Baby-Friendly Journey to Excellence at HealthEast

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Objective-Panel I

1. Discuss why and how hospitals and health systems have implemented the Baby-Friendly Hospital Initiative and role of hospital leadership.

2. Describe different models of facilitating maternity care change as a system.

3. Describe how each hospital or health system decided to pay for formula and the ongoing process of removing formula marketing.
HealthEast Acute Care System

St. John’s Hospital
Licensed Beds: 184
Employee Count: 1,612
Annual Admissions: 11,831

St. Joseph’s Hospital
Licensed Beds: 220
Employee Count: 1,786
Annual Admissions: 13,527

Woodwinds Health Campus
Licensed Beds: 86
Employee Count: 850
Annual Admissions: 7,622

HealthEast one of top 15 highest-performing health systems in USA - Truven Health Analytics 2014, 2015
HealthEast Maternity Care

System-wide Physician & Nurse Practice Councils

- Shared nursing staff
- Shared medical staff
- One anesthesia group for system
- Surgical services-OR on MCC unit, also use main OR
- LDRP advantage
Why Baby-Friendly?

- World and national call to action: World Health Organization (WHO), US Surgeon General, Healthy People 2020
- State call to action: Ed Ehlinger, MD, Minnesota Commissioner of Health
- Health East: Accountable Care Organization
Our Journey

Aug. 2011 **Discovery Phase**

Oct. 2011 **Development Phase**

Jan. 2012 Establish multidisciplinary team and charter

Sept. 2012 Purchasing formula / feeding equipment

Nov. 2012 Launch staff education

Dec. 2012 **Dissemination Phase**

Oct. 2013 **Designation Phase**

Feb. 2014 Readiness interview and request site survey

Summer 2014  DESIGNATION!!!!
Role of Hospital Leadership

• Set Direction
  - Multiple competing strategies
• Provide Resources
  - Staff
  - Quality
  - Finances
• Barrier breaker
  - Credentialing of Providers
  - Corporate Vendor Policy
  - Consistent messaging
Models of Change

- Lean-Value Based Improvement
- Front-line staff involvement
- Run charts to change practice
- Patient interviews, staff interviews, documentation audits (education, feeding, rooming-in, skin-to-skin and much more)
Change Management

- Telling patient stories - consistent messaging.
- Education – “This is a health issue”
- Awareness – This is an emotional issue, many have an infant feeding experience
Baby-Friendly as a System

• Baby-Friendly 10 Steps and World Health Organization’s International Code of the Marketing of Breastmilk Substitutes posters where pregnant women intersect with care

• WHO Code communicated to all patients in patient handbook
Pay for Formula & Donor Milk

• Cost savings- ROI as a system
  - Raise breastfeeding rates = less use of supplies and formula

• Work with vendors to establish fair market price
  - What is it we were really paying for?
  - Free formula + supplies vs fair market price for all?

• Consistent for paying for food for all patients, big or small
Removal of Formula Marketing

Free Advertisement

Sweep, Sweep, Sweep

- Calendars, bags, pens, notepads, dilatation charts, education materials, mugs, water bottles, name badge holders,
- Symbols of bottles and pacifiers (baby blessings)
- Charitable donation gift packs
Baby-Friendly as a System
When departments aligns, care improves

Written policy-“Everyone plays a role”
- Radiology-patient handout developed & info incorporated into Radiology policy
- Pharmacy-Resources (e.g. Thomas Hale books)
- Med-Surg Nurse Practice Council
- Anesthesia
- Dieticians
- Emergency Department
Implementation Collaboration

• Structure- All disciplines, all sites
  – Steering Committee
  – Infant Feeding Council

• Function- Communication key at point of care
  – Patient, OB provider, anesthesia, nursing, pediatrics
It takes a team
Healthy People
2020 Goal
2006 Baseline

- Ever Breastfed
- Breastfeeding 6 months
- Breastfeeding 1 year
- Breastfeeding Exclusive 3 month
- Breastfeeding Exclusive 6 month

2012: ▲
2013: ▼
2014: ▼

MICH 21.1
MICH 21.2
MICH 21.3
MICH 21.4
MICH 21.5

HealthEast Care System
Questions