Wednesday Webinar: May 2019

How to be Successful: Staffing & Sustainability at Baby-Friendly Hospitals

Presented by Alice Chaney Herndon, MSN, RNC-NIC Amy Brower, BSN, RNC-OB Rene Simpson, BSN, RN, IBCLC Lou Ann Wall, RN, IBCLC

Press *6 to mute your line, #6 to unmute. Please do not press hold. You can use the chat box for questions during the presentation.



Upcoming CHAMPS Trainings

- (4- hour) Garden Park Medical Center
 - Thursday, May 30th, 2019 (morning and afternoon)
- (15- hour) Greenwood Leflore Hospital
 - Friday, May 31st to Sunday, June 2nd, 2019
- (4- hour) Greenwood Leflore Hospital
 - Wednesday, June 12th, 2019
- Trainings are open to all CHAMPS hospitals and CHAMPS community partners. You can register for the trainings at <u>CHEERequity.org/trainings</u>







• PRE-CONFERENCE & COMMUNITY FORUM

WEDNESDAY, OCTOBER 30 CHAMPS CONFERENCE 2019

Clyde Muse Center in Pearl, MS

FUNDED BY: BOMBER®



COMMUNITIES AND HOSPITALS ADVANCING MATERNITY PRACTICES

Upcoming Wednesday Webinars

Webinars are held in collaboration with the Mississippi State Department of Health and are scheduled on Wednesdays from 12-1p CST

- June 19th: "Sustainability and Community Engagement"
 - Presented by Reaching Our Sisters Everywhere (ROSE)

For log-in information or for slides and recordings of past webinars, visit: <u>cheerequity.org/webinars.html</u>

If there are topics you would like covered, please email <u>CHAMPSbreastfeed</u> @gmail.com or talk to your CHAMPS hospitals coach about your ideas.





Who is UMMC and how do they do things?

- 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
- Achieved Baby Friendly designation in September 2017!

Who are our patients on MBU?

Couplets

- Well babies and well mothers that are allowed to room-in together on the Mother
 Baby Unit
- High Risk postpartum patients
 - S/P hemorrhage, ICU admission, C-hyst, PP pre-E
- □ High Risk antepartum patients
 - PPROM, pyelo, Sickle Cell, Diabetes, PTL, CHTN, pre-E, lupus, etc.

Staffing at UMMC

Labor & Delivery

- RN to patient ratio 1:1 or 1:2
- Transition RN available to transition babies in rooms with mom if mom and baby are healthy
- Free charge nurse to assist staffing and run the unit
- RNs circulate their own C/S

Mother Baby Unit

- RN patient ratio varies depending on patient population
- Couplet ratio 1:3 or 1:4
- Antepartum/postpartum ratio 1:4 up to 1:6
- Free charge nurse to assist staffing and run the unit
- Transition RN available to assist with needs on the unit

Transition Nurses

- Implementation about 2 years ago
- 4 full time Transition RNs and several PRN RNs
 - Cover days, nights, holidays, and weekends
- What is their primary role?
- Extensive knowledge in pediatrics, obstetrics, and breastfeeding
- Can float through several different units

Maternal Acuity Scale for Staffing on MBU

- Level I (low risk)
 - delivery without complications
- Level II (moderate risk)
 - C/S with foley in place & no family support, PPROM with IV abx, PTL dilated but NOT contracting, PP pre-E controlled, AP pre-E controlled, AP/PP with psych issues/developmental delays/domestic issues
- Level III (high risk)
 - Uncontrolled diabetes, PTL dilated & contracting >4x per hour, PPH <12 hours, PP chorio on antibiotics, AP/PP pre-E uncontrolled, S/P ICU admission</p>

How did we incorporate the acuity scale on MBU?

<u>Getting Started</u>

- Maternal Acuity scale presented to charge nurses/nursing leaders
 - ✓ Gathered feedback, made changes and recommendations
- Educated all frontline staff members
 & gathered more feedback
- Decision made to incorporate scale onto mom "brain" and baby "brain"
 - ✓ What is this and what does it include?

Implementation

- Acuity scale trialed on MBU starting mid-March 2019
- What does staff think?
- Is it sustainable?
- What are next steps?
- What about the babies?

Our Sustainability Plan

- Monthly Baby Friendly workgroup meetings
- Monthly unit meetings
 - Keep Baby Friendly on your agendas for meetings
- Chart audits/reviews
 - Are we meeting metrics or falling below? Do we need to drill into a process that may be broken? Are we remaining compliant?
- Patient audits/questionnaires
 - > What do they know? Are we really doing what we SAY we are doing?
- Ongoing staff education
- Patient & family education and support

Alice Chaney's words of wisdom

- In order to be successful, you must change the CULTURE.
- Baby Friendly designation is a marathon, not a sprint.
- * It takes a village in order to be successful and sustain your practices.
- Don't get discouraged, Rome wasn't built in a day and neither will Baby Friendly practices.
- Keep pushing forward and stay strong! If UMMC can become Baby Friendly, you and your hospital can too!



Questions?

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Baptist Memorial Hospital-North Mississippi





Baptist North Mississippi Road to Baby Friendly Designation



Timeline:

- Entered Discovery Phase ⇒ September 2015
- Entered Development Phase ⇒ November 2015
- Entered Dissemination Phase ⇒ June 2016
- Entered Designation Phase ⇒ June 2017
- Survey Date ⇒ May 2018
- Designated Baby Friendly ⇒ August 2018



Staffing Goals R/T BF Sustainment & Patient Safety

• By the **NUMBERS**:

- $L\&D \rightarrow 2 RNs \& 1 OB ST minimum$ (may staff 3 during week, when multiple procedures scheduled, times of high census/acuity, etc.)
- Nursery \rightarrow 2 RNs ATC minimum (may staff 3 during week, when multiple procedures scheduled, times of high census/acuity, etc.)
- PP/Women's \rightarrow 2 RN (1 RN/1 LPN) w/ HUC (\uparrow staffing due to census/acuity)
- Head Nurse(s):
 - 1 AM Head Nurse (available during day M-F)
 - 1 PM Head Nurse (available during night M-Th)
 - Scheduled "out of staffing" if at all possible
- Manager:
 - Available during week as PRN ATC.
- Call hours:
 - Generally try to give 1-2 call shifts per 6 week schedule concentrated on weekends (when HN not available)
 - HN or Manager "on call" on weekend primarily for issues, questions, etc.



Staffing Goals R/T BF Sustainment & Patient Safety (cont.)

- Putting into **PRACTICE**:
 - L/D & PP/Women's nurses are cross-trained to Nursery (either fully or to help with well babies)
 - ALL nurses have BLS, ACLS, PALS and NRP
 - Nurses are taught to help out in all cases even Resuscitative (i.e. scribe, runner, etc.)
 - While mother/baby dyad is STS there is 1 nurse who is primarily responsible for "constant observation"
 - Documentation of RAPP score in EPIC every 10 min while STS.
 - If Nursery called away for emergency, then L/D RN cross-trained newborn care will step in to continue observation.
 - If newborn or mother acuity calls for STS to be D/C'd \rightarrow DO IT!
 - However, documentation must support this action.



Barriers

Staffing Goals R/T BF Sustainment & Patient Safety

- Documentation
 - Real time chart reviews to correct/counsel errors/opportunities for improvement.
 - Constantly asking for feedback from staff re: how we can customize EPIC to be more "user-friendly" for them.
- Education
 - Must be dynamic to hold attention of every changing demographical audience.
 - Hardwiring certain messages for every nurse to hand off to their patients.

- "Encouraging" BF practices without "pushing" them
 - Gray area for nurses: How do I encourage and educate my patient to do STS, breastfeeding, rooming in, etc. without "judging" them for not doing it?
 - Teach tactical communication methods in order to convey message properly.
 - Dispel the "I won't be able to rest with my baby in the room" myth.
 - Perspective: They will take this baby home, and it will be theirs to take care of primarily.
 - We are trying to properly prepare mothers for the inevitable.

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Successes

- Even with change to 2016 BF Guidelines:
 - STS rate remains 80-90%
 - BF Initiation rate has increased to 70% range
 - BF Exclusivity rate has remained in 40-50% range with 4 out of last 8 months breaking 50% mark.

Get Better

Rooming In rate has remained 100%



Impacts



- Lakendrea Bush gave birth to her first daughter, Aubreigh, at Baptist Memorial Hospital, North Mississippi, on December 7th, 2018
 - …loved the hospital's 'rooming in' policy, which keeps mothers and babies together.
 - "I really wanted my baby with me. I didn't want them to take her away. I'm breastfeeding as well, so it really helped to have her there."
 - "It was difficult sometimes, but you know the baby's getting the best food, so everything else goes out of the window really," she said.
 - ...she says, "I really, really loved the experience. I'm already getting ready to have another baby!"
 - Improved Maternity Care Practices Decrease Racial Gaps in Breastfeeding in the U.S. South (Pediatrics, Jan 2019)

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Rene' Simpson, BSN,IBCLC Merit Health Woman's Hospital Flowood, Ms.

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The MHWH Journey to Designation

- CHAMPS hospital 2015
- Entered into Discovery Jan. 2016
- Development May 2016
- Dissemination Jan. 2017
- D4 Sept. 2017
- On-Site Survey Aug. 2018
- Designation Sept. 2018



Staffing at MHWH

Newborn division:

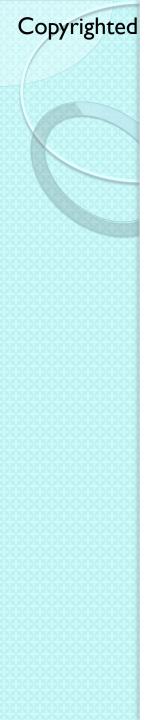
- NICU-level3
- Newborn nurses
- Lactation Staff- 2 FT IBCLC, I prn IBCLC

L&D

Post-partum



- Vaginal delivery-NICU nurse attends delivery, begins STS and assessment of Apgar scores and VS
- Once NICU nurse completes all assessments, Transition newborn nurse is called and completes the first 2 hours of transition.
- Charge nurse in Newborn is now responsible for caring for babies assigned to Transition nurse until mom and baby are transferred to PP unit.



C-Section Deliveries

- Role of the NICU nurse
- Role of Newborn Transition nurse
- STS in the OR vs STS in recovery

Sustainability Staffing Plan for BFHI

- Maintain an active Task Force with monthly meetings and working agenda
- Assess staff practices through daily discharge chart audits
- Train all new staff according to the Feeding Policy guidelines
- Competency evaluations with annual competency training, Safety Training workshop and one-on-one training as needed.





How Does a Garden Continue to Grow?

The work does not stop with Designation. Practices and education must continue to be monitored routinely.

Team work, staff compliance and on-going data collection are necessary for sustainability.



Lou Ann Wall, RN, IBCLC



KING'S DAUGHTERS MEDICAL CENTER

Brookhaven, MS



KDMC has provided 104 years of excellent service to Brookhaven and the surrounding communities and is currently licensed for 99 beds. Our facility boasts the very first fully dedicated labor, delivery, recovery, and postpartum suites in the state of Mississippi. Our LDRP unit delivers, on average, 700 babies yearly. We have 9 LDRP suites, 3 observation rooms, and 5 mini-suites for postpartum overflow. Our nursery is classified as a level 2 stabilization nursery.





KING'S DAUGHTERS MEDICAL CENTER

Top 10% for Patient Satisfaction 2012-2017



OVERALL SURGICAL CARE



A Grade Hospital Safety Score Spring/Fall 2016-2017 and Spring 2018

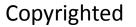


Women's Choice Award for Obstetrics 2013-2017

Modern Healthcare BEST PLACES TO WORK[™] 2018

Modern Healthcare Best Places to Work 2012-2015, 2017, 2018





Staffing

- We continue to provide maternal and newborn care as a Labor/delivery/recovery/postpartum unit.
- We also have a Level II Stabilization nursery.
- Well newborns remain in the LDRP suite with their moms with separation only when medically indicated.
- Our staffing reflects AWHONN standards both for the Labor and Nursery units.

Staying on track

• Continue Audits

- Champs Data Collection
- Use BFHI audit tools monthly to track progress
- Using the Chart Audit tools will help keep track of staffs charting
- The Patient Audit tool will give patient feedback on how staff are doing with educating patients (are they doing what they chart? What does mom remember?)



Education

Staff Education

- Yearly skills lab and monthly unit meetings
- IBCLC/CLC maintain CEU's and certifications
- New Staff Education
 - LER 20 hours
 - Champs 4 hours
 - Oriented to Feeding Policy



Patient Education

- Review patient education materials yearly and keep updated as necessary
- Continue working with OB Clinic and providing Prenatal Education
- Continue Mommy University (KDMC's one on one prenatal education)
- Continue providing education materials to outpatients
- Continue educating on admission, during admission and at discharge

Community

- Breastfeeding Support Group
 - Baby Café Cluster Meetings twice a month
 - Lincoln Co Library
 - KDMC Education Annex
- WIC

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- Maintain relationship between hospital and WIC staff
- Work together to grow the Baby Café



It doesn't stop with Designation!

- Work to improve using the results of the data collected
- Strengthen weak areas with more education
- Use the feedback of moms to improve and motivate staff
- Stay connected with other hospitals to find ways to not only maintain but improve



Happy Moms! Happy Babies!



