



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.

Agenda

June 7, 2018

- 👶 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



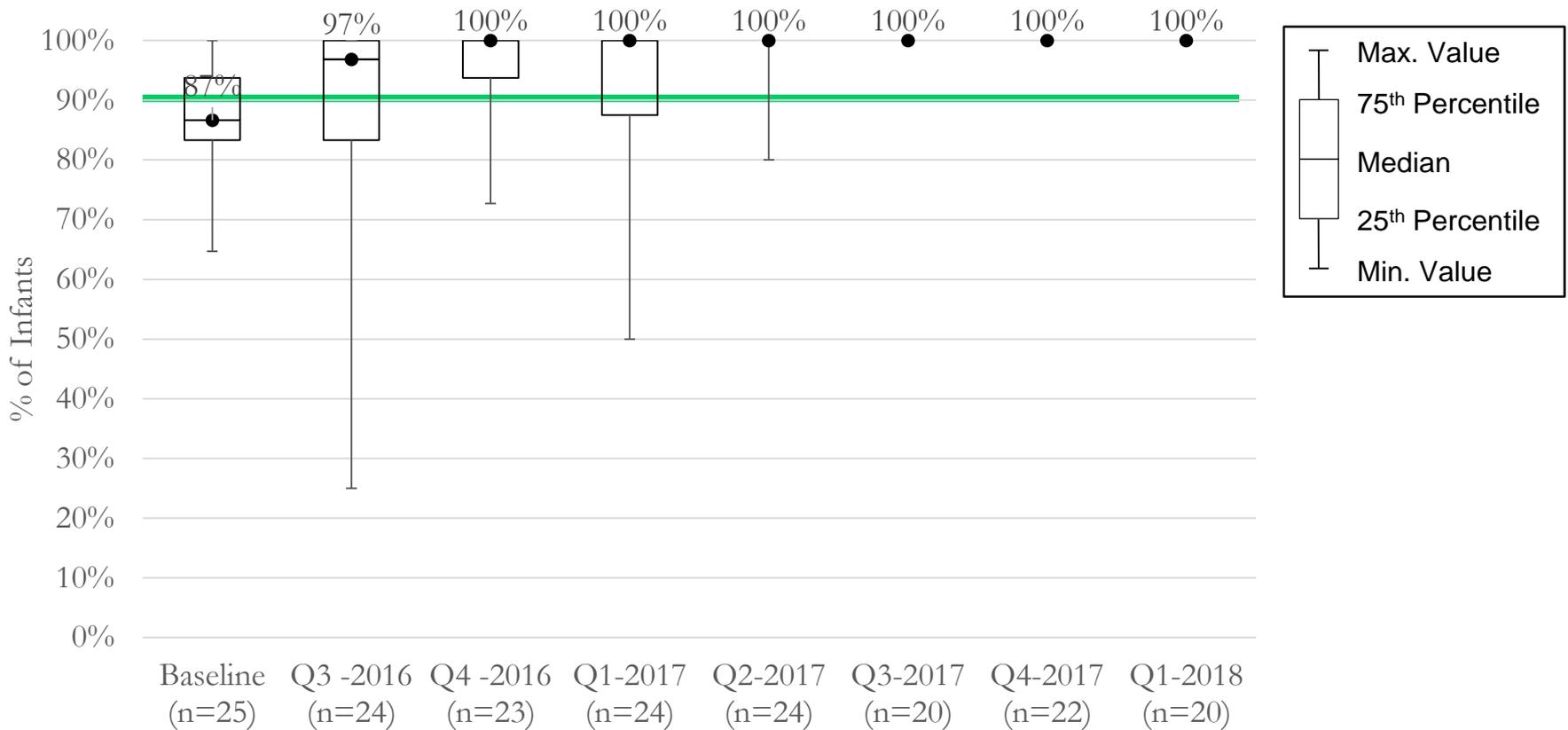
Mother's Own Milk (MOM)

Initiative-wide Report
Through Quarter I of 2018

Partnering to Improve Health Care Quality
for Mothers and Babies



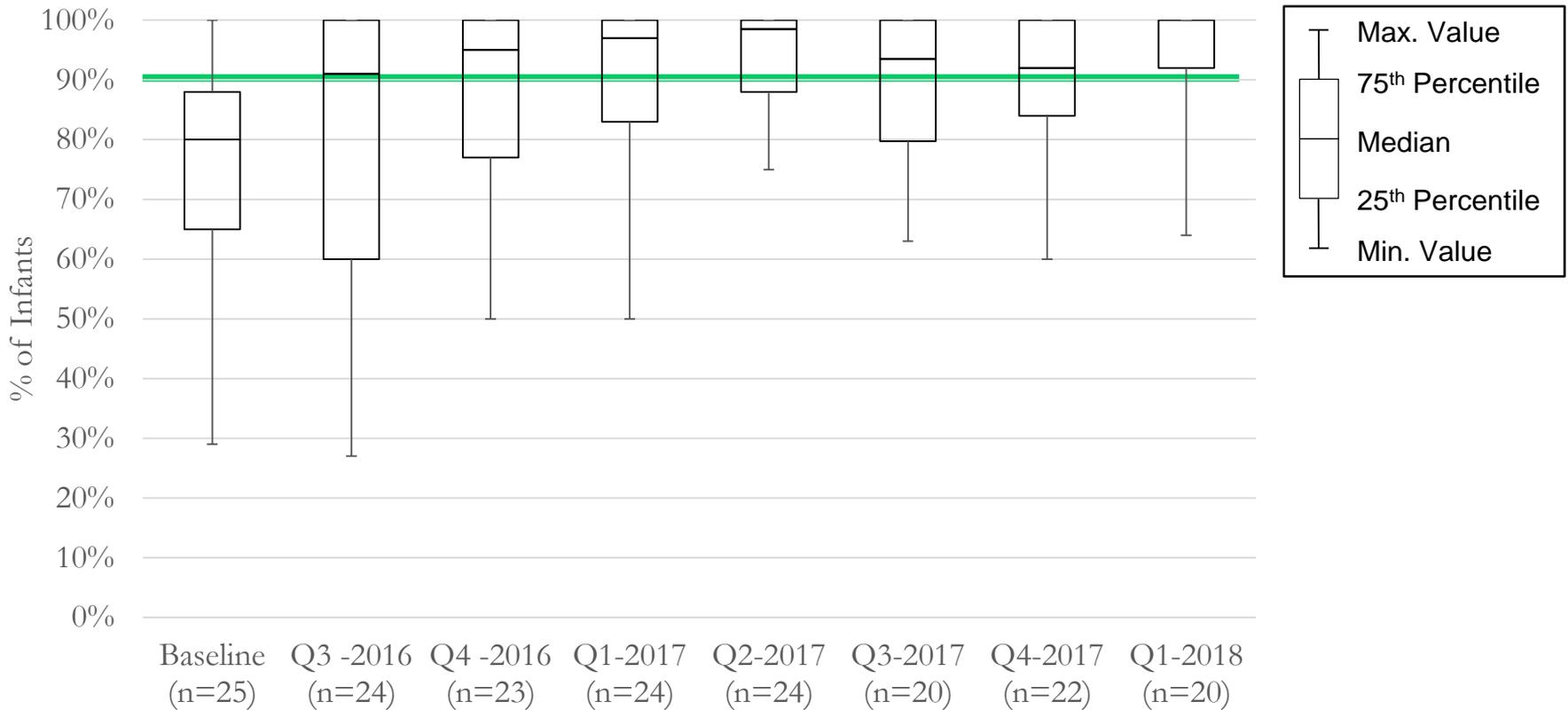
Intention to Provide MOM out of all eligible VLBW infants



Goal Line: —————

Denominator: All eligible VLBW infants

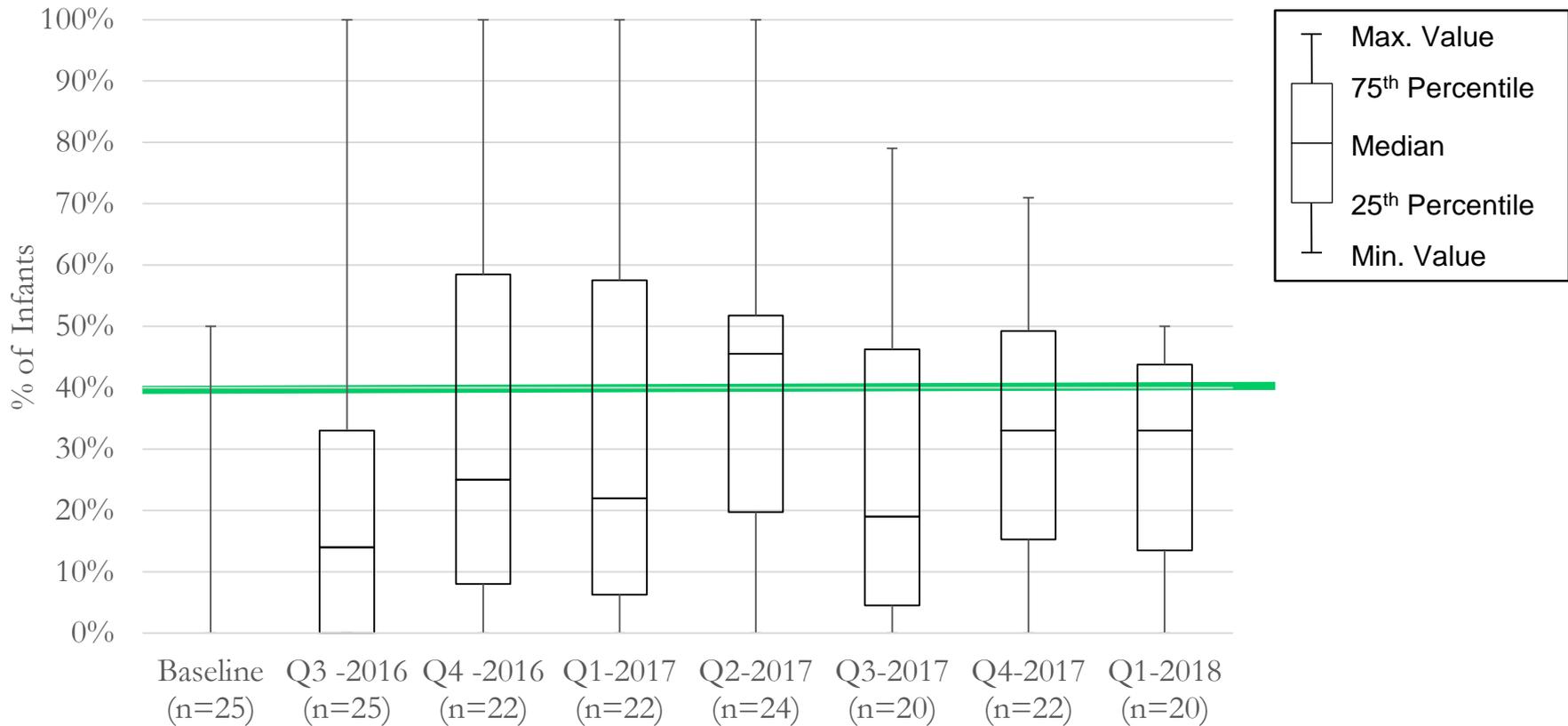
Intention to Provide MOM documented out of all eligible VLBW infants



Goal Line:

Denominator: All eligible VLBW infants

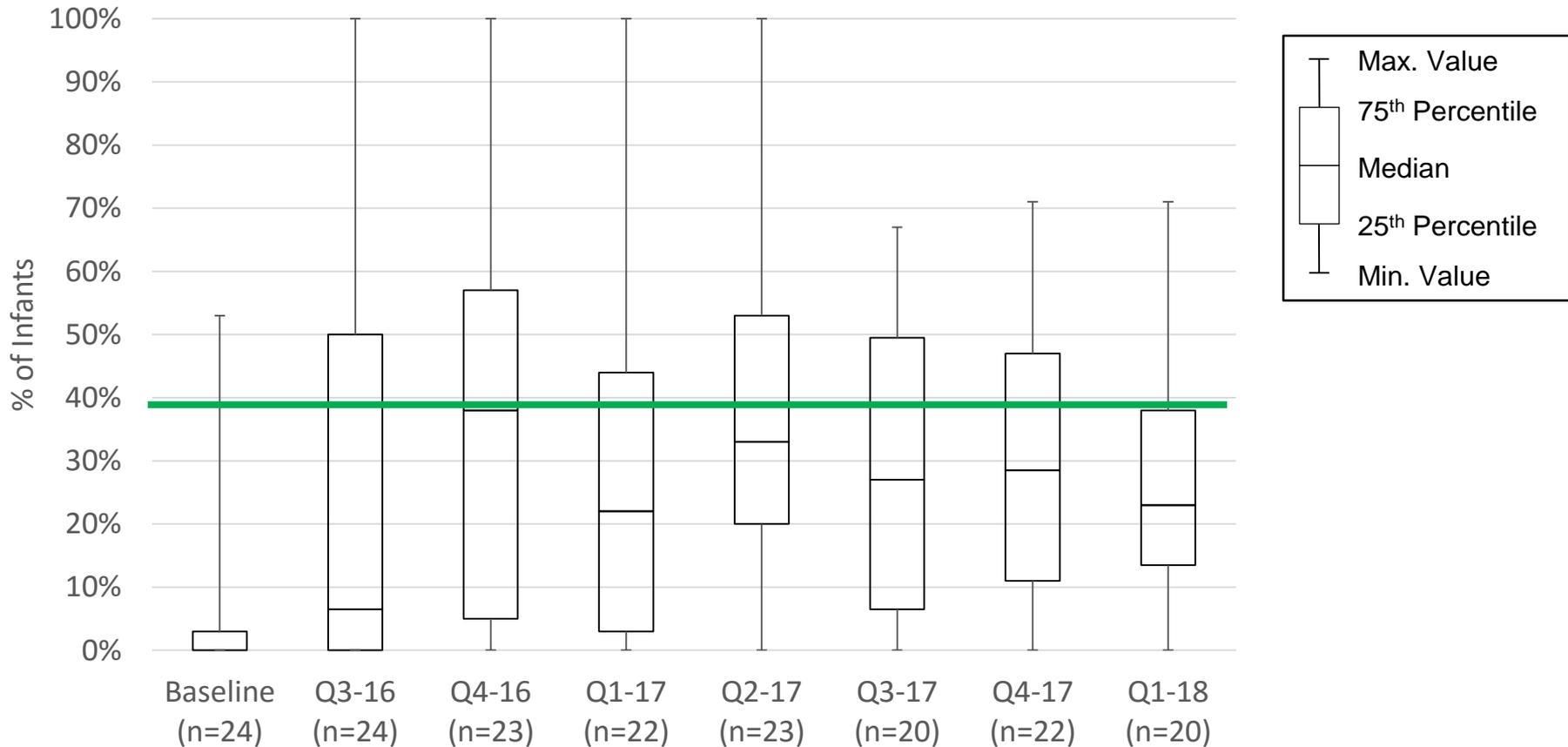
MOM pumped volume ≥ 500 ml/day on DOL 14



Goal Line:

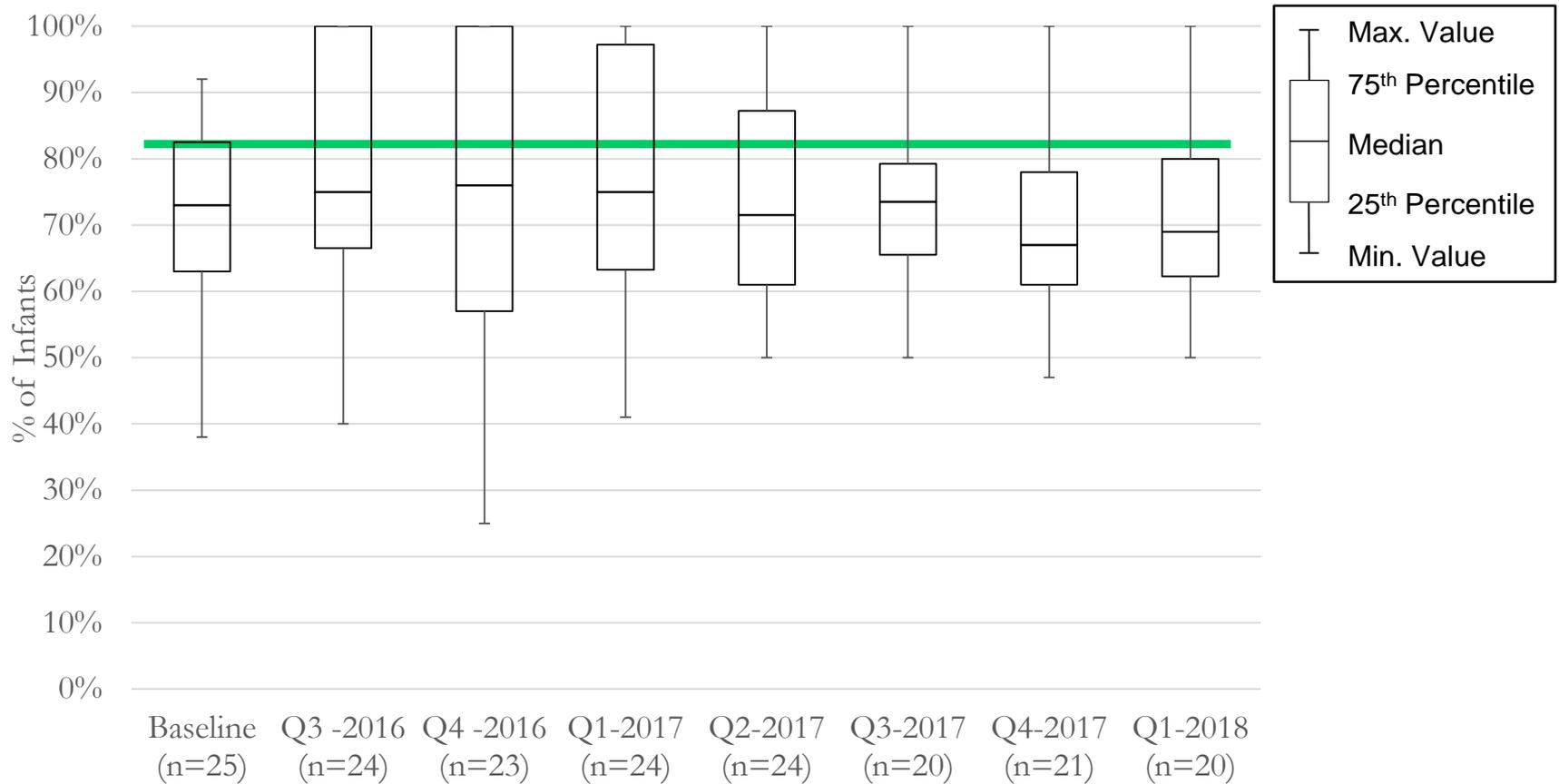
Denominator: Only infants whose mother intended to provide MOM

MOM pumped volume ≥ 500 ml/day on DOL 28



Denominator: Only infants whose mother intended to provide MOM

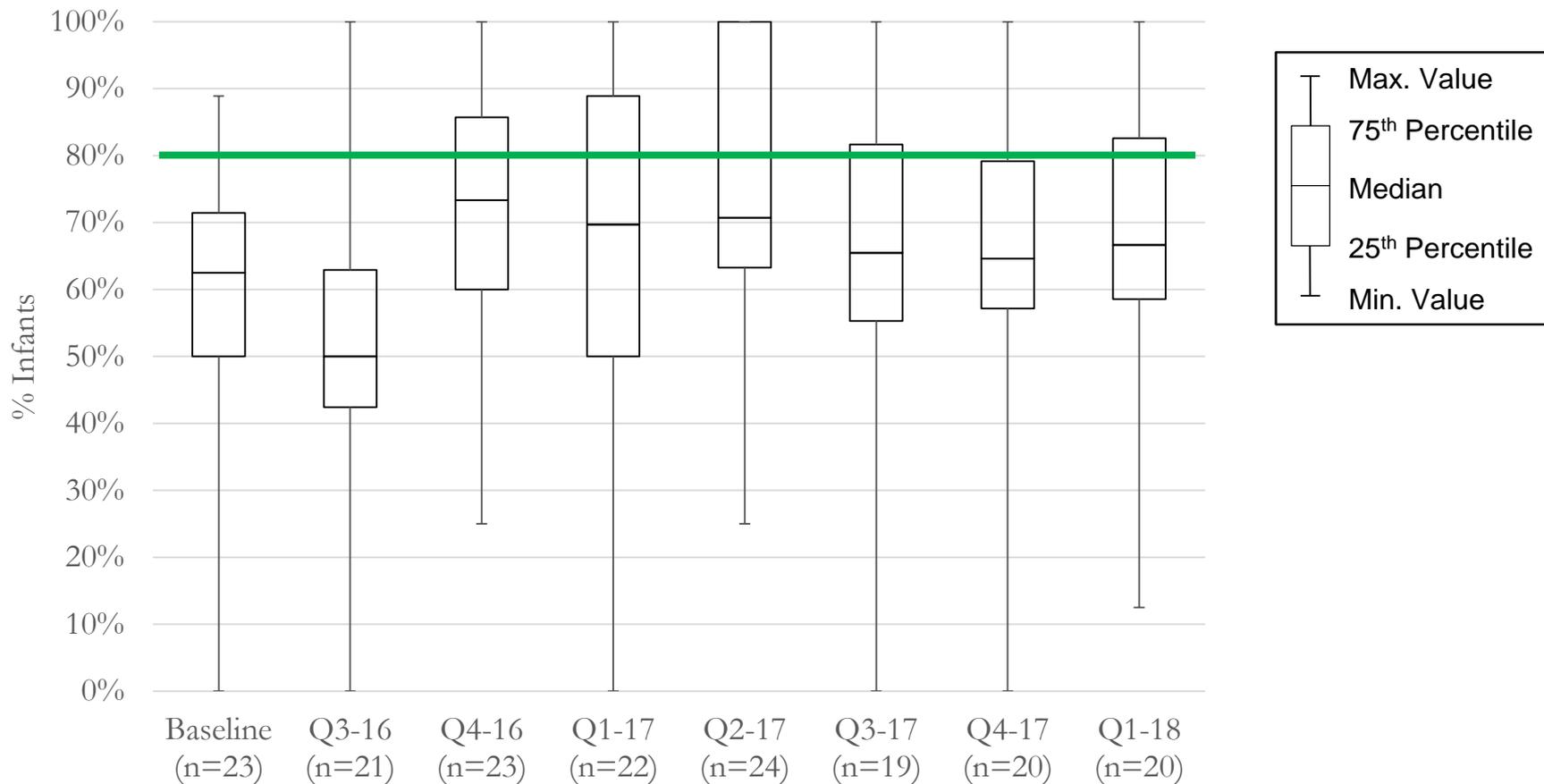
% of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 14



Goal Line: —————

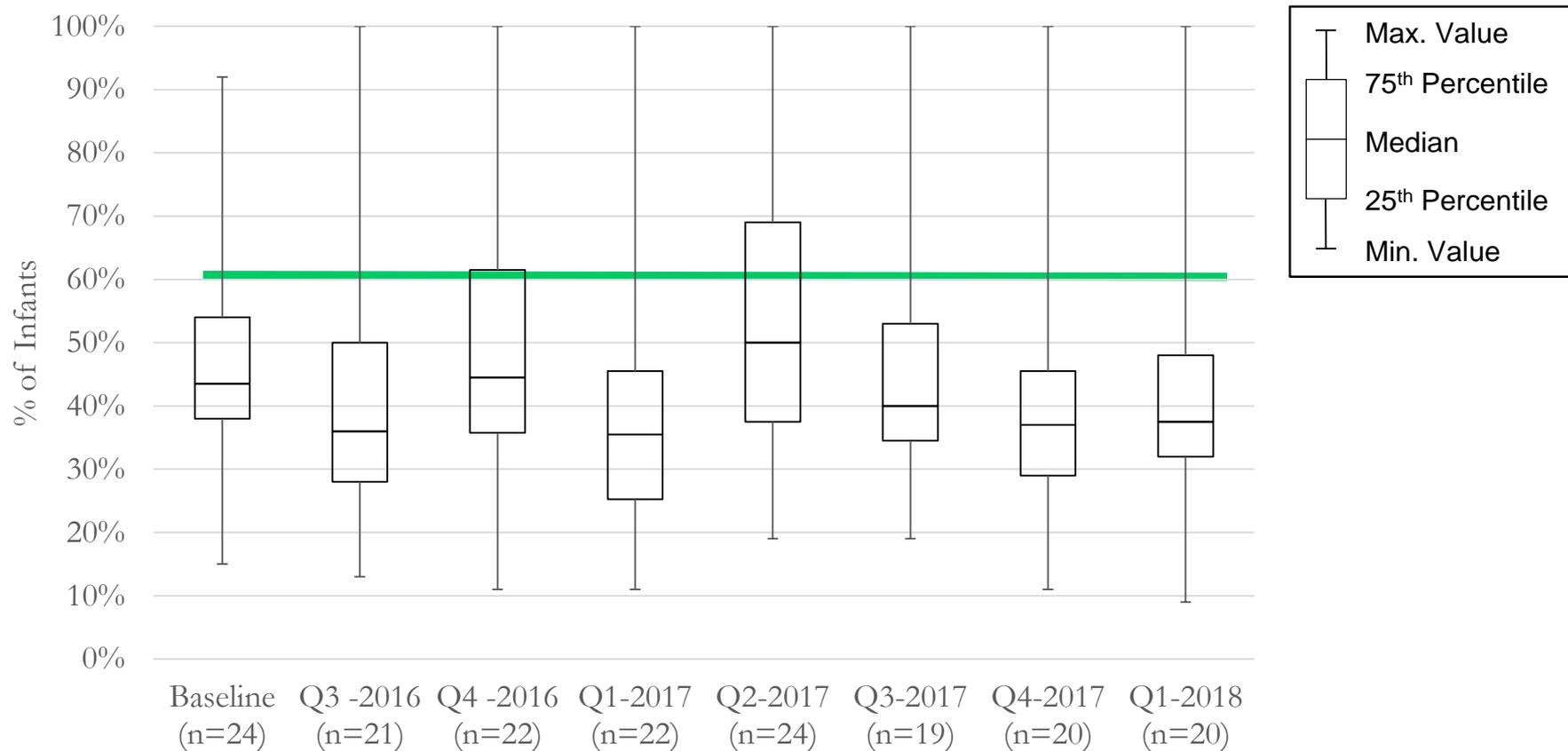
Denominator: Only infants whose mother intended to provide MOM

% of infants having $\geq 50\%$ of feeding volume comprised of MOM on DOL 28



Denominator: Only infants whose mother intended to provide MOM

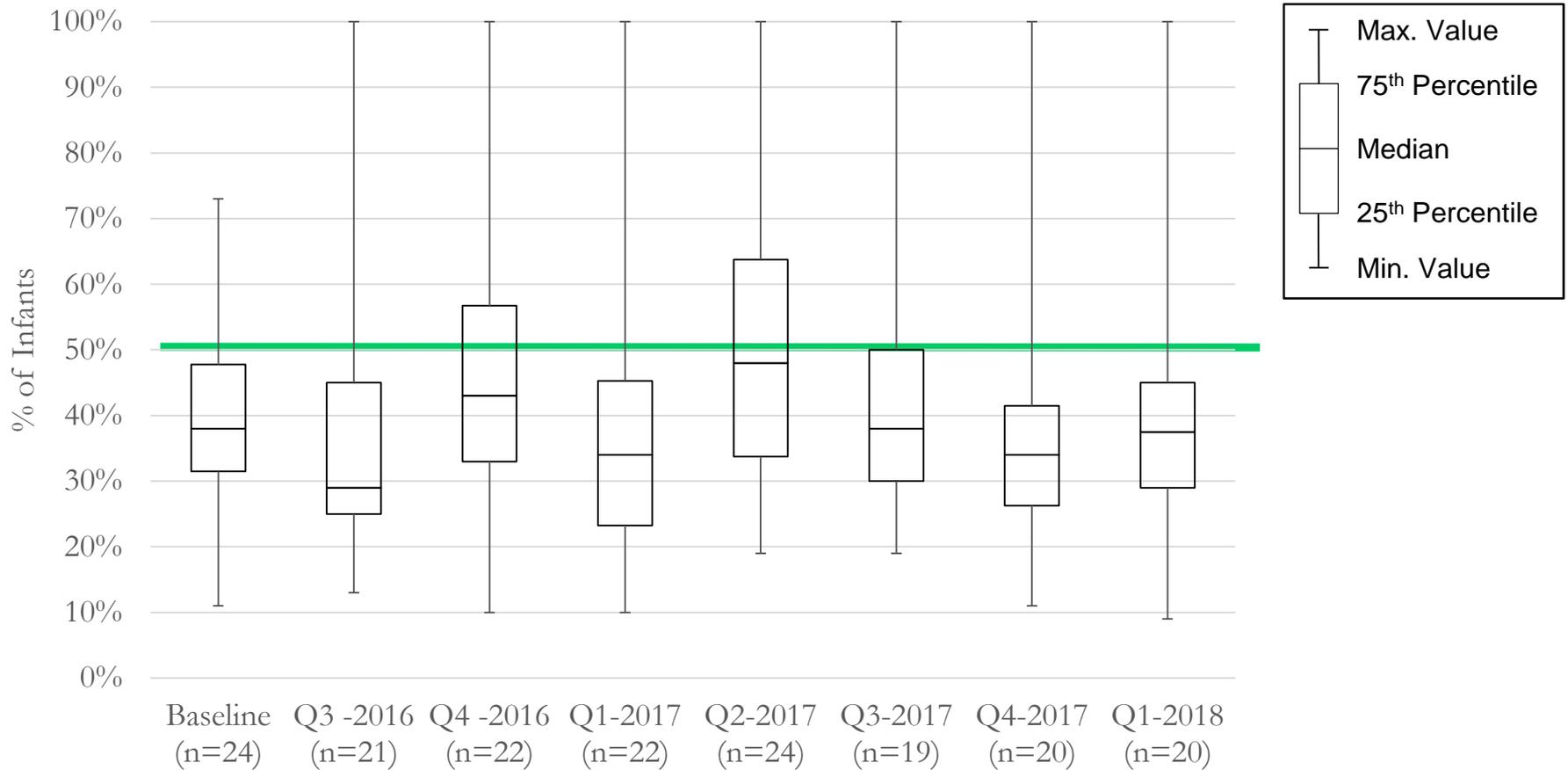
% of infants having $\geq 50\%$ of feeding volume comprised of MOM on initial disposition



Goal Line: ———

Denominator: Only infants whose mother intended to provide MOM

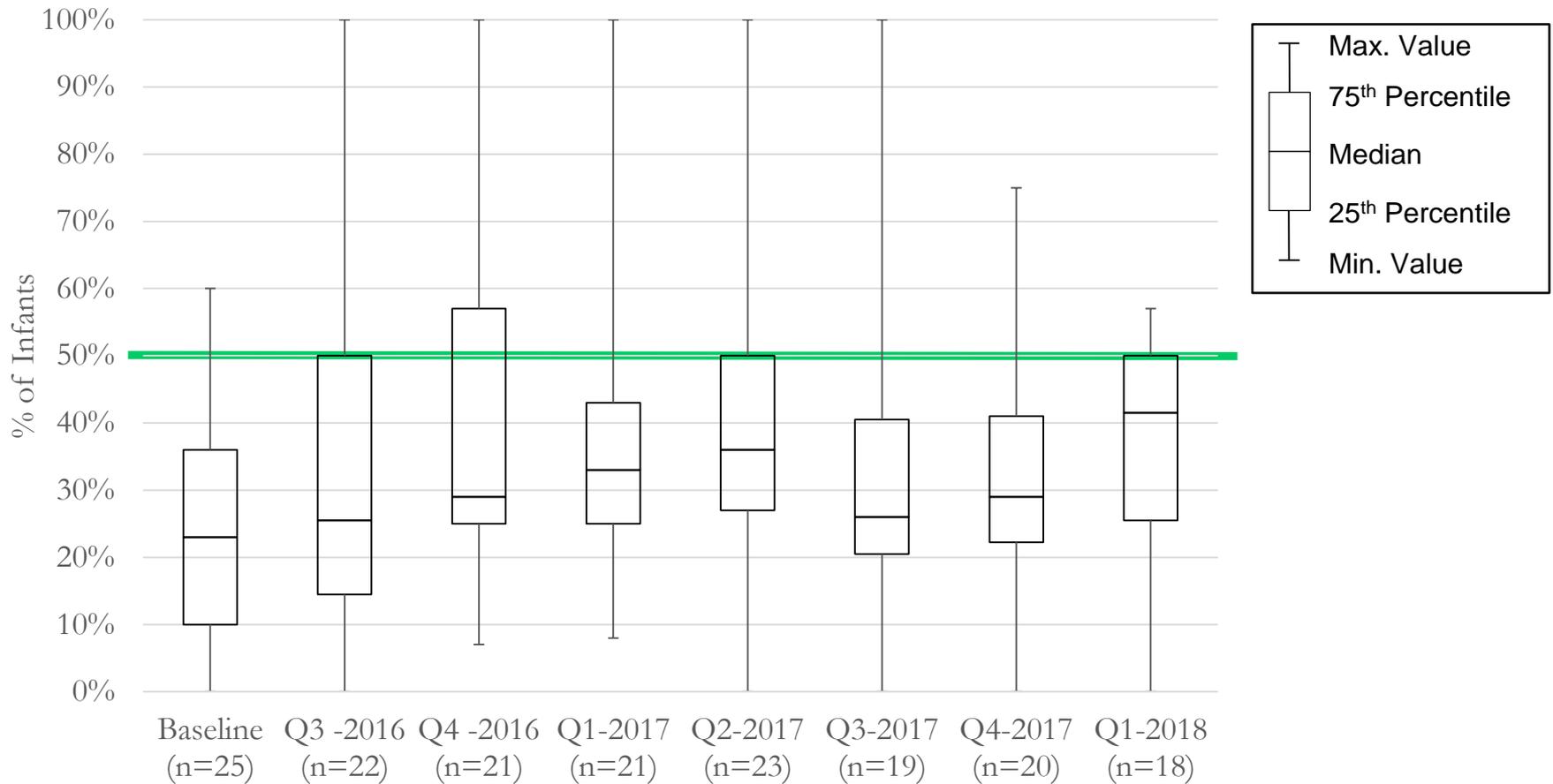
% of all VLBW infants having $\geq 50\%$ of feeding volume comprised of MOM on Initial Disposition



Goal Line:

Denominator: All VLBW infants

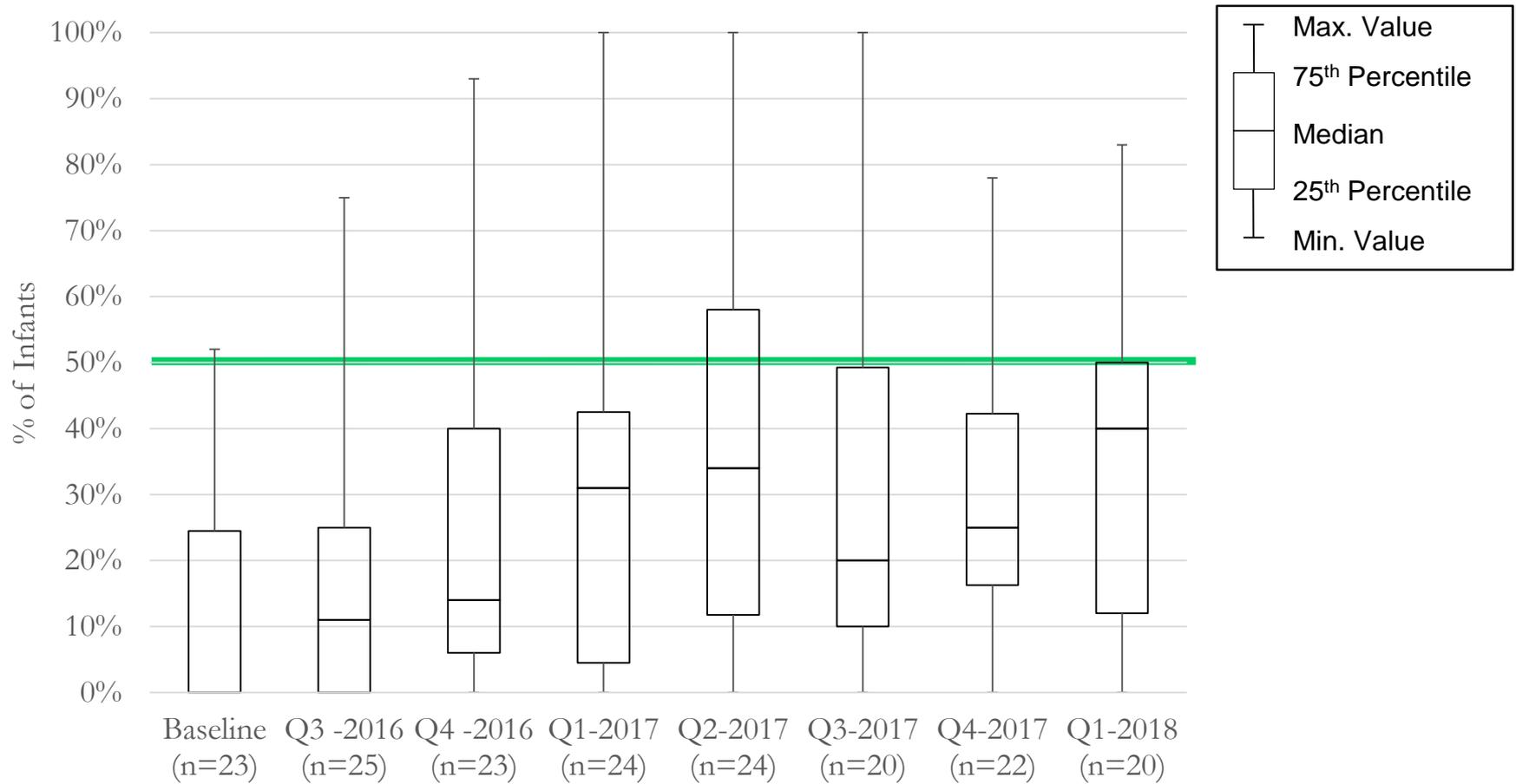
Nutritive BF session at within 7 days of infant's initial disposition



Goal Line:

Denominator: Only infants whose mother intended to provide MOM

Non-nutritive BF session documented

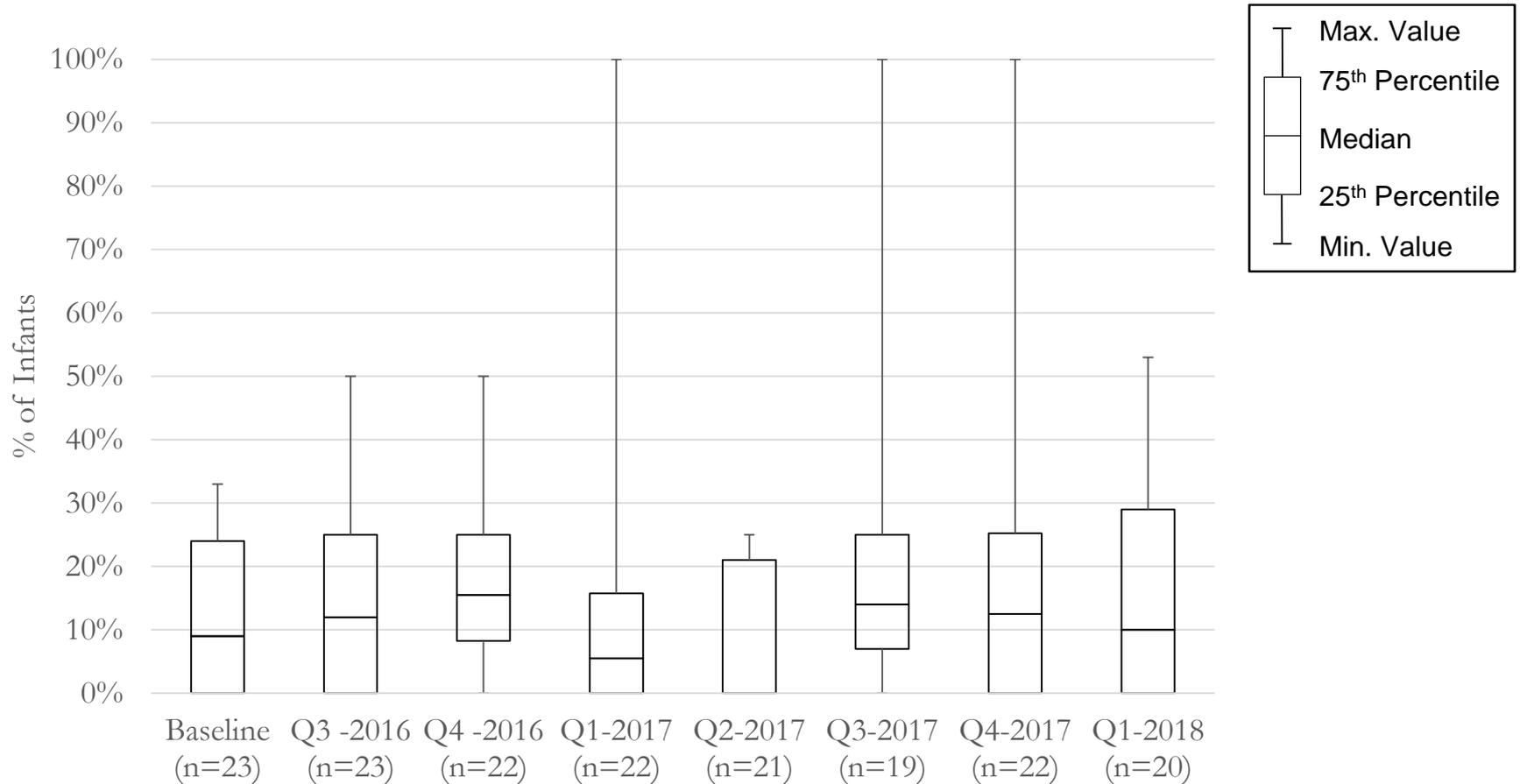


Goal Line:

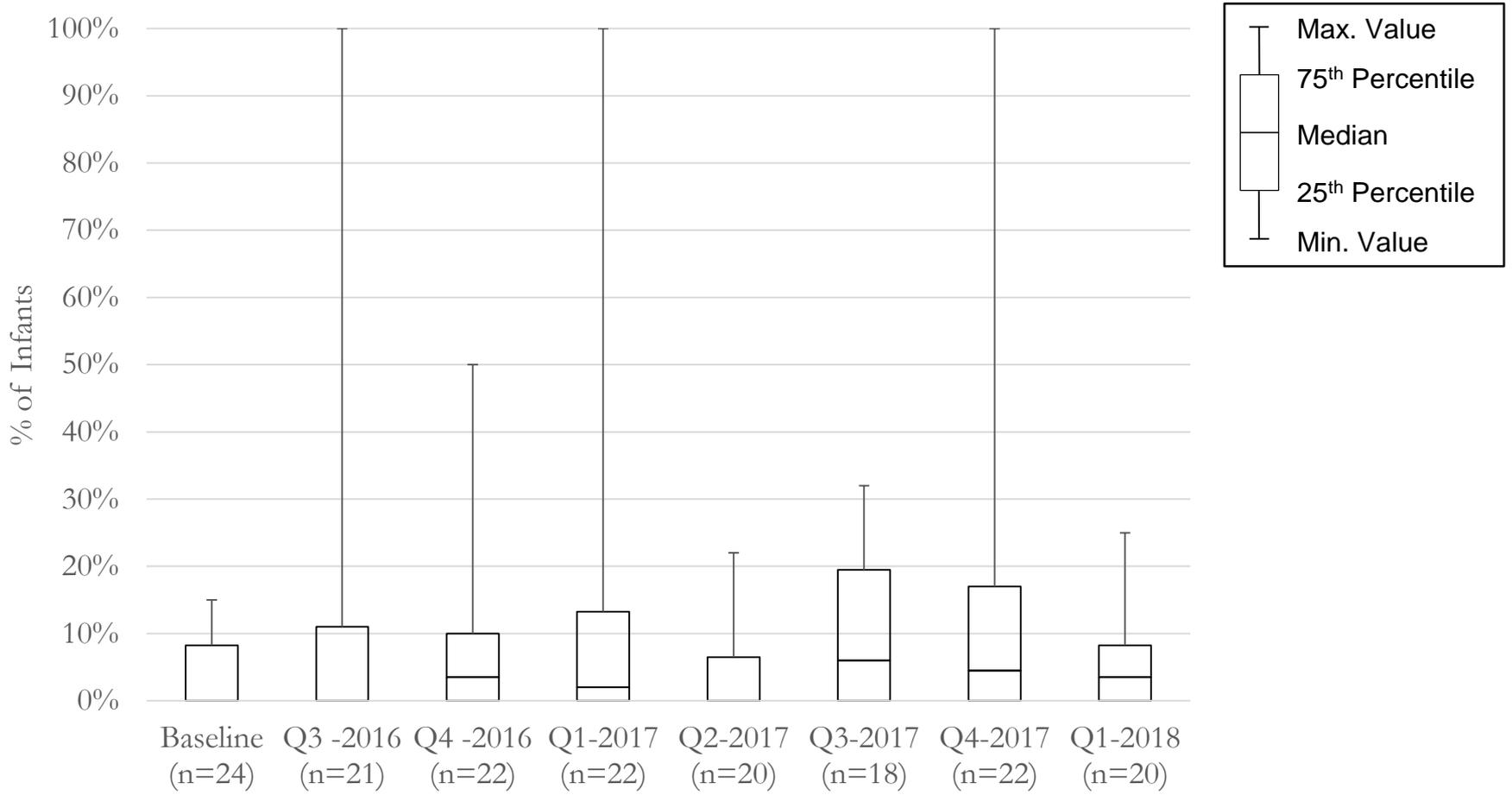
Denominator: Only infants whose mother intended to provide MOM



Weight at initial disposition $\leq 3^{\text{rd}}$ ile on the Fenton growth curve



Head circumference at initial disposition $\leq 3^{rd}$ ile on the Fenton growth curve





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RACIAL/ETHNIC DISPARITIES

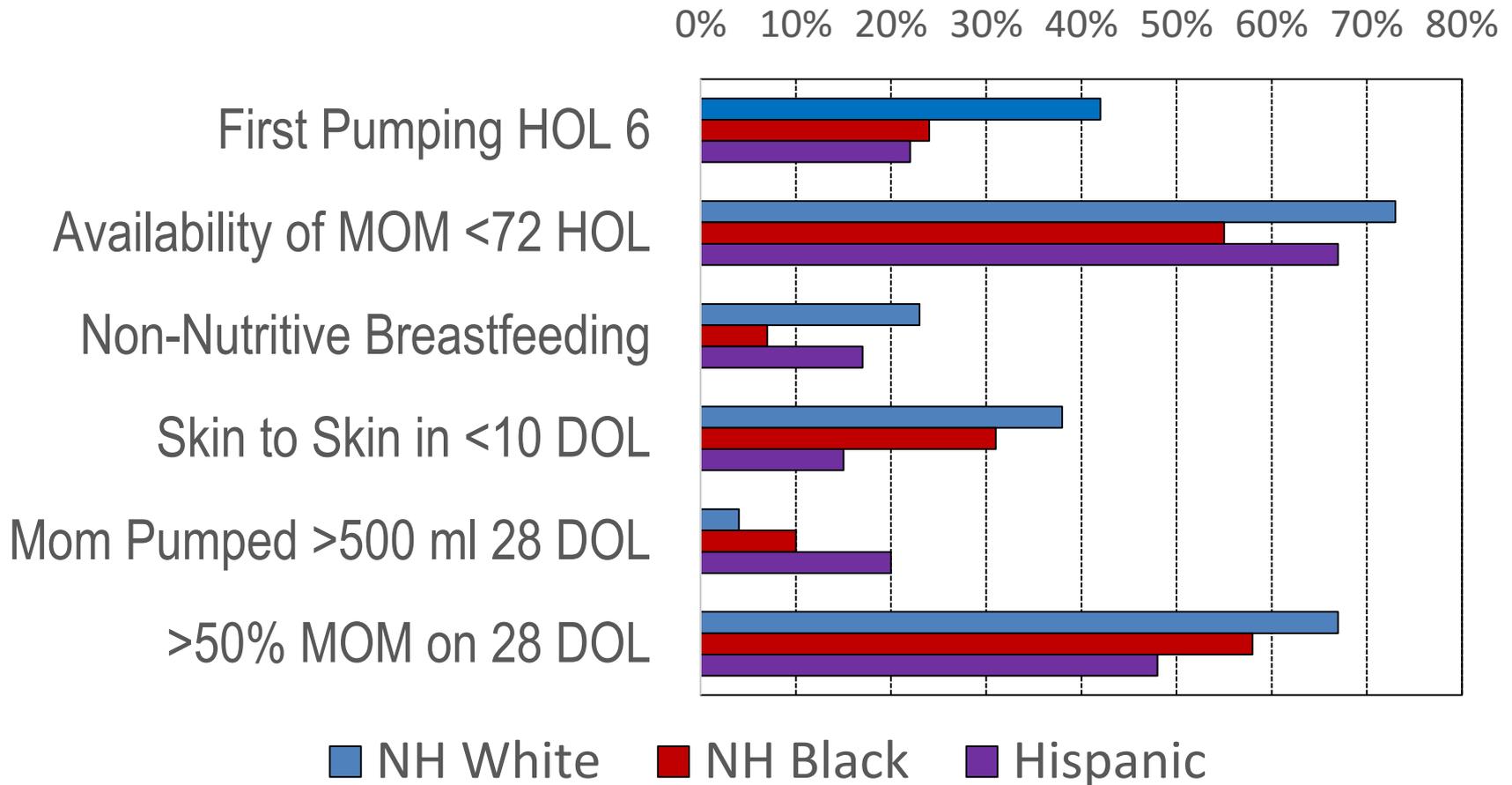
MOM Infant Characteristics

Baseline to June-Dec. 2017

Characteristics	Baseline	Jun-Dec, 2017
Non-Hispanic White	32%	28%
Birthweight <750 g	10%	19%
Level III NICU	81%	96%
Discharged Home	93%	88%
Length of Stay	51 days	61 days

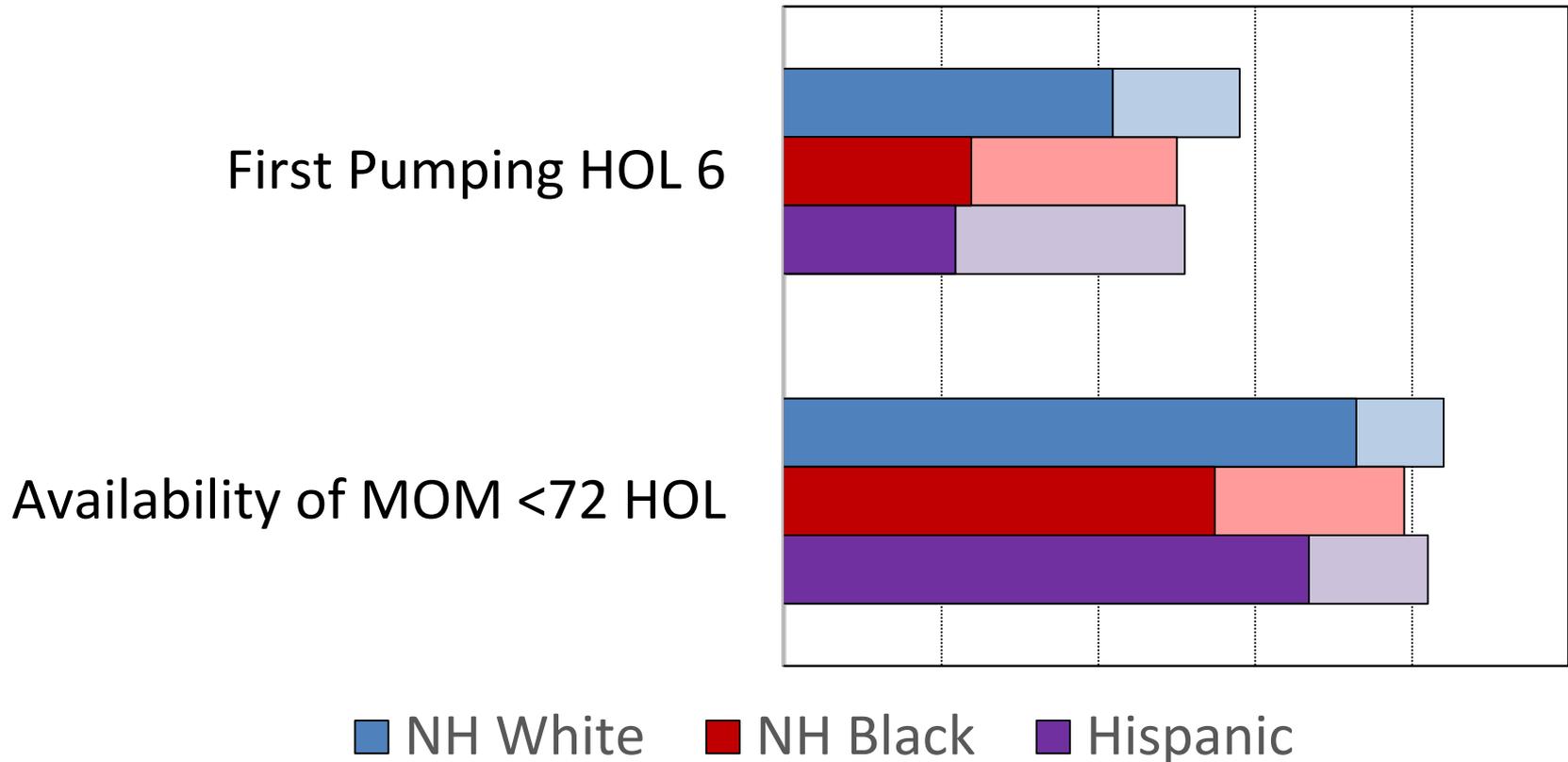
Population Change

MOM Infant Measures at Baseline

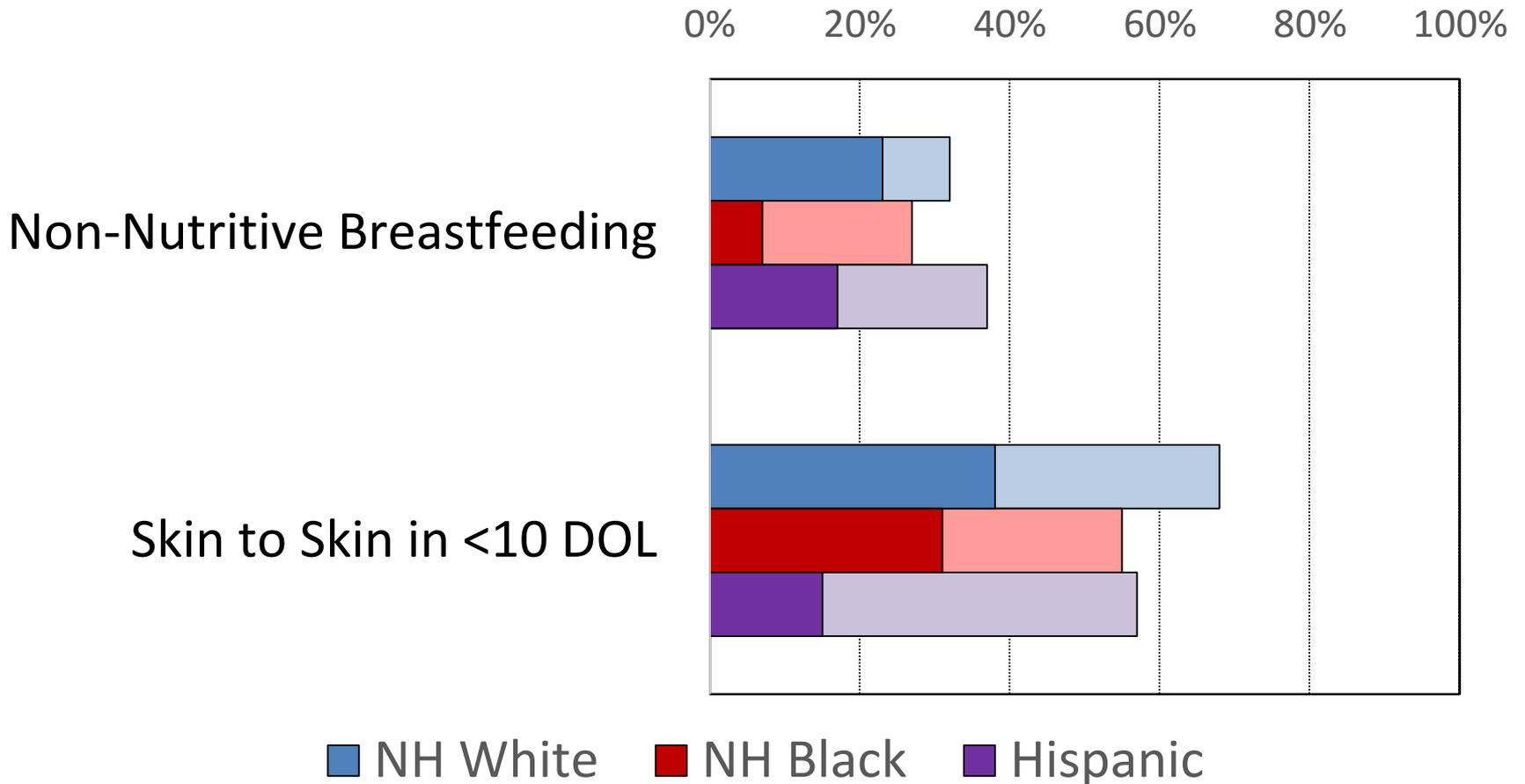


Increase MOM Infant Process Measures Baseline to Period 3 (June-Dec. 2017)

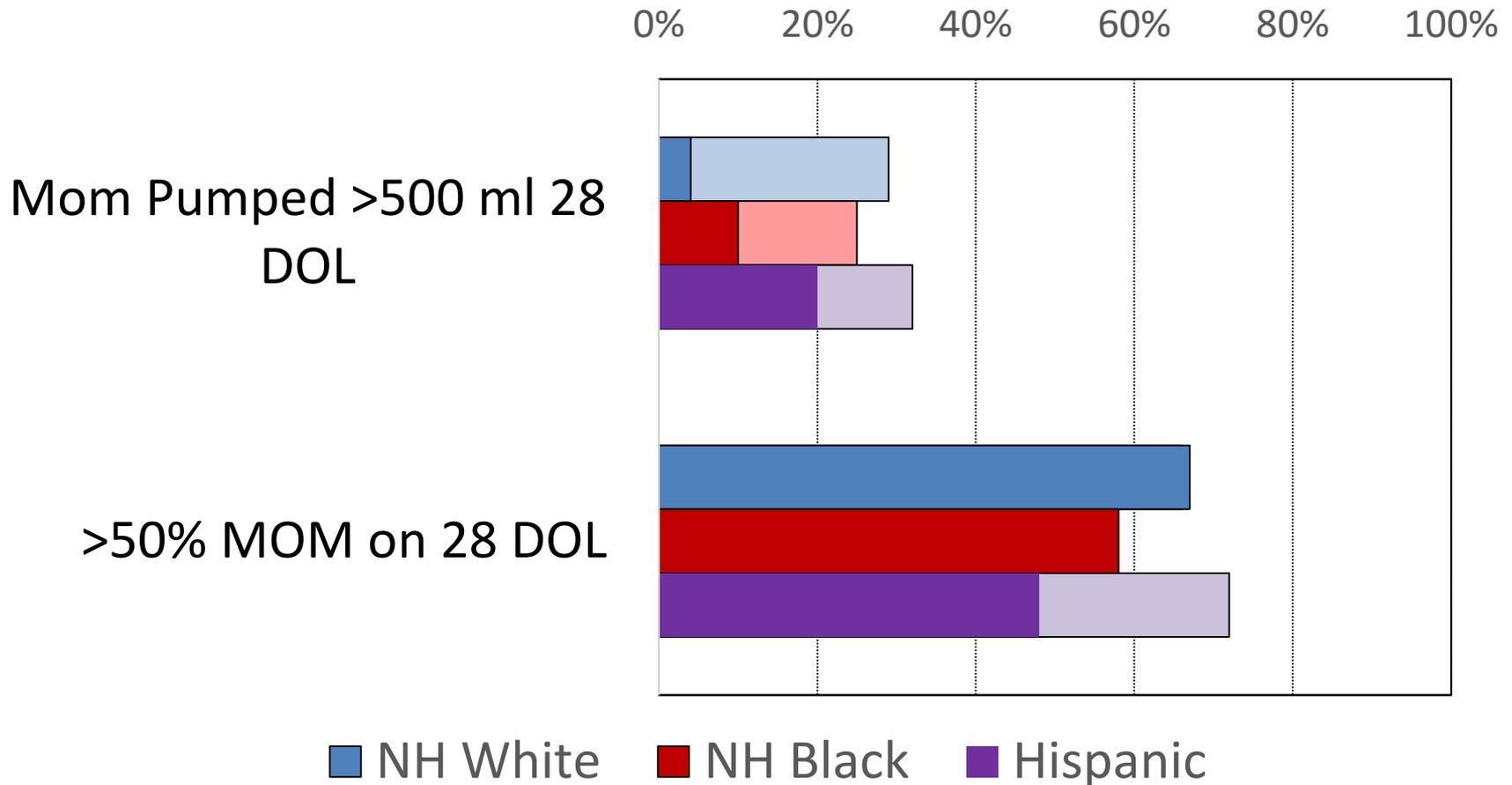
0% 20% 40% 60% 80% 100%



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



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



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>

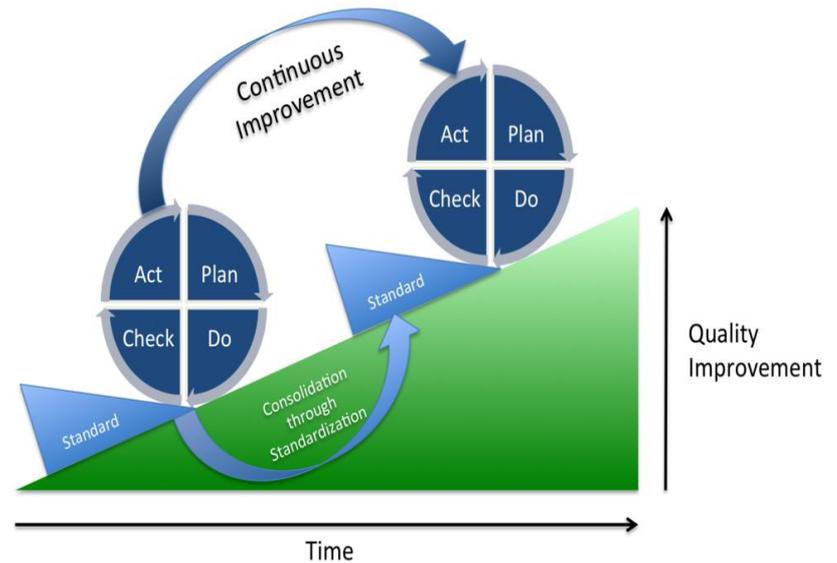


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SUSTAINABILITY

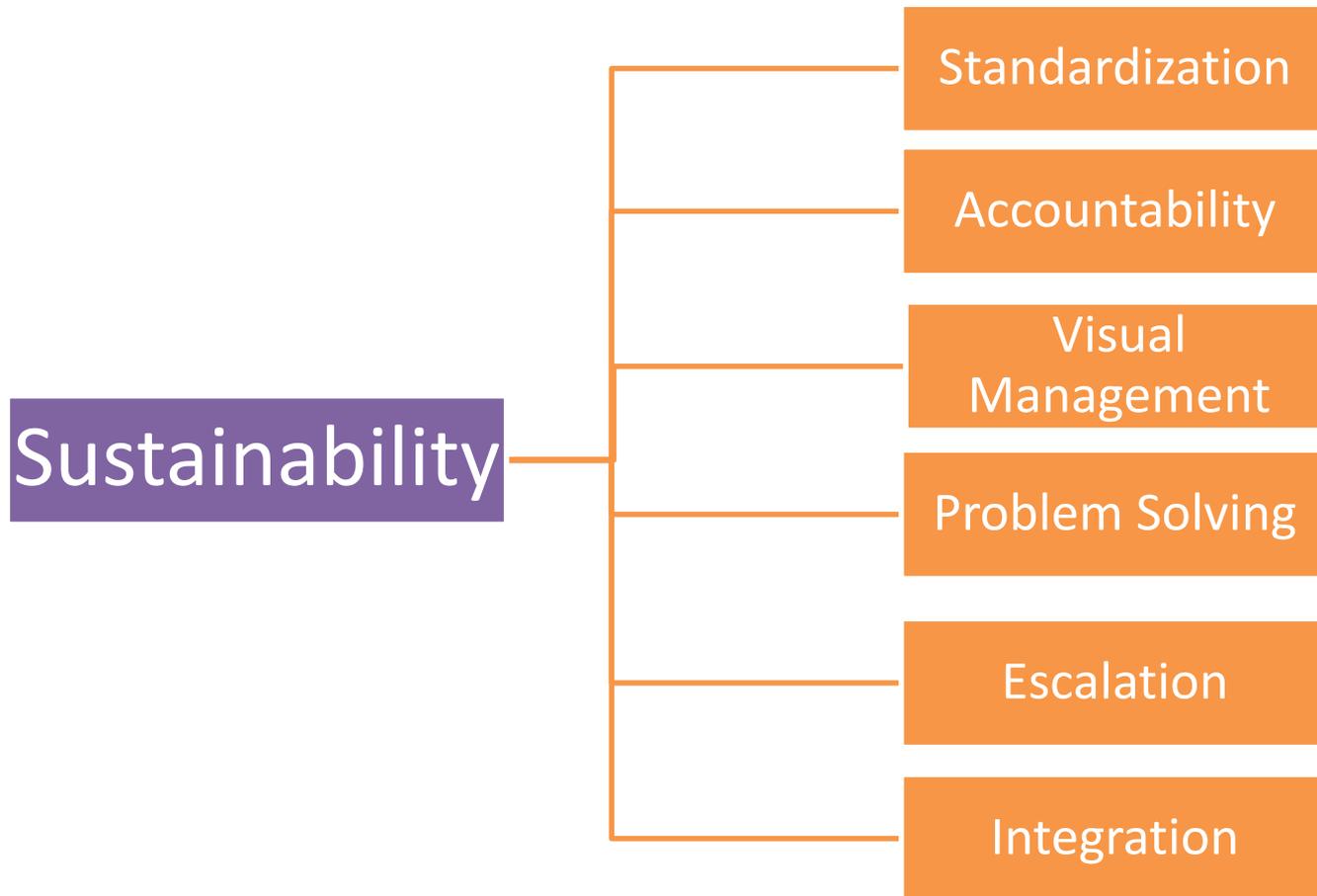
Sustainability

- 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.

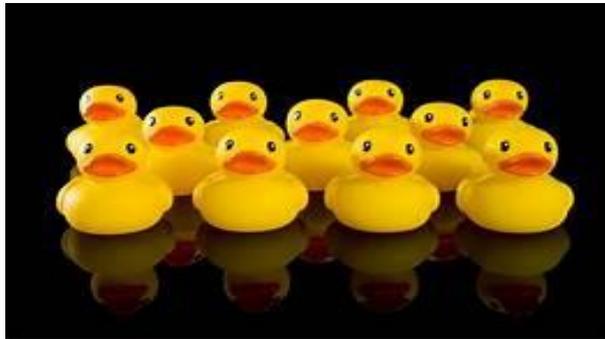
Drivers of Sustainability



Standardization

Concepts

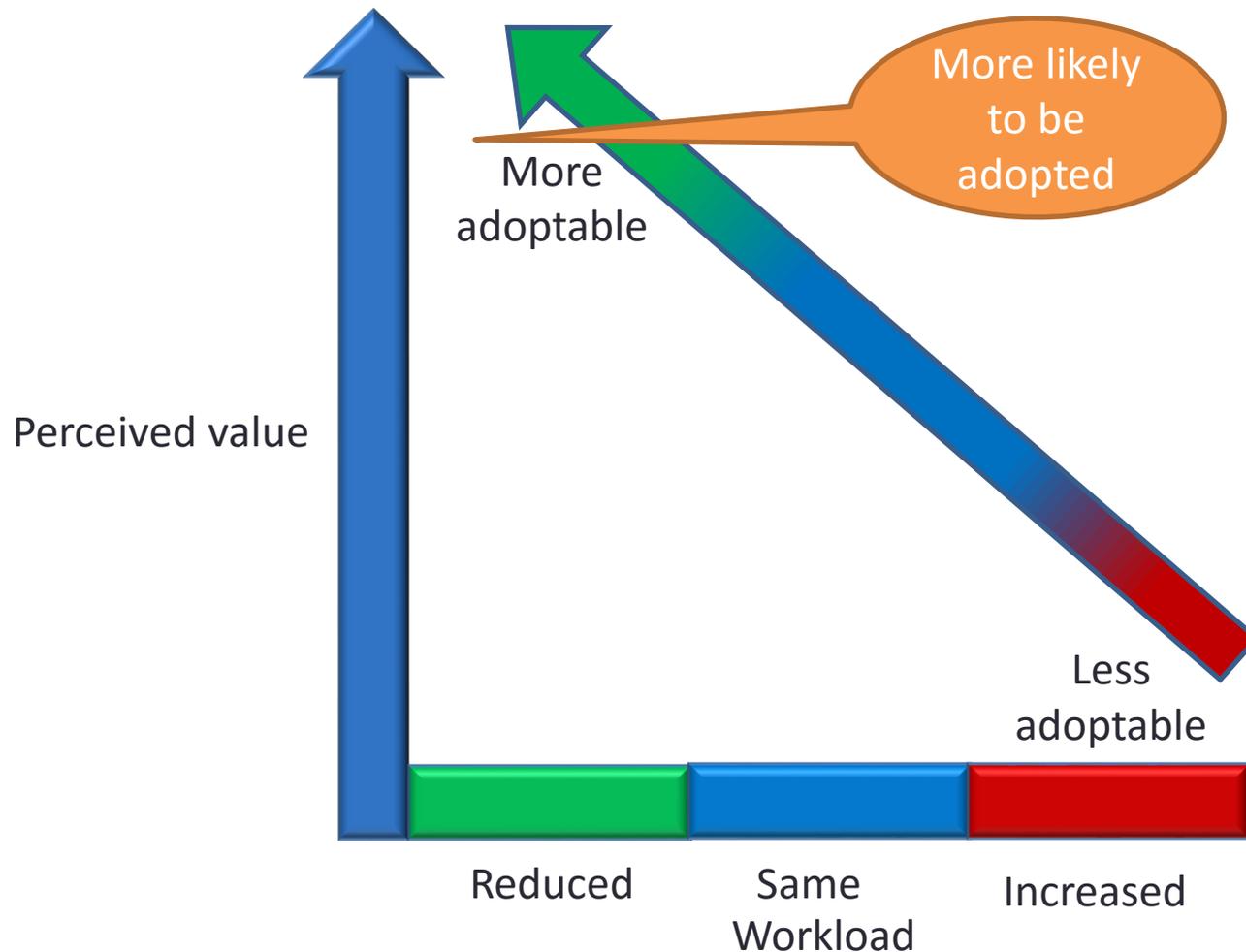
- What to do and how to do it
- Well-defined, consistent, reliable processes
- Make it hard to revert to old ways – “fool proof”



Ideas

- Guidelines
- Checklists
- EMR changes
- Develop training materials
- Education (ongoing for new hires)
- Think about ways to decrease workload if possible

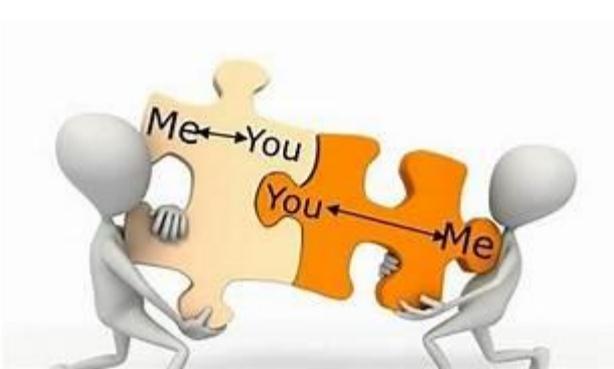
Maximally Adoptable Improvement



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 requires 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





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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

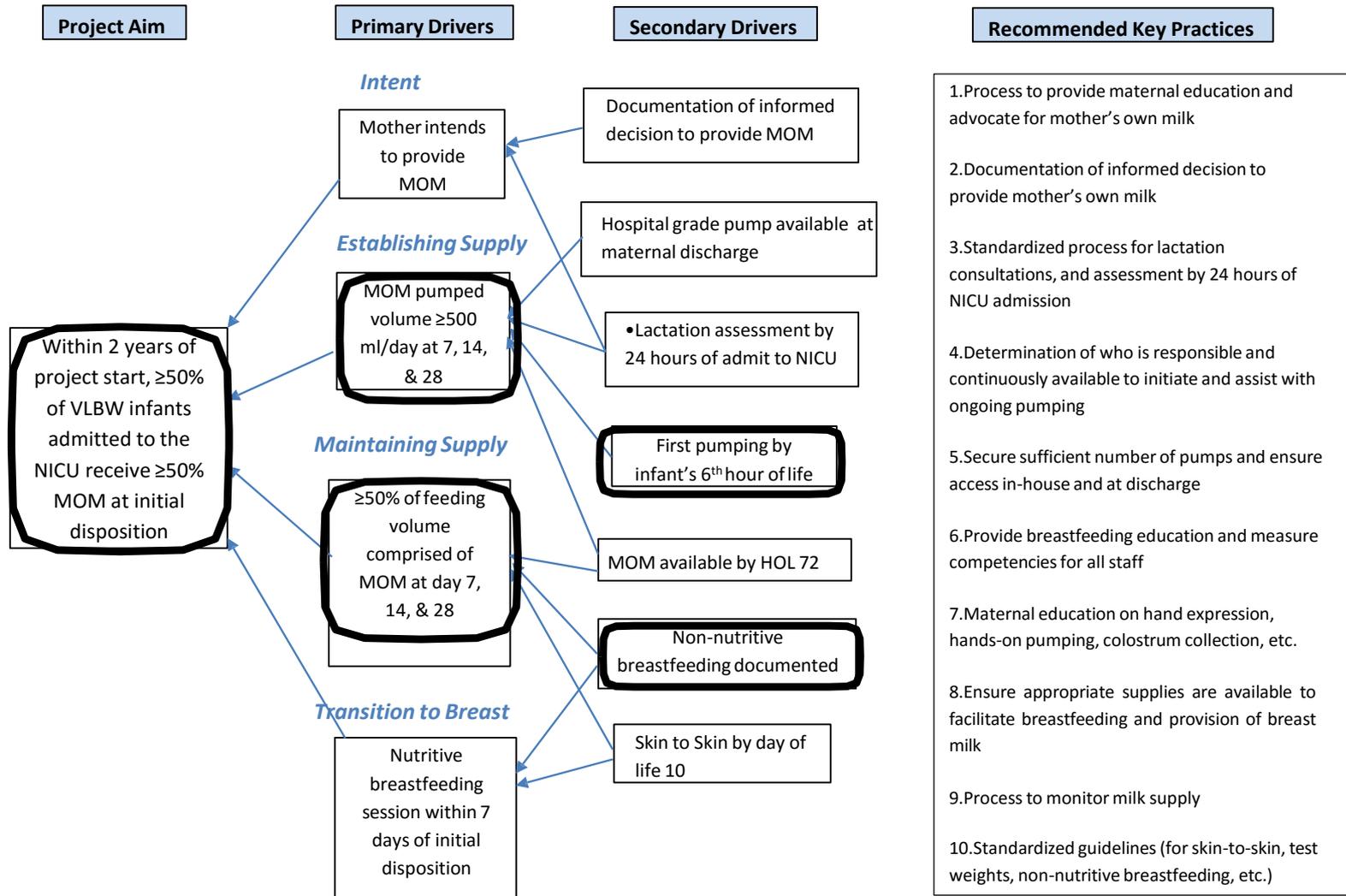
- 👶 Begins July 2018
- 👶 A new data agreement is **not** needed 😊
- 👶 Submit MOM data and receive a report Quarterly
 - 👶 Fewer measures = reduced data burden!
- 👶 Whether or not you join the Sustainability phase, you can continue to submit data through June and you will receive a report through the 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%



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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

- ➊ MOM NICUs received an e-mail from FPQC
- ➋ Please complete the online commitment form (opt-in)!
- ➌ Continue to submit data with the reduced indicators



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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

👤 Archived Webinars:

<http://health.usf.edu/publichealth/chiles/fpqc/mom>

👤 Tool Box for Hospital Implementation:

<http://health.usf.edu/publichealth/chiles/fpqc/momtoolbox>

👤 Resource Page to share with Families, Colleagues, etc:

<http://health.usf.edu/publichealth/chiles/fpqc/momresources>



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FPQC.org

FPQC@HEALTH.USF.EDU