

Did your facility complete all requirements for Two Stars? Yes _____ (Continue) No _____
(All requirements for two stars must be complete to continue)

Guidance: This is Phase III and is equivalent to the Dissemination Phase. During this phase all plans created will be implemented. Many hospitals implement parts of plan rather than 100% at once. Make sure to disseminate in the best way possible keeping staff competing responsibilities in mind. Sometimes, it is good to implement one or more tasks together. The Donna Wright model can be used and Family and Patient Centered care easily incorporates the evidence based change. (Donna Wright model, http://www.o-h-e.net/assets/pdf/Competency-DonnaWright-OHE_9-11-09.pdf or Patient-Centered Care, http://www.patient-centeredcare.org/inside/chapter3_Form_Self-Assess_Tool1.pdf)

For example: Implementing skin-to-skin immediately after birth without training could create unnecessary resistance or risk. Training can be implemented in parts and new skills can be practiced until competence is achieved. Past breastfeeding education can be used as part of the twenty hour requirement course outline and certificate (or proof of completion) will be necessary. Example IBCLC does not need to take an additional 20 hours. Those who have had extensive training will only need supplemental training to complete all requirements.

This Phase also requires efficiency: minimize inappropriate variations, barriers and/or inconsistencies in plan. Many hospitals use tools that have already been implemented to solve problems and inconsistencies. Daily huddles, PDCA/PDSA's and for lean hospitals Mini-Kaizen's can be included. Don't feel you need to invent new ways to solve problems; the problems that will arise are similar to all problems in a hospital setting.

Data Collection: In this phase, data plans should be implemented. Monthly collection is important for making improvement and measuring success.

Guidance: If electronic charting on data points is not available, an excel data collection tool can be utilize to collect breastfeeding data from patient charts. Information about mothers' intent to breastfeed upon entry to the hospital, the infant's date of birth, type of birth, gestational age and size, skin-to-skin contact time, and infant feeding can be collected. This tool can be used to examine relationships among variables and identify opportunities for improvement.

Random sampling: To achieve statistical significance of findings at the 95% confidence level, a specific number of patient charts need to be reviewed. The number of patient charts to be reviewed depends on the number of births in a year at the hospital. This is best sampled over a one month period. Baseline data can be sampled over a randomized selection. This practice also allows random collection of data that is reflective of the population and annual births. For example, you can take all the births in a previous month and collect the data from those patients. Collecting one month of chart data will cause collection sample across shifts and reflect the percentage of vaginal and c-section births. Charts should not be "cherry picked" because this may provide inaccurate or non-representative findings. With random chart selection the results may appear skewed. If this occurs increase the number of charts reviewed by 10% to overcome inaccuracies. Skewed data falls primarily into the extremes of positive or negative. Also, review the chart sampling strategies to eliminate intentional or unintentional selection bias. The following table provides the number of charts required to review based on the number of yearly births at the hospital. The percent of NICU admissions should be excluded.

**Hospital Breastfeeding Data
Chart Review
Significance Table**

# Births	# Chart Reviews @ 95% Confidence Level	# Births	# Chart Reviews @ 95% Confidence Level
100	90	1,200-1,299	320
200-299	150	1,300-1,499	330
300-399	190	1,500-1,699	340
400-499	210	1,700-2,099	350
500-599	260	2,100-2,499	360
600-699	270	2,500-2,999	370
700-799	280	3,000-3,899	380
800-899	290	3,900-5,599	390
900-999	300	5,600-9,099	400
1,000-1,199	310	9,100-15,000	410

Sample data tool: Continue feeding data on all hospital days. Babies transferred to NICU are excluded.

DOB	Chart ID	Rooming In	Exclusive	Combo	Formula	Vaginal	C-Section	40 weeks	36-39 weeks	<36 weeks	HR Separated	Y	N	<15	16-30	31-45	46-60	Y	N	Exclusive	Combo	Formula
			INTENT									LC HELP		SKIN-TO-SKIN 1st Hr				Breastfed		DAY ONE		

Data Terms and Definitions:

Any Breastfeeding	Baby receives breast milk and formula, Fortifier is to be treated as “formula” when added to breast milk and specialty formula should be treated like any other type of formula. combo
Formula/Other ONLY	Baby receives formula and/or other liquids including water, sugar water, fortified or specialty formula.
Exclusive Breastfeeding Breast Feeding/ Breast Milk ONLY	<ul style="list-style-type: none"> ◦ Infants fed only human milk ◦ Recommended by American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Academy of Family Physicians, American Dietetic Association ◦ In-hospital exclusive breastfeeding is associated with breastfeeding duration after discharge ◦ Baby receives breast milk only, either through breastfeeding or on the consumption of pumped or expressed breast milk. This may include expressed breast milk from a donor.

	<ul style="list-style-type: none"> ◦ One bottle falls under COMBO feeding or supplement.
Couplet Care/Rooming In	Baby remains 24 hours with mother in room with minimal separation.
Eligible	All Healthy babies not under “ineligible” categories below;
Ineligible	<p>The presence of the following conditions or circumstances are either contraindications to breastfeeding or at a minimum warning signs to clinicians to review infant nutrition:</p> <ul style="list-style-type: none"> • HIV positive mother, or mother with unknown HIV status • Mother with active herpetic lesions to both breasts • Mothers positive for human T-cell Lymphotropic virus (HTLV) type I or II • Mothers using illicit drugs (ie: cocaine, heroine) • Mothers having active, untreated tuberculosis- Temporary • Maternal Methadone use – UNLESS breastfeeding is ordered by a physician • Mothers taking certain medications, including but not limited to radioactive isotopes, antimetabolites, cancer chemotherapy, certain sedatives; • Infant with galactosemia or other metabolic condition precluding breastfeeding or consumption of breast milk • Elevated maternal lead levels (<40mcg/Dl) • Adoption, ACS Hold, or mother’s demise • Stillborn • NICU baby <p>Note: If mother’s HIV status is “unknown,” dyad is not eligible for breastfeeding; however, if other conditions are “unknown”, mother dyad may still be eligible until condition is confirmed</p>

Complete the following table: List key data points measured, baseline results and last two months results.

Data Measured	Baseline Month:	Month:	Month:

Training Dissemination:

What percent of maternity care staff members have had training on breastfeeding promotion and support within six months of commencing work? _____%

Examples: CME / CEU / CERP Credit Documentation, Training Roster, Certificates of Completion, etc.

If you offer standardized training, provide agenda and training objectives.

1. Was this percentage based on?

___ an estimate

___ employee chart review

___ an alternative system: _____

2. How is this training completed?

___ On-line module

___ CME Presentation

___ Standardized Training

___ Other: _____

3. What percent of non-clinical staff in maternity care units receive an introduction to breastfeeding promotion and support as part of standard hospital orientation/ tour? _____%

Was this percentage based on?

___ an estimate

___ employee chart review

___ an alternative system: _____

4. ___ Number of employees requiring training. ___ Number of employees trained

Attach the following documentation to application:

1. Date of each staff members' participation in policy orientation
2. Implemented (approved) Policy
3. Policy summary posted in units
4. Narrative description of plans to monitor improvements made and data collected

Facility Contact Information

The review committee reserves the right to require additional documentation.

Provide a name and contact information of the responsible party.

Name

Title

Phone

Email Address

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Please email your application to:

fbc-hospitalaward@fbreastfeeding.org

Please allow a couple of weeks to hear back from Florida Breastfeeding Coalition!