Hospital Breastfeeding Numbers to Meet Accreditation Requirements:

How to Achieve and Measure!

SC Birth Outcomes Initiative
February 16, 2016

DISCLAIMER

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This webinar is being recorded.

OBJECTIVES

- Identify Joint Commission PC05 definitions and best practice to achieve documentation requirements
- Determine the rational for hospital accreditation effort to increase hospital breastfeeding rates.
- Identify methods to improve hospital breastfeeding rates

AGENDA

I. **Current hospital accreditation requirements for breastfeeding outcomes**

   Michelle J. Narayanan, MBA, RD, LD, CLC

II. **Why hospital accreditation organizations measure breastfeeding outcomes**

   Sarah Taylor, MD, MSCR

III. **Methods to improve and measure hospital breastfeeding rates**

   Chaka Davis RNC, MSN, MPH, IBCLC

IV. **Q & A**

V. **Survey**

Healthy Connections

Michelle J. Narayanan, MBA, RD, LD, CLC

Lactation Coordinator

McLeod Regional Medical Center

McLeod Health
The Choice for Medical Excellence.

Defining the Current Hospital Accreditation Requirements for Breastfeeding Outcomes

Michelle J. Narayanan, MBA, RD, LD, CLC
Lactation Coordinator
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Breastfeeding Rates: United States vs. South Carolina

	United States*	South Carolina*	Healthy People 2020 Target
Ever Breastfed	79.2%	73.4%	81.9%
Breastfeeding at 6 months	49.4%	37.4%	60.6%
Breastfeeding at 12 months	26.7%	14%	34.1%
Exclusive Breastfeeding at 3 months	40.7%	32%	46.2%
Exclusive Breastfeeding at 6 months	18.8%	13.4%	25.5%

*CDC Breastfeeding Report Card, 2014

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Perinatal Care (PC) Core Measure Set

PC-01 Elective Delivery

PC-02 Cesarean Section

PC-03 Antenatal Steroids

PC-04 Health Care-Associated Bloodstream Infections in Newborns

PC-05 Exclusive Breast Milk Feeding

- Effective **January 1, 2016**, all Joint Commission-accredited hospitals with 300 or more births per year will be required to collect data and report on all five measures in the PC core measure set

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Changes to Breast Milk Feeding Performance Measures PC-05a and PC-5

PC-05a: Exclusive breast milk feeding considering mother's initial feeding plan – **Retired** **October 1, 2015**

PC-05: Exclusive breast milk feeding during the newborn's entire hospitalization – **Revised** **October 1, 2015**

- Maternal medical conditions are no longer excluded
- Will continue to be an accountability measure reported on The Joint Commission's Quality Check®
- Will not be included in the Top Performer on Key Quality Measures®

- Achievable target for hospital to strive to achieve = **70%**

PC-05: Exclusive Breast Milk Feeding

Reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization

- ***Exclusive Breast Milk Feeding*** – A newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines

$$\text{Exclusive Breast Milk Feeding} = \frac{\text{Newborns that were fed breast milk only since birth}}{\text{Single term newborns discharged alive from the hospital}}$$

Numerator

"Newborns that were fed breast milk only since birth"

Included Populations	Excluded Populations
▪ Not applicable	▪ None

Data Elements
▪ Exclusive Breast Milk Feeding

Denominator

"Single term newborns discharged alive from the hospital"

Included Populations	Excluded Populations
▪ *CD-10-CM Principal Diagnosis Code* for single liveborn newborn	▪ Admitted to the NICU ▪ Other Diagnosis Code for Galactosemia ▪ Principle or Other Procedure Code for parenteral nutrition ▪ Experienced Death ▪ LOS > 120 days ▪ Enrolled in clinical trials ▪ Patients transferred to another hospital ▪ Patients not term or < 37 weeks gestation

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Denominator

"Single term newborns discharged alive from the hospital"

Data Elements
▪ Admission Date ▪ Admission to NICU ▪ Birthdate ▪ Clinical Trial ▪ Discharge Date ▪ Discharge Disposition ▪ Principal and Other Diagnosis Codes ▪ Principal and Other Procedure Codes ▪ Term Newborn

Data Collection

Retrospective Data

- Administrative data
- Medical records

Data Accuracy

- Evaluate coding practices to ensure consistency

Data Sampling

- Yes – For additional information, refer to "Sampling Section" in the *Specifications Manual for Joint Commission National Quality Measures* https://manual.jointcommission.org/releases/TJC2015B/SamplingChapterTJC.html

Data Reported as

- An aggregate rate generated from count data reported as a **proportion**

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Best Practice for Documentation

Review your current documentation practices:

- *Are all data elements documented?*

Numerator	Denominator
▪ Exclusive Breast Milk Feeding	▪ Admission Date ▪ Admission to NICU ▪ Birthdate ▪ Clinical Trial ▪ Discharge Date ▪ Discharge Disposition ▪ Principal and Other Diagnosis Codes ▪ Principal and Other Procedure Codes ▪ Term Newborn

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Best Practice for Documentation

Review your current documentation practices:

- *Are data elements documented in acceptable sources?*

Acceptable Data Sources:

- Discharge summary
- Feeding flow sheets
- Individual treatment plans
- Intake and output sheets
- Nursing notes
- Physician progress notes

Best Practice for Documentation

Review your current documentation practices:

- *Accuracy of data collection on exclusive breast milk feeding at discharge?*

Modify existing charting to support accurate data collection:

- Be specific – Avoid the word "bottle" when referring to formula
- Central source for feeding documentation
- Provider orders – Encourage "exclusive breastfeed" or "breastfeeding contraindicated due to _____."
- Contraindications to exclusively feed breast milk – Reasons to exclude the infant from the denominator

Best Practice for Documentation

Review your current documentation practices:

- *How easy is it to extract data?*

Things to consider:

- Individual chart reviews or EHR reports?
- Documenting measures as ready-made options vs. free text

Best Practice for Documentation

Consider adding tools that will help encourage and monitor other best practices related to infant feeding:

- Breastfeeding initiation
- Supplementation (i.e. administration, medical indication)
- Skin-to-skin contact
- Rooming-in
- Assistance with breastfeeding (i.e. LATCH score, positioning)
- Patient education topics (i.e. benefits of breastfeeding, manual expression, use of artificial nipples, negative aspects of formula)

Sarah Taylor, MD, MSCR

Associate Professor, Department of Pediatrics

Medical University of South Carolina

Why Is Joint Commission Concerned About Breastfeeding Rates?

Sarah N. Taylor, MD, MSCR
Associate Professor
Medical University of South Carolina

Is Breastfeeding Good for You?

- Agency for Healthcare Research and Quality report
  - 2007

- The United States Preventive Services Task Force report
  - 2008

- American Academy of Pediatrics Section on Breastfeeding report
  - 2012

- *Lancet* Series on Breastfeeding
  - http://www.thelancet.com/series/breastfeeding
  - 2016

Short term benefits for the infant

DISEASE	ODDS RATIO	95% Confidence Interval
Otitis Media	**0.77**	0.64 – 0.91
Gastrointestinal Infections	**0.36**	0.32 – 0.41
SIDS	**0.64**	0.51 – 0.81

Slide courtesy of Ganga Srinivas

AHRQ report 2007

Short term benefits for the infant

DISEASE	ODDS RATIO	95% Confidence Interval
Lower Respiratory Infections (hospitalizations)	**0.28**	0.14 – 0.54
Upper Respiratory Infections (>6 months exclusive BF)	**0.3**	0.18-0.74
RSV bronchiolitis (> 4 months BF)	**0.26**	0.074-0.9

Slide courtesy of Ganga Srinivas

AHRQ report 2007 and AAP report 2012

Benefits of breastfeeding ≥ 6 months

DISEASE	BREASTFEEDING DURATION	ODDS RATIO	95% CI
Recurrent otitis media	4 to < 6months	**1.95**	1.06-3.59
Lower respiratory tract infection	4 to < 6months	**4.27**	1.27-14.35

Slide courtesy of Ganga Srinivas

AHRQ report 2007

Long term benefits for the infant

DISEASE	ODDS RATIO	95% CI
Acute Lymphoblastic Leukemia (BF > 6mo)	**0.80**	0.71 - 0.91
Acute Myeloblastic Leukemia (BF >6mo)	**0.85**	0.73 - 0.98
Obesity (ever BF VS Never BF)	**0.76**	0.67 - 0.86
Type II Diabetes	**0.61**	0.44 - 0.85
Type I Diabetes (>3 months exclusive BF)	**0.71**	0.53-0.93

Slide courtesy of Ganga Srinivas

AHRQ report 2007

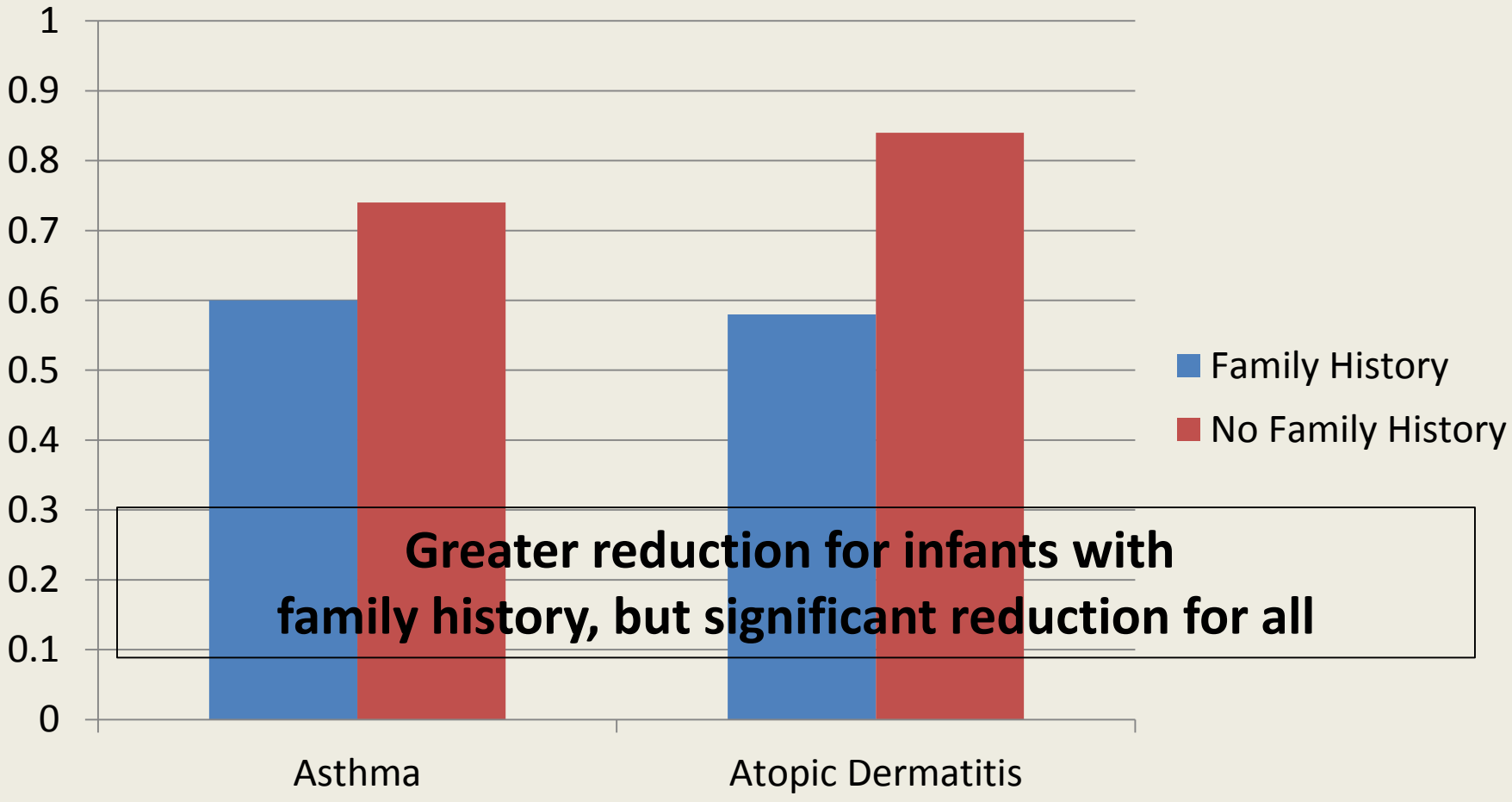
Long term benefits for the infant

DISEASE	ODDS RATIO	95% CI
Inflammatory Bowel Disease	**0.69**	0.51-0.94
Celiac disease (>2 months BF)	**0.48**	0.4-0.89

Slide courtesy of Ganga Srinivas

AHRQ report 2007

Reduction in Odds of Allergic Disease with Breastfeeding



Slide courtesy of Ganga Srinivas

AHRQ report 2007

Women's Health Initiative Longitudinal Study

- 139,000 postmenopausal women
- Cumulative lactation history 12-23 months

Disease	Odds Ratio	95% CI
Hypertension	0.89	0.84-0.93
Hyperlipidemia	0.81	0.76-0.87
Cardiovascular disease	0.9	0.86-0.96
Diabetes	0.74	0.65-0.84

Schwarz EB et al 2009

Cost of NOT Breastfeeding

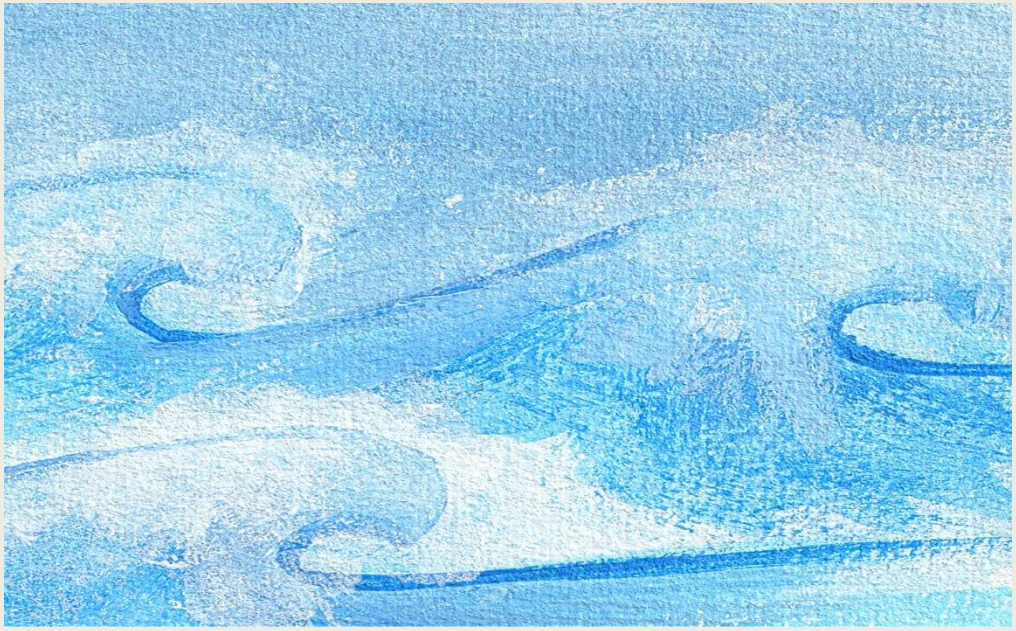
- Financial
  - 302 billion annually
  - 0.49% of world gross national income
- Mortality
  - 823,000 annual deaths in children < 5 years
  - 20,000 annual deaths in women caused by breast cancer

- A 10% increased rate of breastfeeding in U.S. exclusively for 6 months or continued up to 1-2 years translates to 312 million reduction in childhood disorder treatment costs

Rollins NC et al *Lancet* 2016

In The Beginning…

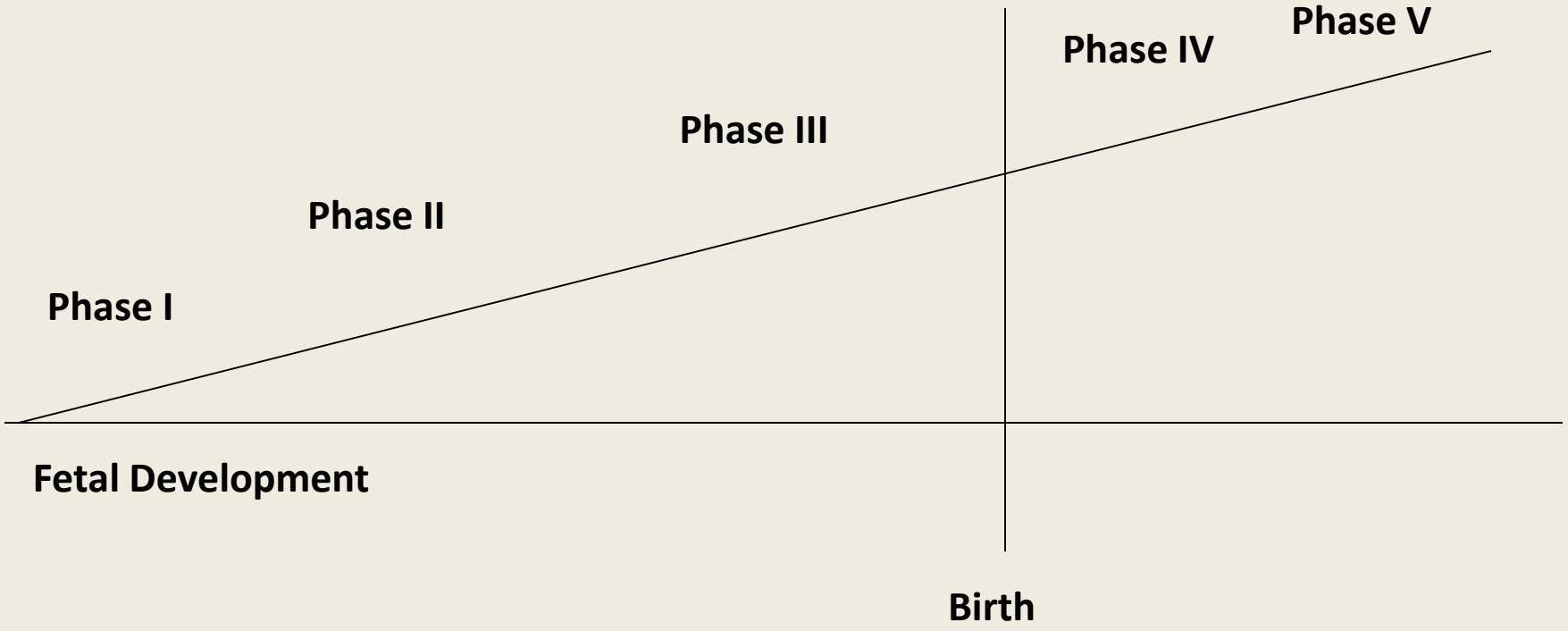
In The Beginning…



Amniotic Fluid

Continuum of Gut Development and Maturation

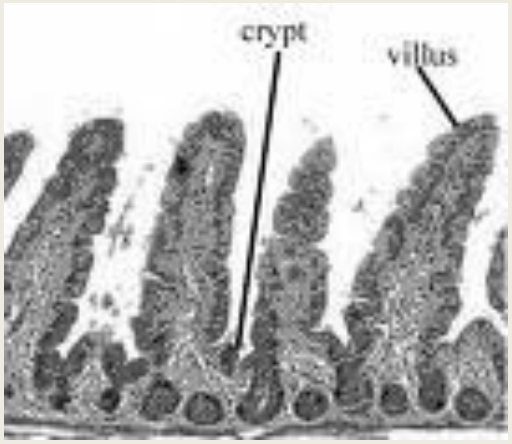
Amniotic Fluid → Human Milk



Adapted from Wagner CL et al; *Clinic Rev Allerg Immunol* 2008

Human Milk

- Maturation of Intestinal Wall
  - Decreased intestinal permeability
    - Human milk dose-dependent
  - Stem cells in human milk
  - Intestinal cell maturation
    - Numerous growth factors

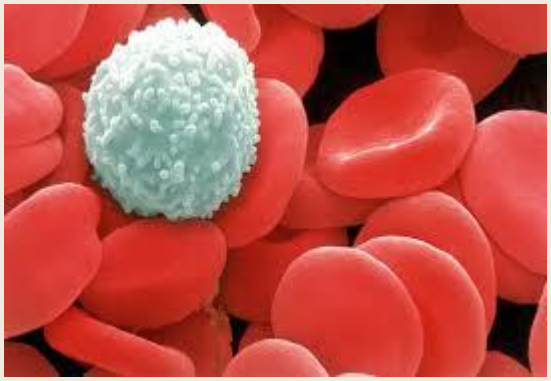


- Apoptosis (Programmed Cell Death)
  - Lactoalbumin and HAMLET in human milk

Taylor SN et al 2009; Cregan M et al 2008; Koldovsky O 1995; Gustafsson L et al 2005

Human Milk and Immune Cells

- Initially, 1 billion white blood cells/ Liter
  - Hypofunctional activity
- By 6 months, epithelial cells predominate



Buescher ES 2001

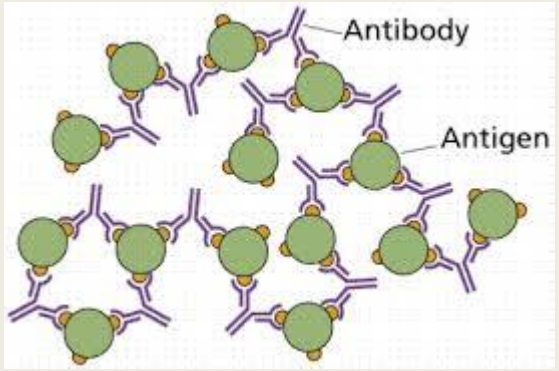
Multifunctional Milk Components

- Example: Lactoferrin
  - Chelates free iron potentially for iron absorption
  - Removes unbound iron which bacteria need
  - Stimulates white blood cells to kill
  - Inhibits HIV, CMV, and herpes virus
  - Broad antibacterial activity

Gomez HF et al 2002 & 2003; Ochoa TJ et al 2003; Lima MF & Kierszenbaum F 1987; Harmsen MC et al 1995; Hasegawa K et al 1994

The Immunosurveillance Balance

- Adaptive immune system (antibodies)
  - Maternal secretory Immunoglobulin A
    - 1 g/L mature milk and 12 g/L colostrum
    - Resistant to digestion
    - Accumulates in the GI tract (along mucous membranes)
    - Binds antigens on pathogens



Hanson L 1961; Uren TK et al 2005

The Immunosurveillance Balance

- Innate Immune Function
  - **Immature intestinal immune cells**
    - Inflammatory and toxic cytokine release

    Versus

  - **Human milk**
    - Anti-inflammatory cytokines
    - Antioxidants
    - Inhibition of pro-inflammatory process

Goldman AS et al 1982; LeBouder E et al 2006; Hoffmann JA et al 1999; Labeta MO et al 2000

GI Balance of Inflammation

- Role of human milk important for avoiding
  - Necrotizing enterocolitis
  - Allergy
  - Infection
    - Infants with known immune immaturity that is replaced with human milk factors
- Just starting to elucidate the physiology and biochemistry of these processes

Why So Difficult?

Breastfeeding is natural

Why So Difficult?

Breastfeeding is natural

Not in our unnatural environment

Breastfeeding in 2016

- Mothers need specialized help
  - Medical conditions such as obesity, diabetes
  - Medical care such as epidural, C/section, meds
- We have to train ourselves and all mother/baby team members to support lactation
- Takes work

Challenge to You

- “Our patients do not breastfeed”
- Are they educated on benefits to mother and baby early in pregnancy?
- Baby Friendly prenatal education and in-hospital support ENDS the disparity regarding breastfeeding education and expectations

Chaka Davis RNC, MSN, MPH, IBCLC

Nurse Manager, Women's Education Programs

Palmetto Health

Increasing Breastfeeding Rates in the Hospital Setting

Chaka M. Davis RNC, MSN, IBCLC
Nurse Manager Women's Education Programs
Palmetto Health


Community

Breastfeeding Education and Support

- Staff
- Patient

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Staff Education

- Hospital Staff
  - Importance of breastfeeding for mom and baby
  - How supplementation during the hospital stay can affect breastfeeding long term
  - How to assist the breastfeeding dyad

Staff Education

- Methods
  - Formal vs. Informal
  - Cost

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Patient Education

- Prenatal
  - Benefits of breastfeeding
  - How to breastfeed
  - What to expect while breastfeeding

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Patient Education

- Methods
  - Printed material (free from advertising)
  - Verbal
  - Demonstration
  - Class vs. Individual

OB Nurse Navigator

Sample Patient Education Handout

How Breastfeeding Helps Moms

» Burns up to 500 calories a day so it helps with post-baby weight loss

» Provides protection from diseases like type 2 diabetes, heart disease, breast and ovarian cancer

How Breastfeeding Helps Babies

» Decreases the chance of Sudden Infant Death Syndrome (SIDS)

» Provides protection from conditions like obesity, diabetes, childhood leukemia, ear infections, allergies, gastrointestinal and respiratory illnesses

Why Only Breast Milk

» Formula changes the normal bacteria of the gut and increases the chance of illness.

» The bacteria that breast milk offers protects babies' intestines from disease.

» Breast milk has everything the baby needs for the first six months!

Patient Education

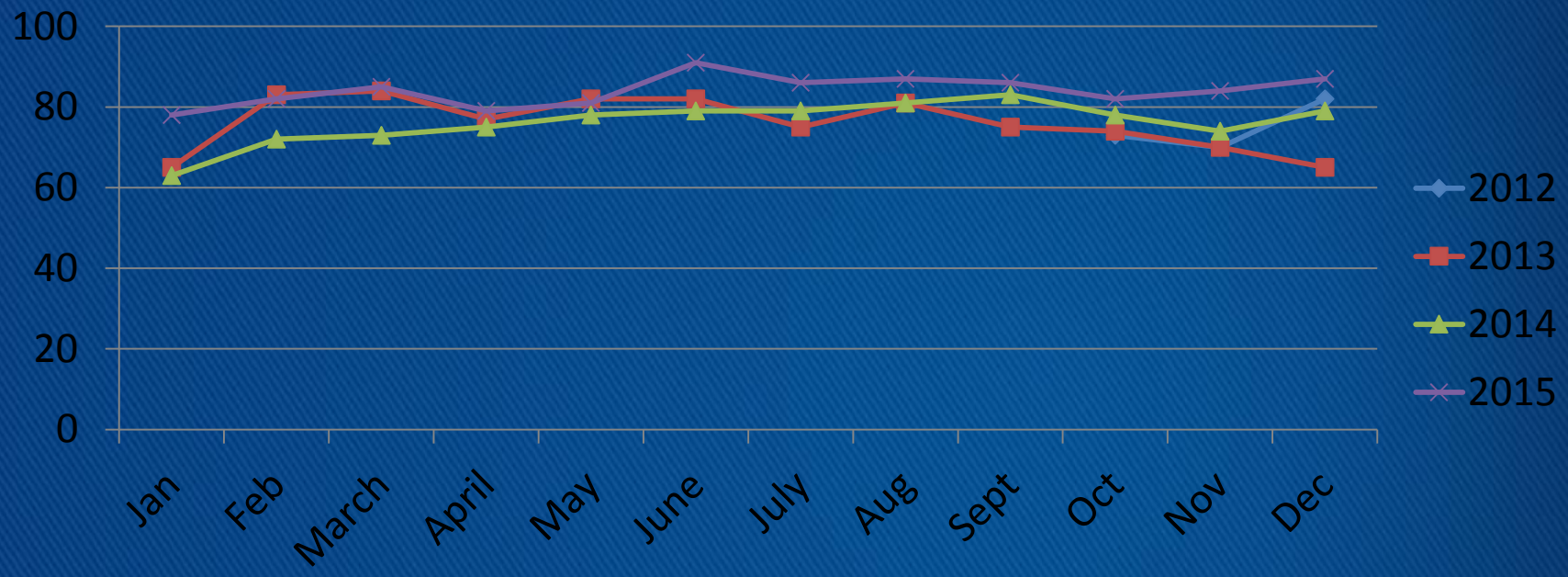
- In the hospital prior to delivery
  - Review benefits of breastfeeding
  - Review the risks of artificial supplementation

Reinforce Breastfeeding Education

Breastfeeding Support

- Support the breastfeeding family through common issues:
  - Sleepy Infant
  - Fussy Infant
  - Non-Latching Infant
  - Painful Latch/Feeding

Breastfeeding Initiation Rates



PALMETTO HEALTH

10 Steps for Successful Breastfeeding

- Step 1 – Have a written policy that is routinely communicated to all health care staff
- Step 2 – Train all health care staff in the skills necessary to implement this policy
- Step 3 – Inform all pregnant women about the benefits and management of breastfeeding
- Step 4 – Help mothers initiate breastfeeding within 1 hour after birth
  - Now interpreted as Skin-to-Skin
- Step 5 – Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants

10 Steps for Successful Breastfeeding

- Step 6 – Give no food or drink other than breastmilk unless medically indicated
- Step 7 – Allow mothers and infants to remain together twenty four hours/day, regardless of feeding method
- Step 8 – Encourage feeding on demand
- Step 9 – Give no pacifiers or artificial nipples to breastfeeding infants
- Step 10 – Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center

Initiatives Supporting Breastfeeding

- Baby Friendly Hospital Initiative
- Mother-Friendly Childbirth Initiative
- South Carolina Birth Outcomes Initiative

PALMETTO HEALTH

Baby Friendly Showcase

February 24, 2016

Palmetto Health Richland

To register:

palmettohealth.org/Education-Events

Or

chaka.davis@palmettohealth.org

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Questions?

SC Birth Outcomes Initiative

Healthy Connections