

Wednesday Webinar

Hospital Experiences: Audit Tools – How We Used Them

December 14th, 2016

11:00am-12:00pm (central time)

Alice Chaney Herndon, MSN, RNC-NIC

University of Mississippi Medical Center

Shannon Grosch, RN, IBCLC

Touro Infirmary

Marci McCoy

Baptist Memorial Hospital – North Mississippi

Remember to mute your line by pressing *6. Please do not press hold.

Upcoming 4-hour Clinical Skills Trainings

Open to all CHAMPS hospitals!

- December 19th & 20th at St. Tammany Parish Hospital in Covington, LA
- January 5th at Baptist Memorial Hospital Union County in New Albany, MS

<http://www.champsbreastfeed.org/events.html>





Alice Chaney Herndon, MSN, RNC-NIC

University of Mississippi Medical Center

Jackson, MS



University of Mississippi Medical Center

- Only academic teaching facility in the state
- Only level IV NICU in the state
- 15 intermediate care infant beds
- 31 bed Mother Baby Unit
- 10 LDR rooms & 3 observation rooms in Labor & Delivery; 2 operating rooms specifically for OB patients
- 3 prenatal hospital-based clinics in addition to 1 resident-based clinic

Our journey BEFORE Baby-Friendly

- Separate units for antepartum, postpartum, & infants
- All infants through transition nursery UNLESS specifically requested by mother
- Postpartum RNs took care of mothers only
- Infants primarily stayed in newborn nursery

AFTER Baby-Friendly process

- Development of Mother Baby Unit
- 4 highly trained Transition RNs
- In-room transition & initiation of skin-to-skin by L&D RN staff and Transition RNs
- Staff development & training of Mother Baby Unit staff
- Epic build to incorporate changes in delivery & rooming-in of infants

Audits for UMMC

Inpatient/Hospital

- Completed by RN staff
- Average 30/month
- Audits conducted in patients' rooms after delivery
- Information compiled & entered into spreadsheet
- Results shared biweekly at Mother Baby Workgroup

Outpatient/Clinics

- Prenatally completed by RNs
- Average 30/month
- Compiled by clinics & hospital RN enters into spreadsheet
- Results shared biweekly at Mother Baby Workgroup

Lessons learned

- Start with prenatal clinics
- Have buy-in from both OB & Peds
- Use audit tools to focus on areas of needed change & improvement
- Continue to develop educational tools (videos, handouts, hands-on learning etc.)

Next Steps

- Continue to work on documentation improvement
- Readiness assessment call
- Site visit in spring 2017!





Shannon Grosch, RN, IBCLC

Touro Infirmary

New Orleans, LA



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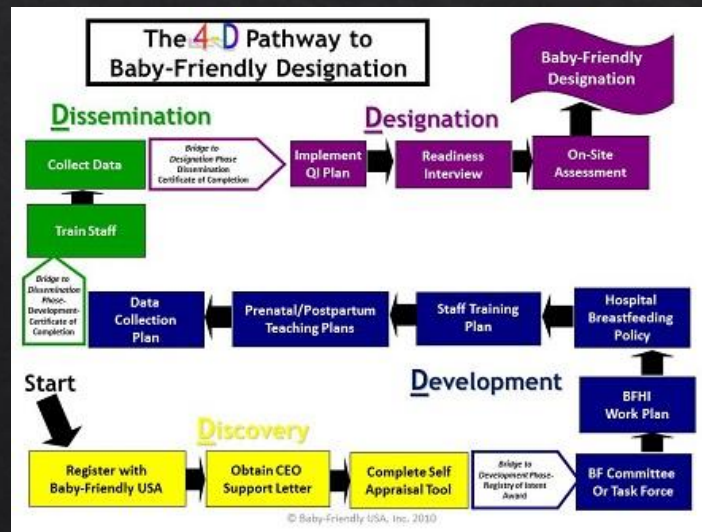
Touro Infirmary

Designated a GIFT hospital in October 2016

Recently named Hospital of the Week by CHAMPS

D3 on the Baby-Friendly Pathway

Plan to move into D4 in the first Quarter of 2017



GIFT Audit Tools

Audit tools:

The Gift Audit Tools:

Began using 8 months ago

Performed approximately 30 audits per month

Nearly all of our audits were with breast or breast/formula feeding mothers

Results showed that our patients needed more education in certain areas: feed 8 or more times in 24 hours, pacifier use, skin to skin, formula prep, etc.

Education started with our staff-began attending staff meetings to further educate staff on our patients' needs





The GIFT

- ◇ *The Gift* is an evidence-based program for Louisiana birthing facilities designed to increase breastfeeding rates and hospital success by improving the quality of their maternity services and enhancing patient-centered care.
- ◇ **Why participate?**
- ◇ No cost resources and a framework to help birthing facilities improve breastfeeding outcomes.
- ◇ Access to valuable training.
- ◇ Technical assistance around policy development and implementation.
- ◇ Recognition in the form of *Gift* designation.
- ◇ Support for pursuit of Baby-Friendly™ designation.
- ◇ Meet national quality measures and standards.
- ◇ Competitive edge in an outcomes-based health care environment.
- ◇ A way to meet the growing demand from mothers for breastfeeding support.
- ◇ *The Gift* is a program of the Louisiana Department of Health, Office of Public Health, Bureau of Family Health. It has been adapted from the Texas Ten Step Program and the North Carolina Maternity Center Breastfeeding-Friendly Designation Program.

The Family Birthing Center at Touro



CHAMPS Site Visit July 27, 2016

- ◇ Kirsten Krane and Camie Goldhammer met with Baby Friendly Team
- ◇ Members of the Baby Friendly Team, Camie and Kirsten utilized the Baby Friendly Audit Tools to interview patients
- ◇ Post Partum mothers were interviewed (regardless of feeding preference)
- ◇ NICU mothers were also included
- ◇ Results were shared with the team at the end of the visit
- ◇ Started using the Baby Friendly Audit Tools after this point



Baby Friendly Audit Tool

- ◇ The GIFT Audit Tool was beneficial as a start to using audit tools
- ◇ The Baby Friendly Audit tool has been found to be more thorough
- ◇ BFUSA Audit Tool has helped us reach a broader population of mothers-NICU mothers and all postpartum mothers regardless of their feeding preference.
- ◇ Approximately 5 audits done per week
- ◇ Patients interviewed gave similar feedback regarding the need for more prenatal education
- ◇ Patients were not utilizing the “We’re Prepared” checklist and Coffective tools as they were intended to be used
- ◇ Patients needed more prenatal education





Plan

- ◇ As a result of the audit tools, we found patients needed more education in the clinics to better prepare them for their hospital birth experience and feeding preferences
- ◇ Began meeting with unit supervisors to develop a plan-Kim Faught and Tanya Robinson
- ◇ Hired another full time lactation consultant to manage patients so that I could go into the clinics to educate patients and clinic staff
- ◇ Attended The GIFT Regional Collaborative Meeting in October
- ◇ At the GIFT meeting, Ochsner Westbank gave a presentation on education in their prenatal clinics-VERY USEFUL!

This presentation assisted me in preparing for my next steps to go into the prenatal clinics and start my education

Next Steps



- ◇ Met with the supervisor of prenatal clinics 2 weeks ago
- ◇ Discussed plan to go into clinics and educate patients and staff
- ◇ Met with Dr. Dutriol, the lead OB physician at Touro, and discussed the plan-he was receptive and supportive
- ◇ Met with supervisors of all CCPI clinics and discussed Touro's Baby Friendly Audit Tool findings and the need for education in the clinics
- ◇ Clinic supervisors agreed that patients need more education on topics like: labor plans, rooming in, skin to skin, feeding preferences, breastfeeding and supplementation

Implementation



- ◆ Meet with each prenatal clinic over the next month (December)
- ◆ PowerPoint explaining the education plan will be shown to nurses/techs-explains Baby Friendly and utilization of the “We’re Prepared” checklist
- ◆ Color coded folders with literature made to correspond with the “We’re Prepared” checklist
- ◆ I will spend a time shadowing the nurses/techs to demonstrate the process and education with patients

Prenatal Lactation Education in Physicians' Offices

Shannon Grosch, RN, IBCLC, RLC



Education Process in Prenatal Clinics

- ◇ Color coded folders labeled by gestational weeks placed next to scale in clinic
- ◇ Folders are color coded to match the “We’re Prepared” Checklist
- ◇ Brown-Get Ready-Motivational Document-Initial Visit
- ◇ Blue-We’re Prepared Checklist-12-16 weeks
- ◇ Red-Fall in Love-Skin to Skin-12-16 weeks
- ◇ Purple-Keep Baby Close-Rooming In-16-20 weeks
- ◇ Orange-Learn My Baby-Rooming In-20-24 weeks
- ◇ Yellow-Nourish-Breastfeeding literature-24-28 weeks
- ◇ Green-Protect Breastfeeding-Risk of supplementing/pacifiers-28-32 weeks
- ◇ Blue-Motivational Document-35-40 weeks

We're Prepared Checklist & Education Folders

We're Prepared!

Learn best practices. Decide what you want. Tell your care team your wishes. Being prepared helps you and your new baby have a great hospital stay.

My Name _____ **My Champion** _____

Signature _____ I give permission to allow the hospital staff to alert my care providers (marked below) when I leave the hospital.

Build Team	My Pediatrician:		<input type="checkbox"/>	APPT: DATE: / /	TIME: : : AM / PM
	My WIC:		<input type="checkbox"/>	APPT: DATE: / /	TIME: : : AM / PM
	My MIHP:		<input type="checkbox"/>	APPT: DATE: / /	TIME: : : AM / PM
	Other:		<input type="checkbox"/>	APPT: DATE: / /	TIME: : : AM / PM

REFERENCE	PRACTICES	MY HOSPITAL OFFERS	I'M PREPARED & WANT	I RECEIVED
Pregnancy	Labor Begin on its Own	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Comfort During Labor	✓	<input type="checkbox"/>	<input type="checkbox"/>
Fall In Love	Skin To Skin Right After Birth	Upon Request	<input type="checkbox"/>	<input type="checkbox"/>
	Delayed Routine Procedures	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Magical First Hour Without Interruptions	✓	<input type="checkbox"/>	<input type="checkbox"/>
Nourish	Help With Baby's First Feed	✓	<input type="checkbox"/>	<input type="checkbox"/>
	Help Learning How to Breastfeed	✓	<input type="checkbox"/>	<input type="checkbox"/>
Keep Baby Close	Help Learning How to Hand Express Milk	Upon Request	<input type="checkbox"/>	<input type="checkbox"/>
	Keep My Baby In The Room With Me	✓	<input type="checkbox"/>	<input type="checkbox"/>
Learn Your Baby	Continued Skin to Skin	✓	<input type="checkbox"/>	<input type="checkbox"/>
	My Quiet Hours: FROM : : AM / PM TO : : AM / PM	✓	<input type="checkbox"/>	<input type="checkbox"/>
Protect	Feed My Baby on Cue	Upon Request	<input type="checkbox"/>	<input type="checkbox"/>
	Comforting My Baby	✓	<input type="checkbox"/>	<input type="checkbox"/>
Protect	No Pacifiers or Bottles	✓	<input type="checkbox"/>	<input type="checkbox"/>
	No Formula (Unless Medically Necessary)	✓	<input type="checkbox"/>	<input type="checkbox"/>

HOSPITAL STAFF: Please fill in Mother and Baby's stats below and fax this form to WIC. FAXED

Mom's Blood Pressure: ____ / ____ / ____ Date Taken: ____ / ____ / ____ Baby's Name: _____

Post-Partum HCT/HG: ____ Weight: ____ Birthdate: ____ / ____ / ____ Gestational Age: ____

Your Signature: _____ Birth Weight: ____ Length: ____ Head Circ: ____

Title: _____ Discharge Date: ____ / ____ / ____ Weight: ____





Education Process in Clinics

- ◆ Folders next to scale
- ◆ Patient weighs and takes literature based on gestational weeks
- ◆ Patient shows nurse/tech literature she pulled
- ◆ Nurse/tech educates mother on topic-the nurse has been given typed, laminated speaking points each topic
- ◆ Nurse/patient checks off education on “We’re Prepared” checklist
- ◆ Nurse/tech encourages patient to speak with physician regarding the topic she learned about that day
- ◆ By 32 weeks, the patient will have been educated on all topics on the checklist

Conclusion

- ◇ The BFUSA Audit tools made us aware of a need for more prenatal education
- ◇ This process will begin in December and will be ongoing
- ◇ I will be excited to follow up with all of the CHAMPS hospitals on Touro's progress





Marci McCoy

Baptist Memorial Hospital – North Mississippi

Oxford, MS



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Baptist Memorial Hospital – North Mississippi

- 217 bed acute care facility serving the northern 1/3 of Mississippi
- 60-80 Births per month
- Began the Baby-Friendly journey with Discovery 9/14/2015
- Currently in Dissemination phase which began 6/6/2016

Audit Tools

How to Audit: Since we have 60-80 births a month, we decided to pull at least a 10% sample to start with 8-10 audits per month.

Who: We decided to audit random sampled moms. We also decided that the auditors needed to remain consistent in order to give accurate results.

When: We try to audit as close to discharge as possible so that all of the discharge education would have been conducted.

What: Audit tools: Step #6, Steps #4 and #7, and Steps # 5, 8, 9, and 10.

Where: In the patients' rooms, at a low key time.

Audit tools continued

We conduct our in-person audits and we abstract our charted data for CHAMPS. We compare the two: audits and data, during our monthly baby friendly meetings. From these comparisons we learned:

1. We needed to dive deeper in our verbal audits to extract information the way that Baby-Friendly will at our site visit.
2. We needed to set a “line in the sand” date for skin-to-skin, pacifier, and rooming in. Our data wasn’t changing because we had done all that we could think of doing without creating an all or nothing line.
3. We needed to identify where and how nurses would chart education for skin-to-skin, rooming in, and pacifiers.

Next Steps

1. Begin 100% skin-to-skin for C-sections starting January 1, 2017
2. Place pacifiers in Omnicell this month
3. Update online marketing links with information reflecting our Baby-Friendly status: pacifier use, rooming in, skin-to-skin...
4. Provide clinics with these materials
5. Continue efforts for physician education and corporate formula purchasing contract

Questions?

- Upcoming webinars
 - TBA
- Thanks for joining today!



- These slides and a recording of the webinar will be uploaded to our website this afternoon.

CHAMPSbreastfeed.org/webinars