Improving Hospital Breastfeeding Support
Leveraging Kaiser Permanente’s Implementation Toolkit

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Our Numbers
Total Membership: 9.1 Million

- 17,000 physicians
- 176,000 employees (more than 49,000 nurses)
- 88,000 births (72,000 in California) – 2013

**Northwest Region**
- Portland, OR
- Vancouver, WA
- 484,349 members

**Northern California Region**
- 3,430,528 members

**Colorado Region**
- Denver / Boulder, CO
- Colorado Springs, CO
- Pueblo, CO
- 546,065 members

**Mid-Atlantic Region**
- Washington, DC
- Maryland
- Virginia
- 485,086 members

**Southern California Region**
- 3,645,322 members

**Georgia Region**
- Atlanta, GA
- 239,124 members

**Hawaii Region**
- 224,683 members
Kaiser Permanente Hospital Breastfeeding Toolkit

- Launched in April 2013
- Commitment with Partnership for a Healthier America (PHA)
- 3,300+ unique page views in first 4 months
Essential Components

BUILDING FOR SUCCESSFUL CHANGE

Leadership engagement
Planning and ongoing improvement
Measurement strategy
Keeping patients at the center
Sustainability
Performance Improvement

What is the best way to approach making a change that results in improvement?

- Thinking about doing something better is often easy
- Actually making a change is not
Five Central Principles of Improvement

1. The **aim or goal** of the project is clear
2. Regular **performance data** drives the work
3. **Changes are designed** to improve the current process
4. **Changes are tested** before implementing
5. Teams consisting of **people doing the work** are key
Kaiser Permanente Northern California Model

Breastfeeding “Bundle” – Four Evidence-Based Strategies

1. Skin-to-skin contact
2. Early initiation of breastfeeding

Ongoing until Discharge
3. Assistance / rooming-In
4. No supplementation with formula unless medically indicated

Goal: Exclusive Breast Milk Feeding in the Hospital – 70%
The Charter is the Roadmap

**AIM – What are we trying to accomplish?**
Improve rate of exclusive breast milk feeding to [percent] by [date] at the facility

**GOAL – How will we accomplish our aim?**
Standardize and reliably implement evidence-based practices for mothers who choose to breastfeed
1. Skin-to-skin contact
2. Early breastfeeding within one hour
3. Consistent breastfeeding education and assistance
4. Supplementation with formula limited to medical indications

**MEASURES – How will we know if we have improved?**
1. Skin-to-skin contact
2. Early breastfeeding
3. Exclusive breast milk feeding without supplementation
# Breastfeeding Collaborative Timeline

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Months 2-3</th>
<th>Month 4</th>
<th>Months 5-6</th>
<th>Month 7</th>
<th>Month 8+</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Leaders agree to sponsor initiative for the year</td>
<td>- Subject Matter Expert meeting</td>
<td>- Regional charter</td>
<td>- Site teams established</td>
<td>- Continue testing</td>
<td>- Continue collaborative calls</td>
</tr>
<tr>
<td>- Planning meeting with steering group</td>
<td>- Review evidence</td>
<td>- Identify sites</td>
<td>- Assess current practice</td>
<td>- Host learning session</td>
<td>- Spread best practices across all sites</td>
</tr>
<tr>
<td>- Identify goals</td>
<td>- Build local teams</td>
<td>- Design baseline data measurement</td>
<td>- PDSA Cycles begin</td>
<td>- Continue to collect data and identify best practices</td>
<td></td>
</tr>
<tr>
<td>- Identify measures</td>
<td>- MD leader</td>
<td>- Sites testing changes and collecting data</td>
<td>- Pilot sites develop materials for sharing with other sites at learning session</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- RN leaders</td>
<td>- Begin monthly collaborative calls across sites</td>
<td>- Continue to collect data and identify best practices</td>
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</tr>
<tr>
<td></td>
<td>- Quality advisor</td>
<td></td>
<td>- Continue collaborative calls</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Kickoff collaborative call</td>
<td></td>
<td>- Spread best practices across all sites</td>
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</tbody>
</table>

### Structure
- Subject matter expert team
- Site teams / front line staff
- Support: Collaborative calls

### Process
- Charter, measurement strategy
- PDSA testing tools
- Action periods
- Change package / toolkit

### Outcomes
- Learning
- Spread
- Improvement
- Improved outcomes
Using data to drive performance

Documented Skin-to-Skin Contact within Timeframe

- Month 0: 65%
- Month 1: 62%
- Month 2: 70%
- Month 3: 60%
- Month 4: 80%
- Month 5: 40%

Target: 100%

Documented Skin-to-Skin Contact within Timeframe
Kaiser Permanente Breastfeeding Toolkit

www.kpcmi.org
The Breastfeeding Collaborative PI Model

Based on the Institute for Healthcare Improvement 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?

Asks three questions

Model for Improvement developed by Associates in Process Improvement (http://www.apiweb.org)
Sample PDSA Timeline
Skin-to-skin (STS) contact and exclusive breastfeeding

1. Develop a way to ensure staff document STS consistently in EMR
   - Confirm that items to be documented have identified locations in EMR, and who has responsibility.

2. Confirm process flow and create checklist tool
   - Create a comprehensive, easy-to-read EMR documentation job aid for staff to use.
   - Standardize process and confirm roles and responsibilities.

3. Review to determine whether tests are creating a sustainable process
   - Staff use standard script when documenting in EMR.
   - Process flow developed and tested by staff.
   - Determine communication and education process.

   - Create checklist and roll out communication during weekly huddles and place on charts.
   - Present information and following up at weekly huddles. Post run charts in break room.

   - Evaluate results of 20 sample cases.

   - Adopt checklist and job aid if results reflect success.

Act | Plan | Study | Do
---|---|---|---
Testing and adaptation

Care management institute
Kaiser Permanente
# Skin-to-skin RN Checklist
## Vaginal Delivery

<table>
<thead>
<tr>
<th>Task</th>
<th>Time Frame</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate mother about benefits of skin-to-skin</td>
<td>Before birth</td>
<td>☐</td>
</tr>
<tr>
<td>Raise or remove gown</td>
<td>Before birth</td>
<td>☐</td>
</tr>
<tr>
<td>Deliver infant to mother on bare abdomen or chest</td>
<td>First 10 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Dry infant (not hands) on mother’s abdomen</td>
<td>First 10 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Bring naked infant to mother’s bare chest (if not already there)</td>
<td>First 10 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Cover mother and infant with warm blanket</td>
<td>First 10 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Take first newborn vital signs</td>
<td>10-30 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>If infant brought to ALS, bring back, unwrap, and place skin-to-skin on mother’s bare chest</td>
<td>10-30 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Offer assistance with latch</td>
<td>10-30 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Document uninterrupted skin-to-skin in EHR</td>
<td>10-30 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Document breastfeeding status/attempts</td>
<td>10-30 minutes after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Provide newborn medication, give bath, and 2nd vital signs</td>
<td>1-2 hours after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Transfer to Mom-Baby unit while skin-to-skin</td>
<td>1-2 hours after baby is born</td>
<td>☐</td>
</tr>
<tr>
<td>Document additional skin-to-skin and breastfeeding</td>
<td>1-2 hours after baby is born</td>
<td>☐</td>
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</tbody>
</table>
Process map: Skin-to-skin (STS) after C-Section

**Pre-op**
- Pre-op teaching on benefits of skin-to-skin contact
- Incorporate skin-to-skin plan in OR “time out”

**Delivery**
- Baby is born
- Is mom or baby compromised?
  - NO: Pedi MD takes baby to warmer
  - YES: Manage per protocol

- Manage per protocol

**Pedi MD / Transition RN**
- Assigns 1-min and 5-min APGAR

**Anesthesia**
- Prepares mom’s arms to accept baby, as needed

**Transition RN**
- Unbuttons mom’s gown
- Makes room to assist with STS
- Places naked baby across mom’s chest, baby’s face toward RN for monitoring
- Covers baby’s back with warm blankets (use warming therapy unit as needed)
- Encourage breastfeeding
- Initiate documentation in EHR

**Transition RN**
- While mom prepares to move to gurney, RN takes baby for vital signs, weight, and measurement

**Labor & Delivery RN**
- Assists mom to gurney for transfer to recovery unit

Postpone bath until after at least 1 hour of skin-to-skin

Mom and baby transferred together, to continue skin-to-skin / breastfeeding in recovery unit