Mother’s Own Milk (MOM) Initiative

Moving to Sustainability of the MOM Initiative

Partnering to Improve Health Care Quality for Mothers and Babies
Welcome!

• Please enter your Audio PIN on your phone or we will be unable to un-mute you for discussion.

• If you have a question, please enter it in the Question box or Raise your hand to be un-muted.

• This webinar is being recorded.

• Please provide feedback on our post-webinar survey.
Initiative-wide Data
- Racial/ethnic disparities

Discuss ideas for moving into Sustainability of improving use of mother’s own milk

Review the planned Sustainability Phase (to begin July 2018).

We look forward to Q&A and supporting your continued progress!
Announcements

👋 Thank you to all those that have submitted their MOM Final Evaluation Survey and April Data! 

Photo: Jenny Borje
Mother’s Own Milk (MOM) Initiative-wide Report Through Quarter 1 of 2018
Intention to Provide MOM out of all eligible VLBW infants

Goal Line: Median
Denominator: All eligible VLBW infants
Intention to Provide MOM documented out of all eligible VLBW infants

Goal Line:  
Denominator: All eligible VLBW infants
MOM pumped volume ≥500 ml/day on DOL 14

Goal Line: 
Denominator: Only infants whose mother intended to provide MOM
MOM pumped volume ≥500 ml/day on DOL 28

Denominator: Only infants whose mother intended to provide MOM
% of infants having ≥50% of feeding volume comprised of MOM on DOL 14

Goal Line:  
Denominator: Only infants whose mother intended to provide MOM
% of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 28

Denominator: Only infants whose mother intended to provide MOM
% of infants having ≥50% of feeding volume comprised of MOM on initial disposition

Goal Line: 
Denominator: Only infants whose mother intended to provide MOM
% of all VLBW infants having ≥50% of feeding volume comprised of MOM on Initial Disposition

Goal Line: ______
Denominator: All VLBW infants

Max. Value
75th Percentile
Median
25th Percentile
Min. Value
Nutritive BF session at within 7 days of infant’s initial disposition

Goal Line:  
Denominator: Only infants whose mother intended to provide MOM

FPQC
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Non-nutritive BF session documented

Goal Line:
Denominator: Only infants whose mother intended to provide MOM

Max. Value
75th Percentile
Median
25th Percentile
Min. Value

% of Infants

Baseline (n=23) Q3-2016 (n=25) Q4-2016 (n=23) Q1-2017 (n=24) Q2-2017 (n=24) Q3-2017 (n=20) Q4-2017 (n=22) Q1-2018 (n=20)
Weight at initial disposition ≤3rd%ile on the Fenton growth curve
Head circumference at initial disposition ≤3rd%ile on the Fenton growth curve

% of Infants

Max. Value
75th Percentile
Median
25th Percentile
Min. Value

Baseline (n=24)  Q3-2016 (n=21)  Q4-2016 (n=22)  Q1-2017 (n=22)  Q2-2017 (n=20)  Q3-2017 (n=18)  Q4-2017 (n=22)  Q1-2018 (n=20)
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RACIAL/ETHNIC DISPARITIES
### MOM Infant Characteristics
Baseline to June-Dec. 2017

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Baseline</th>
<th>Jun-Dec, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>32%</td>
<td>28%</td>
</tr>
<tr>
<td>Birthweight &lt;750 g</td>
<td>10%</td>
<td>19%</td>
</tr>
<tr>
<td>Level III NICU</td>
<td>81%</td>
<td>96%</td>
</tr>
<tr>
<td>Discharged Home</td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>51 days</td>
<td>61 days</td>
</tr>
</tbody>
</table>

**Population Change**
MOM Infant Measures at Baseline

- First Pumping HOL 6
- Availability of MOM <72 HOL
- Non-Nutritive Breastfeeding
- Skin to Skin in <10 DOL
- Mom Pumped >500 ml 28 DOL
- >50% MOM on 28 DOL

NH White  NH Black  Hispanic

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Increase MOM Infant Process Measures Baseline to Period 3 (June-Dec. 2017)

First Pumping HOL 6

Availability of MOM <72 HOL

NH White  NH Black  Hispanic

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Increase MOM Infant Process Measures Baseline to Period 3 (June-Dec. 2017)

Non-Nutritive Breastfeeding

Skin to Skin in <10 DOL

- NH White
- NH Black
- Hispanic

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Increase MOM Infant Outcomes Measures Baseline to Period 3 (June-Dec. 2017)

- Mom Pumped >500 ml 28 DOL
- >50% MOM on 28 DOL

NH White | NH Black | Hispanic
---|---|---

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Cultural Sensitivity for Better Breastfeeding Outcomes

- Above all else, empower mothers.
- Remember to practice compassionate, mother-centric counseling.
- Adapt to cultural beliefs rather than dismiss them as irrelevant.
- Create support groups within ethnic communities.
- Make sure post-birth resources are culturally sensitive.

https://www.nichq.org/insight/cultural-sensitivity-better-breastfeeding-outcomes
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SUSTAINABILITY
Sustainability

• Lock in progress already made and continue to build upon it
• Build on momentum of last 18 months

Reverting to prior levels of performance is damaging to the morale of those who have worked so hard to improve their hospitals’ performance.
Drivers of Sustainability

- Standardization
- Accountability
- Visual Management
- Problem Solving
- Escalation
- Integration

# Standardization

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What to do and how to do it</td>
<td>• Guidelines</td>
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<tr>
<td>• Well-defined, consistent, reliable processes</td>
<td>• Checklists</td>
</tr>
<tr>
<td>• Make it hard to revert to old ways – “fool proof”</td>
<td>• EMR changes</td>
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<tr>
<td></td>
<td>• Develop training materials</td>
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<td></td>
<td>• Education (ongoing for new hires)</td>
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<tr>
<td></td>
<td>• Think about ways to decrease workload if possible</td>
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</tbody>
</table>
Maximally Adoptable Improvement

Perceived value

More adoptable

Less adoptable

More likely to be adopted

Reduced
Same Workload
Increased

Highly Adoptable Improvement website http://www.highlyadoptableqi.com/
# Accountability

## Concepts

- Process in place to monitor if staff are doing work according to standard
- Environment may change → process may need to be revised

## Ideas

- Seek feedback from staff
- Rotating random audits
- Gemba walk
- Standardized, objective individual feedback tool
- Staff self-reporting
- Incorporate key performance measures into annual performance appraisals
# Visual Management

## Concepts
- Current key metrics available
- Staff on same page
  - Understand priorities, issues
- Coordinates PI work
- Keep staff engaged

## Ideas
- Develop communication plan
- Visual metric boards
- Display in easy to read graphics
- E-mail, newsletter
- Rotate information to keep attention
- Remind staff why the metric is important – increase perceived value
# Problem Solving

## Concepts
- Address problems as they arise
- Use QI tools – PDSA, Process flow, brainstorm, etc.

## Ideas
- Seek feedback
- Continue to engage your champions
- Listen to front line
- Welcome and celebrate candid problem analysis and effective remedies
- Refer to toolkit contents
- **GO BACK TO WHAT WORKED THE FIRST TIME AROUND**
Escalation

**Concepts**
- Recognize when problems require next level management to resolve
- System, process redesign required
- Problem involves multiple units or departments

**Ideas**
- Don’t spin your wheels when the solution is very complex or not within your control
Integration

**Concepts**

- Integrate successes throughout your healthcare system
- Staff become proficient in employing QI methodology

**Ideas**

- Seek opportunities to share success stories
- Routine reporting at standing meetings
- Continue to network and share
MOM Initiative:

SUSTAINABILITY PHASE
We’ve made great progress! Now let’s think about **sustaining gains and continuing to improve!**

1. Quarterly quality improvement data tracking reports
2. Technical assistance by phone, e-mail, or in-person on request
3. Educational web sessions on topics related to the initiative
The MOM Sustainability Phase

 Begins July 2018
 A new data agreement is not needed 😊
 Submit MOM data and receive a report Quarterly
   Fewer measures = reduced data burden!
 Whether or not you join the Sustainability phase, you can continue to submit data through June and you will receive a report through the end of Q2 2018.
Sustainability Phase Indicators

- Pumping Initiation within 6 hours
- Non-nutritive suckling at the breast
- MOM > 500 ml 24 hrs by DOL 14
- Infant feeding MOM by DOL 14, 28 & Initial disposition
- Overall goal remains at 50%
Mother’s Own Milk (MOM) Initiative

**Project Aim**

**Primary Drivers**

- **Intent**
  - Mother intends to provide MOM

- **Establishing Supply**
  - MOM pumped volume ≥500 ml/day at 7, 14, & 28

- **Maintaining Supply**
  - ≥50% of feeding volume comprised of MOM at day 7, 14, & 28

- **Transition to Breast**
  - Nutritive breastfeeding session within 7 days of initial disposition

**Secondary Drivers**

- Documentation of informed decision to provide MOM
- Hospital grade pump available at maternal discharge
- •Lactation assessment by 24 hours of admit to NICU
- First pumping by infant’s 6th hour of life
- MOM available by HOL 72
- Non-nutritive breastfeeding documented
- Skin to Skin by day of life 10

**Recommended Key Practices**

1. Process to provide maternal education and advocate for mother’s own milk
2. Documentation of informed decision to provide mother’s own milk
3. Standardized process for lactation consultations, and assessment by 24 hours of NICU admission
4. Determination of who is responsible and continuously available to initiate and assist with ongoing pumping
5. Secure sufficient number of pumps and ensure access in-house and at discharge
6. Provide breastfeeding education and measure competencies for all staff
7. Maternal education on hand expression, hands-on pumping, colostrum collection, etc.
8. Ensure appropriate supplies are available to facilitate breastfeeding and provision of breast milk
9. Process to monitor milk supply
10. Standardized guidelines (for skin-to-skin, test weights, non-nutritive breastfeeding, etc.)
FPQC Technical Assistance

Phone, email and virtual consultations available

Consultations can consist of:

- Review of data trends
- Discuss clinical issues related to MOM
- Support staff educational needs
- Tailored to meet the needs of your NICU 😊
Web-Based Education

Topics suggested from Survey…

Sharing best practices

A refresher or update of the MOM initiative for new staff (Neos/RNs)

Continue to update tool box resources and sharing of NICU success (transitioning to breast).

Breast milk storage and best practices for transportation

Engaging Providers and RNs!

Scripting and prompts for daily conversations regarding human milk in the NICU.

How to prepare for discharge meeting nutritional goals and breastfeeding
Next Steps

👩 Mom NICUs received an e-mail from FPQC
👩 Please complete the online commitment form (opt-in)!
👩 Continue to submit data with the reduced indicators
DISCUSSION AND Q&A

If you have a question, please enter it in the Question box or Raise your hand to be un-muted.
We can only unmute you if you have dialed your Audio PIN (shown on the GoToWebinar side bar).
Don’t Forget!
Online Resources Always Available

 gdk Archived Webinars: 
http://health.usf.edu/publichealth/chiles/fpqc/mom

gdk Tool Box for Hospital Implementation: 
http://health.usf.edu/publichealth/chiles/fpqc/momtoolbox

gdk Resource Page to share with Families, Colleagues, etc: 
http://health.usf.edu/publichealth/chiles/fpqc/momresources
Partnering to Improve Health Care Quality for Mothers and Babies

FPQC.org

FPQC@HEALTH.USF.EDU