



A breastfeeding initiative by the
OHIO HOSPITAL ASSOCIATION and
the **OHIO DEPARTMENT OF HEALTH**

OHIO FIRST STEPS

Monthly Educational Calls

April

4/14/2017

FIRST STEPS TEAM

Facilitator

**Jennifer Foster,
BSN, RN, IBCLC**



Ohio First Steps - Staff

**Ryan Everett,
MPH**



**Bre Haviland, MS,
RD, LD, CLC**



OBJECTIVES

First Steps – Educational Calls

- Establish a forum for coaching & networking to assist with meeting “The 10 Steps”



HOUSEKEEPING

- This call is being recorded
 - Slides sent out as attachment to save-the-date this morning
 - Slides and recording will be posted to website
- All lines are muted throughout the call
 - Please use the Q&A or chat box for questions
 - These will be open for the duration of the call
 - You can ‘raise your hand’ as well

QUICK REMINDERS!

- Exciting News!
 - Vital Stats data
- Next First Steps Application Deadline:
 - **July 1st**
- Next Webinar:
 - May 12th at noon
 - Topic: Coaching Call/Q&A
 - Featuring local hospital highlight
- Heads up: Flip Charts

PRESENTERS



Beth White, MSN, RN, CNS
OPQC Consultant - Facilitation



PRESENTERS



Libby Svoboda, MEd, BSN, RN, IBCLC,
FACCE

Manager, Community Education



PRESENTERS



Licking Memorial Hospital

Kayla Gilkey, RN, C-EFM

Patient Care Manager, Maternity Services

**Marcia Fisher, RNC, BSN, IBCLC, tobacco
treatment specialist**

Lactation Consultant

OHA collaborates with member hospitals
and health systems to ensure a healthy Ohio

QUESTIONS?

Ryan Everett, MPH
Director, Population Health - OHA
ryan.everett@ohiohospitals.org

Bre Haviland, MS, RD, LD, CLC
Public Health Nutritionist - ODH
Breanne.Haviland@odh.ohio.gov

Ohio Hospital Association
155 E. Broad St., Suite 301
Columbus, OH 43215-3640

T 614-221-7614
ohiohospitals.org/ohiofirststeps



HelpingOhioHospitals



@OhioHospitals



www.youtube.com/user/OHA1915

Breastfeeding Measurement: IPHIS: The Ohio Birth Registry

Definitions, Tips and Relevance

Beth White, MSN, RN, CNS
OPQC Consultant – Facilitation
April 14, 2017



Objectives

- **Discuss the definition and accurate abstraction of the 2 breastfeeding IPHIS variables**
- **Explain differences between breastfeeding in IPHIS and Joint Commission PC-05**
- **Reinforce the importance of regularly checking the quality of your hospital's breastfeeding documentation.**



Integrated Perinatal Health Information System

- **IPHIS: The Ohio Birth Registry**

- The “birth certificate”

- **Extensive perinatal data base**

- Over 365 Variables that measure perinatal health on every baby born in Ohio



IPHIS: Breast feeding Variables

- IPHIS tab: Newborn
- Last two variables in data base

Definition:

- **Two IPHIS breast feeding variables**
 - Is infant receiving breast milk at discharge?
 - Is infant being exclusively breastfed at discharge with no infant formula supplementation?

IPHIS: Breast Milk Feeding



- **Measures breast feeding at discharge**
- **It is NOT simply the mother's intent to breastfeed.**
- **Breastfed means the action of breastfeeding (nursing) or pumping (expressing) human milk.**
- **Asks: Is the baby receiving breast milk at discharge.**
 - **Does not have to be exclusive breast feeding to answer "yes"**

IPHIS: Exclusive Breast Milk Feeding



- **Asks: Is the infant *exclusively* breastfed at discharge**
- **It is NOT simply the mother's intent to breastfeed.**
- **Breastfed means the action of breastfeeding (nursing) or pumping (expressing) human milk.**

Did the infant receive breast milk exclusively during entire stay?

- “Exclusive breast milk feeding” is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.”
- Breast milk feeding **only** must be documented for the entire hospital stay, and is still considered exclusive if:
 - Fortifier is added to the breast milk
 - Breast milk is fed at breast, by bottle, syringe or other method
 - Donor breast milk is fed to the infant
 - Sweet-Ease® or a similar 24% sucrose and water solution is given to the baby specifically for pain relief during a procedure

Review and Redesign Subcommittee: September 2012; May 2013; October 2014

Guide to Completing The Facility Worksheets for the Certificate of Live Birth

Ohio Department of Health
Office of Vital Statistics

Revision Date
October 2014

Form Number



41. Is the infant being breast fed at discharge?

| Definitions | Instructions | Sources | Key words/Abbreviations |
|---|---|---|---|
| <p>Information on whether the infant is being breast-fed at the time of discharge from the hospital.</p> <p>Breast-fed is the action of breast-feeding or pumping (expressing) milk.</p> <p>It is <u>not the intent to breast-feed</u> or bottle-feed.</p> | <p>Check “yes” if the infant is being breast-fed at discharge**</p> <p>Check “no” if the infant is not being breast-fed at discharge.</p> <p>**Exclusive breast feeding is not required to check “yes” for this question. Infant may be intermittently fed both breast milk and formula at discharge.</p> | <p>1st Newborn Flow Record under - Feeding</p> <p>2nd Lactation Consult</p> | <ul style="list-style-type: none"> • Pumping • Lactation consultation • LATCH score (Latch on, Audible swallow, Type of nipple, Comfort and Help – used to measure position and attachment of the baby on the breast) • Breast pump • Breast pump protocol • Breast milk • MM - Mother’s milk • HM- Human milk • FBM - fresh breast milk |

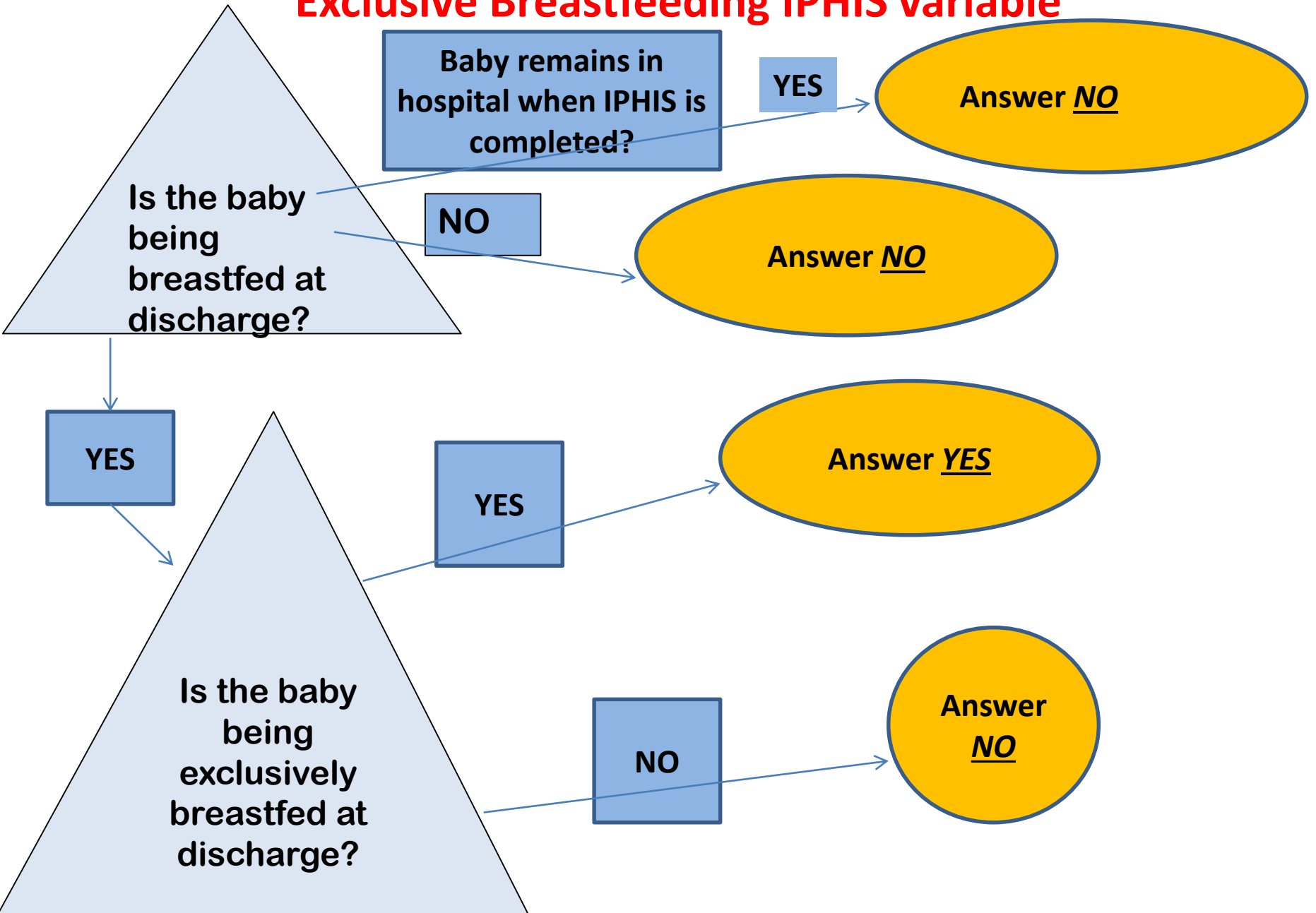
42. Did the infant have Exclusive breast feeding through entire stay?

| Definitions | Instructions | Sources | Key words/Abbreviations |
|---|--|---|---|
| <p>Information on whether the infant is <u>exclusively</u> being breast-fed before discharge from the hospital with <u>no infant formula supplementation</u>. Breast-fed is the action of breast-feeding or pumping (expressing) milk.</p> <p>It is <u>not the intent to breast-feed</u> or bottle-feed.</p> | <p>Check “yes” only if the infant is being exclusively breast-fed at discharge**</p> <p>Check “no” if the infant is not being breast-fed at discharge</p> <p>Check “no” if the infant is intermittently fed both breast milk and formula at discharge.</p> | <p>1st Newborn Flow Record under - Feeding</p> <p>2nd Lactation Consult</p> | <ul style="list-style-type: none"> • Pumping • Lactation consultation • LATCH score (Latch on, Audible swallow, Type of nipple, Comfort and Help – used to measure position and attachment of the baby on the breast) • Breast pump • Breast pump protocol • Breast milk • MM - Mother’s milk • HM- Human milk • FBM - fresh breast milk |

Where to Look

- **Use the Infant chart NOT the maternal chart**
- **Use actual recordings of infant intake and breastfeeding events, not provider summaries or medical orders**
- **Collaborate with your birth registry team to find the “best” location in the record, meaning**
- **Most accurate- where direct care providers chart**
- **Most reliable- record of what was given, not what was ordered**
- **Use the same method with each chart**

Exclusive Breastfeeding IPHIS variable

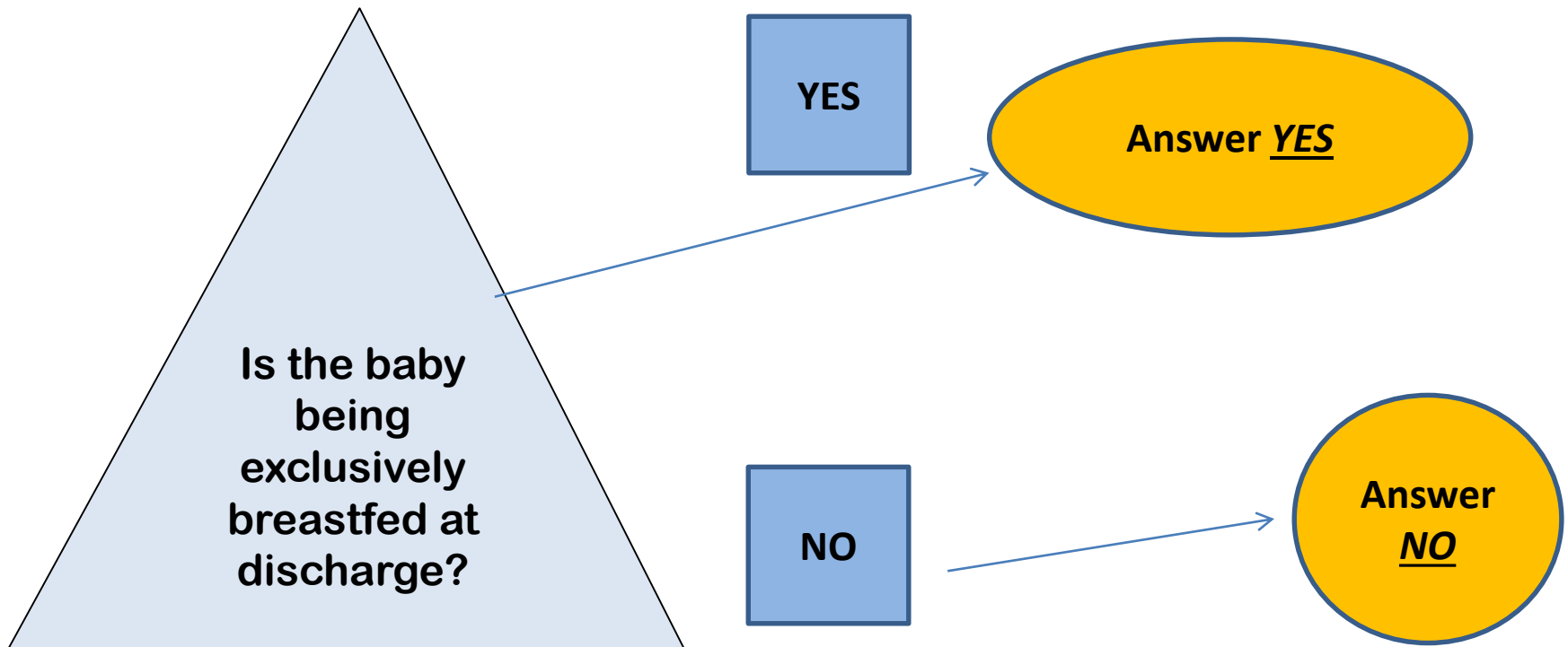


Changes to Joint Commission Measures PC-05 and PC-05a

- **Effective October 1, 2015, The Joint Commission retired the Perinatal Core Measure PC-05a and revised PC-05**
 - No longer captured:
 - Mother's preference to not breast feed
 - Mother's medical conditions preventing exclusive breastfeeding



Exclusive Breastfeeding PC-05



Specifications Manual for Joint Commission National Quality Core Measures

Data Element Name: *Exclusive Breast Milk Feeding*

version 2015b

Collected For: [PC-05](#),

Documentation that the newborn was exclusively fed breast milk during the entire hospitalization.

Definition: Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.

Suggested Data Collection Question: Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization?

Format:

| |
|--|
| |
|--|

Allowable Values: Y (Yes) There is documentation that the newborn was exclusively fed breast milk during the entire hospitalization.

N (No) There is no documentation that the newborn was exclusively fed breast milk during the entire hospitalization OR unable to determine from medical record documentation.

If the newborn receives any other liquids including water during the entire hospitalization, select allowable value "No".

Exclusive breast milk feeding includes the newborn receiving breast milk via a bottle or other means beside the breast.

Notes for Abstraction:

Sweet-Ease® or a similar 24% sucrose and water solution given to the newborn for the purpose of reducing discomfort during a painful procedure is classified as a medication and is not considered a supplemental feeding.

If the newborn receives donor breast milk, select allowable value "Yes".



Know the Similarities and Differences



Main Differences: IPHIS vs PC-05

- **IPHIS**

- All newborns are included - there are no gestational age exceptions or population sampling
- IPHIS collects non-exclusive and exclusive breast feeding variables
- Data are reported to the state of Ohio and then NCHS

- **PC-05**

- Sample of singleton term newborn population
- Data are reported to the Joint Commission



Self Evaluation

- Knowing how your organization is performing with both IPHIS and Joint Commission breast feeding variables will give valuable quality improvement and differentiation information



Essential Resources

- ***ODH/Vital Statistics***
 - 614-466-2531, Option 2, then 3
 - www.odh.ohio.gov/vitalstatistics/stakeholder/support
- ***Ohio Perinatal Quality Collaborative/OPQC***
 - <http://OPQC.net>
 - <https://opqc.net/projects/BirthRegistryAccuracyResources>
 - Email: opqc@cchmc.org



It takes a village...



Department of
Medicaid

John R. Kasich, Governor
John B. McCarthy, Director



Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives



Breastfeeding Metrics

Quantitative and Qualitative Data Collection

Ohio First Steps
April 14, 2017

Rosanne Furnari, RNC-MNN
Senior Quality Improvement RN
University Hospitals MacDonald Women's Hospital

Mary (Libby) Svoboda
MEd,BSN,RN,IBCLC,LCCEFACCE
Manager, Community Education
University Hospitals MacDonald Women's Hospital



Data...how much is enough?

- Initial monthly audit volume = 60 maternal/newborn dyads
(20% of delivery volume)
 - 60 maternal in-patient charts
 - 60 maternal prenatal charts
 - 60 newborn in-patient charts
 - Additional 5 maternal in-patient charts reviewed for initiation of pumping w/in 6 hours when mother/newborn separated (NICU)
- 185 charts per month
- Maintained this volume throughout *BestFed Beginnings* process, and 16 months post Baby-Friendly Designation

BUT HOW MUCH?

Data...how much is enough?

- Current monthly audit volume = 30 maternal/newborn dyads
(10% of delivery volume) 15 vaginal delivery, 15 Cesarean delivery
 - 30 maternal in-patient charts
 - 30 maternal prenatal charts
 - 30 newborn in-patient charts
 - Additional 10 maternal in-patient charts reviewed for initiation of pumping w/in 6 hours when mother/newborn separated (NICU)
- 100 charts per month
- Decreased sample size 16 months post Baby-Friendly Designation
 - Data was giving us the same results
 - 185 chart audits per month very labor intensive

BUT HOW MUCH?

Metrics



- **Prenatal Breastfeeding Education**
 - Documentation the mother received education/instruction about the benefits & management of breastfeeding prior to 30 weeks gestation
- **Skin-to-Skin contact following vaginal delivery** (mother & newborn stable)
 - Initiated w/in 5 minutes of delivery
 - Lasting for at least one hour and through the first feeding
- **Skin-to-Skin contact following Cesarean delivery** (mother & newborn stable)
 - Initiated at the start of the maternal recovery process
 - Lasting for at least one hour and through the first feeding

Metrics



- **Initiation of Breastfeeding**
- **Exclusive Breastmilk feeding**
- **Assistance and Support with Breastfeeding**
 - Documentation of education on positioning, latch, hand expression, and milk transfer (all must be documented)
- **Rooming-in**
 - Documentation of rooming-in 23 of every 24 hours
 - Excludes to nursery for procedure, car seat challenge, medically necessary
- **Feeding on Cue**
 - Documentation of education on cue-based feeding

Metrics



- **Discharge Support**
 - Documentation of mother receiving referral to community support and phone number for Lactation Center follow-up/resource
- **Pumping/Manual Expression w/in 6 hours when medical separation is necessary**
 - Mother intends to breastfeed
 - Infant to NICU
 - Mother to ICU (her medical condition allows for her to pump)

How are we measuring?

- Data abstraction by single QI RN
 - Review of maternal prenatal chart
 - Review of maternal in-patient chart
 - Review of Newborn in-patient chart
 - Electronic Medical Record documents
 - Electronic Medical Record flowsheets
 - Paper documents scanned into Electronic Medical Record
- Abstract only charts of patients who received prenatal care in the UH system to be able to capture the Prenatal Breastfeeding Education metric

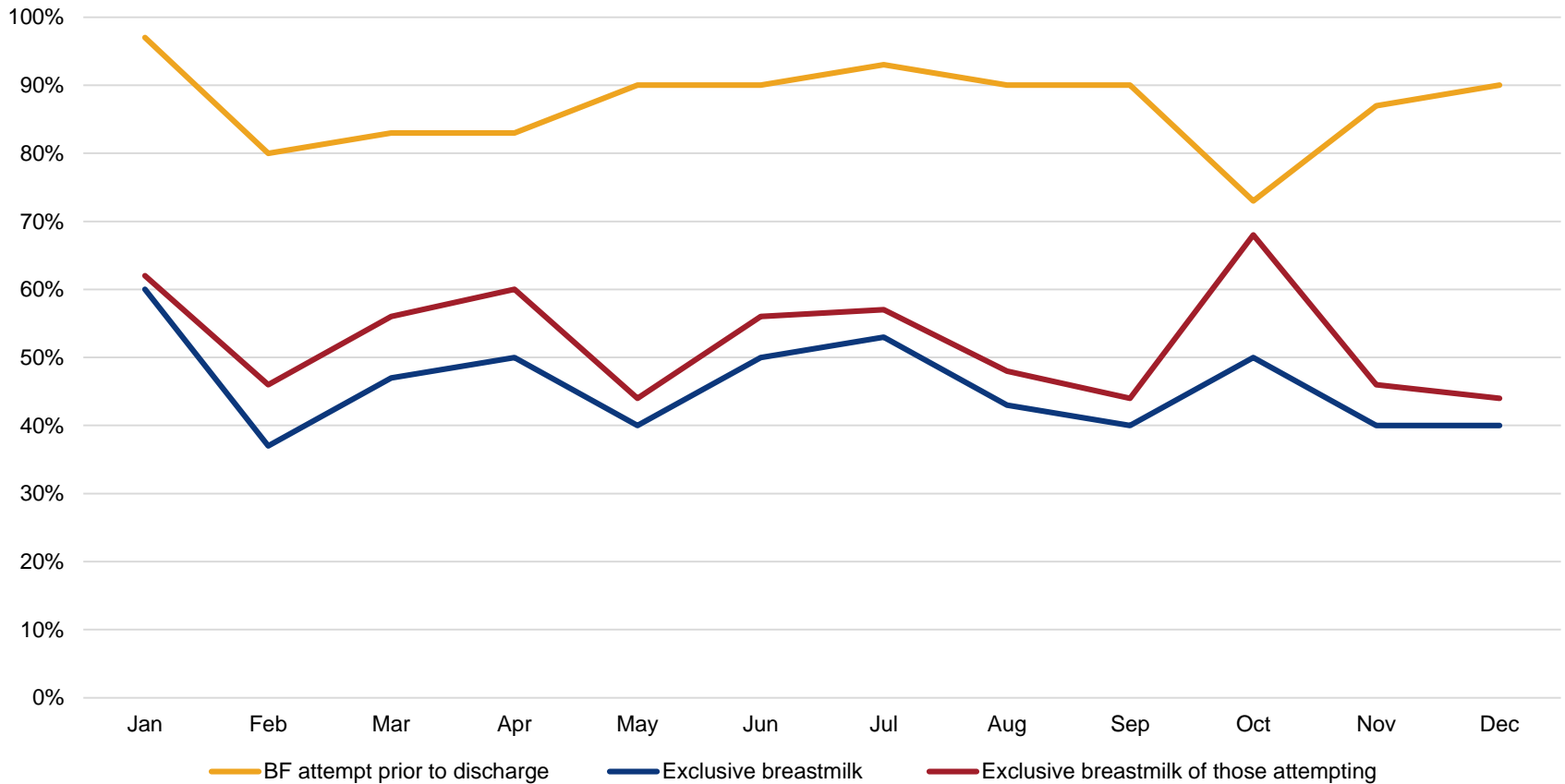


Data Interpretation

- Data is shared monthly, in graph format to
 - Baby-Friendly Task Force
 - Unit leaders, shared at staff meetings
 - Posted on units
 - Shared at department meetings
- Data drives us to areas that need improvement
 - Prompts discussion of identification of barriers
 - Generates ideas for change that can to be tested via PDSAs
 - Tells us if the changes we've made have made a difference

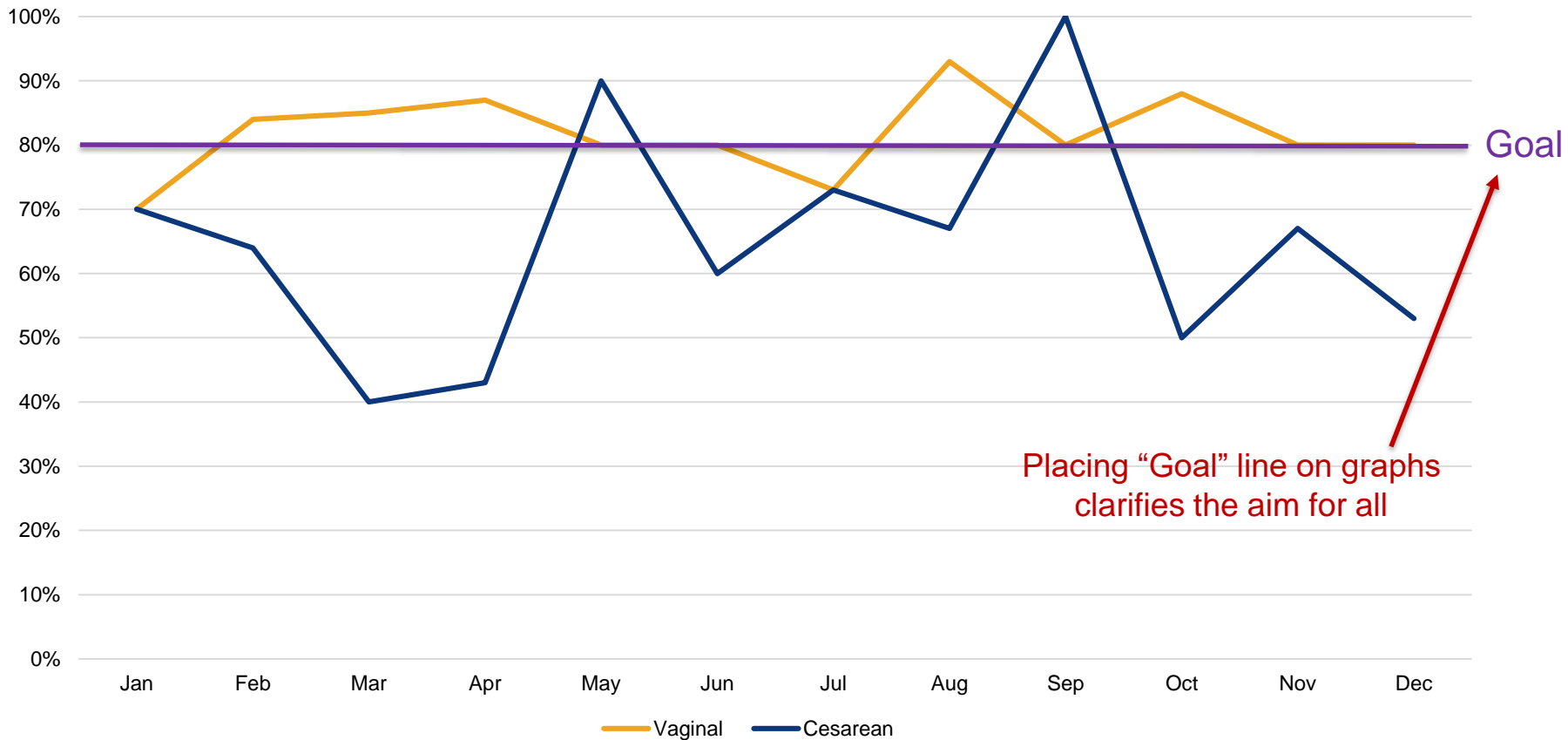


Exclusive Breastmilk Feeding



*Simulated data for illustrative purposes only

Skin-to-Skin Contact at Delivery



*Simulated data for illustrative purposes only

Data collection challenges

- **Time...Time...Time...**
- Documentation
 - If it's not documented, it's not done
 - Documentation is not always where it should be, increased time looking for the data
- Electronic Medical Record
 - Cannot support exporting a report of all the data
 - In-patient and out-patient records do not “talk” to one another



Data collection successes

- Collection and analysis of data in real-time allows for identification of practice creep that can be quickly addressed and mitigated
- Data collected by consistent individual provides ability to recognize clinicians who may need reinforcement of practice and/or documentation expectations
- Comparison of quantitative data and qualitative data (patient interviews)
 - where we think we are vs. where the patients tell us we are
 - together words and data tell a more complete story



Patient interviews – what mothers' words tell us

- Help to gather information on facility practices and whether or not they are compliant with the Ten Steps.
- Act as a guide for process change(PDSA's). Are they working? If not, helps identify barriers/roadblocks.
- Qualitative data - Mothers' interview feedback does not always match the quantitative data (documentation)
 - Why? What does this mean?



© Can Stock Photo - csp4568821

Patient interviews – cont'd



- Is the staff providing consistent information?
- Is the staff distributing written educational material with one on one discussion?
- What is taught and the mother's perception will be revealed in the interview.
- Are the interview auditors reliable or consistent in their interview techniques?
- Inter-rater reliability – compare patient interview results of auditors
- Choose auditors who have good interviewing skills, are objective, and knowledgeable about lactation.



The time to start patient interviews is now.



Frequently Asked Question—How many audits do we need to do?

- **BFUSA: RECOMMENDED SAMPLE SIZES FOR POST PARTUM PATIENT INTERVEIWS**

| # ANNUAL BIRTHS | NUMBER OF INTERVEIWS |
|--------------------|----------------------|
| < 500 births | 5 interviews |
| 500-999 births | 10 interviews |
| 1,000-2,499 births | 25 interviews |
| 2,500-4,999 births | 50 interviews |
| 5,000 + births | 75 interviews |

- **BFUSA: RECOMMENDED SAMPLE SIZES FOR POST PREGNANT WOMEN INTERVEIWS**

| # ANNUAL BIRTHS | NUMBER OF INTERVEIWS |
|--------------------|----------------------|
| < 500 births | 5 interviews |
| 500-999 births | 10 interviews |
| 1,000-2,499 births | 25 interviews |
| 2,500-4,999 births | 50 interviews |
| 5,000 + births | 75 interviews |

Frequently Asked Questions—How many audits do we need to do?

- For purposes of improvement?
 - Just enough to inform improvement!
 - Guideline: 10 mothers each month
 - Enough so that you are confident that 80% of a random number of mothers interviewed would attest to receiving the care described in the Step

Getting started - What questions to ask?



- Follow the Ten Steps description in the Ohio Hospital Recognition Application and/or Baby-Friendly Guidelines and Evaluation Criteria
- Step 3 - Ask the mother if someone has talked with her about the importance of breastfeeding, immediate and sustained skin-to-skin contact, early initiation of breastfeeding, rooming-in on a 24-hour basis, feeding on cue, on demand or baby-led feeding, frequent feeding to help ensure enough milk, good positioning and attachment, exclusive breastfeeding for the first six months, the risks of giving formula or other breast milk substitutes, and the fact that breastfeeding continues to be important after six months when other foods are given.

Questions to ask –cont'd



- Step 4
 - **Vaginal deliveries**, was her baby placed s2s immediately after birth (or immediately after mother is responsive and alert) uninterrupted & supported (minimum 1 hour) unless there are medically justifiable reasons to separate?
 - **Cesarean deliveries**, was her baby placed s2s immediately after birth (or immediately after mother becomes responsive and alert) uninterrupted and supported (minimum 1 hour) unless there are medically justifiable reasons to separate?
 - Did she receive help to recognize the signs that her infant is ready to eat (hunger cues) and offered help, if needed?

Questions to ask –cont'd



- Step 5
 - Ask the mother if she received assistance with breastfeeding within six hours of birth, learned effective position and latch, and receive special attention for any problems?
 - Was she shown how to hand express their milk, and how to use a pump when appropriate?
 - If formula-feeding, was safe preparation of breast milk substitutes discussed?

Questions to ask –cont'd

- Step 6 –Did her baby receive no food or drink other than breast milk? If the baby was supplemented, was the mother educated about the risks of formula?
- Step 7 – Was her baby with her (“rooming-in”) 24 hours a day, unless there was a medical reason?
- Step 8 – Was she taught how to recognize her baby’s early feeding cues (hunger and fullness) and feed her baby as often and for as long as the infant wants to do so, waking if needed?
- Step 9 – Was her baby not given any bottles or pacifiers ((except for brief periods of time during painful procedures) and was she taught to not give any bottles or pacifiers to her infant for until breastfeeding is fully established?
- Step 10 – Is there a plan for discharge infant follow-up (preferably 1 – 4 days after birth and again the second week) and did the mother receive information on where she can find support if needed, with feeding her baby after returning home?



k12970437 www.fotosearch.com



© Can Stock Photo

References

- Sue Butts-Dion, Improvement Advisor ,Jennifer Matranga, Baby Friendly USA, Jennifer Ustianov, Project Director NICHQ, Liz Westwater, Baby Friendly USA, Measurement Using Patient Surveys/Audits, NICHQ Region A/B Best Fed Beginnings Presentation, 2012-2014.



Breastfeeding Data Collection

Licking Memorial Hospital

Ohio First Steps

April 2017

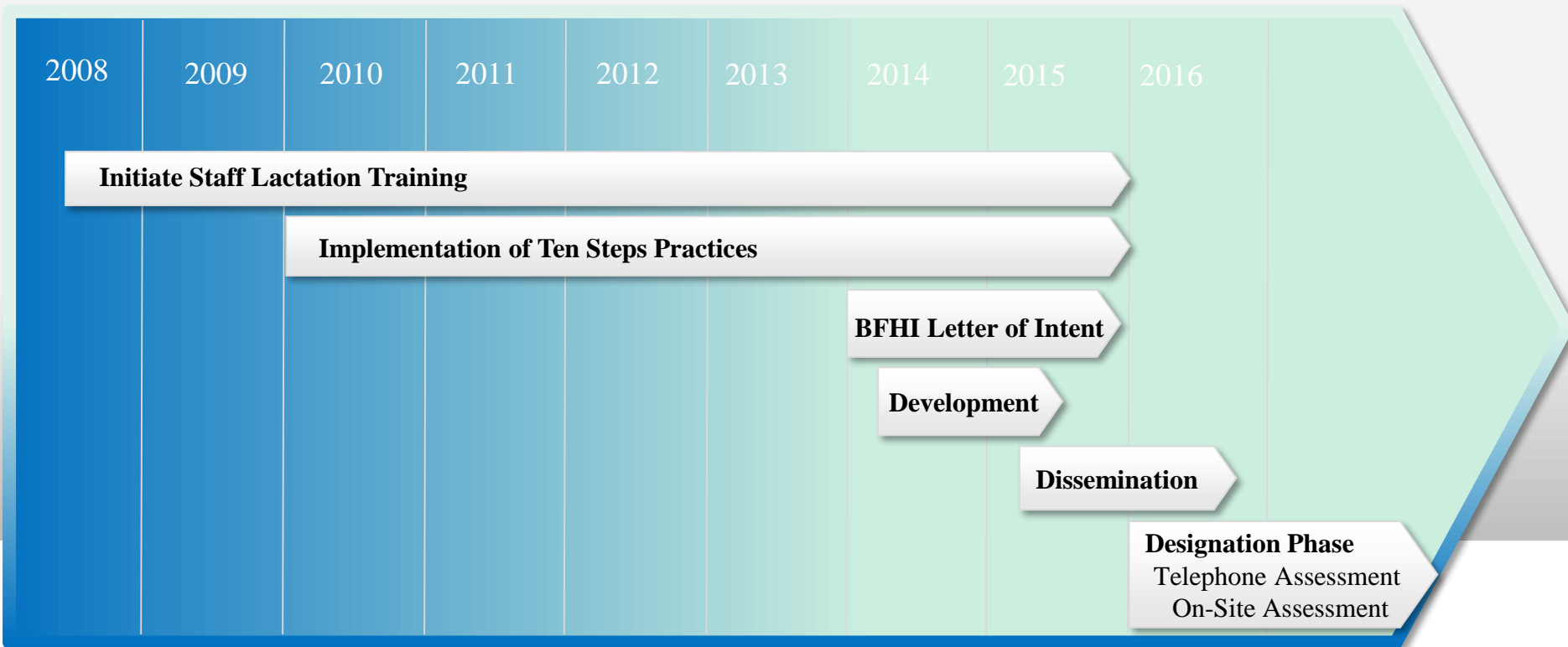


Licking Memorial Hospital

- Medium-size community hospital
 - Newark, Ohio
- Maternity Services-Level II
 - Approximately 1100 deliveries annually
 - 5 LDR's
 - 1 OR, 2 Recovery beds
 - 3 bed Triage
 - 17 bed Mother Baby unit – private rooms
 - 4 bed Special Care Nursery



Baby-Friendly Journey



Rooming-in

- Implementation
 - Staff education
 - Policy revision to support new practice
 - Patient education/culture change
- Challenges
 - Physician buy-in
 - Staff process changes
 - Changing patient expectations
 - Documentation



Newborn Daily Assessment

03/30/17 10:42 - Centricity Perinatal - User: Marcia Fisher, RNC (Nursing Staff) - Nursery - User, View

Security Roster Chalkboard Required Data Vital Sign Verification Archive Help Home

Stork, Baby Girl ID# 102912 Bed: Hold Ped: Killion Feeding: Breast Del: Vag GBS

Nursery Daily Asses-BFHI - Stork, Baby Girl (102912)

Vital Signs

Temp Temp Route Pulse Resp SPB DBP O2 Sat CS

Daily Wt, gms LBS Oz Bill Check Reading

Assessment

Infant color: Pink Pale Jaundice Slightly Jaundice Ruddy Mucous Membranes Pink Acrocyanosis Circumoral Cyanosis Petechia Facial Bruising

Resp Effort: Appropriate Crying

Eyes: Clear Drainage Eye Pads Antibiotics

Activity: Crying Quiet Awake Active Awake Quiet Sleep Active Sleep

Diaper

First Void: Yes No

First Stool: Yes No

BM: Yes No

Urine Color: Clear Yellow Amber Dry

BM Color: Meconium Transitional Green Yellow Loose Seedy

Circumcision Care: Red Swollen Bleeding No Active Bleeding Discharge Healing Vaseline Gauze Gauze Changed Gelfoam Vaseline Ointment

Circumcision Date/Time: M/d/yyyy H:mm

Circ Time Out Verified by RN/Provider

Location

Baby in Mom's Room
Baby in Nursery
SCN
Transferred to Level III Nursery (Hospital)
Other, Annotate

Baby Bracelet No. Verified

Time Baby Left the Room: M/d/yyyy H:mm

Time Baby Back in Room: M/d/yyyy H:mm

Reason Baby Out of Mother's Room:

Circumcision
Hearing Screen
PKU / Other Blood Draw
CCHD SCREEN
Pictures
Prints
Vaccine Administration
Car Seat Challenge Test.
Radiology
Physician Assessment / Physical
Mother medical condition
Mother discharged
Mother off MB Unit-Annotate
Mother's request
Educated and understands importance of rooming in.
Informed decision for separation
Other - Please Annotate

Notes

Baby Feeding

Kangaroo Care

Pacifier Use

Labs and Injections

Pain

Skin/Cord Care

Cord Segment

CCHD Screen

Hearing/Pics/Prints

Car Seat Check

Discharge/Follow-up

Car Seat Trend Test

NA Scoring

Critical Lab Values

Phototherapy

Date & Time: 6/15/2016 14:54

New OK

RN Verifying SN Charting

Lists: L&D Nursery PPartum SCN

Room/Board Charges Nursery Daily Assessment Nursery Shift Assessment Vital Signs Report Sheet Newborn Flowsheet Bill Nomogram Nursery IV Record

Help F2-Home F3-Select Pt F4-Create Pt F5-Transfer F6-Discharge F7-Change Info F8-Change ID F9-Chalkbd F10-MB Chk F11-OnCall Ch F12-Logoff

Start | Inboxes | 03/30/17 10:42 - C... | BFHI Presentations | ODH.OHA presentati...

10:42 AM 3/30/2017



Rooming-In Documentation

Baby Location

Baby in Mom's Room

Baby in Nursery

SCN

Transferred to Level III Nursery (Hospital)

Other, Annotate

Baby Bracelet No. Verified

Time Baby Left the Room:

M / d / yyyy H : mm

Time Baby Back in Room:

M / d / yyyy H : mm

Reason Baby Out of Mother's Room:

Circumcision

Hearing Screen

PKU / Other Blood Draw

CCHD SCREEN

Pictures

Prints

Vaccine Administration

Car Seat Challenge Test.

Radiology

Physician Assessment / Physical

Mother medical condition

Mother discharged

Mother off MB Unit-Annotate

Mother's request

Educated and understands importance of rooming in.

Informed decision for separation

Other - Please Annotate

Notes



Newborn EMR Audit Summary

03/30/17 15:39 - Centricity Perinatal - User: Marcia Fisher, RNC (Nursing Staff) - Nursery - User, View

FHR

Security Roster Chalkboard Required Data Vital Sign Verification Archive Help Home

Mouse, Minnie

ID# 12345478678684

Bed: Hold

Ped Baltisbe

Feeding:

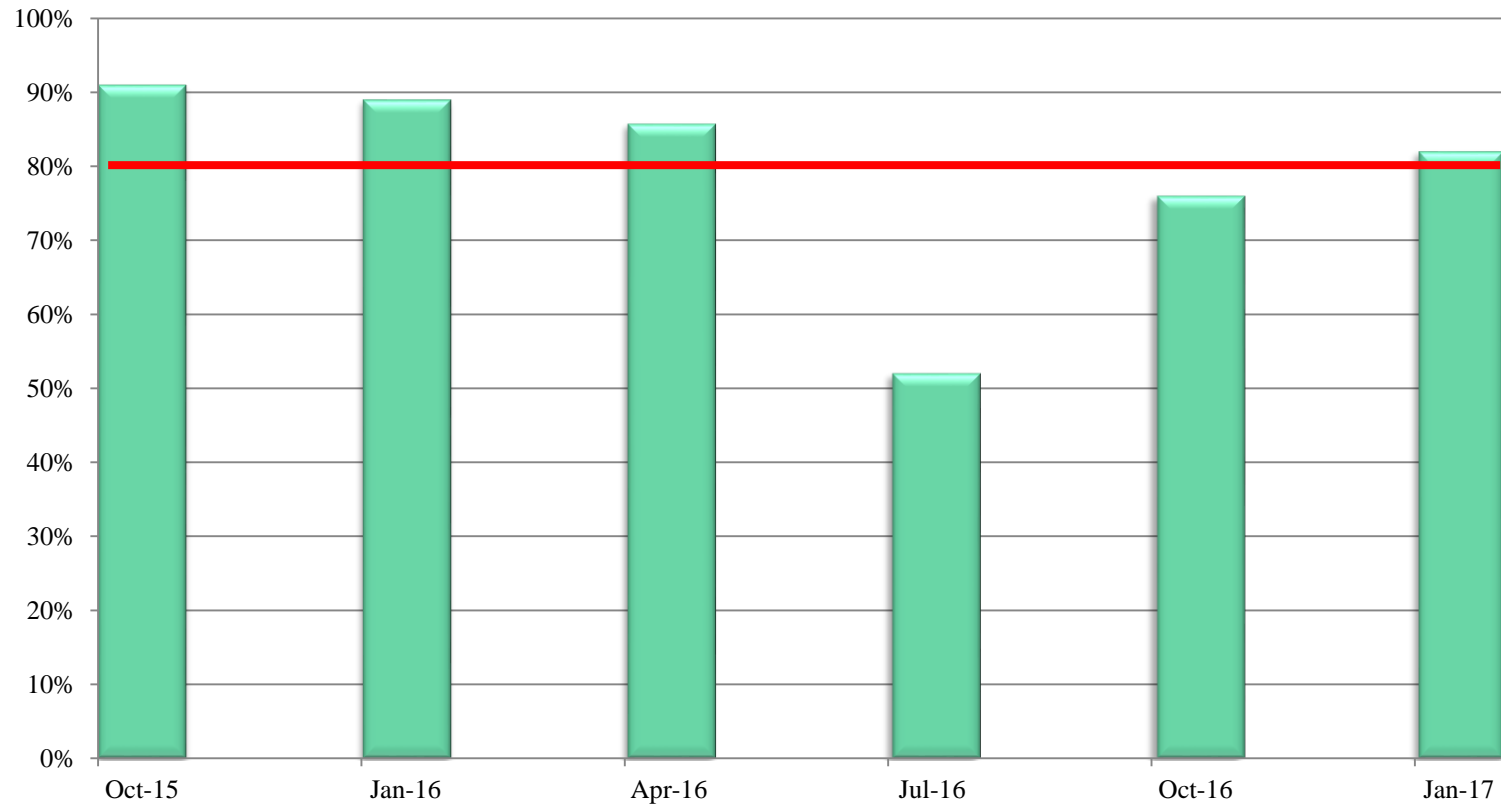
Del

Baby Friendly Review BFHI 2015 - Mouse, Minnie (1234547867868468)

| | 03/20/17 | | | | 03/21/17 | | |
|---------------------------------|--------------------|--------------------|---|--------------------|---|--------------------|---|
| | 05:50 | 06:25 | 15:00 | 15:45 | 00:15 | 01:10 | 03:20 |
| BABY LOCATION/SECURITY | | | | | | | |
| Baby Location\Security | Baby in Nursery | Baby in Mom's Room | Baby in Nursery | Baby in Mom's Room | Baby in Nursery | Baby in Mom's Room | |
| Baby Bracelet No. Verified | | Yes | | Yes | | Yes | |
| Date/Time Baby left the Room | 03/20/17 05:50 EDT | | 03/20/17 15:00 EDT | | 03/21/17 00:15 EDT | | |
| Date/Time Baby Returned to Room | | 03/20/17 06:25 EDT | | 03/20/17 15:45 EDT | | 03/21/17 01:10 EDT | |
| Reasons Baby Left Mothers Room | Circumcision | | PKU / Other Blood Draw; Physician Assessment / Physical | | Mother's request; Educated and understands importance of rooming in.; Informed decision for separation | | |
| PACIFIERS | | | | | | | |
| Pacifier use Date/Time: | | | | | | | 03/21/17 03:20 EDT |
| Pacifier Requested by Whom: | | | | | | | Mother |
| Reason for the Pacifier: | | | | | | | Mother/Father |
| Education/Consent for Pacifier | | | | | | | Yes; Verbalizes understanding of risks associated with early pacifier use.; Mother's informed decision to give pacifier to newborn. |
| Progress Notes | | | | | Mother states she is really sleepy and baby is too fussy for her to sleep. RN attempts to swaddle and calm infant, infant remains restless. | | |
| Electronicly Signed By | Marcia Fisher, RNC | Marcia Fisher, RNC | Marcia Fisher, RNC | Marcia Fisher, RNC | Marcia Fisher, RNC | Marcia Fisher, RNC | Marcia Fisher, RNC |



Rooming-In > 23/24 Hours Day



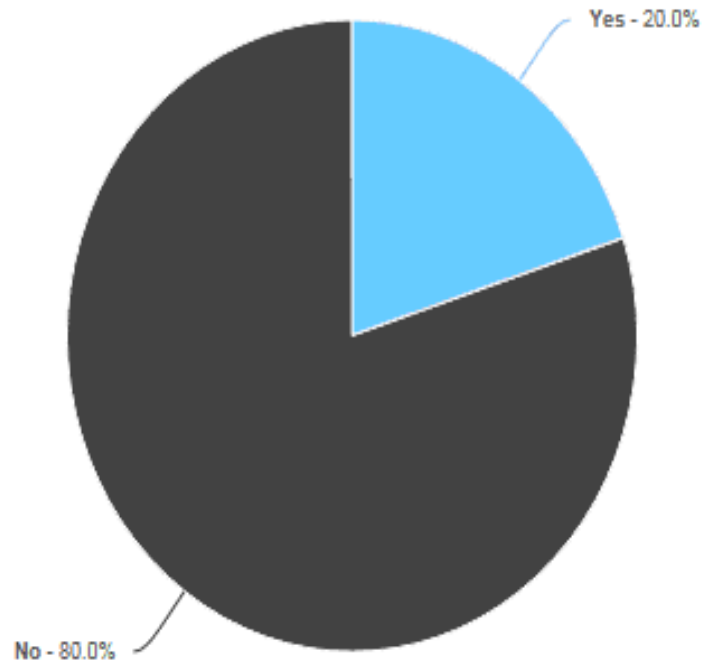
Postpartum Mother's Interview

- 2 RN's designated to conduct interviews
 - Training included asking questions in a non-biased manner
- 30 interviews monthly
- My Rounding Program
 - Electronic program
 - Graphs data automatically
- Results compared with chart audits
- Data shared with BFHI Multidisciplinary Committee monthly
- PDSA developed based on audit/interview results



My Rounding Graph

Other than separation for essential tasks such as circumcision or hearing screening, have you and baby been separated since birth?



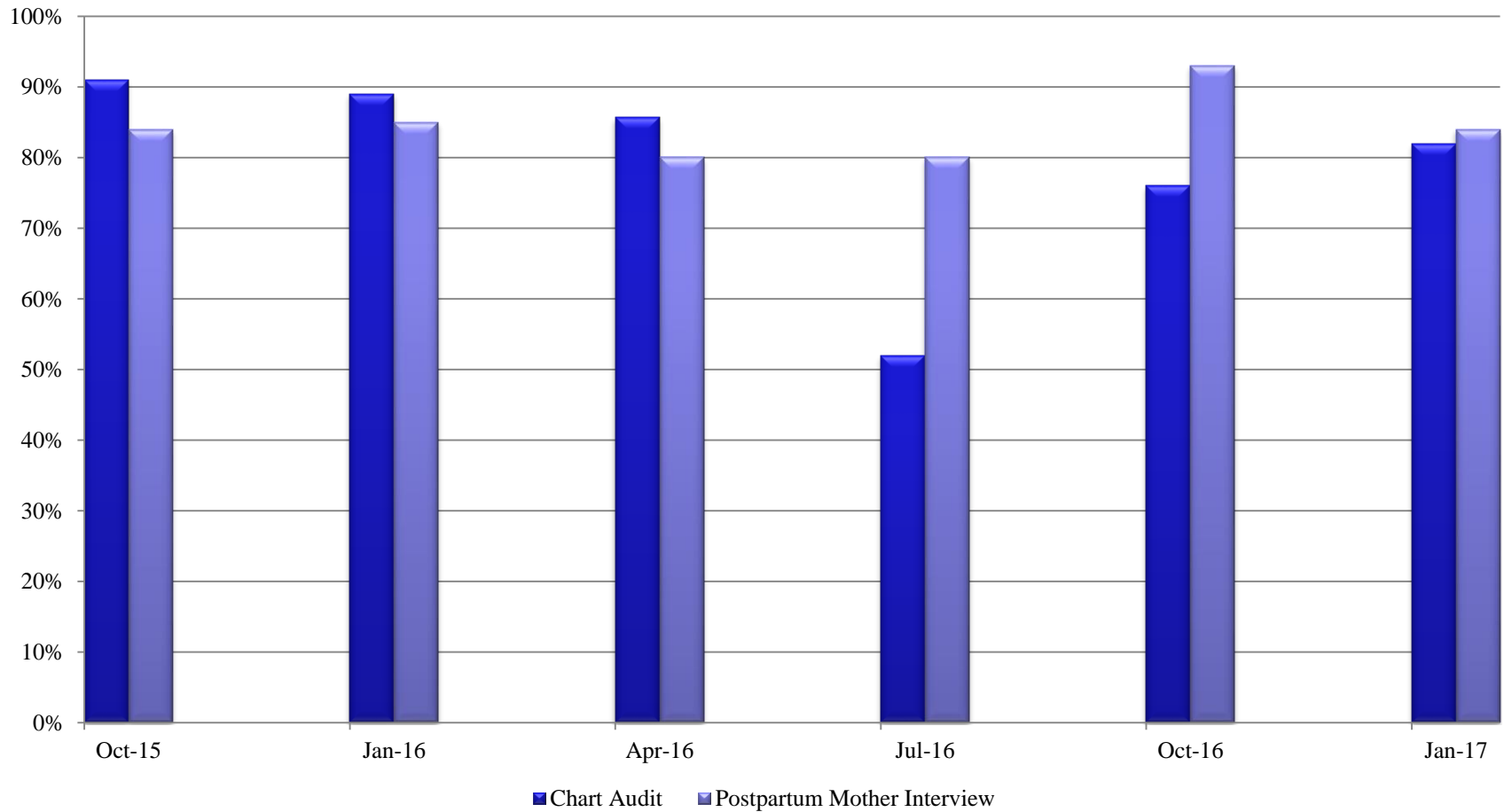
30 responses out of 31 rounds - [View Responses](#)

| N/A | Yes | No |
|----------|-----------|------------|
| 0 (0.0%) | 6 (20.0%) | 24 (80.0%) |



Comparison:

Chart Audit Results vs. Mothers Interview Response



PDSA Example: Rooming-in

- Based on chart reviews if numbers were dropping or there were trends with a specific RN or Tech
 - Education provided
 - Shift huddles to entire staff
 - Individual education/counseling
 - Patients in prenatal office
- Documentation changes to ensure compliance
- Newborn tasks in room instead of nursery
 - Physician education



Conclusions

- Hospital-wide impact
- Importance of on-going quality improvement
- Changing the culture of our community
- Improved patient satisfaction scores

