



## NATIONAL BABY-FRIENDLY INITIATIVE QUALITY IMPROVEMENT COLLABORATIVE PROJECT



### Action Phase 1: Off to a Good Start

It has been quite impressive to witness the high level of engagement and enthusiasm 26 hospital teams across Canada have demonstrated as they join together in the National Baby-Friendly Initiative (BFI) Quality Improvement Project. Check out a few highlights of activities and early wins over the past six months.

One of the first activities BFI Teams focused on was to solidify their local BFI team. They invited Parent Partners to be active participating members and they sought out champions and key leaders to assist with the work ahead. Teams thoughtfully developed aim statements that were meaningful to their local context ensuring alignment with the National BFI Project Aims. With support of their Leadership, teams began to communicate their aims and build awareness of BFI for staff and partners. Communication tactics included face to face meetings, education sessions and newsletters.

BFI Teams have spent a significant amount of time and energy over the past six months focused on data collection and improving patient chart documentation. Using data collection tools provided through the BFI Project, teams began to collect monthly baseline data in September, 2019. Data managers at each hospital have exhibited tremendous commitment as they learned to use the tools, collect and organize the data ensuring accuracy as they inputted their monthly results to be shared with the BFI Collaborative. As expected, some of the care processes or 'breastfeeding indicators' we are aiming to collect were not readily available in the existing chart documentation for many hospital facilities. BFI Teams worked to revise their charting tools and processes and communicate the expectation to health care providers. Revising documentation tools is still in progress for some teams and therefore for some indicators we are seeing low results. Most teams attest that these lower results are more of an indicator of lack of a documentation field rather than a true reflection of practice. Recognizing there are gaps in the data, and we are early in the improvement journey, progress is evident in the trends that are starting to emerge.

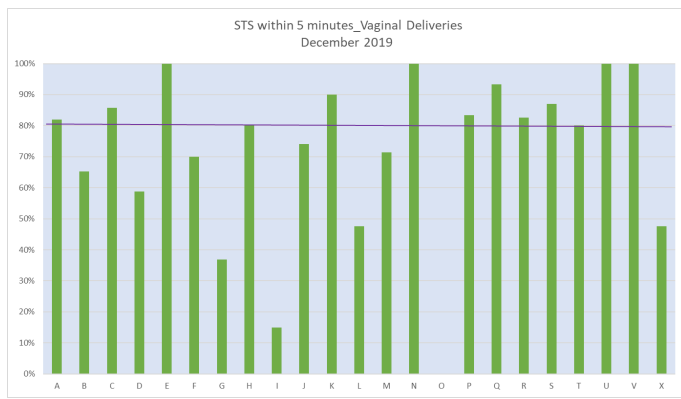
In tandem with focusing on data collection, teams began to develop quality improvement cycles using the Plan, Do, Study Act (PDSA) tool to address the areas they knew they needed to improve. Many teams chose to focus on skin-to-skin contact at birth and teaching of hand expression, while other teams focused on policy development, rooming-in and physician engagement. Teams are already starting to see some improvement in these areas, and this is being reflected in their monthly Run Chart Reports. For example, using the first 3 months as baseline, skin-to-skin in the first five minutes from vaginal birth across hospital sites has seen an improvement in just a few months and is currently 71%! Improvement in the rates of skin-to-skin, for cesarean births, has been more challenging but teams are seeing an impact that their specific PDSA cycles are beginning to have. See Figure 1 for skin-to-skin contact within five mins of vaginal birth for all participating teams.

*What are BFI Teams saying is working well?*

*The networking and sharing of ideas/strategies. Data collection is very useful as well and has pointed out the gaps we have in our charting.*

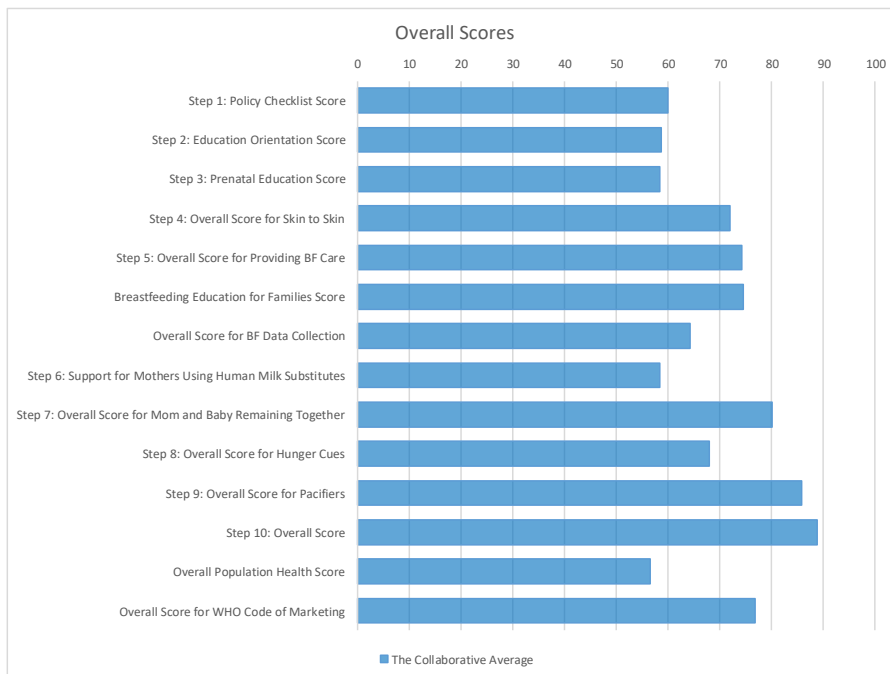
*Monthly webinars are helpful in both maintaining momentum and listening to other site's challenges and successes!*

Figure 1



In addition to the chart audits teams were asked to complete the BFI Self-Assessment checklist. Teams received a site-specific report reflecting their responses and comparing it to an aggregate summary of the entire collaborative. By examining these two pieces of information, teams can develop a sense of where their hospital sites are as compared with the rest of the collaborative for the 10 Steps and further create a culture of measuring, learning and improvement. See Figure 2 for overall aggregate scores for the BFI Self-Assessment results.

Figure 2



Figures 3 & 4 are examples of the overall monthly results for breastfeeding initiation and breastfeeding exclusivity rates plus supplementation for medical indications. Only de-identified data is shared publicly. BFI Project team members have access to the legend below for purposes of sharing and learning with each other.

Figure 3

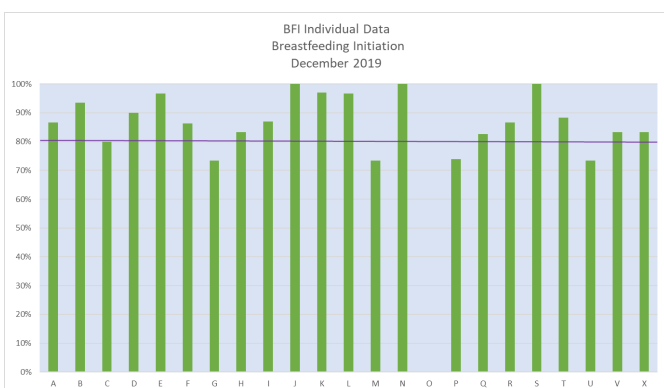
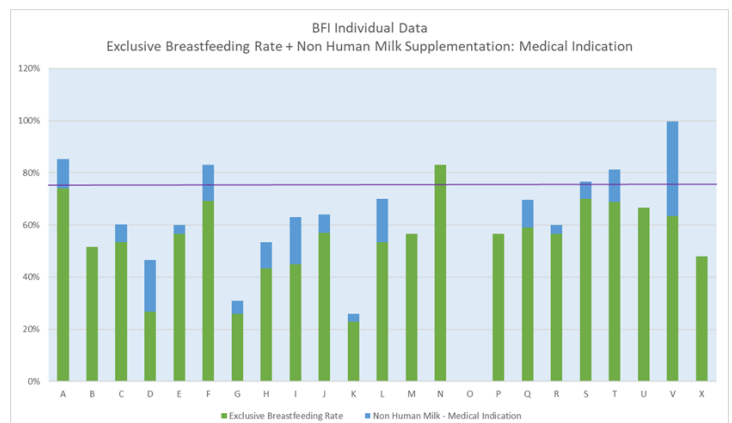


Figure 4



## Parent Partner Network

Claire Gallant and Candi Edwards are co-leading a National Parent Partner Network. Each hospital team has 1-2 engaged Parent Partners that fully participate in BFI team activities. Some examples of Parent Partner activities include, sharing their experiences with leadership and staff,



speaking with physician groups, assisting with promotional activities during World Breastfeeding Week, supporting survey data collection from people with lived experience of breastfeeding, attending/presenting with their BFI team during monthly BFI collaborative webinars and

contributing to the Parent Partner network webinars.

Teams are grateful for their Parent Partners' unique and passionate contributions as they motivate the entire team, keeping them accountable and moving forward.

## Accreditation Canada

Louise Clement from HSO/Accreditation Canada has been a key partner on our BFI Project Planning Team. Louise encourages hospitals to connect the BFI Collaborative Project with their overall strategic organizational goals and their participation in Qmentum accreditation. They are also encouraged to have parent partner's as active participants in their team, use the tracer methodology during their self assessments, collect and review data from chart auditing, and provide appropriate educational resources to both care providers as well as parents. In addition, they are encouraged to engage with external stakeholders (community partners and primary care organizations) to ensure that continuity in breastfeeding exclusivity practices are supported in the community.

## What is next for the BFI Collaborative Project

Beginning in March, 2020 teams will be surveying people with lived experiences of infant feeding three separate times during the collaborative, to better understand how they reflect the care practices and support they receive. Staff/physician surveys will also be administered to determine the level of knowledge and beliefs about breastfeeding and BFI. These surveys will assist teams in validating their practices and further identify improvement areas to address.

Workshop 2 will be held in Vancouver, BC April 30 & May 1. This will be an opportunity for all BFI Collaborative teams to come together and share their progress to date, learn from each other and create action plans for Action Phase 2. There will be a focus on approaches to prenatal education (BFI Step 3) and community engagement and continuity of care (BFI Step 10).



*BFI Project Participant feedback: I appreciate the tremendous exposure offered by being a part of this project.. Infant feeding best practices are on everyone's agenda as a result of our participation in this Quality Improvement Project. I appreciate the Quality Improvement backdrop to the work and the data audits have advanced our ability to address documentation issues that have been outstanding for a long time.*

For more information on the National BFI Quality Improvement Collaborative Project contact Michelle LeDrew [BFIProjectDirector@bccbfi.com](mailto:BFIProjectDirector@bccbfi.com)

## Leadership Track

Sally Loring (Nova Scotia Health Authority) and Scott Harrison (St. Paul's Hospital Maternity Centre) are co-leading the BFI Leadership Track. Administrative leaders from each participating hospital have been meeting monthly to share strategies that support the BFI Project including topics such as how to better engage physicians, and the value of leadership rounding with patients, families and staff. They have been actively reviewing their local data and seeking to better understand and support their teams progress. They also have discussed ways to address the inequities between populations that they serve including use of a culture wheel. Leadership support and commitment has been strong across the collaborative.