

# **2015 BFHI Sustainability Plan**

**Baby-Friendly:  
The Standard of Care in  
Indian Country**

# Objectives

- Describe the history of the Baby Friendly Hospital Initiative (BFHI) in IHS
- Describe the BFHI Sustainability Plan
- Describe how the IHS obstetric hospitals are sustaining Baby Friendly designation

# What is the Baby-Friendly Hospital Initiative?

- It is a global program launched in 1991 by the World Health Organization and the United Nations Children's Fund.
- It gives mothers the information, confidence, and skills necessary to successfully breastfeed or use formula safely.
- Facilities are required to implement the *Ten Steps to Successful Breastfeeding*.
- The program gives special recognition or designation to hospitals that have completed its rigorous and comprehensive process.

# Ten Steps to Successful Breastfeeding

1. Have a written breastfeeding policy that everyone knows about.
2. Train all health care staff.
3. Educate all pregnant women about breastfeeding.
4. Help new families begin breastfeeding within one half-hour of birth.
5. Show mothers how to keep breastfeeding, even if they have to be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming in - keep mothers and infants together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Do not give binkies or pacifiers to new breastfeeding infants.
10. Provide breastfeeding support resource information to new families at discharge.

# Let's Move! in Indian Country

- BFHI is part of the *Let's Move! in Indian Country* initiative, which in turn is part of First Lady Michelle Obama's *Let's Move!* initiative.
- Brings together federal agencies, communities, nonprofits, corporate partners, and tribes with the goal of ending the epidemic of childhood obesity in Indian Country within a generation.
- BFHI is a quality improvement process to improve breastfeeding rates through new maternity care and infant feeding practices

# *Let's Move!* in Indian Country

- The *Let's Move!* in Indian Country initiative seeks to reduce the rates of childhood obesity in American Indian and Alaska Native (AI/AN) children.
- Program goals include:
  - Creating a healthy start on life;
  - Developing healthy learning communities;
  - Increasing opportunities for physical activity; and
  - Ensuring families have access to healthy, affordable foods.

# LMIC Launch

May 25, 2011



# IHS BFHI Official Launch

Northern Navajo Medical Center  
Shiprock, NM  
June 22, 2011

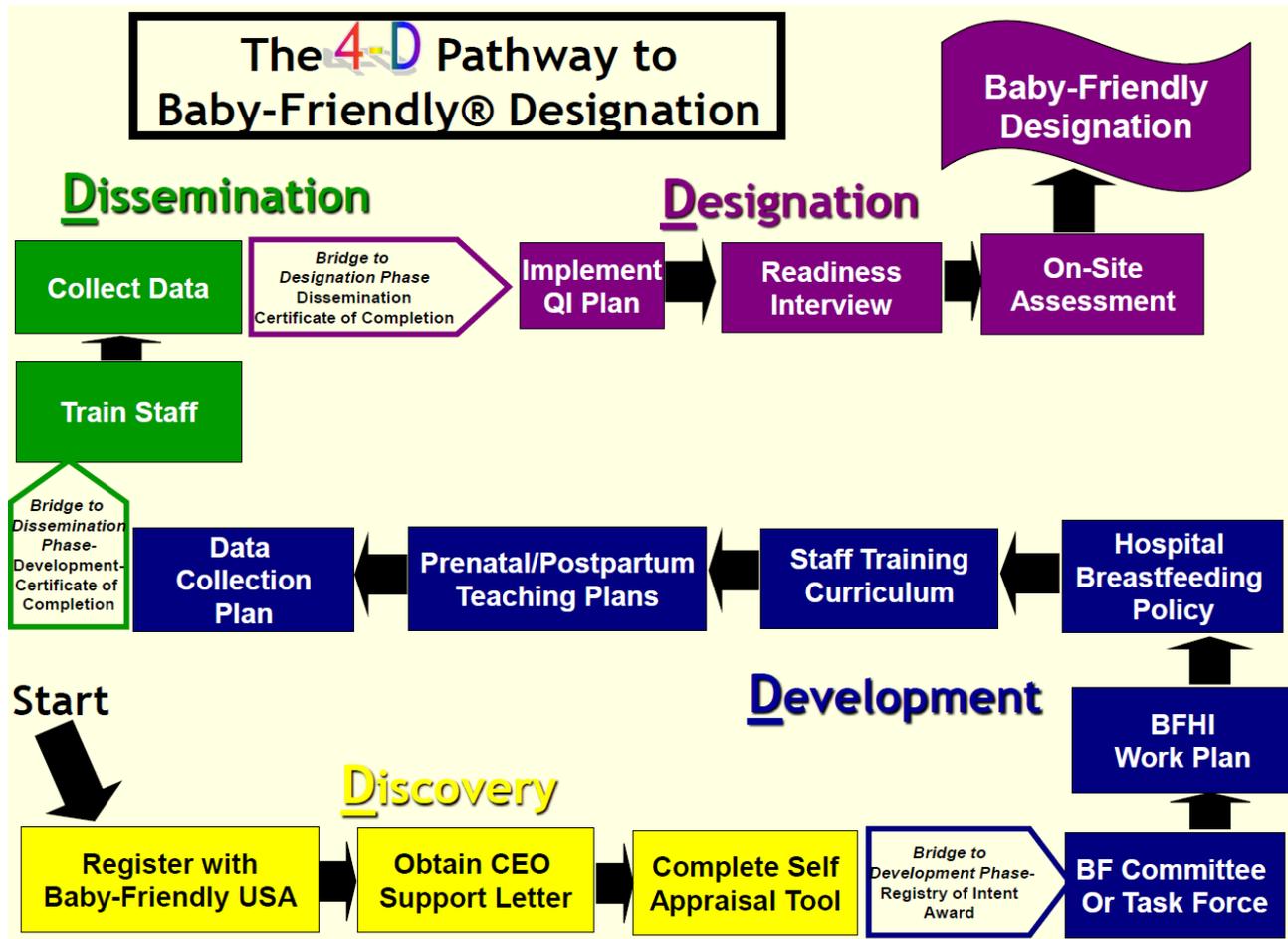


# IHS Goal

**BF Designation of 13 IHS  
Obstetric Hospitals by  
end of 2014**



# 4-D Pathway to BF Designation



# November 2014

## Thirteen IHS Sites Designated

- **Arizona:** Hopi Health Care Center, Phoenix Indian Medical Center, Chinle Comprehensive Health Care Facility and Whiteriver Indian Hospital
- **New Mexico:** Zuni Comprehensive Community Health Center, Crownpoint Health Care Facility, Gallup Indian Medical Center, and Northern Navajo Medical Center
- **North Dakota:** Quentin N. Burdick Memorial Health Care Facility
- **Oklahoma:** Claremore Indian Hospital
- **South Dakota:** Pine Ridge Hospital and Rosebud Indian Hospital
- **Montana:** Blackfeet Community Hospital

# Summary BFHI at the IHS

- Launched in 2011 as part of the *Let's Move!* in Indian Country initiative to reduce the rates of childhood obesity in AI/AN children
- Required major changes in and approach to practice
- IHS has become a national model for breastfeeding
- IHS also encourages tribal obstetric facilities to achieve Baby-Friendly designation

# **ACTION PLAN for 2015**

## **3 Priority Areas (maintain BF Designation)**

1. Annual BFUSA Quality Improvement Plan
2. Staff Participation
3. BFHI Data for IHS

# Priority #1

## Annual BFUSA QI activity

Action Steps (How will you get to where you want to be?)	Responsibility (Who will make it happen?)	Timeframe (When will it happen?)
All 13 sites update BFUSA portal access (include one MD as 1 of 3 contacts)	BFHI Lead, CNE, CD & CEO at each facility	December 2014
BFUSA to present Annual QI Plan (webinar/ record session) <b>Webinar on 2/10/15, Presenter: Pat Kelly, BFUSA</b>	BFUSA and DNS to coordinate	January 2015
Monthly Progress Report to CEO (copy to DNS/HQE. BFUSA QI Checklist) <b>2015 BFUSA QI Plan posted, March 2015</b>	BFHI Lead, CNE, CD & CEO at each facility	Jan-Oct 2015
Quarterly Progress Reports to CEO, CD (copy to DNS) – Include success/challenges; CD for medical executive & report to local tribal leadership <b>2015 BFUSA QI Plan posted, March 2015</b>	BFHI Lead, CNE, CD & CEO at each facility	March, June, Sept 2015
Monthly webinars by OB Hospital on progress QI Plans – share how they are doing/best practices. Group smaller/larger sites to present.	BFHI Lead (coordination by DNS/DDTP/ Tele-behavioral health webinar support)	Feb-Oct 2015 (start in April 2015)
IPC QILN presentation by OB Hospitals (BFUSA QI plans) <b>TBA - April 2015 presentations with IPC</b>	IPC & BFHI Leads	March, June 2015
All OB facilities to become IPC hospitals <b>IPC to provide T/A for BFHI efforts</b>	IPC and CD/CEO	Jan 2015
NCC face-to-face: BFHI Sustainability Plan (break out session) <b>Draft NCC Agenda includes BFHI as session.</b>	BFHI Leads, NNLC, CMO (Dr. Brown)	June 2015

Due Date	Action
<p style="text-align: center;"><b>Phase I</b> <b>February 2015</b></p>	<p>BFUSA will e-mail to facility:</p> <ol style="list-style-type: none"> <li>1. Letter</li> <li>2. Invoice</li> </ol>
<p style="text-align: center;"><b>Phase I</b> <b>July 1, 2015</b></p>	<p>Facilities will submit to BFUSA - Annual Designated Facility Fee</p>
<p style="text-align: center;"><b>Phase II</b> <b>October 15, 2015</b></p>	<p>Facilities will return to BFUSA via e-mail to <a href="mailto:QI@babyfriendlyusa.org">QI@babyfriendlyusa.org</a>:</p> <ol style="list-style-type: none"> <li>1. Audit Results for Steps 3, 5, 8, 9, &amp; 10 and all QI plans for anything below the standard minimum requirement.</li> <li>2. Updated 2014 Audit Results for Step 6 This is <u>only</u> required if you were previous notified that any of the areas fell below the criteria of 80%.</li> <li>1. Desig_5 Attestation of Purchase of Breast Milk Substitutes</li> <li>2. Facility Data Sheet (Completed and submitted on the BFUSA portal.)</li> </ol>
<p style="text-align: center;"><b>Phase II</b> <b>December 31, 2015</b></p>	<p>Feedback from BFUSA regarding audit results and QI Plans</p>

# Priority #2 Staff Participation

Action Steps (How will you get to where you want to be?)	Responsibility (Who will make it happen?)	Timeframe (When will it happen?)
Staff education – Annual LER 2 hour update for staff & within 6mos of hire	BFHI Lead, CNE, MD & CEO	Dec2014 thru 2015
LER Staff to provide webinar – Annual LER 2 hour update <b>Webinar on 1/22/15, Presenter: Vergie Hughes, LER Staff.</b>	LER staff & DNS/HQE coordinate	Dec2014/Jan 2015
Quarterly Webinars on the 10 Steps by OB staff (STS, policies/procedures) <b>See Jan BFHI webinar above – Staff BFHI education.</b>	BFHI Lead, CNE, CD & LMIC webinars	Jan, April, Aug, Dec2015
Quarterly Reports to CEO (Challenges/success - Staff Training) <b>2015 BFUSA QI posted March 2015</b>	BFHI Lead, CNE, CD & CEO	March, June, Sept 2015
FY2015 PMAPS to include support of BFHI (* BFHI PMAP Critical Elements) <b>BFHI Sustainability webinars hosted with BFHI Leads and NNLC, 2/19/15; and Presentation to the NCMO group on 2/25/15. Informed of PMAP requirement and overall 2015 plan.</b>	CEOs (CNEs and CD)	January 2015
Annual reports on STS C/S Infection report (Carolyn Aoyama)	BFHI Lead, CNE, & CA	Nov2014 to Nov2015
IPC coordination with 13 OB hospitals (IPC sites) <b>Begin April 2015</b>	IPC, CNE, CD, BFHI Lead & DNS	Feb2015
Webinar Joint Commission Perinatal Care Core Measures update (C/S; Exclusive Breastfeeding; consider mother choice)	DNS coordinate the presentation	Feb2015 <b>postponed to April/May 2015</b>
All sites use the BFUSA web based data tool ( <b>online tool – revisions made</b> )	DNS, OIT, BFHI Leads, and CNE/CD/CEO	March 2015
Webinars – BFUSA web based data tool (Refresher on use of this tool/revisions made to tool/ update) <b>Issue identified: Tool improved for reporting on skin to skin and issue with denominator – worked to resolve this issue in January and February.</b>	DNS and OIT staff	Nov/Dec2014 Training April/May
Lactation training for nursing staff/PHNs	DNS, PHN, CNE, DPHN	April/May 2015

# Priority #3

## BFHI Data for IHS

<b>Action Steps</b> (How will you get to where you want to be?)	<b>Responsibility</b> (Who will make it happen?)	<b>Timeframe</b> (When will it happen?)
<b>DNS met with National GPRA Team - IHS Trending breastfeeding/childhood</b>	DNS, Sue Murphy and Diane Leach	Sept/Oct 2014
<b>Webinar on GPRA measures Request National GPRA Lead to assist</b> <b>Postponed – awaiting assistance</b>	DNS and Diane Leach/GPRA team	Nov/Dec 2014
<b>Webinar by CAC and BFHI Lead to target all EHR patches are installed, keys on and staff aware of documentation</b>	DNS coordination with OIT staff/National CAC and BFHI Leads/Area CAC staff	Dec 2014/Jan 2015
<b>Include Quarterly progress reports to CEO (Challenges/success)</b>	CNE and CEO at each facility	March, June, Sept 2015
<b>Midyear webinar on GPRA</b>	BFHI leads, Local GPRA Leads	May 2015
<b>Follow up Webinar by CAC on EHR</b>	DNS coordination with OIT/National CAC	August 2015

# Updates

- **BFUSA Annual QI fee** - \$1250.00 per year (HQE DNS is currently paying for this fee and will send paid invoices to hospitals)
- **BFUSA re-designates BF hospitals every 5 years** -
  - Quentin N. Burdick Memorial Health Care Facility, Pine Ridge Hospital and Rosebud Indian Hospital (2017);
  - Claremore Indian Hospital, Phoenix Indian Medical Center and Zuni Comprehensive Community Health Center (2018); and,
  - Whiteriver Service Unit, Hopi Health Center, Gallup Indian Medical Center, Crownpoint Health Care Facility, Blackfeet Community Hospital, Northern Navajo Medical Center, and Chinle Comprehensive Health Care Facility (2019).
- **Lactation Education Resource** – staff online training (contract) – renewed for use by the 13 OB hospitals

# Ongoing activity to sustain BF Designation



# NNMC- BFHI elements on PMAPs

- 2014: Added for all relevant nursing staff
  - OB & Peds wards, MCH and ACD clinics

ELEMENT	RATING
5 Baby Friendly Hospital Initiative	<input type="checkbox"/> AO(5) <input type="checkbox"/> AM(4) <input type="checkbox"/> AE(3) <input type="checkbox"/> PA(2) <input type="checkbox"/> UR(1)
Description:	
Utilize the Baby Friendly Data Collection tool on ALL deliveries to assure compliance	
<b>FOR ACHIEVED EXPECTED RESULTS:</b>	
<ol style="list-style-type: none"> <li>1). You will document a complete Data Collection tool form as appropriate for ALL OB/Post Partum admissions, C-Section post-ops, transfers without any blank spaces.</li> <li>2). You will place neonate skin-to-skin for an one (1) hour immediately upon delivery unless neonate in distress.</li> <li>3). You will demonstrate positions for breastfeeding and inform all mom's and significant others about breastfeeding on feeding/hunger ques.</li> <li>4) You will maintain rooming in at all times unless there is a documented medical indication for neonate to be out of room.</li> <li>5) You will not give any formula without mother's request or medical indication and not have any pacifiers around.</li> <li>6) You will document what you communicated with patients about teaching and observing hand expression and if indicated, formula preparation.</li> <li>7) You will document utilizing all required templates related to the patients you are taking care of, i.e. shift note, feeding template, education, Vitals elements and flow sheets on the L &amp; D .</li> <li>8) You will communicate to patients and provide community resources &amp; written educational information during admission and allow for questions before discharge.</li> <li>9) You will participate in maintaining the BFHI activities for the staff as well as patients and communities.</li> </ol>	
Based on 10 chart audits per month, No substantiated incomplection's will be noted .	

# NNMC- BFHI elements on PMAPs

- Updating for 2015
  - PMAP Critical Elements
  - PHN mandates & training
  - 3 priority areas
    - BFUSA QI plan
    - Staff participation/engagement
    - BFHI Data for IHS

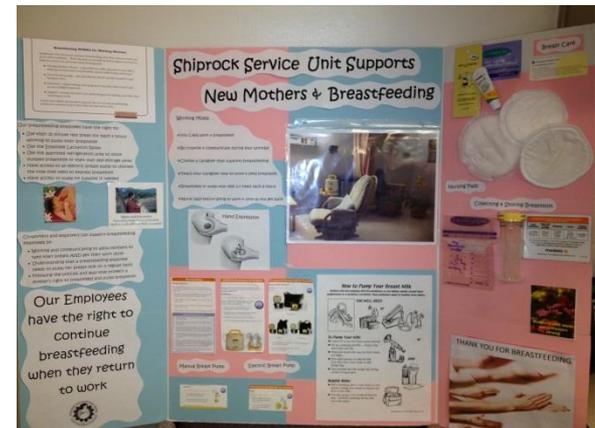
Quality  
Improvement

Staff  
Participation

Data Collection

# NNMC- Staff Participation/Engagement

- New hire Training
  - Health Stream and/or LER
  - Skills Fairs
  - New Employee Orientation
- Ongoing Training
  - LER Annual Update 2014
  - Health Fairs
- Participation/Engagement
  - NNMC BFTF membership
  - QI Involvement



# Hopi Health Care Center

## “It Takes a Village”

Ten Steps to Successful Breastfeeding – Step 10

Hopi Breastfeeding Coalition

LT Jenna Meyer

# Who are we?

- Birthing Center
- < 30 deliveries a year
- Low Risk
- 60 – 120 miles from tertiary care facilities



“Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birthing center ”

- Beyond the Guideline
  - Rural/Isolated Environment
  - How do we provide a link to Community Resources?
- Establishment of Coalition
  - Monthly Meetings
  - Participation in State/National Coalition
  - Building relationships with Tribal Programs
  - Supporting the Baby Friendly Initiative within the Facility

# Accomplishments and Goals

- Family participation in coalition meetings and activities
- Education and outreach at local events
- Providing a clean, comfortable location to breastfeed at numerous community events
- Educating childcare providers about breastfeeding
- Providing Physician education about numerous community resources
- Working towards a Tribal Resolution to support breastfeeding in the workplace



# Blackfeet Community Hospital



# Blackfeet BFHI Sustainability

Kirsten Krane, MS-MPH, RDN

# Blackfeet Specific Plan

- **Monthly:**
  - Report to CEO
  - Attend IHS BFHI Webinar
- **Quarterly**
  - Report to CEO and CD
  - Review Staff Education and Training Needs
  - Submit Updated LER Training Enrollment
  - Assess QI Topic per BFUSA
  - STS / C-Sec Infection Rates to IHS HQ
- **Annually:**
  - Annual Dues ( July 1)
  - Attestation of Formula Purchasing (Oct 15)
  - Facility Data Sheets (Oct 15)
  - Audit Results for Steps Determined by BFUSA + QI Plan if Necessary (Oct 15)

# Master Task List Example

2015 Baby Friendly Sustainability



Timeline	Activity	Date Scheduled / Person Responsible	Date Completed
Quarter 1: Jan - March	BFHI Committee Meeting	March 19 / CR	March 19
	Jan Report to CEO	Feb 15 / CR	Feb 15
	Jan Webinar Attendance	Jan 22 / KK	Jan 22
	Feb Report to CEO	March 15 / CR	March 10
	Feb Webinar Attendance	Feb 10 / KK + CR	Feb 10
	March Report to CEO	April 15 / CR	
	March Webinar Attendance	n/a	
	Staff Education Review + Revised Spreadsheet to LER	April 1 / KK	March 10 / KK
	Assign Assessment of Steps 3,5,8,9,10	March 19 / CR+KK	Ongoing
	Quarterly Report to CEO, CD - Staff Training Update - GPRA Update - Data Collection Update - QJ Update	April 15 / CR	
Quarter 2: April - June	BFHI Committee Meeting	April 16 / CR	
	April Report to CEO	May 15 / CR	
	April Webinar Attendance		
	May Report to CEO	June 15 / CR	
	May Webinar Attendance		
	June Report to CEO	July 15 / CR	
	June Webinar Attendance		
	Staff Education Review + Revised Spreadsheet to LER	June 15 / CR + KK	
	5 Interviews to Assess Steps 3,5,8,9,10	June 15 / KK + TP	
	Quarterly Report to CEO, CD - Staff Training Update - GPRA Update - Data Collection Update - QJ Update		
Annual Dues Paid			

# Staff Training

2 Hour Continuing Education

In-Patient	
Name	Username
Bobbie Blackweasel	BBlackweasel
Debbie Benton	DBenton
Heather Schildt	HSchildt
James Farr	James.Farr@ihs.gov
Judy Como	JComo
Joyce RunningCrane	JRunningCrane
Mary Elizabeth Hays	mary.hays@ihs.gov
Mary Jo Wright	MJWright
Tanya Smith	TSmith
Ronnell Kipp	RKipp
Rachel Gobert	RGobert
Charlene Ramirez	sunraya
Niya Billeadeaux	niya.billeadeaux@ihs.gov
Katie Boggs	Katie.Boggs@ihs.gov
Surgery	
Barb Connelly	BarbConnelly
Francine Pollock	FPollock
Karla Connelly	KarlaConnelly
Jane Getts	bluerose
Jody Sabo	Jsabo
Out-Patient	
Toni Jo Spottedbear	ToniJo.Spottedbear@ihs.gov
Raquel Vaile	Raquel.vaile@ihs.gov
Jesse Harwood	Jesse.Harwood@ihs.gov
Cynthia Lotspeich	Cynthia.Lotspeich@ihs.gov
Lissa Flammond	LFlammond
Jody Racine	JodyRacine
Christina Momberg	CMomberg
Corrine Whitcomb	Corrine.Whitcomb@ihs.gov
Candace Wagner	CWagner
Crystal Spotted Bear	Crystal.SpottedBear@ihs.gov
Deb Nickou	dnickou
Eva Little Young Man	ELittleYoungMan

1. Sorted by LER Class
2. LER Class sorted by nursing department
3. Sorted also by ADD , REMOVE

# Auditing Steps 3, 5, 8, 9, 10

- Use Audit Tools from BFUSA
  - Step 3 = Prenatal → 5 interviews / quarter
  - Steps 5,8,9,10 = Post-Partum → 5 interviews / quarter
  - Will continue these year-round every year, despite BFUSA PI requirements less often.

# GPRA

Example of tracking screening by L&D + Pediatric Nursing Staff

\*\*\* IHS 2015 GPRA/GPRAMA Patient List \*\*\*  
 BROWNING HOSPITAL  
 Report Period: Jul 01, 2014 to Jun 30, 2015  
 Previous Year Period: Jul 01, 2013 to Jun 30, 2014  
 Baseline Period: Jul 01, 2012 to Jun 30, 2013

## Breastfeeding Screening

This shows that actually SCREENING for Infant Feeding Choice has likely gone up 4.4% at birth, but declined drastically over the past 2 years for all points after birth.

Population	July 1, 2014 – March 4, 2015	July 1, 2013 – June 30, 2014	July 1, 2012 – June 30, 2013	% change from BASE to CURRENT
Active Clinical Patients 30-394 days old	194	198	201	
# Screened (at any time in the year)	187 (96.4%)	179 (90.4%)	185 (92%)	+4.4%
# Screened at 2 mo	82 (42.3%)	47 (23.7%)	110 (54.7%)	-12.5%
# Screened at 6 mo	40 (20.6%)	48 (24.2%)	54 (26.9%)	-6.2%
# Screened at 9 mo	17 (8.8%)	17 (8.8%)	20 (10%)	-1.2%
# Screened at 1 yr	2 (1%)	11 (5.6%)	8 (4%)	-2.9%

# Sustainability – PIMC Perspective



Photo by  
Lorraine Whitehair

# The BFHI culture maintains evidence based standards for supporting breastfeeding

When a mother nurses her baby,  
she is giving that child  
her name, her story and her life's song.  
A nursed baby will grow to be strong  
in body, mind and spirit.



*Annie Kahn, Traditional Wisdom*

Bin dii awee' be ma deelt' o'

# Normalization

The BFHI standards make effective breastfeeding support a routine part of care.

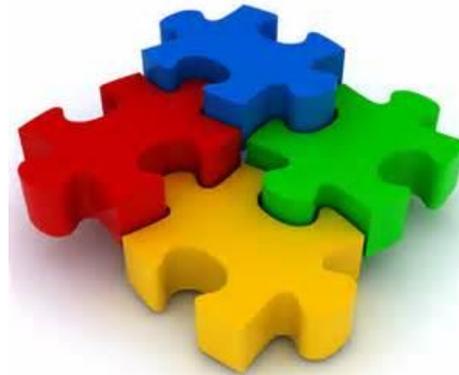
Families and staff value the supported choice to breastfeed and the access to breastfeeding care as needed.



# PIMC Experience

Breastfeeding care is part of the hospital and clinics

- Pediatrics
- Women's Clinic
- ER/Express care
- ICU
- Surgical floor
- Primary Care
- Dental
- Specialty Clinic (Surgery, ENT, Audiology, Vision)



As a result, the BFHI standards are routine and they maintain a high level of quality patient care.

# **Policies**

In place:

- Employee Pumping Policy
- Baby Friendly Hospital Initiative Policy
- Infant Supplementation Policy

In progress:

- Maternal Substance Use and Breastfeeding
- Standards for PIMC BFHI Staff Education
- Using Social Media to Assist New Families with Feeding Issues



## New Employees

- A BFHI overview is a routine part of New Employee Orientation. It can be taught by anyone in the Nursing Education Department.
- All New Employees are connected with their appropriate BFHI education course by the Nurse Educators
- All BFHI education records are kept Lactation and Nurse Education maintains nursing education records.

# Ongoing Staff Education

- Records are kept to insure BFHI updates are completed.
- Staff members can enroll in an on-line Lactation Education Course through ASU. If they take the 2<sup>nd</sup> course – Clinical Management, the education requirements for the IBCLC exam are met.
- ASU has offered PIMC a scholarship for each course offering.
- So far, 8 staff members have completed the first course, one has become an IBCLC, and one will take the IBCLC exam this summer.
- PIMC is using the BFHI funds for more staff to take the courses.

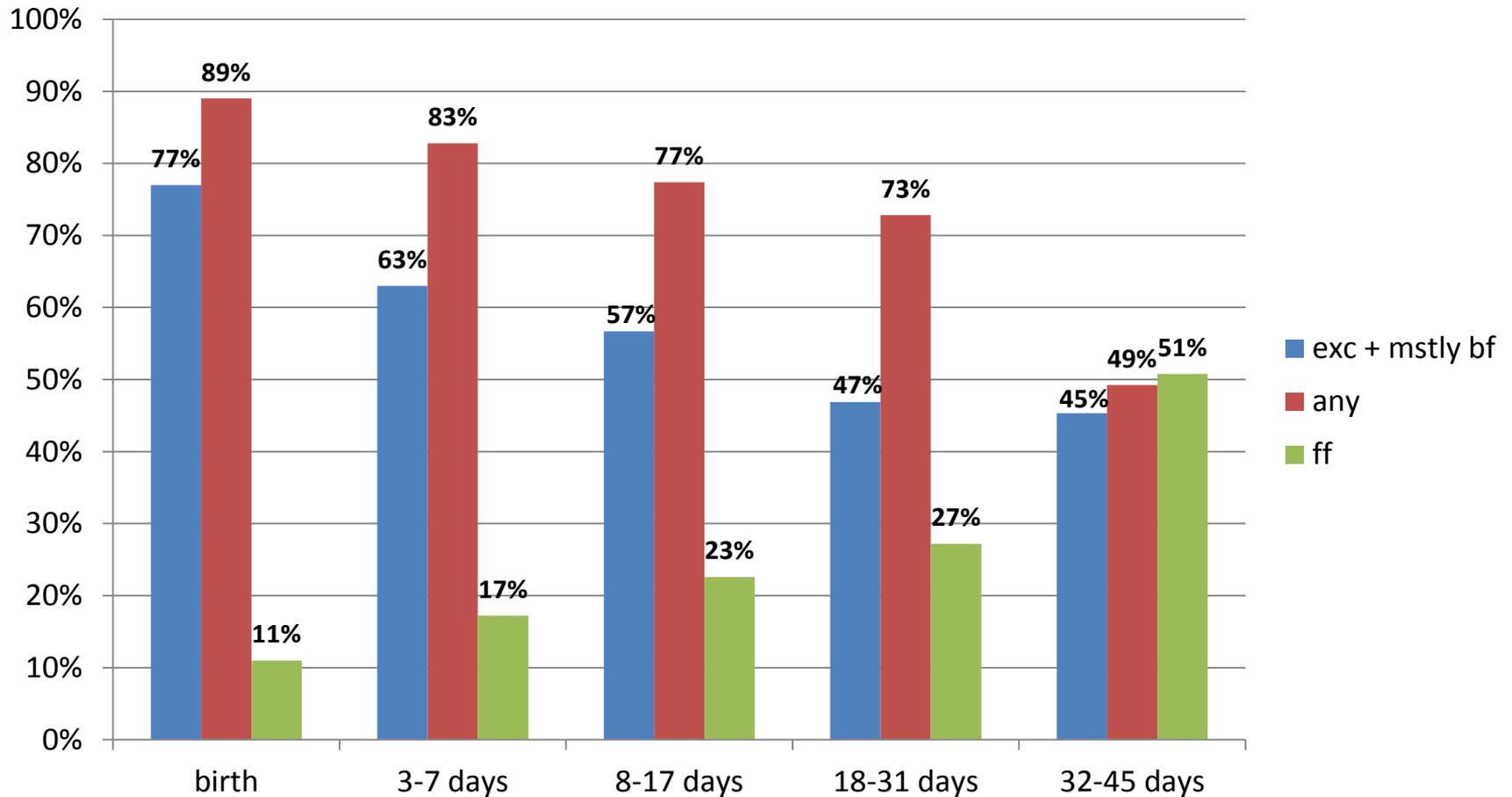
# Patient education

- Currently – a Health Education Code pick list for required BFHI topics is in place in E.H.R. (out-patient and in-patient care)
- In progress – Perinatal Provider and Patient care templates will include BFHI Health Education Codes to click:
  1. When clicked, the codes will be populated the E.H.R. Health Education Section. Patient Health Education can be easily audited for BFHI education compliance.
  2. The Codes will remind providers and staff to talk about the coded BFHI topics at each visit.

# E.H.R Documentation

- In E.H.R., for ages 0-5, anyone in a visit can click on feeding choice:
  - Exclusively breastfed
  - Mostly breastfed
  - ½ breastfed, ½ formula fed
  - Mostly formula fed
  - Only formula fed
- Feeding choice intensity and duration data is easily searched for GPRA and local program planning needs.

# For example: Where to intervene – using 2014 data



# Hospital Experience Documentation

- Before being discharged, each maternal patient receives a BFHI survey that covers the tenets of BFHI. The survey data is entered into E.H.R. for each patient.
- When a baby is given formula/pacifier, there are templates in E.H.R. for documentation of reason, education, and steps taken.
- Each baby's feeding choice is documented at the end of each shift. The feeding choice records can be searched for compliance with documentation and for Joint Commission exclusivity rates.

# Family Experience

Almost all families praise their PIMC perinatal experience  
- especially their rooms and their care.

Some families come from miles to deliver at PIMC  
because they heard about:

- Skin to skin – even with C-sections
- The baby stays with mom and dad, all the time
- The doctors, nurses, midwives, lab people, etc. each come to the family's room to see mom and baby – mom and baby stay together
- Families can stay together with mom – 24/7
- Staff really helps with breastfeeding
- Babies don't get pacifiers or bottles unless there is a medical need or if the family requests after education
- The staff cares



**Your Medical Home at PIMC**

Enriching Families Through Healthy Beginnings

# Next Steps

- Insurance reimbursement for lactation support and materials
- Staff members from the PIMC Billing Department have committed to help with the internal processes to appropriately bill for services and materials.
- Arizona Department of Health Services has begun a program to facilitate reimbursement for lactation services and to encourage the adoption of BFHI principles. PIMC is actively involved.

**IHS BFHI website:**

<http://www.ihs.gov/babyfriendly/>

