9 Steps to a Breastfeeding Friendly Clinic: Lessons Learned

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Disclosures

We have nothing to disclose.
Learning Objectives

1. Describe a brief overview of the 9 Steps and one lesson for each step the clinic learned in order to expedite the implementation process.

1. Address program structuring options and develop billing for a sustainable program.

1. Provide one systemic challenge with its resolution showing how clinic operations were altered.

Salud Para La Gente

Santa Cruz/Monterey Counties

15 Clinics

Federally Qualified Health Center

Patient Centered Medical Home
Today...

What is the 9 Steps Initiative?

General Suggestions

Main Objective of Each Step

Lessons Learned While Implementing Each Step

Program Structure Options

Systemic Challenge and Resolution

http://calwic.org/focus-areas/wic-public-health-a-health-care-reform#StepsGuidelines

Designed to:

Successfully implement policies and practices that protect, promote, and support breastfeeding

Provide a framework for creating and sustaining community-based quality care and support for breastfeeding mothers and their families in the outpatient setting
Suggestions for Getting Started…..

After hiring Department Manager, at least three months are needed for program development

Rearrange order of steps according to needs of clinic

Assess average # newborns/ mos to determine hiring of IBCLCs (we suggest 1 FTE IBCLC: 20 NBs/month)

Each exam room/ IBCLC will need their own Medical Assistant (MA)

Salud Para La Gente Lactation Program Structure

- Lactation Department created under Pediatrics
- 2 full time IBCLCs job share: 20 hr/ wk Program Manager and 20 hr/wk direct patient care each
- Additional 32 hr/wk IBCLC
- Initiating hiring of additional full time IBCLC
- Initiating hiring of per diem IBCLC
- 2 full time CLEs: assist IBCLCs, complete well child ‘check ins’, complete pump/ back to work consults
Step 9: Quality Improvement and Impact Evaluation

Establish systems of data tracking, quality assurance, continuous quality improvement and impact evaluation.

Lessons Learned....

Begin working on having data points entered into EHR/EMR immediately

Lactation Manager attends weekly departmental and operational meetings
Step 8: Financial Sustainability

Develop a financial plan that guides provision of breastfeeding services in a way that maximizes sustainability in the context of overall clinic services and resources.

Lessons Learned....

Use Comprehensive Perinatal Services Program (CPSP), if an option, to bill for Mom

Work with Billing Manager to fully understand options- local managed care program

Providing Medical billing codes for lactation

Agreement with personal pump DME for direct mailing to clinic

CLC Check-Ins after Pediatric Well
Step 4: Clinical Services

Provide clinical services that promote and support breastfeeding for the mother-baby dyad as the norm for infant feeding and nutrition.

Lessons Learned....

Spend time educating other providers, Medical Assistants, etc on what you actually do in a consult

1 Exam Room per full time lactation clinician

Patient referrals, scheduling, and flow

Adequate staff to see all patients

Integrate into Pediatric Department

1 FTE IBCLC: 20 Newborns/Month, 1 FTE CLC: 30 Newborns/Month

Lactation Specific Medical Assistant
Step 7: Workplace Lactation Accommodation

Provide and maintain effective lactation accommodation for all employees in the organization.

Lessons Learned....

Must prioritize to have employee “buy in”

Coordinated effort between Lactation, HR, and Clinic Management

Program structure- appointments, supplies, employee responsibilities
Step 1: Policy and Protocols

Establish and routinely communicate to all clinic staff a written infant feeding policy that promotes, supports, and protects breastfeeding and human milk as the normative standard for infant feeding and nutrition.

Lessons Learned....

Develop **clinical protocols** before hiring other clinical staff, if possible.

Present protocols at **Department Team Meetings**.

Communicate Infant Feeding Policy at **New Employee Orientation**.

Communicate Infant Feeding Policy to existing employees at **All Staff Meeting**.

Protocols located on **Intranet**.
Step 6: Community Resources

Collaborate with local agencies and health professionals to ensure continuity of care and breastfeeding support in the community.

Lessons Learned....

Sharing information is difficult

HIPAA Release

Best way to contact each other

Community Lactation Taskforce—monthly meeting then quarterly
**Step 2: Staff Education and Evaluation**

Provide initial and ongoing competency-based education and training for all clinic staff on topics necessary to establish and maintain the infant feeding policy and protocols that support delivery of comprehensive breastfeeding education and clinical services.

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**Lessons Learned**

Free on-line education for MD's-
http://www.hriainstitute.org/breastfeedingcme/index.html

**USBC**: Core Competencies in Breastfeeding Care and Service for All Health Professionals

**Presentations** at Department Meetings

Coordinate with **HR for tracking**
Step 3: Patient Education

Provide accurate and evidence-based information about breastfeeding and human milk to all pregnant women, mothers and/or caregivers that is based on current nationally recognized guidelines.

Lessons Learned....

Utilize the CPSP Program (Health Educators) if you have the ability

Create/ Obtain handout of easy to use teaching points for prenatal providers

Coordinate between OB, Pediatric and Family Practice

Utilize Lactation Educators

Coordinate with WIC, hospital
Step 5: Clinic Environment

Establish, provide, and maintain a breastfeeding-friendly clinic environment.

Lessons Learned....

**Bulletin Boards** in Waiting areas

**No ‘Free Gifts’:** requires education in all areas of clinic

**Formula stored** out of sight and logged as medication

No magazines that advertise *breastmilk substitute, bottles, nipples, pacifiers, formula supplies, or coupons for any of the above*

Breastfeeding friendly **art work**
Systemic Challenge and Resolution

Scale Discrepancies

MAs Entering Weights

RNs Requesting Lactation Scale Sensitive to 2g

Lactation Scales Installed in All Weighing Areas in Each Clinic

Extensive Training

All Babies <3mos Weighed on Lactation Scale for All Visit Types

Questions
Thank you

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