ★ Details soon on the CHAMPS website
- ★ Free to CHAMPS hospital clinicians ONLY
- ★ Emily Taylor and Kim Bugg trainers

Mississippi CHAMPS hospitals

- ★ Greenwood LeFlore
- ★ Merit River Region
- ★ Ochsner Hancock
- ★ UMC
- ★ S Sunflower County
- ★ Tupelo/NMMC
- ★ Woman's



La Leche League Mississippi conference April 2015, Natchez MS





Greater New Orleans hospitals

- ★ West Jefferson
- ★ Touro
- ★ Ochsner Baptist
- ★ Ochsner Kenner
- ★ Ochsner North Shore
- ★ Ochsner St Anne's
- ★ Ochsner West Bank



Louisiana WIC training
April 2015

Texas hospitals

- ★ University (San Antonio)
- ★ CHRISTUS New Braunfels
- ★ CHRISTUS Westover Hills
- ★ CHRISTUS Children's San Antonio

5 Tennessee Hospitals

- ★ Regional One
- ★ St Francis

Save the CHAMPS dates

- ★ CHAMPS NOLA/LA hospitals and Texas – Oct 20 and 21, NOLA
- ★ MS and S Tennessee hospitals – Nov 12, Jackson
- ★ CHAMPS hospitals and community conferences/learning sessions

Webinar: Changing minds

Wave a magic wand, and change the minds of all the problem people



Who are these *people*?

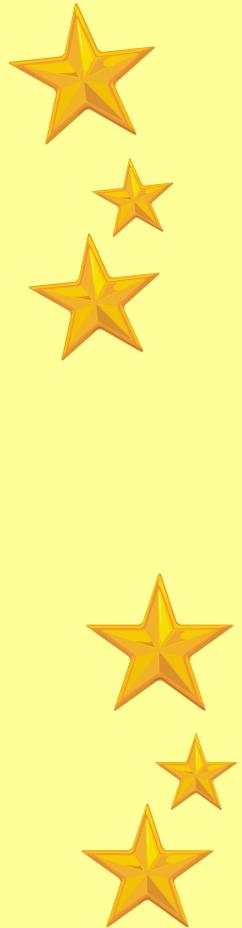
- ★ Administrators
- ★ Physicians
- ★ Nursing staff
- ★ Patients/families
- ★ Anyone who doesn't agree with us.....
- ★man that's a lot of people

Why don't they agree with us?

- ★ We are right.....
- ★but breastfeeding is emotional
- ★ Everyone either was or wasn't breastfed!
- ★ Every "mother" (RN/MD) did or didn't breastfeed
- ★ "The young" may be embarrassed
- ★ Maybe we're pushing too hard....

The magic solution

- ★ Sorry – no magic dust
- ★ This takes work
- ★ But, it **WILL** happen
- ★ Where do you start?



A radical suggestion....



- ★skin to skin: as close to magic as it gets
- ★ Happy moms, happy babies
- ★ Happy doctors, happy nurses
- ★ Happy anesthesiologistsetc



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Why don't they *REALLY* agree ?

- ★ Once upon a time.....in a hospital far far away from the south.....
- ★ Pediatricians REFUSED to examine newborns in moms' rooms
- ★ Main rationale: "It's too dark"
- ★ ...adding "if we had portable lights, and we left them in a room, a child might knock them over and get hurt"

And.....



- ★ 2-3 births/week
- ★ At our visit, 1 baby postpartum
- ★ Time saving *not* an issue
 - ★ Took longer to get baby to nursery and back, than to do exam in mom's room
- ★ Other providers hurtling ahead – whole unit gung ho about skin to skin post cesarean



SO....



- ★ I asked pediatrician #3
- ★ “How do lights on postpartum compare with lights in this room?” [pedi outpatient unit]
- ★ “Let’s walk over and take a look”
- ★ “Maybe you can use brighter bulbs while you wait for portable lights”



Fact finding mission



Lighting on postpartum identical to lights in outpatient pedi



Hospital had **BOUGHT** portable lights (aha hence comment on safety hazards)



Lighting **NOT** the problem



YOU knew that, right?



So what was?

The real problem

★ Dr X

- ★ "It takes time to change" (true, but OB was doing c-sec skin to skin on *everyone*)
- ★ "IT'S ONLY A 10 MINUTE EXAM. HOW CAN THAT MATTER?"
- ★ Ahaaaa...now we're talking
- ★ Explain why in the context, it matters

Point being.....

- ★ You can argue until you're blue in the face about details, but it's useless if you're not addressing the real problem
- ★ If the real problem is in their head, you have to get inside their head
- ★ Acknowledge the Fear Factor
- ★ Find face-saving options

Stages of change

- ★ Equilibrium – we're here, and we're happy
- ★ Denial – those breastfeeding people aren't really there
- ★ Anger – dammit they *are* there and they're not going away
- ★ Bargaining – how about we only keep babies in the nursery for 3 hours instead of 4?

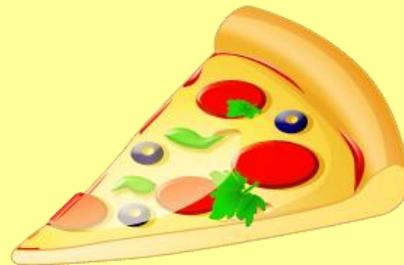
Stages of change

- ★ Chaos – what the heck is going on?
- ★ Depression – we're done for
- ★ Resignation – *what* are we supposed to do?
- ★ Openness – I wasn't really listening, can you say it again?
- ★ Readiness – I guess I can try
- ★ Re emergence – Hmm. Kind of cool. I might even be a better.....



Simple strategies

- ★ Offer competencies/CMEs
 - ★ Offer food at meetings
 - ★ Offer "gold stars"
 - ★ Layer on the flatter....(leaders swallow your pride, forget history)
 - ★ Bring in the big guns
- 



Belly balls



Touchy feely approaches

- ★ Don't forget your counseling skills!!
- ★ A stone and a story
- ★ A venting session
- ★ The same stuff, over and over again
- ★ Don't be bored, have fun with it!
- ★ A practical solution....

Leaders

- ★ Inspire others/make believe possible
- ★ Lead meetings; are organized
- ★ WORK; work well with others
- ★ Fight battles & people/ *put foot down*
- ★ Delegate... and allow others to take credit, not micro-manage – requires confidence in own ability
- ★ Sense of humor

Enter the Task Force....

- ★ Bigger group backup
- ★ If 1 person/group derails things, Task Force peer pressure helps
- ★ Wide representation – not just people at this meeting today
- ★ OB, Pedi, FP, CNMs, WIC MOMS, peers, etc



No Task Force?

- ★ When rubber hits road, you'll hit bumps
- ★ You can only get so far without cross-discipline buy in
- ★ Uninvolved group of providers will be years behind the others

Offer staff something

- ✓ Seek out leaders who become your spokespeople
- ✓ Empower staff in all disciplines
- ✓ Don't forget that staff are parents – you can be useful too!

Proactive buy-in



Professional presentations

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COMMUNITIES AND HOSPITALS
ADVANCING MATERNITY PRACTICES

Hastings Hospital

Cherokee Nation W.W. Hastings Hospital Baby Friendly Committee will be hosting a Baby Friendly Hospital Initiative luncheon for our physicians. This will provide answers to questions regarding our BFHI journey. We will be watching the recent summit presented by Dr. Mannel, and will be joined by guest speaker Dr. Fernando Fernandez from Claremore Indian Hospital. Your presence is vital to the success of this program. Please join us for lunch and discussion.

September 16, 2013
12:00PM - 1:00PM
Annex Conference Room



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Proactive buy-in

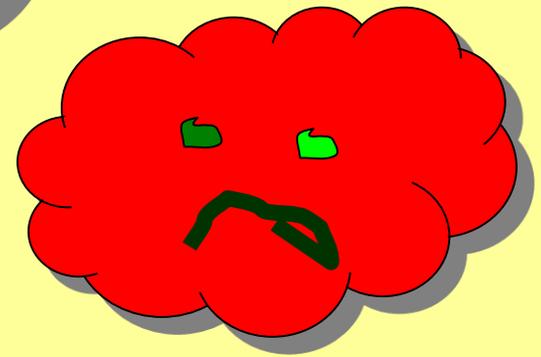
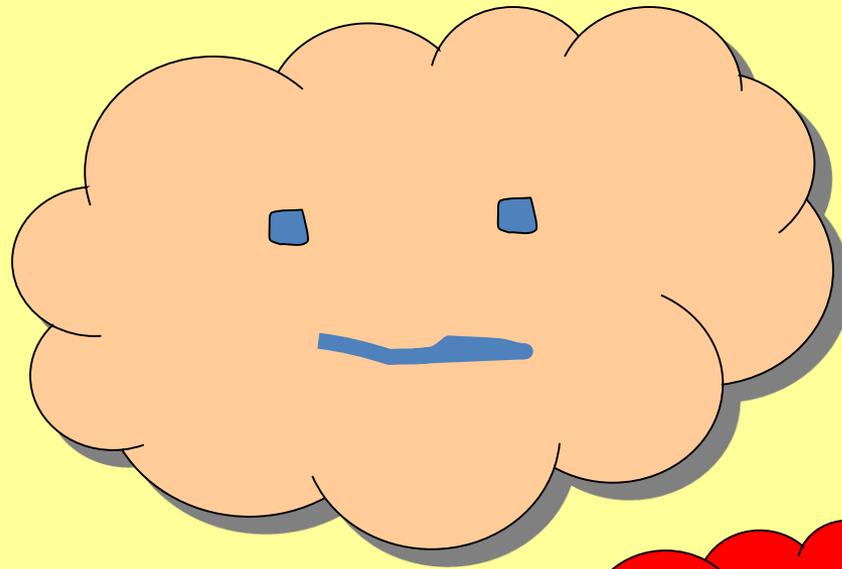
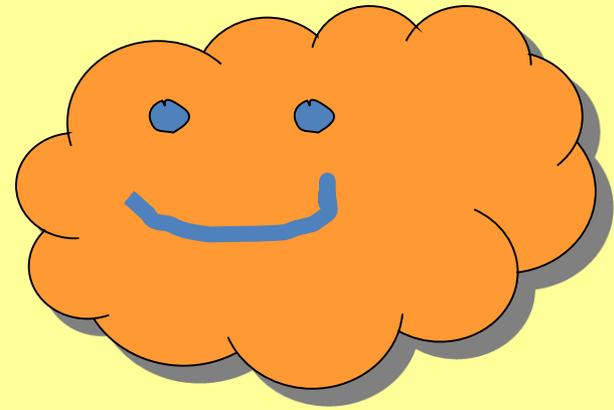


Administrators

- ★ Time and money
- ★ Time – prioritizing
 - ★ Make it easy for them
 - ★ Make them think they thought of it
 - ★ Bringing a problem? Offer a solution!
- ★ Don't forget personal stuff
- ★ Administrators can be huge advocates

Nursing staff

- ★ Think of staff pools as 3 groups
 - ★ The gung hos
 - ★ The don't cares
 - ★ The "anti"s
- ★ Court the gung hos
- ★ Bring in the don't cares
- ★ Antis have to jump on or jump ship



Nursing staff

- ★ Nurses are good people
- ★ “Follow rules” – really annoying when the rules change
- ★ Try 1 thing at once
- ★ Listen – their concerns may be documentation, not BFHI (why are they really resisting?)

Nursing staff

- ★ Changing role of the RN
 - ★ The Boss
 - ★ The hotel concierge
 - ★ The personal trainer
- ★ What about the amount of time spent?

Physicians

- ★ Physicians are good people too!
- ★ Can be your best allies/Physician buy-in/leadership invaluable
- ★ Listen to other physicians
- ★ Get in an “expert” – pedi or ob who can talk Dr to Dr

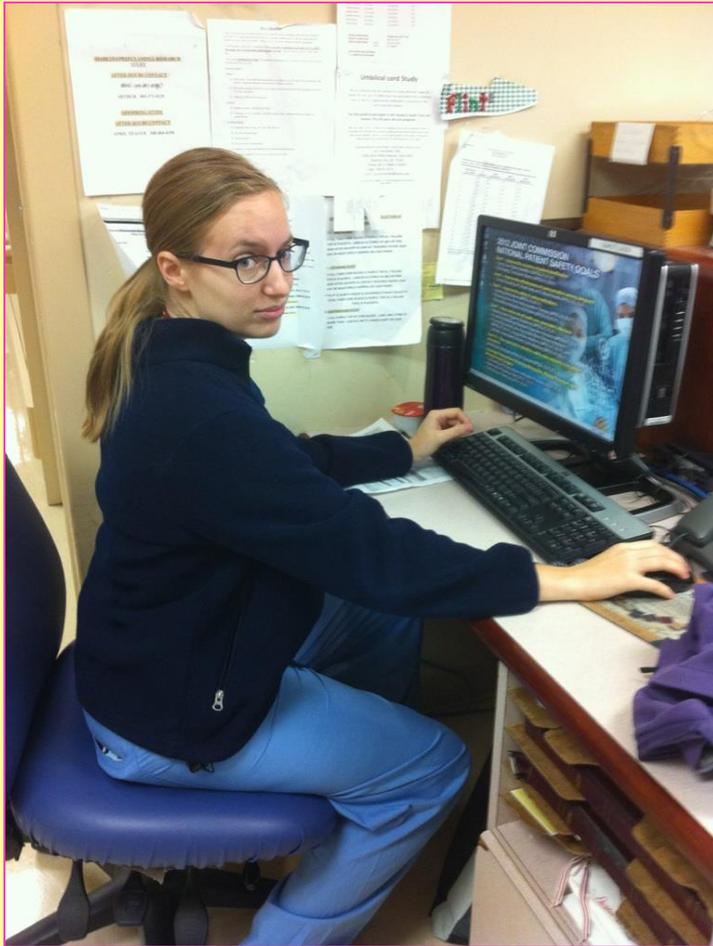
Physicians DO change

"I am the problem" – OB from NJ



Physicians are patient advocates

- ★ May be advocating on other issues like 3rd party payors, hospital practices
- ★ Help them be Baby-Friendly advocates!
- ★ They want:
 - ★ ALL moms/babies to bond well
 - ★ Best outcomes for ALL babies
 - ★ Happy moms, not angry ones



What about my patients who are exhausted??



Reassure physicians



- ★ *Will the hospital still have formula?*
- ★ *What about pain management if we can't use pacifiers?*

Explain the Baby-Friendly culture:

- ★ Will help their moms vs making them “angry or guilty”
- ★ More moms will choose to breastfeed; BF will help by
 - ★ Making breastfeeding EASIER
 - ★ Ensuring more moms succeed
 - ★ Increasing mothers’ confidence

A Baby-Friendly culture also means...

- ★ Better outcomes for formula-fed babies
 - ★ Skin to skin
 - ★ Rooming in
 - ★ Feeding on cue
v overfeeding
 - ★ Safe formula
prep



Physicians want well-trained staff

- ★ "My patients come in not breastfeeding! What happened??"
- ★ "Patient in tears in my office...."
- ★ "EBF babies come back below birth weight..."



Physicians want well-trained staff



- ★ Baby-Friendly **REQUIRES** well-trained staff
- ★ Explain didactic training
- ★ Explain evidence-base
- ★ Share revised, comprehensive **POLICY**

Community

- ★ ALL new moms want the best for their baby
- ★ We know human milk is best
- ★ We can convince them by not undermining them (formula to go, inconsistent education, enforced separation)
- ★ Empower them – prenatal education – they come in ASKING for this
- ★ Present to offices as “hospital practice”

And what happened with
those pediatricians?

"You know, that 1st exam
in the nursery was like a
religious rite"

How to start...

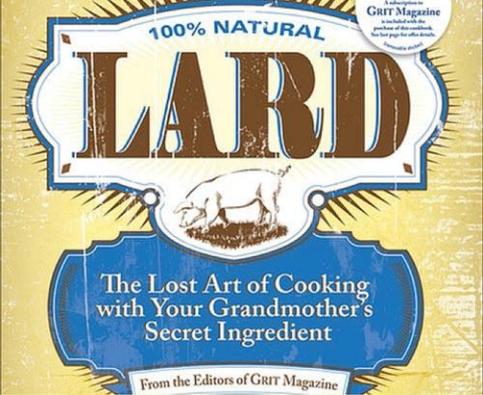
PDSA overview

★ Acknowledgements:

- ★ *Carol Dahozy RN, MSN; Nurse consultant, IHS Phoenix area*
- ★ *Jenna Meyer RD IBCLC; Baby-Friendly lead, Claremore Indian Hospital*
- ★ *Pat Heinrich RN, MSN; QI Consultant, NICHQ BestFed Beginnings*

PDSAs

- ★ Very simple concept
- ★ Also known as “test of change”
- ★ Plan
- ★ Do
- ★ Study
- ★ Act



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

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PDSA – doing it wrong

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

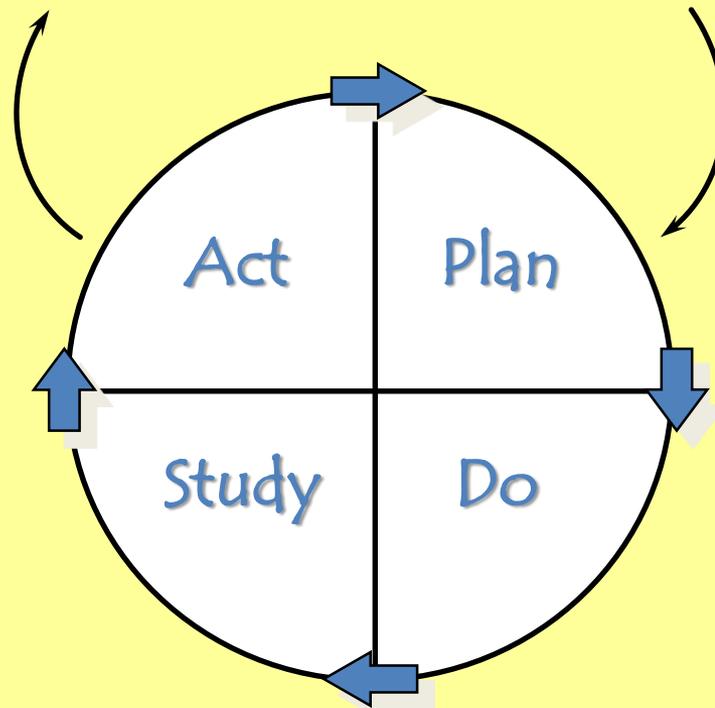


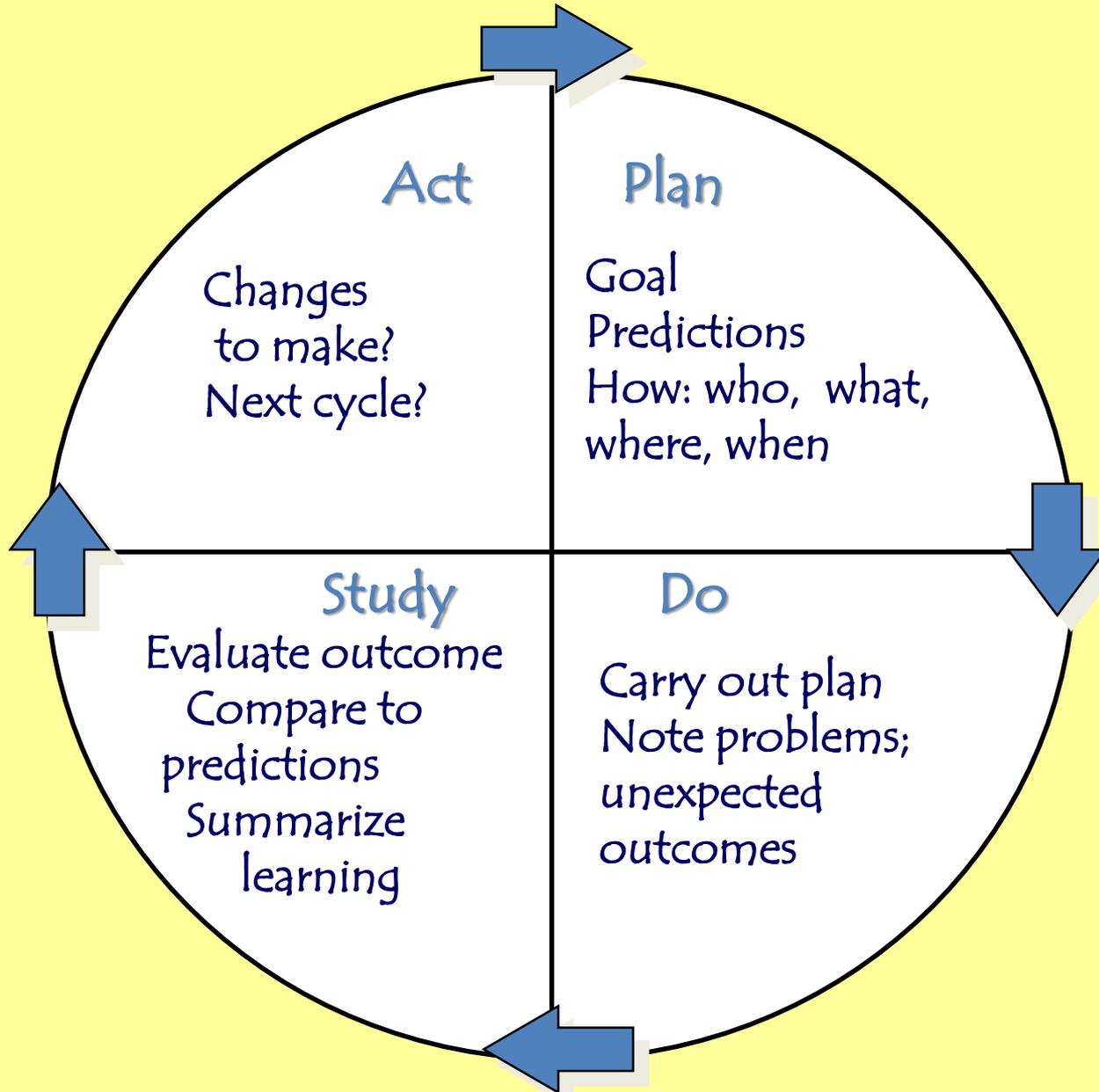
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



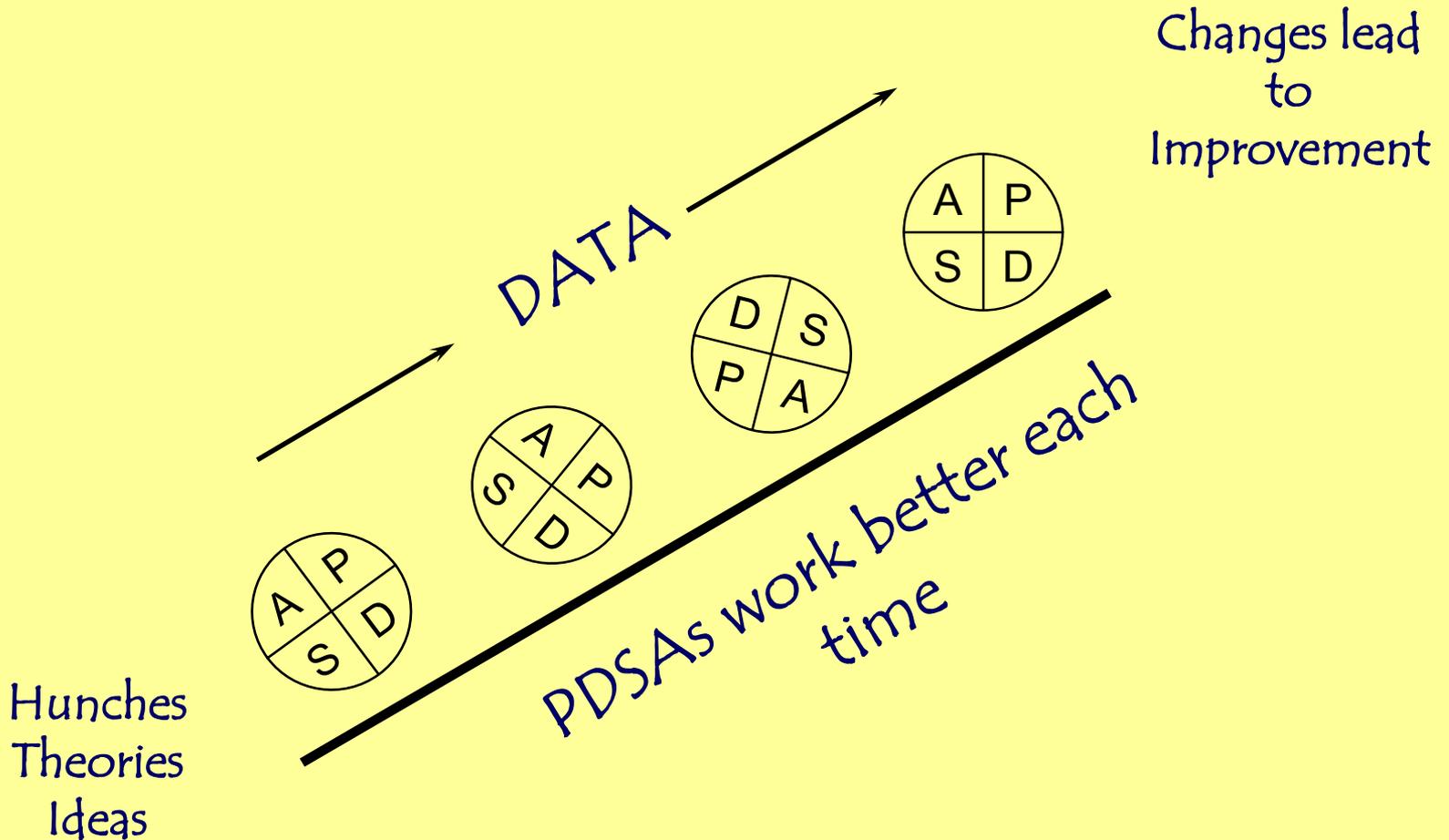


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Why test?

- ★ Predict extent of improvement
- ★ Adapt change to your setting
- ★ Evaluate barriers/side-effects
- ★ Minimize resistance/convert people

Ongoing PDSAs



Ideas for PDSAs

- ★ Put 1 baby skin to skin post cesarean
- ★ Do 1 pedi exam/bath/hearing test in room
- ★ Test 1 audit tool/survey on a prenatal patient
- ★ Track 1 baby's movements in and out of room



PDSA – Full credit to Jenna Meyer,
RN, IBCCLC

Baby-Friendly lead, Claremore
Indian Hospital
Claremore, OK

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PLAN

- ★ Objective: Gain compliance with Step 7, Rooming In, keeping infants with mothers 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?



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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: Claremore found that....

- ★ Time spent in room ~ same as weighing each infant in the nursery
- ★ RN's comfort level increased when performing assessment and weight in the room
- ★ Scale big/bulky. Problems pushing it around/ finding space in mom's room
- ★ Certain items needed on scale cart to increase efficiency/decrease time weighing

ACT

- ★ Located smaller, more portable scale in pedi clinic – traded scales
- ★ Equipped cart with essential items (gauze, clamp removes, alcohol etc).
- ★ Went ahead and redid PDSA with changes

New cycle....



- ★ New scale more convenient, transportable
- ★ Now require that all infants be weighed in room with mom

"Successful" PDSAs

- ★ Don't try to get buy-in, consensus
- ★ Collect useful data during each test
- ★ Test over a wide range of conditions
- ★ Plan multiple cycles for a test of a change (think a couple of cycles ahead)

"Successful"

- ★ All PDSAs "successful", since we learn
- ★ The only unsuccessful PDSA is the 1 that never gets done

A Challenge

- ★ Think up a PDSA
- ★ Send us a plan
- ★ Do the PDSA within the next 2 weeks
- ★ We will ask our top picks to present their PDSAs on a future webinar!