



Mother's Own Milk (MOM) Initiative

December 2016 Learning Session:
**Getting the Most out of your QI
Data Reports**

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.


Agenda

1/1/2016

- 👤 Project Announcements
- 👤 Quarterly Initiative Wide Data Report
- 👤 Review of examples of PDSA cycles.
 - 👤 Tampa General Hospital & Johns Hopkins All Children's Hospital
- 👤 Review Monthly Hospital Data Report
- 👤 Q&A and Discussion

Announcements

Please Save the Date!

 **Our next MOM Webinar will NOT be the first Thursday in January. We have moved it to January 12th (1 PM EST)**

 **Speaker:**

**Leslie Parker, PhD, ARNP (NNP-BC)
Clinical Associate Professor, College of
Nursing, UF Health**

REGISTRATION NOW OPEN

FPQC.org



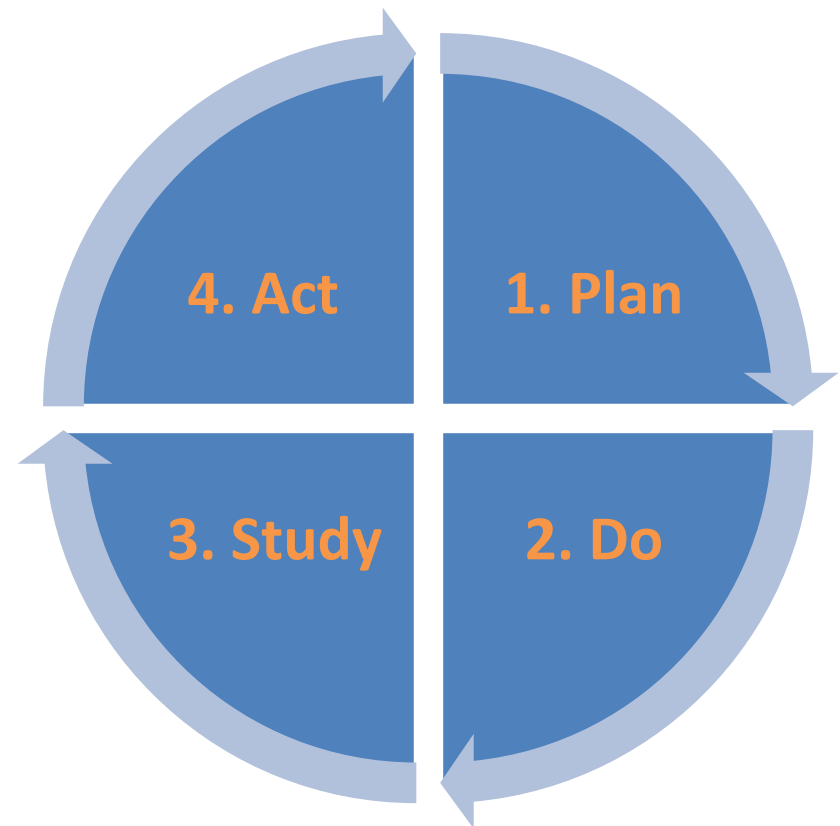
Florida Perinatal Quality Collaborative

ANNUAL CONFERENCE

April 27-28, 2017

What is a PDSA cycle?

- 👤 Useful tool for developing and documenting tests of change to **improve**
- 👤 **P** – **Plan** a test
- 👤 **D** – **Do** a test
- 👤 **S** – **Study** and learn from test results
- 👤 **A** – **Act** on results



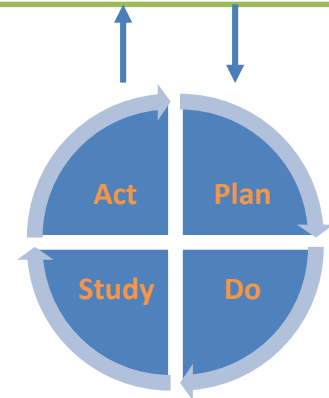
Why Test Change?

- 👉 Determine which proposed change will lead to improvement
- 👉 Will the proposed change work in practice environment
- 👉 Prove that change will result in improvement
- 👉 **MIMINIZE RESISTANCE** at implementation

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?





Mother's Own Milk (MOM)

Quarterly Report
Initiative-Wide

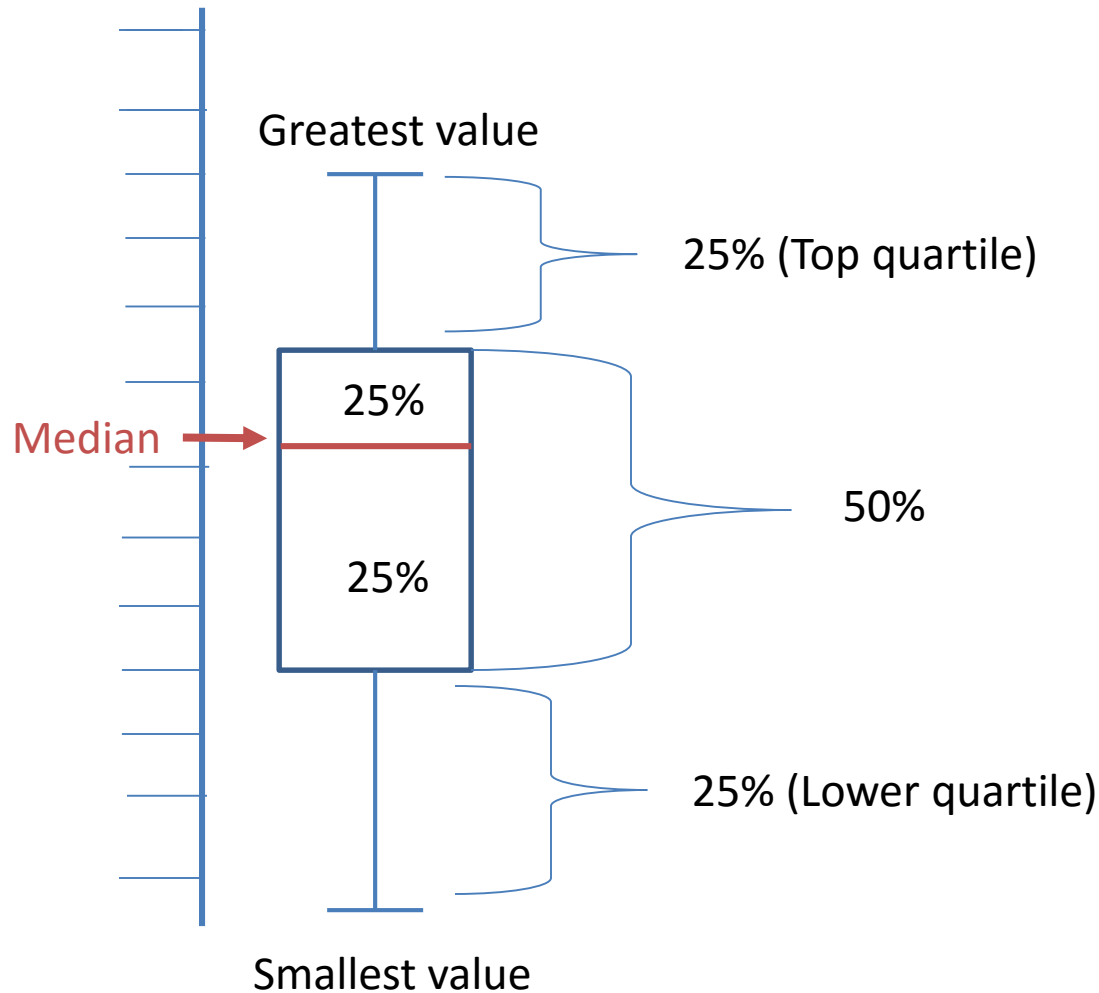
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Quarterly Data Reports

- 👶 Have your hospital's report out to review.
- 👶 Let's discuss how we are doing as an initiative.
- 👶 Look at your hospital specific data to see how you compare to all the hospitals in the initiative.
- 👶 Remember that **Quarter 1** represents infants that were discharged in July-September who may have been born prior to the start of the initiative.

Box and Whisker Plot



Advantages of Box and Whisker Plot

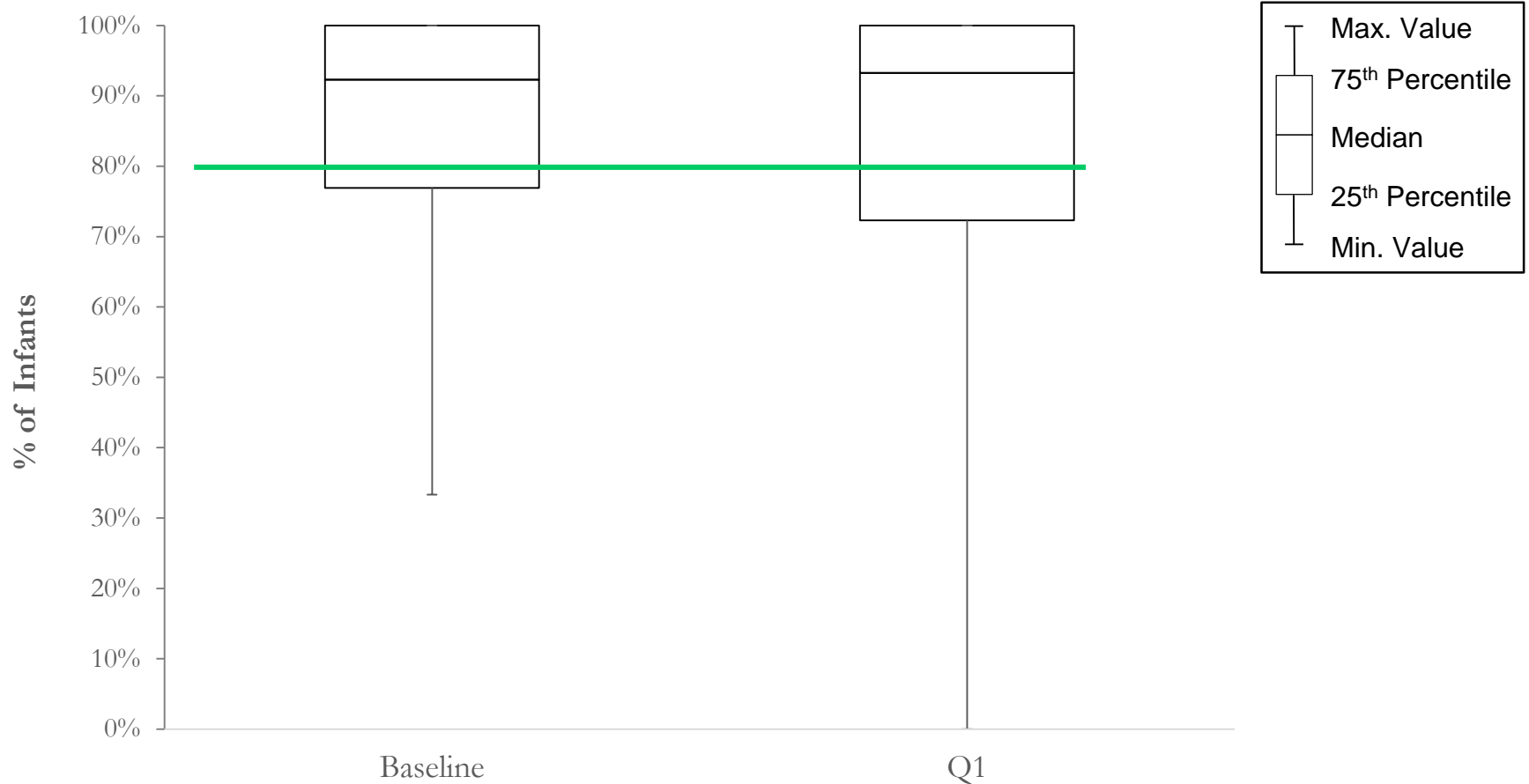
- Shows distribution of a dataset at a glance
- Easy to see trends with parallel box plots
- Length of box indicates sample variability
- Median shows where sample is centered
- Position of box, median line, and whiskers indicates if sample is skewed or swayed one way or another



"Okay, I have the box. But, I need your help to complete my box-and-whisker plot."

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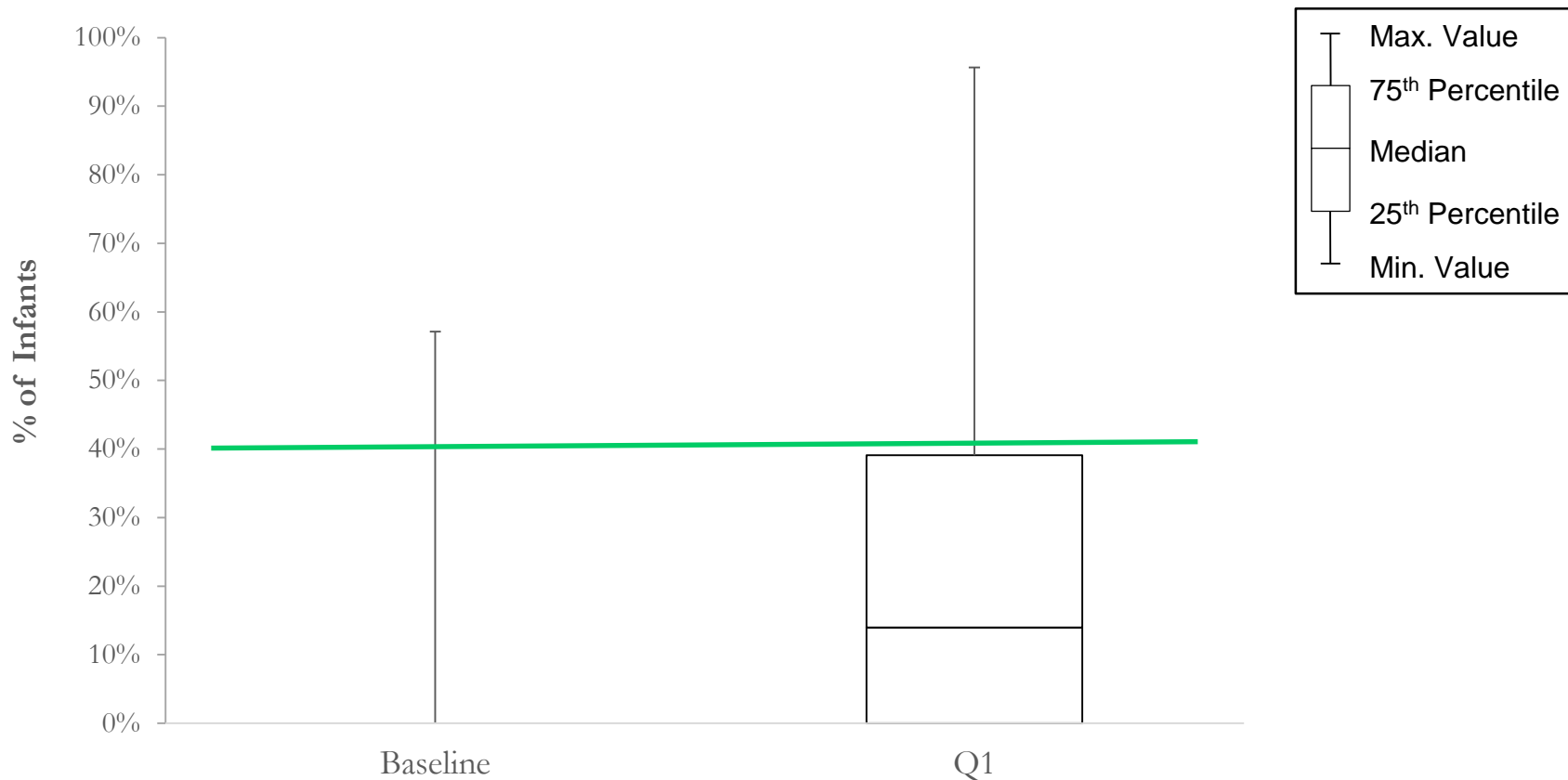
Fig 1. Intention to Provide MOM out of all eligible VLBW infants



Goal Line: 

Denominator: All eligible VLBW infants. This includes all infants eligible to receive MOM, even if the mother did not intend to provide MOM.

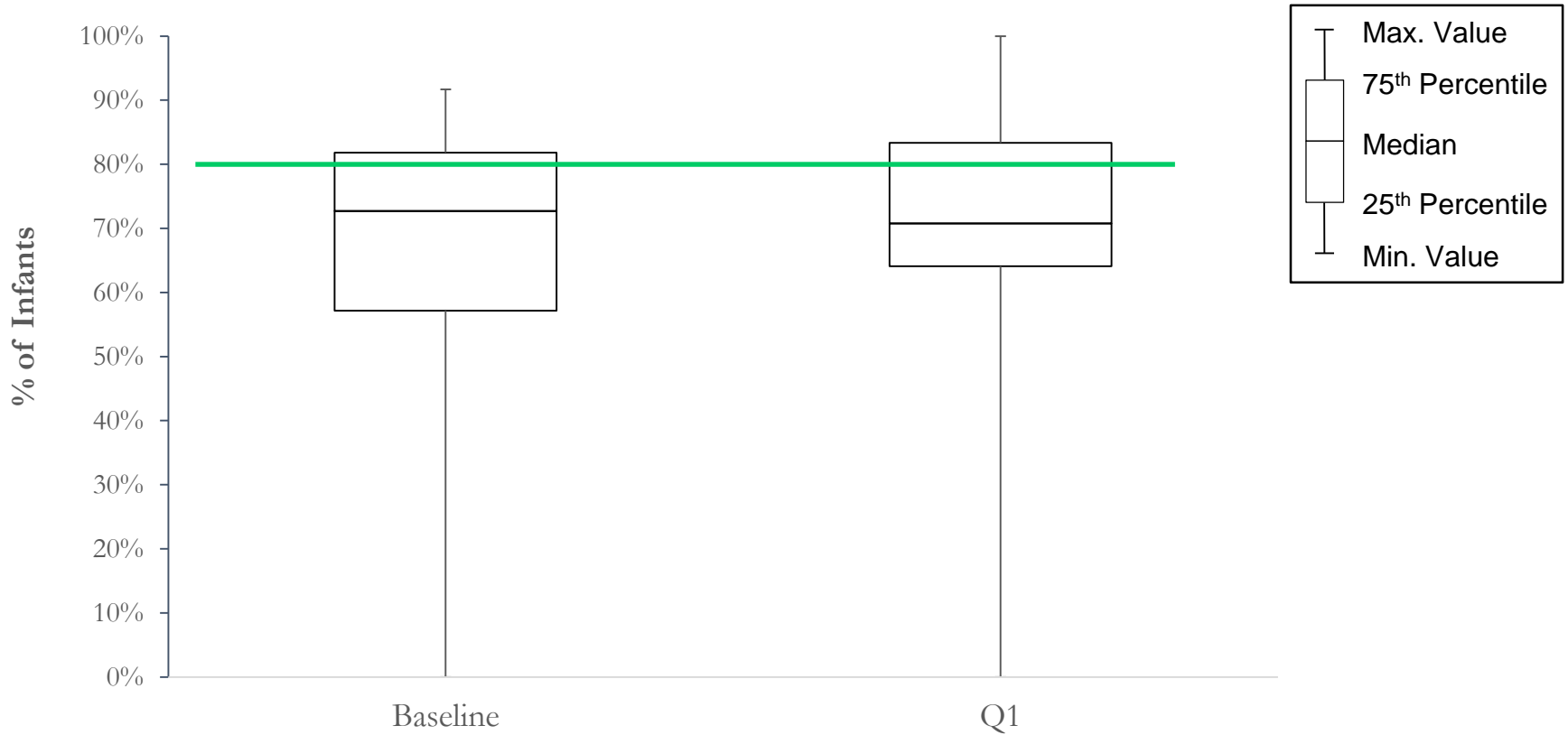
Fig 2. MOM pumped volume ≥ 500 ml/day on DOL 14



Goal Line: _____

Denominator: Only infants whose mother intended to provide MOM

Fig 3. Percent of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 14

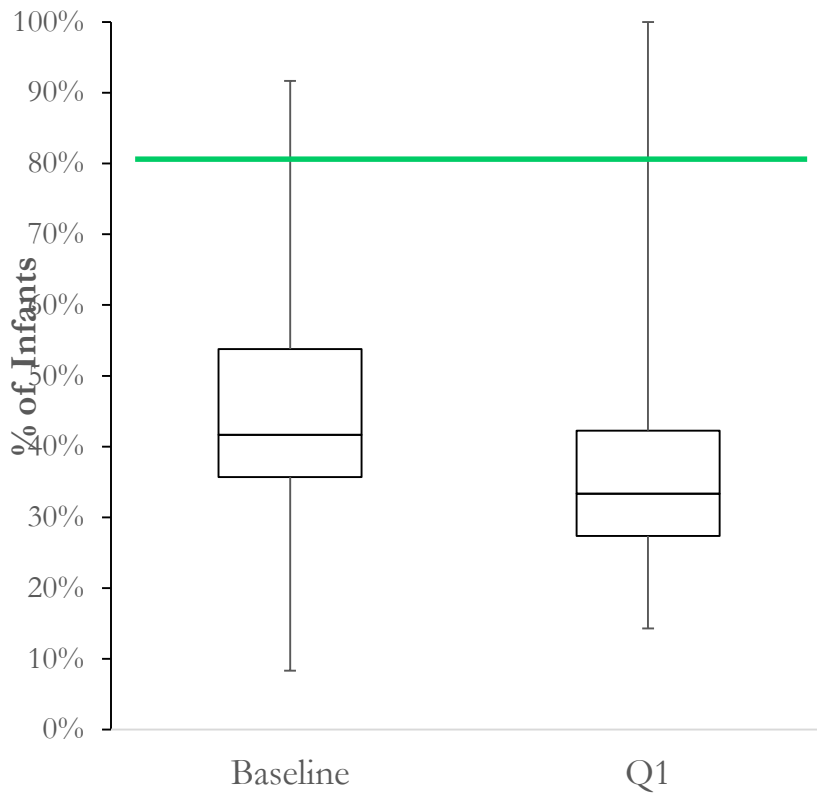


Goal Line: 

Denominator: Only infants whose mother intended to provide MOM

Main Outcome Measure: Percent of infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition

% of infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition



% of all eligible VLBW infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition

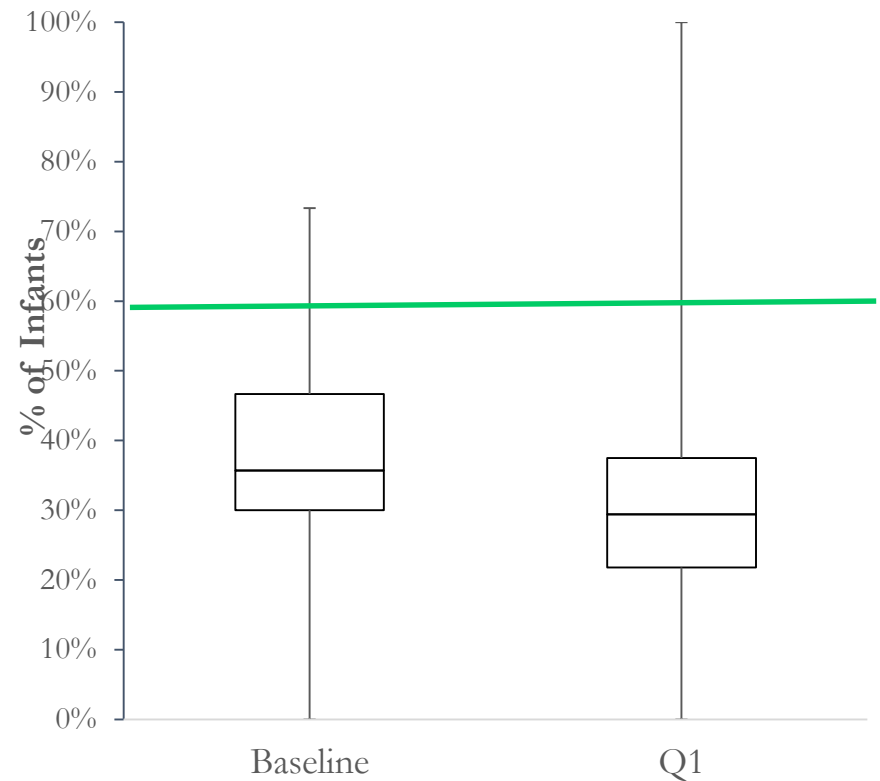
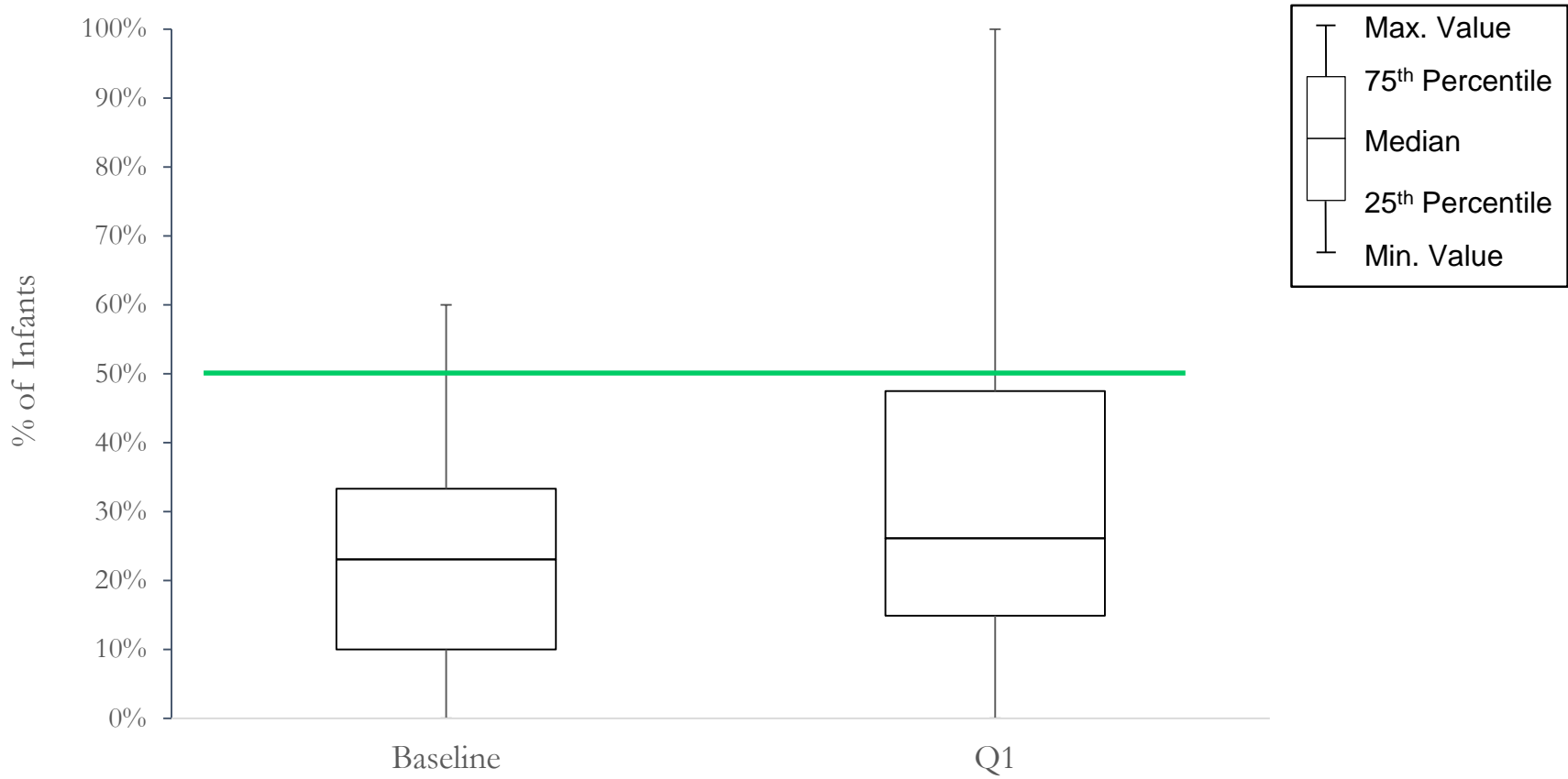
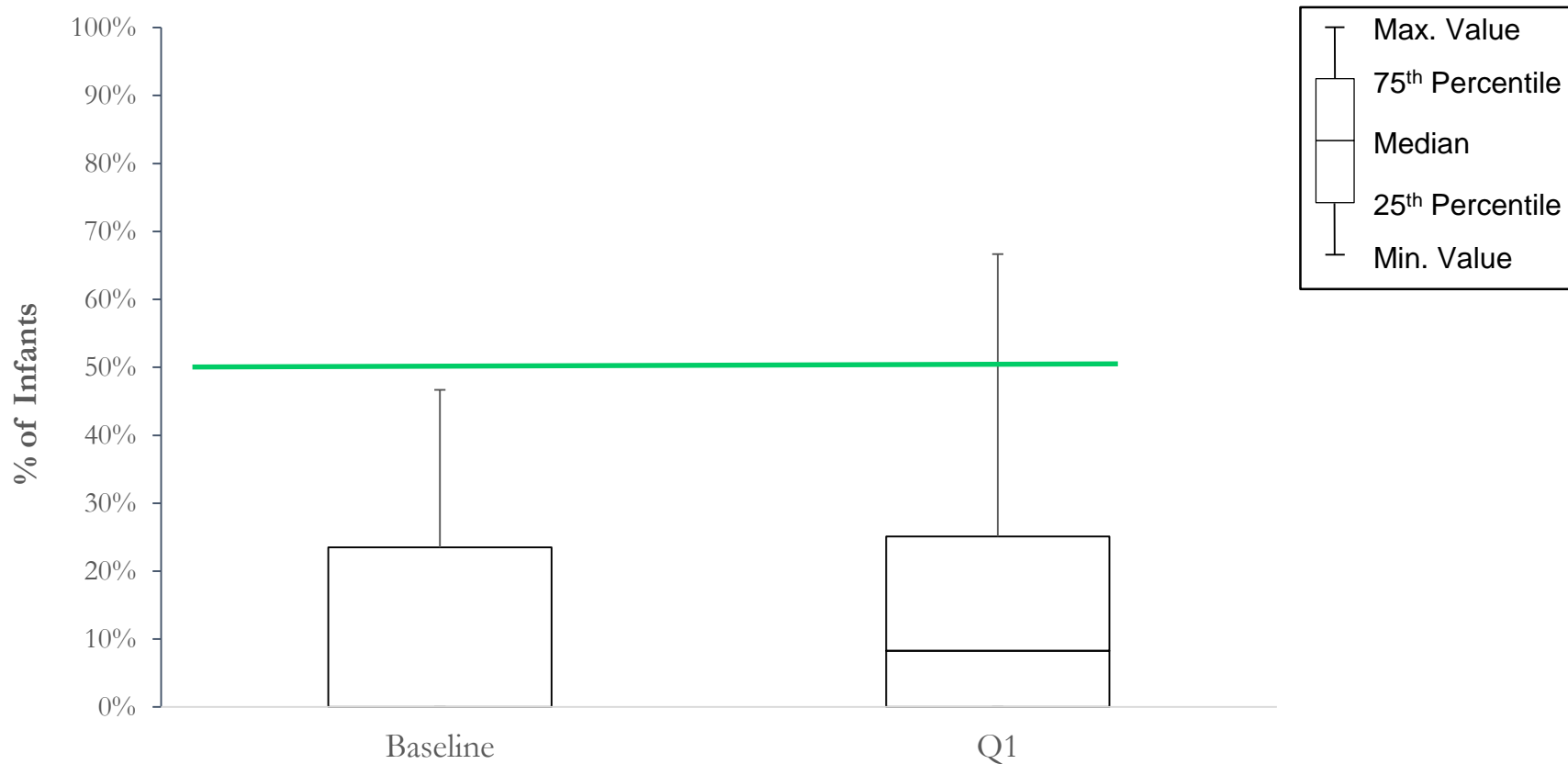


Fig 6. Nutritive BF session at within 7 days of infant's initial disposition



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

Fig 7. Non-nutritive BF session documented

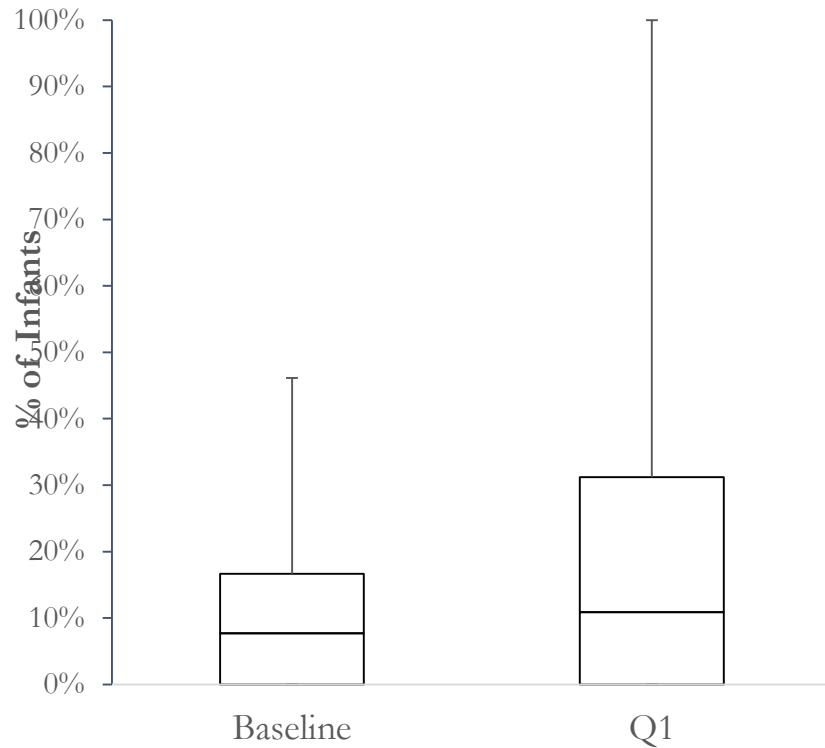


Goal Line: _____

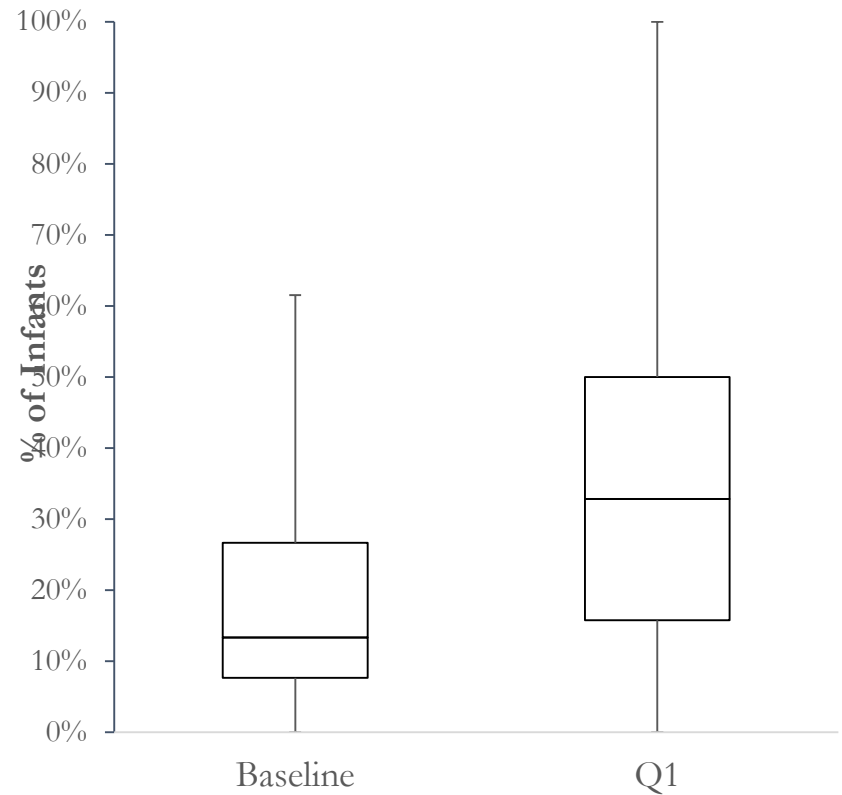
Denominator: Only infants whose mother intended to provide MOM

Two Balancing Measures

Head Circumference at discharge < 3rdile



Weight at discharge < 3rdile



PDSA Cycles

JHACH FPQC MOM Initiative

Lisa Smotrach BSN, RN, CCRN



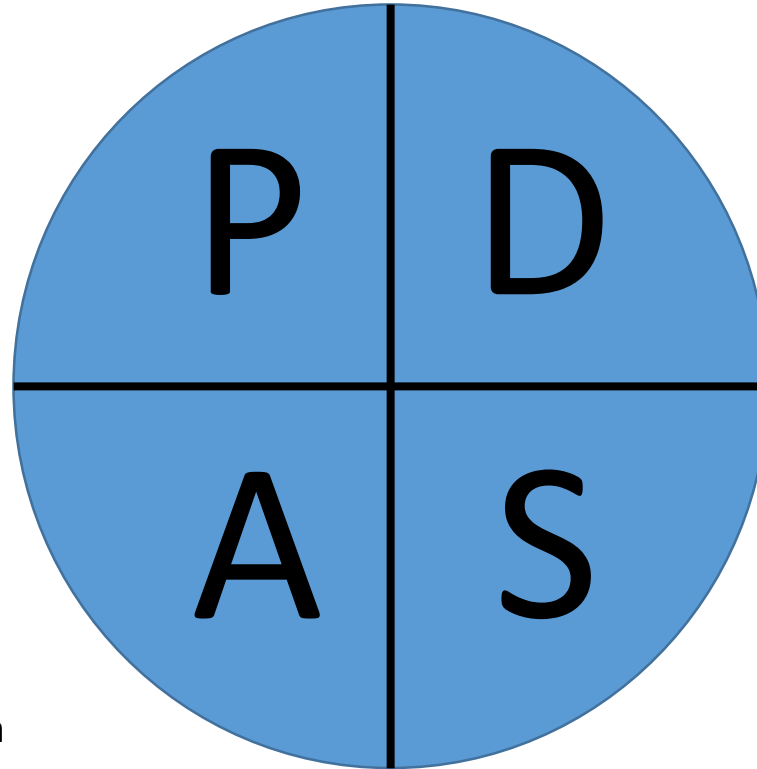
Needs Assessment:

- More direct, standardized, intentional interaction with Mothers to provide information and education about importance of breast milk
- Coordination between JHACH and BMC regarding timing of lactation consult within first 24 hours

Areas Identified for Improvement:

- Initial pumping by hour of life 6
- MOM available by hour of life 72
- Pumped volume 500mL on Day 7, Day 14, and Day 21
- Continue to improve coordination between JHACH NICU and BMC Postpartum units to ensure lactation consult completed within 24 hours

Cycle 1



- Physicians/ARNPs consult with Mothers pre-delivery to provide education about importance of breastmilk
- NICU Delivery nurses consult post-delivery and provide pumping supplies and instructions, and a handout with information
- Lactation consult within 24 hours of delivery.

Measures:

- Intent to pump documented: 100%
- Lactation assessment within 24 hours of admission: 0% → 67% → 80%
- Initial pumping by hour of life 6: 13% → 33% → 40%
- MOM available by hour of life 72: 73% → 100% → 56%
- Pumped volume 500mL on Day 7: 0% (not documented) → 33% → 13%

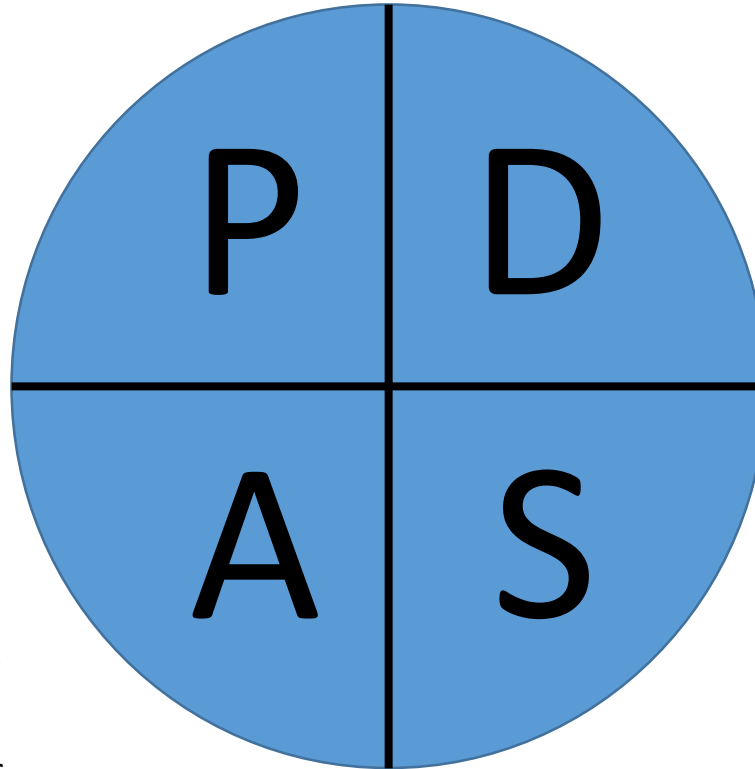
Needs Assessment:

- Need to extend communication, education, and scripting about importance of breast milk to bedside nursing staff
- Need to standardize message among all care providers

Areas Identified for Improvement:

- Initial pumping by hour of life 6
- MOM available by hour of life 72
- Pumped volume 500mL on Day 7, Day 14, and Day 21

Cycle 2



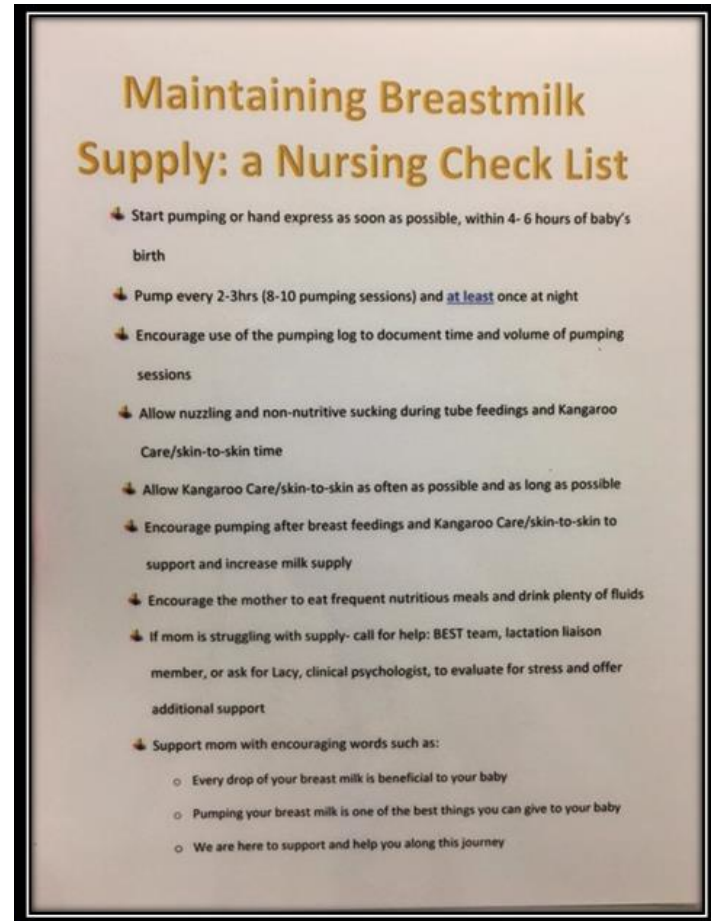
- Mandatory Computer-Based Training module for nursing staff
- Poster created based on handout given to Mothers:
 - Nurse version posted at each bedside for easy daily reference
 - Mother version framed and posted in all pump rooms

Measures:

- Intent to pump documented: 100%
- Lactation assessment within 24 hours of admission: 80% → 100%
- Initial pumping by hour of life 6: 40% → 33%
- MOM available by hour of life 72: 56% → 83%
- Pumped volume 500mL on Day 7: 13% → 33%

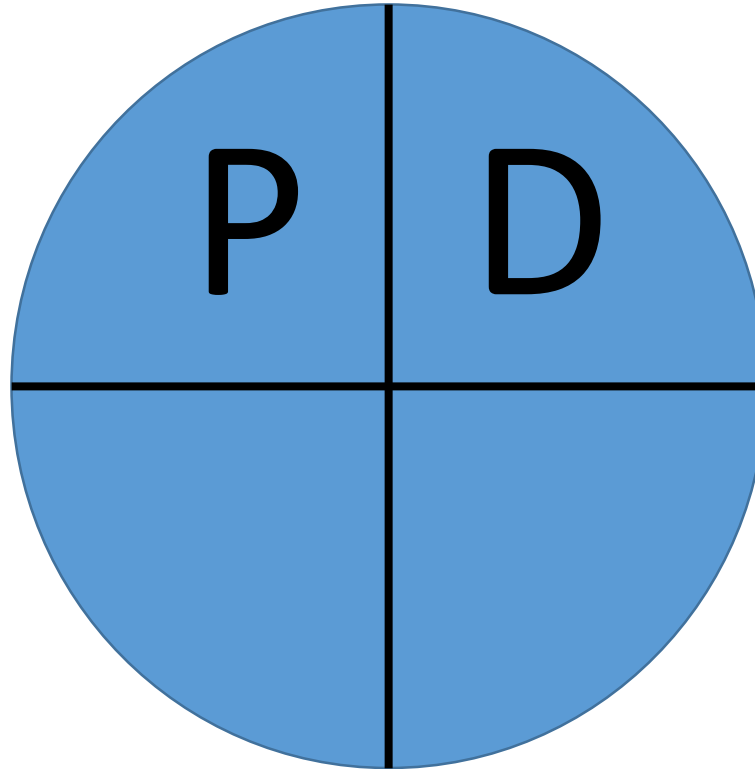


In Pump Rooms (for Moms)



At Bedside (for Nurses)

Cycle 3



Needs Assessment:

- Need for continuous, consistent check-ins and feedback from all care providers
- Daily discussion during rounds

- Mandatory Computer-Based Training module for nursing staff continues (due 12/1/16)
- Folders created and put at bedside of QI patients.

Contains:

- Daily checklist for bedside nurse
 - Daily discussion of pumping, milk output
 - Encouragement!
- Troubleshooting guide (to be completed daily) for pumping/milk production concerns with specific instructions what to do and/or who to contact for help
- Laminated copy of nurse handout from Cycle 2
- Extra copies of pump log

S and A still to come!

FPQC MOM INITIATIVE CHECKLIST

Assessment for Maintaining and Supporting Milk Supply for MOM QI Patients (To be completed daily)

AREAS OF CONCERN

POTENTIAL SOLUTIONS

<input type="checkbox"/> Maternal health and/or medications	Lactation/BEST team assessment <ul style="list-style-type: none">• Neonatologist if BEST not available• When in doubt, pump, label, and save milk!
<input type="checkbox"/> Social and/or transportation Issues	Consult Social Worker
<input type="checkbox"/> Psychosocial/Emotional status	Initiate "Psychology (ACH) Group Consult" <ul style="list-style-type: none">• Ordering Physician: Fauzia Shakeel• Detail: "MOM Initiative-NICU Psych"
<input type="checkbox"/> Frequency of skin to skin	Encourage and arrange for skin to skin <ul style="list-style-type: none">• Should be once (or more) every day as patient condition allows.• Schedule a time in advance.• Be proactive. Don't wait for mom to ask!
<input type="checkbox"/> Access to trolley pumps/supplies	Arrange pump/BEST team to evaluate for needs <ul style="list-style-type: none">• All nurses can access Milk Depot 24/7 for supplies
<input type="checkbox"/> Maternal knowledge gap	RN/NNP/BEST Team to provide education <ul style="list-style-type: none">• Review pump log• How often and how long to pump• Importance and value of breast milk
<input type="checkbox"/> Other Issues (please list)	Provide information
<input type="checkbox"/> No concerns at this time	<ul style="list-style-type: none">• Lactation/BEST consult if not already done.
<input type="checkbox"/> No contact with mother	

Date: _____

Patient Label: _____

NOT a part of the medical record. Please turn in to MOM folder in Admissions after completion.

Daily checklist in bedside folder



Mother's Own Milk (MOM)

Hospital Monthly Data Reports
Hospital X

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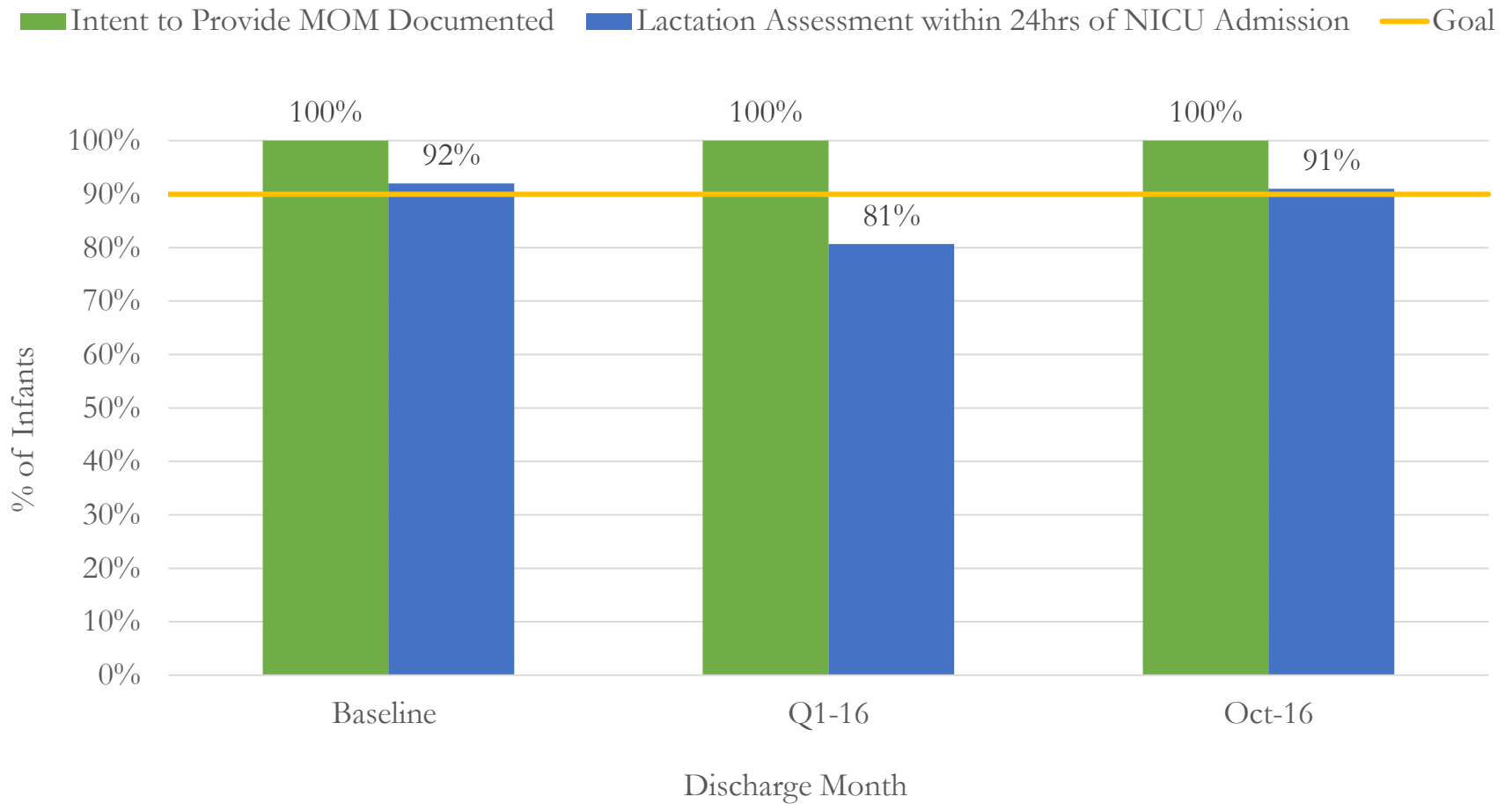


October Monthly Report

- 👉 As you look at these reports consider these babies have started to be exposed to the MOM initiative in your NICUs.
- 👉 ***Quality Improvement is a marathon not a sprint!***

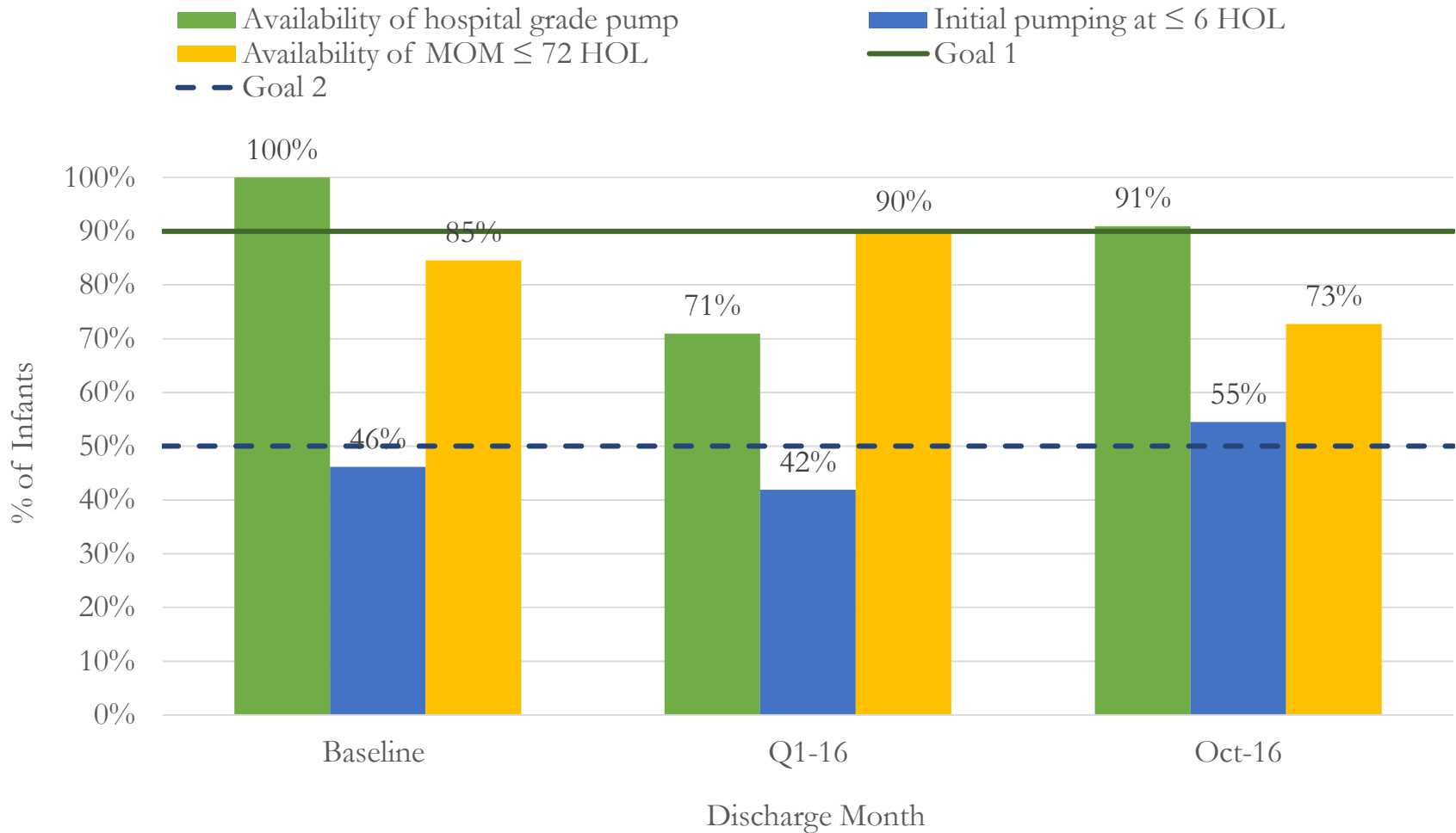


Fig 1. Intent to provide MOM was documented & Lactation assessment conducted ≤ 24 hours of NICU admission



Denominator: All very low birth weight (VLBW) babies

Fig 2. Availability of hospital grade pump at maternal discharge, 1st pumping session \leq 6 HOL, & Availability of MOM \leq 72 HOL



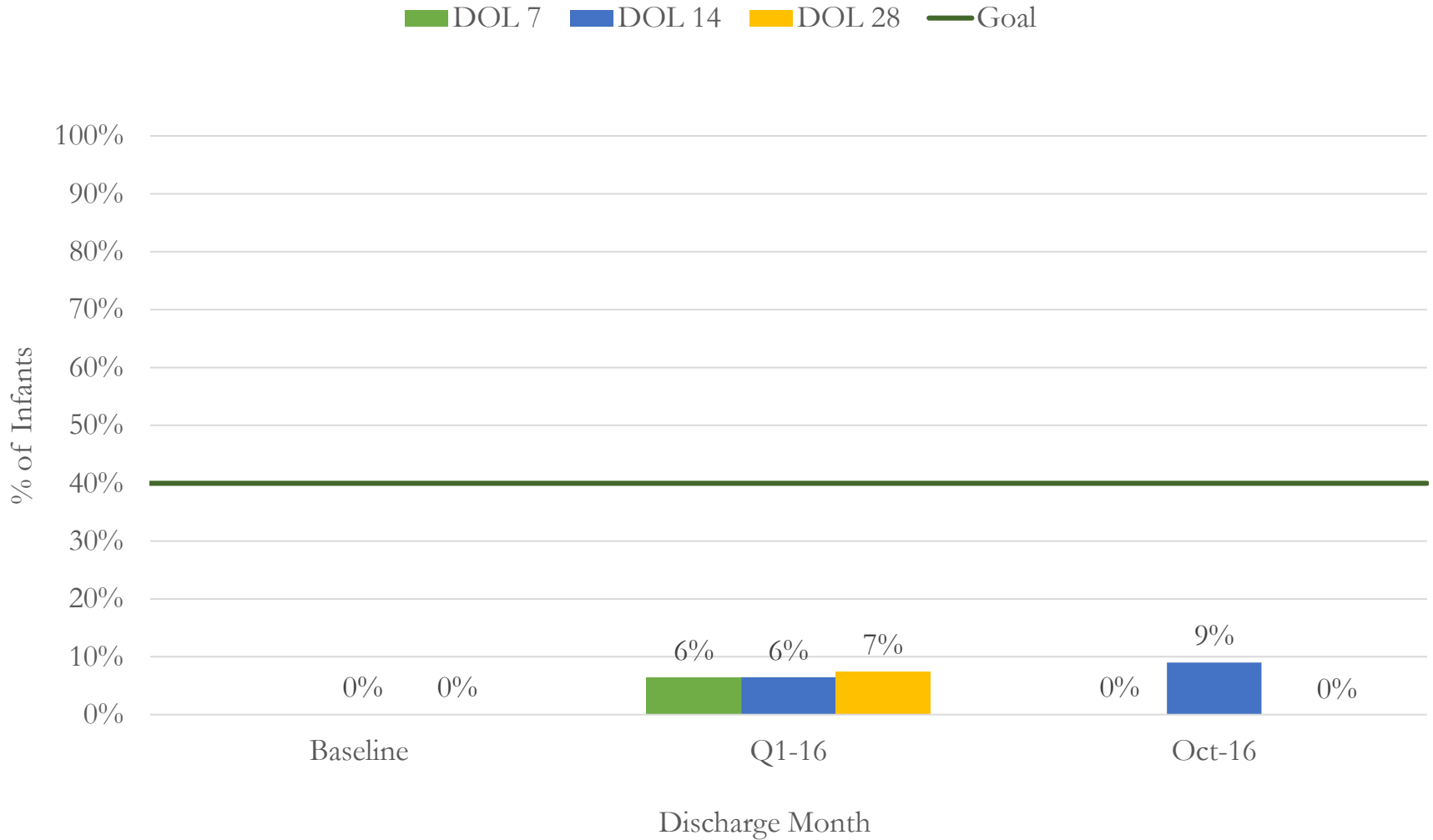
Goal 1 — : Availability of hospital grade pump; Availability of MOM \leq 72 HOL

Goal 2 - - : Initial pumping at \leq 6 HOL

Pumping Initiation w/in 6 hours

- 👤 Plan: To inform Staff including PCT's on the plan to pump on admission. Change the place of where initiation of pumping occurs.
 - 👤 Do :The staff will set up and assist MOM to pump on admission.
 - 👤 Study :Track time to first pump for all NICU mom admissions to Mother infant unit.
 - 👤 Act : Time to first pump was decreased from 13.2 to 7 hours!
- Adopt 😊 The implementation of an addition to a system already in place (Admission); ***providing Kits to minimize the change in workflow has allowed this to be a sustainable improvement.***

Fig 3. MOM pumped volume ≥ 500 ml/day on day 7, 14, & 28



Example PDSA: Tracking MOM Supply

🌀 Plan

Objective: Test new process using nursing student to collect pumping volume on DOL 7, 14 & 28

Prediction: We will capture pumped volumes on DOL 7, 14 & 28, 80% of the time and decrease our reporting of “unknown”.

Steps: Approval for nursing student from USF/TGH. Created script and recruited student. Developed process for nursing student.

🌀 **Do:** Have student call mothers at DOL 7, 14 & 28 to assess 24 hour milk supply. Nursing student visits twice weekly to make calls (total of 5 hours) to mothers of VLBW’s following a script to assess pumping frequency and milk volume.

🌀 **Study:** Did data collection improve? $11/13 = 84\%$

🌀 **Act:** Adopt 😊 We met our goal!

Fig 4. % of feeding volume that is MOM on DOL 14



Fig 5. % of Infants having $\geq 50\%$ of feeding volume comprised of MOM on day 7, 14, 28, & initial disposition

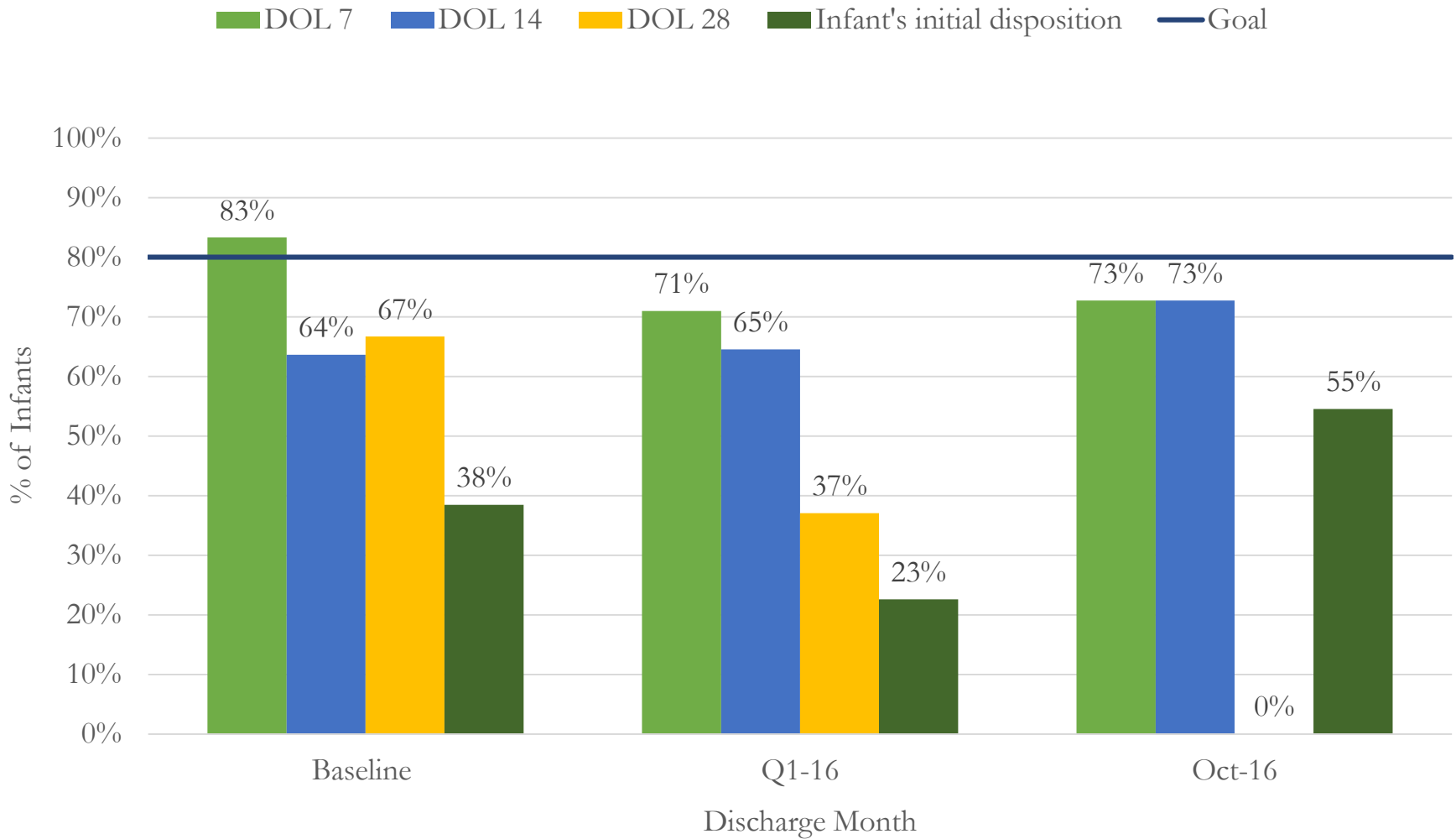


Fig 6. % of all VLBW Infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition

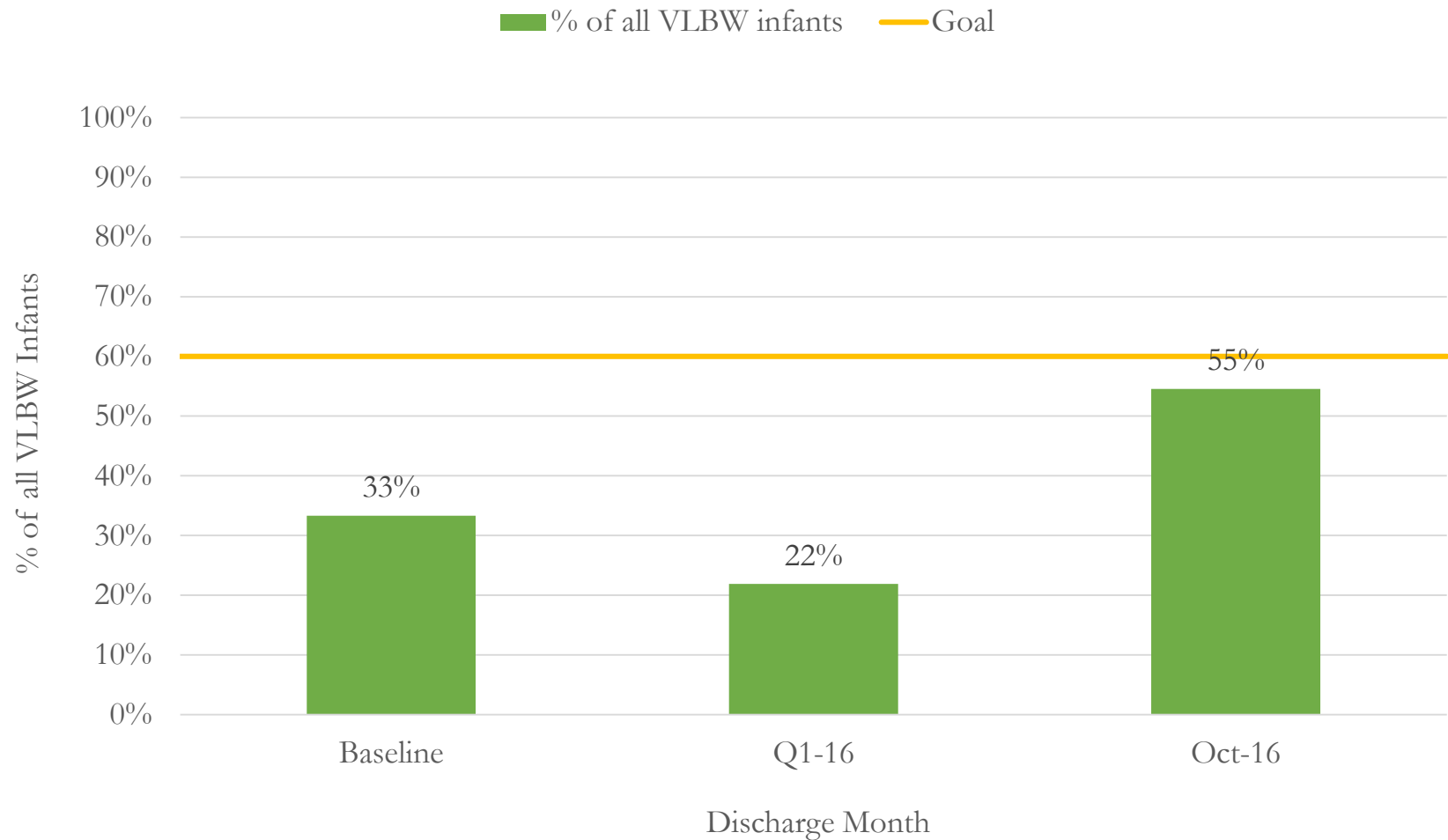


Fig 7. Feeding substrate on day 7, 14, 28, & initial disposition

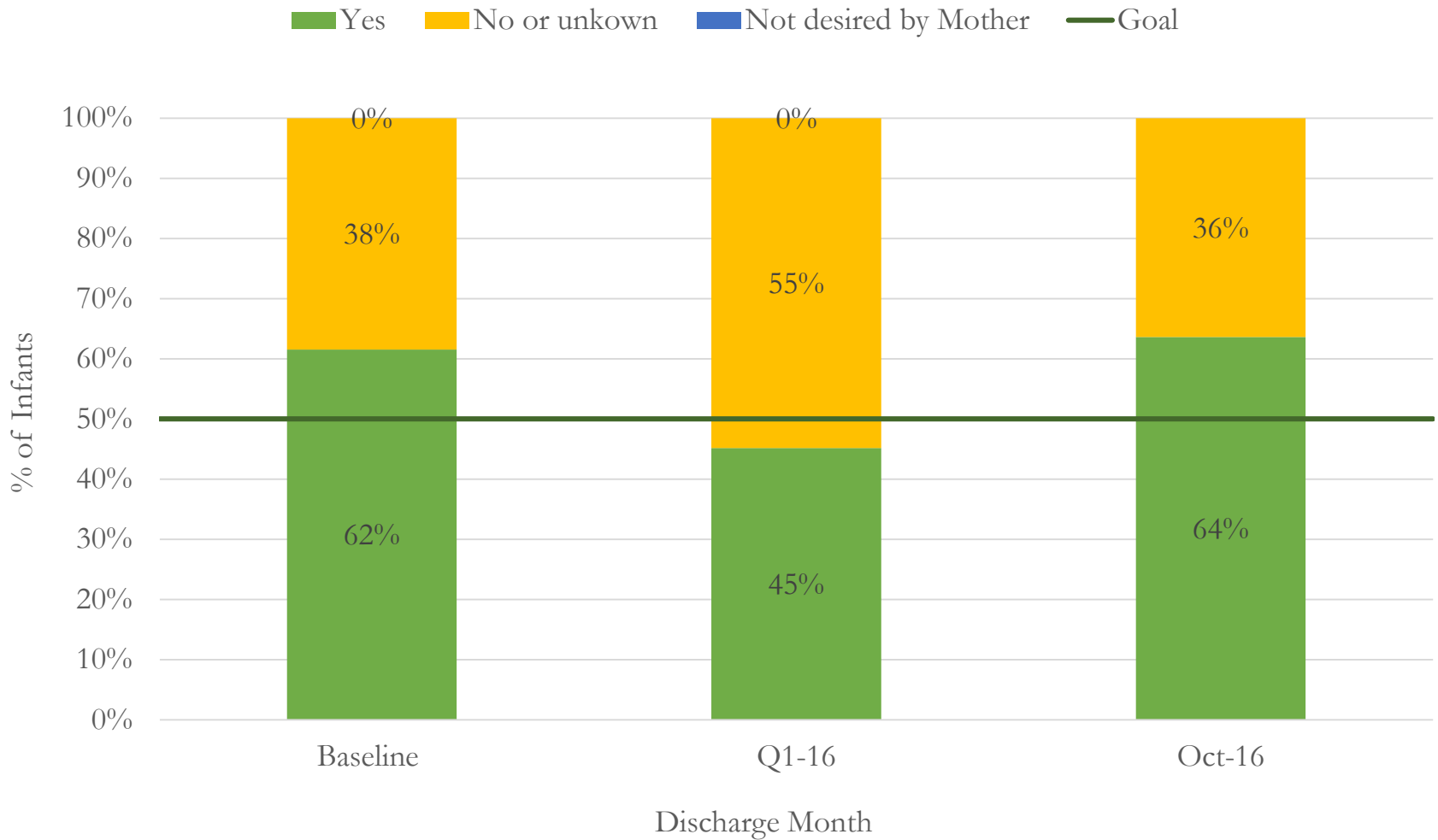
	DOL 7			DOL 14			DOL 28			Initial Disposition		
	Feeding Substrate			Feeding Substrate			Feeding Substrate			Feeding Substrate		
Discharge Month	Formula %	DM %	MOM %	Formula %	DM %	MOM %	Formula %	DM %	MOM %	Formula %	DM %	MOM %
Baseline	0%	34%	66%	23%	17%	60%	20%	24%	57%	63%	0%	37%
Q1-16	2%	30%	68%	2%	30%	68%	26%	33%	41%	78%	1%	21%
Oct-16	0%	30%	70%	15%	14%	71%	1%	13%	86%	50%	0%	50%
Nov-16												
Dec-16												

Skin to Skin (Kangaroo Care)



<http://www.earlybaby.info/en/breastfeeding/breastfeeding-a-premature-baby.html>

Fig 8. Skin-to-skin care documented at ≤ 10 DOL



Non-Nutritive Suckling (Non-Nutritive Breastfeeding)



<http://www.earlybaby.info/en/breastfeeding/breastfeeding-a-premature-baby.html>

Fig 9. Non-nutritive breastfeeding documented

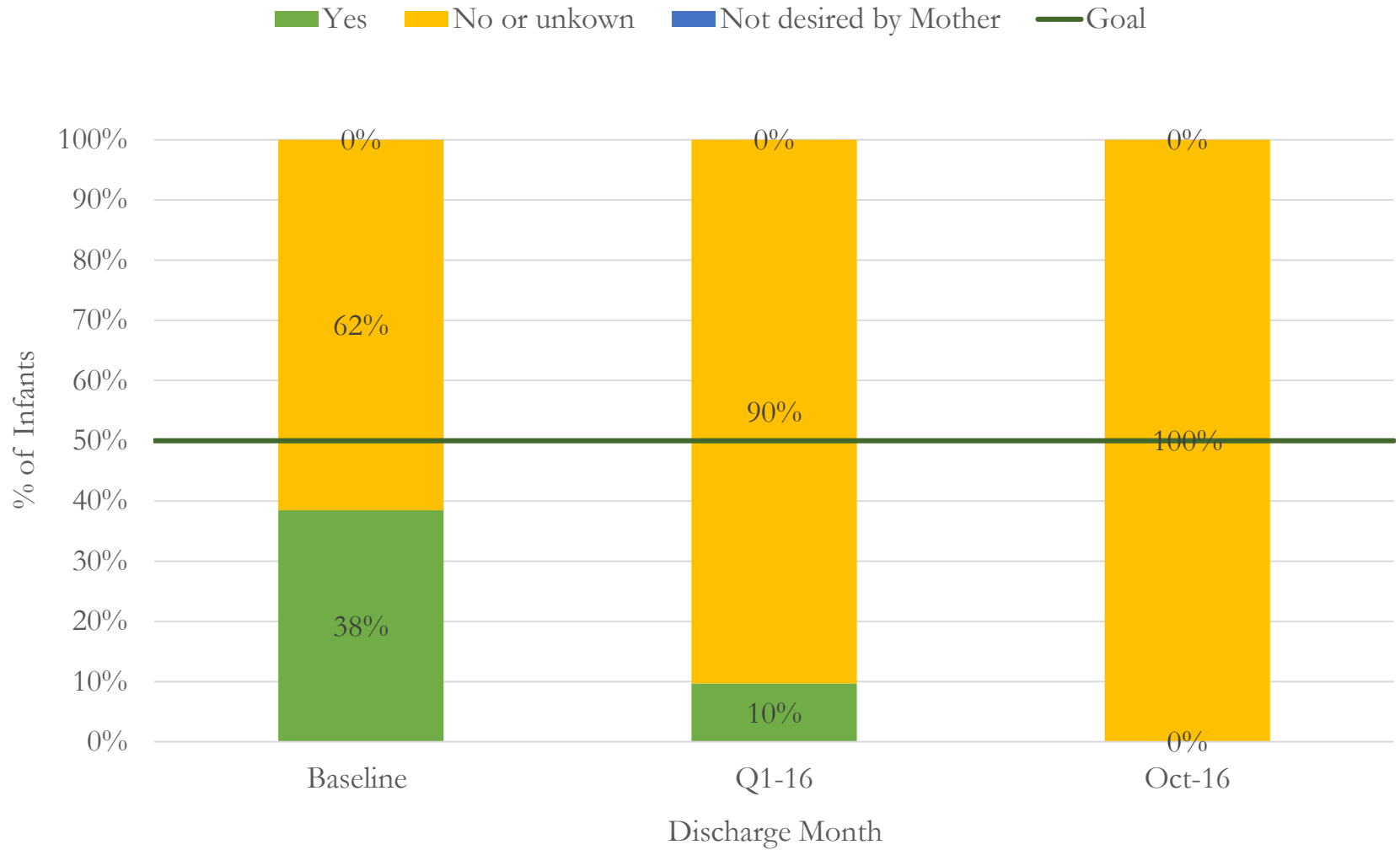
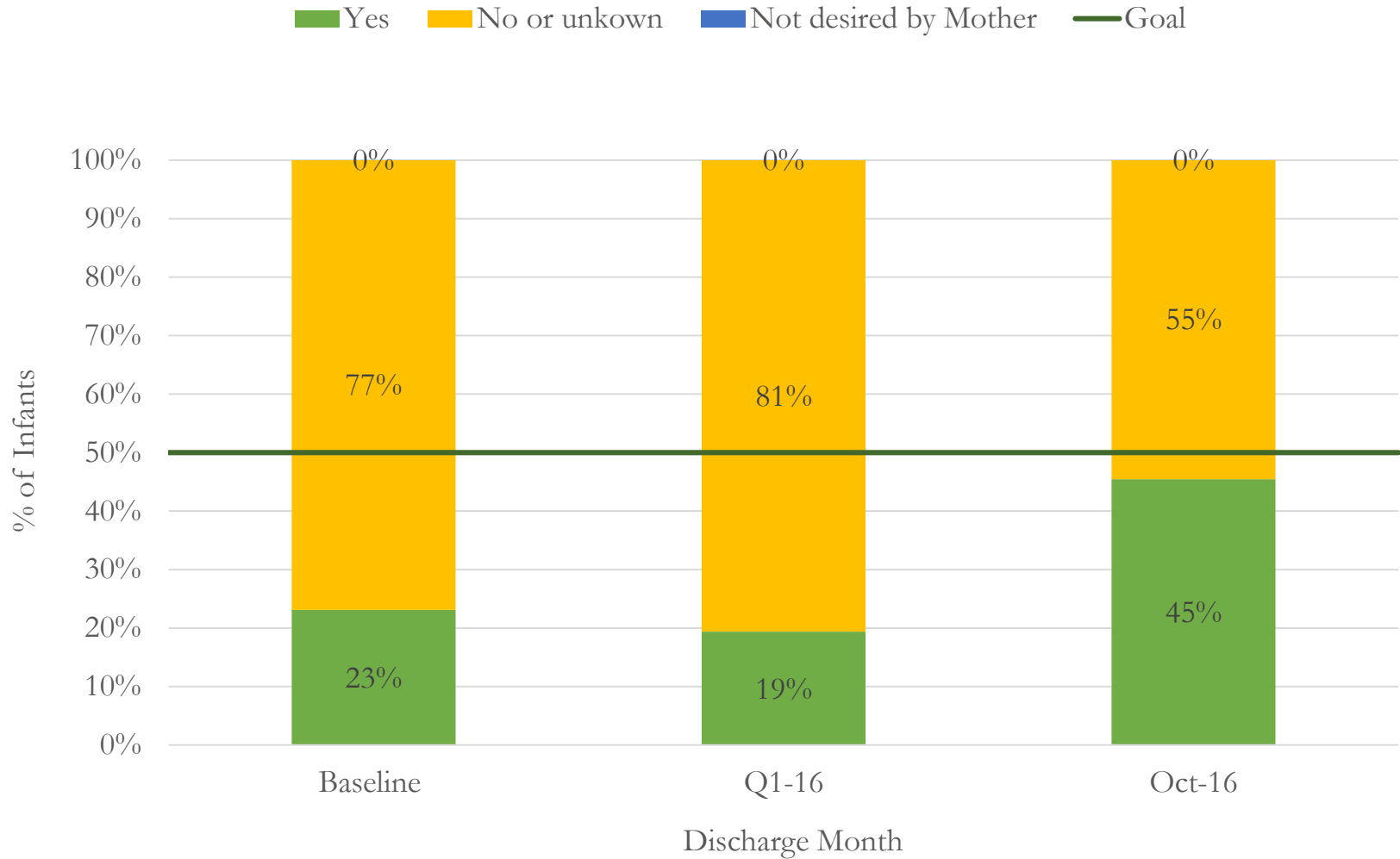


Fig 10. Nutritive BF session at within 7 days of infant's initial disposition





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DISCUSSION AND Q&A

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Questions?

Technical Assistance:

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