New York City
Breastfeeding Hospital
Collaborative
Pre-work Package
## Team Preparation Checklist of Pre-work for First Learning Session

This manual contains information that will help your team plan for participation in the New York City Breastfeeding Hospital Collaborative (NYC BHC).

Please read and complete the following activities before the first learning session. Details on each section can be found in the Appendices and related attachments:

<table>
<thead>
<tr>
<th>Item</th>
<th>Due Date</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Formalize your team, keeping in mind team expectations. Review collaborative goals, structure, and expectations for participating hospitals and complete an AIM Statement.</td>
<td>Jun 29, 2012</td>
<td>Appendix 1, Attachment 1</td>
</tr>
<tr>
<td>□ Review Baby Friendly Ten Steps &amp; 4D Pathway</td>
<td>Ongoing</td>
<td>Appendix B, Attachments 2-4</td>
</tr>
<tr>
<td>□ Review Core Measures and Measurement Definitions</td>
<td>Ongoing</td>
<td>Appendix F, Attachments 5 &amp; 6</td>
</tr>
<tr>
<td>□ Register for the NYCBHC Extranet, the center of all Collaborative communication</td>
<td>Jun 29, 2012</td>
<td>Appendix D</td>
</tr>
<tr>
<td>□ Full team attends Extranet Tutorial Webinar</td>
<td>Jul 10, 2012; 11:00-12:00</td>
<td></td>
</tr>
<tr>
<td>□ Complete and submit 4D Pathway Checklist</td>
<td>Jul 15, 2012</td>
<td>Appendix E</td>
</tr>
<tr>
<td>□ Complete and submit Baseline Data</td>
<td>Jul 15, 2012</td>
<td>Appendix F, Attachments 5 &amp; 6</td>
</tr>
<tr>
<td>□ Set target goals based on review of baseline data</td>
<td>Sep 7, 2012</td>
<td>Appendix F</td>
</tr>
<tr>
<td>□ Participate in Baseline Assessment Survey with NYC BHC project team member</td>
<td>Jul 1-31, 2012</td>
<td>Appendix G</td>
</tr>
<tr>
<td>□ Review the Model for Improvement</td>
<td>Ongoing</td>
<td>Appendix C</td>
</tr>
<tr>
<td>□ Develop and Submit a Story Board for Learning Session 1</td>
<td>Sep 7, 2012</td>
<td>Appendix H</td>
</tr>
<tr>
<td>□ Register for Learning Session One</td>
<td>Sep 7, 2012</td>
<td>Page 5</td>
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**Bring to Learning Session 1:**

- □ NYC BHC hospital team members
- □ Completed Hospital AIM Statement
- □ Completed Hospital Breastfeeding Assessment Tool
- □ Completed 4D Pathway Checklist
- □ Story Board *(one copy to display* in poster format and *one copy for each team member)*.
# PRE-WORK TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LEARNING COLLABORATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
</tr>
<tr>
<td>Structure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPENDICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A: Collaborative &amp; Team Expectations</td>
</tr>
<tr>
<td>Attachment 1: Hospital AIM Statement</td>
</tr>
<tr>
<td>Appendix B: Baby Friendly USA Ten Steps &amp; 4D Pathway</td>
</tr>
<tr>
<td>Attachment 2: BFUSA Ten Steps</td>
</tr>
<tr>
<td>Attachment 3: BFUSA 4D Pathway</td>
</tr>
<tr>
<td>Attachment 4: Learning Collaborative Model</td>
</tr>
<tr>
<td>Appendix C: Model for Improvement</td>
</tr>
<tr>
<td>Appendix D: Extranet Guide</td>
</tr>
<tr>
<td>Appendix E: 4D Pathway Checklist</td>
</tr>
<tr>
<td>Appendix F: Baseline &amp; Monthly Data Reporting</td>
</tr>
<tr>
<td>Attachment 5: Measurement Definitions</td>
</tr>
<tr>
<td>Attachment 6: Defining Eligibility for Data Collection</td>
</tr>
<tr>
<td>Appendix G: Hospital Breastfeeding Baseline Assessment Tool</td>
</tr>
<tr>
<td>Appendix H: Story Board Instructions</td>
</tr>
</tbody>
</table>
LEARNING COLLABORATIVE OVERVIEW

Goal
The goal of the Learning Collaborative is to help hospitals develop systems, strategies, policies to achieve Baby Friendly designation.

Ten maternity hospitals in NYC will participants in Cohort 1 of the New York City Breastfeeding Hospital Collaborative (NYC BHC). Improvement teams from these hospitals will complete an AIM Statement for participation in the Collaborative (Attachment 1) and learn an approach to implement strategies aimed at achieving Baby Friendly USA (BFUSA) Designation utilizing the BFUSA 4D Pathway and Collaborative Improvement Model (Appendix B, Attachments 2-4) and Improvement Model (Appendix C) to increase breastfeeding rates in a hospital setting. As part of the improvement process, teams will collect process and outcome data that are sensitive to the changes they will be testing and implementing to track performance results over time (Appendix F, Attachment 5).

Structure

Overall Structure of the NYC BHC Learning Collaborative
The NYCBHC will help participating hospitals work together for 9-month implementation cycles, followed by ongoing support to reach Baby Friendly Designation. During the implementation phase, hospitals will participate in 1.5-day in-person Learning Sessions and three Collaborative Conference Calls. In addition, the New York City Department of Health and Mental Hygiene (NYCDOHMH) and faculty from Joslyn Levy Associates (JLA), will maintain regular contact with participating teams through e-mail and ongoing communications throughout the implementation of the BF Designation process. Hospital participants will serve as mentors and faculty in subsequent implementation cycles for new NYC BHC Cohorts and stay engaged with the NYC BHC to share lessons learned and achievements with the greater maternity hospital community in NYC.

Kick-Off
On June 14, 2014, NYCDOHMH will host a Kick-Off meeting to orient hospital improvement teams to the Collaborative and review the Pre-work activities for completion prior to the first Learning Session, in September.

Learning Sessions
Learning Sessions are the major integrative events of the Collaborative. Through plenary sessions, small group discussions and didactic sessions, attendees have the opportunity to:

- Learn from faculty and colleagues;
- Receive individual coaching from faculty members;
- Gather new knowledge on the subject matter and process improvement;
- Share experiences and collaborate on Implementation Plans; and
- Problem solve on how to overcome implementation barriers.
Schedule for Learning Sessions

| Learning Session 1 | Sep 12, 2012 1:00pm-5:00pm  
|                    | Sep 13, 2012 8:30am-4:00pm |
| Learning Session 2 | Jan 16, 2013: 1:00pm-5:00pm  
|                    | Jan 17, 2013 8:30am-4:00pm |
| Learning Session 3 | Jun 12, 2013 1:00pm-5:00pm  
|                    | Jun 13, 2013 8:30am-4:00pm |

To register for the Learning Sessions, please contact:
Emily Magid, MPH, MSW, CLC
Community Transformation Grant Breastfeeding Manager
New York City Department of Health and Mental Hygiene
Bureau of Maternal, Infant and Reproductive Health
Phone: 347.396.4486
emagid4@health.nyc.gov

Action Periods
The time between learning sessions is called an Action Period. During action periods, Collaborative team members work within their organizations to test and implement innovative approaches to accomplish each of the 10 Steps for Baby Friendly Designation and improve exclusive breastfeeding rates at their hospitals. Although participants focus on their own organizations, they remain in continuous communication with other teams in the Collaborative and with the Collaborative faculty. Communication occurs through bi-monthly Collaborative Team Conference Calls, active use of the Extranet, and listserv communications. Participation in Action Period activities is not limited to those who attend the learning sessions. We encourage and expect the participation of other team members in your hospital in Action Period activities.

Schedule for Collaborative Team Conference Calls

| Collaborative Conference Calls Prework Period | July 10, 2012; 11:00am-12:00pm |
| Collaborative Conference Calls Action Period 1 | October 17, 2012; 1:00-2:00pm  
|                    | December 19, 2012; 1:00-2:00pm |
| Collaborative Conference Calls Action Period 2 | February 20, 2013; 1:00-2:00pm  
|                    | April 17, 2013; 1:00-2:00pm |
| Collaborative Conference Calls Action Period 3 | July 17, 2013; 1:00-2:00pm  
|                    | September 18, 2013; 1:00-2:00pm |
Appendix A

New York City Breastfeeding Hospital Collaborative

Collaborative and Team Expectations

Form a team and review team expectations

An appropriate and effective team is a key component of successful improvement efforts. Team members should be selected based on their knowledge of the hospital systems that will be affected by improvement efforts and their commitment to make the changes. Members should include staff from departments that will be impacted by improvement efforts to ensure that the team understands the redesign of hospital systems and to promote buy-in.

Selecting Team Leaders

Team activities will be guided by a senior leader, clinical champion, and day-to-day leader. Individuals in these roles will represent the team at the Learning Sessions and share their learning with other team members. Ideally, team leaders have the following attributes:

**Senior Leader:**
- has authority to allocate the time and resources needed to achieve the team’s improvement efforts;
- has authority over areas affected by the change;
- will champion the spread of successful changes throughout the organization.

Examples of senior leaders include Chief of Pediatrics/Obstetrics, Director of Quality Improvement, Director of Women’s and Children’s Services. The senior leader is expected to attend the on-site Learning Sessions and the bi-monthly Collaborative Conference Calls.

**Clinical Champion:**
- is a practicing provider who is an opinion leader and is well respected by peers;
- understands the processes of care in the hospital;
- has a good working relationship with colleagues and the day-to-day leader; and
- wants to drive improvements in the hospital system.

The clinical champion will be a critical member of the team. The clinical champion is expected to attend all Learning Sessions and.

**Day-to-Day Leader:**
- drives the project, ensuring that cycles of change are tested and implemented;
- coordinates communication between the team and the Collaborative;
- oversees data collection; and
• works effectively with the clinical champion.

The day-to-day leader should understand how changes will affect hospital systems. The day-to-day leader is expected to attend all Learning Sessions and participate in the bi-monthly Collaborative Conference Calls.

Selecting Other Members
In addition to team leaders, the team includes members from areas potentially affected by system changes. Examples of other members could include Registered Nurses, Lactation Specialists and the local WIC representative.

Team Members to send to the Learning Session
Teams should choose a minimum of three individuals who can most effectively work together, learn the methodology and plan for action when returning to their hospital. Different team members are allowed to attend the different learning sessions, however, past teams have generally found it helpful to send the same members to all learning sessions.

Team Expectations:
• Engage with Senior Leaders to communicate and collaborate in order to promote change and improve processes;
• Select a team of at least three people, including one senior leader from administration a clinician- a clinical champion, and a day-to-day leader. For example: Hospital Director of Quality Improvement Chief of Obstetrics, Physician Lead for Pediatrics, RN, Lactation Specialist or breastfeeding coordinator from local WIC;
• Perform pre-work activities to prepare for the first learning session;
• Present storyboards to introduce your hospital team at Learning Session 1 and to illustrate progress at the second and third Learning Sessions;
• Use rapid change cycles, (plan, do, study, act (PDSA) tests of change) to implement selected strategies for completed the BFUSA Ten Steps;
• Report progress toward identified measures using the Monthly Reporting section on the Extranet;
• Participate on Collaborative conference calls between learning sessions;
• Utilize the Collaborative listserv to communicate with faculty and other teams;
• Report on the achievement of selected outcome measures and BF milestones, including details of BF Milestones during and between learning sessions.
Appendix B

New York City Breastfeeding Hospital Collaborative

Baby Friendly 4D Pathway and Collaborative Learning Model
The Model for Improvement

The Model for Improvement is a simple yet powerful tool for accelerating quality improvement changes in your hospital. Developed by Associates in Process Improvement, the model has two parts. In the first part, your team will address three fundamental questions. These questions will guide your team in creating aims, measures, and specific change ideas. Secondly, your team will use Plan-Do-Study-Act (PDSA) cycles to easily test these changes in your work environment. Successful tests of change pave the way for real-world implementation within your system. A brief synopsis of the model is presented below. More detail is available on the IHI website (www.ihi.org) and the Associates in Process Improvement website (www.apiweb.org/API_home_page.htm).

Three Key Questions for Improvement

1. **What are we trying to accomplish? (AIM Statement)**
   When you answer this question, you are creating an aim statement – a statement of a specific, intended goal. A strong, clear aim gives necessary direction to your improvement efforts. Your aim statement should include a general description of what your team hopes to accomplish, and a specific patient population on which your team will focus. A strong aim statement is specific,
intentional, and unambiguous. It should be aligned with other organizational goals, and all those involved in the improvement process should support it.

Before you come to LS1 we would like you to develop a draft AIM statement. Use the worksheet on the next page to draft an individualized AIM statement for your site. You will have time to review and edit this at the Learning Session.

2. **How will we know that a change is an improvement? (Measures)**
   Your team will use a few simple measures to see if the rapid cycle changes in care are working. They can also be used to monitor performance over time. These measurements should not be confused with research. Where research focuses on one fixed and testable hypothesis, the methods for measuring improvement rely on sequential testing using practical measurement strategies. Keep in mind that the measures your team uses should be simple and directly aligned with your aim statement.

3. **What changes can we make that will result in an improvement? (Best Practices and ideas)**
   Ideas for change to be tested come from evidence provided by previous research. They are used to develop testable ideas from your team’s own observations of the current system, stories from others, and creative thinking. When selecting specific changes/ideas to test, consider the following questions:
   - Is the idea is directly linked to your stated aim?
   - Is it feasible?
   - Can its implementation provide good potential for learning?

The other components of the Model for Improvement will be reviewed in detail at the Learning Session including:

**PDSA Cycles**
The PDSA (Plan-Do-Study-Act) cycle is a method for rapidly testing a change - by planning it, trying it, observing the results, and acting on what is learned. This is a scientific method used for action-oriented learning. After changes are thoroughly tested, PDSA cycles can be used to implement or spread change. The key principle behind the PDSA cycle is to test on a small scale and test quickly. Traditional quality improvement has been anchored in laborious planning that attempts to account for all contingencies at the time of implementation; usually resulting in failed or partial implementation after months or even years of preparation. The PDSA philosophy is to design a small test with a limited impact that can be conducted quickly (days if not hours!) to work out unanticipated “bugs”. Repeated rapid small tests and the learning’s gleaned, build a process ready for implementation that is far more likely to succeed.

**Parts of the PDSA cycle**
- **Plan**: In this phase, your objectives are defined and your team makes predictions about what will happen, and why it will happen. Your team will also prepare for the next step by answering the questions of who, what, where, and when.
- **Do**: In this phase, your team will carry out the plan and collect the data. This will include documenting experiences, problems, and surprises that occur during this test cycle.
- **Study**: In this phase, your team will analyze the test cycle and reflect on what you have learned. You will compare results with the predictions made in the planning stage, and draw conclusions based on the collected data.

- **Act**: In this last phase, your team will decide if there are any refinements or modifications needed to the change you have tried. This may lead to additional test cycles, which starts the process all over again with *Plan*. 

Appendix D

New York City Breastfeeding Hospital Collaborative

Extranet Guide

The Extranet, a secure Health Insurance Portability and Accountability Act (HIPAA) compliant site hosted at the Institute for Healthcare Improvement (IHI), is a web-based application that allows geographically dispersed teams and users to collaborate on projects. Participants work together towards a common goal by reporting their findings, using the graphing features to track changes, and sharing what they learn. Collaboration is achieved with communication functions such as discussion groups, news postings, and the communications center. The Extranet will be the main hub of communications and Collaborative reporting.

This guide contains instructions for the following:

- Registering your team on the extranet
- Downloading and Uploading Documents to Team Home Page
- Submitting and Viewing Data

Registering your team on the Extranet:

1. The designated Hospital contact person will receive an email noting that they have been added to the Extranet as a Key Contact for your hospital team. This e-mail will invite you to follow a link to the Extranet site and register, please do so and add a bookmark for easy navigation. The e-mail will appear in your in-box as being from "webmaster" and the subject will be: "IHI Extranet Role Assignment: Key Contact."

2. There are some basic instructions on utilizing the Extranet on the home page, please review. Also note, we will be posting more information and providing further technical assistance throughout the Prework Period (June – September 2012).

3. Once you have registered, we need you to perform one of the first major tasks for your Hospital teams: add your team members by following the instructions below.

Role Assignments

Clicking on the Role Assignments link in the Administration section on your team’s homepage will navigate the participant to the Role Assignment page. The Role Assignment page is where all the participants for the team will be added. Each participant will be allocated a role which will determine which parts of the Extranet they have access to and to what level they will be able to interact with it. Roles may also be combined to add more flexibility for a participant; this is achieved by adding the same participant to more than one role.
Assigning a Role

1. From the Team Administration page click on the Role Assignments link.

2. The Role Assignments page is displayed.

3. Select a role for the participant, to view definitions of the roles click the button.

Definitions of Roles:

- **Data Entry**: a user nominated to enter the team data.
- **Key Contact**: a key contact is the main contact point within the team.
- **Member**: a user involved with the project.
• **Sponsor**: the leader who is responsible and accountable to the organization for the performance and results of the improvement team. This person is responsible for securing the resources for the team to accomplish their aim and communicating their progress to other leaders in the organization.

4. Enter the participants' email address.

5. To notify the new participant that they have been added to the team, select the **E-Mail** check box adjacent to the email address.

6. Click the **ASSIGN ROLE** button.

7. If the participant is not registered with the IHI website, you will be prompted to create a Pending Role Assignment.

8. Click **Yes** to create a Pending Role Assignment.

9. A non-registered user will receive an email from webmaster@ihi.org with the following subject: “IHI Extranet Pending Role Assignment Notification: Key Contact in New York City Breastfeeding Hospital Collaborative (NYC BHC)”. It will welcome users to the NYC BHC Extranet site and contain instructions for them to register with IHI.

10. An entry will be made in the Pending Role Assignment section of the Role Assignments page.

11. Once the participant has registered they will be automatically added as a regular participant.
12. Repeat the process for all team participants.

13. To delete a role, click the Delete link adjacent to the relevant role.

14. Click the CONFIRM button on the Delete Role Assignment page.

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**Downloading and Uploading Documents to Team Home Page**

Over the course of the collaborative, including the prework period, you will be asked to submit completed materials through the NYC BHC extranet site. Below are instructions for downloading and uploading materials:

**Downloading Resources:**
1. Click on the Resources Tab on the NYC BHC Extranet site to view all resources.
2. Click on the relevant folder to view available resources. To open a document, click on the document name.

3. Once the file is opened, save it to your desired location (e.g., computer hard drive, shared drive)

Submitting (or Uploading) Completed Deliverables:
1. Once you have completed the deliverable, upload it to the extranet in the Resource tab on your team home page.

2. Click on the Resource tab and then click Add Resources.

3. Indicate if you are uploading a document or hyperlink (in most cases, it will be a document). Include the document name and description, select the folder you would like to upload the document to in the Category section and then browse for the document by clicking the Browse button in the File to Upload section.
Submitting and Viewing Data

**Step One: Log in to the NYCBHC Extranet**

All teams should designate an individual to serve as the Data Entry Member on the Extranet. The Data Entry Member will be orchestrating most of the initial activity around data submission.

**Who can log in:** For most organizations, the official Key Contact for an enrolled team will be the only person initially able to access the Extranet. After the initial login, Key Contacts can grant Extranet access to their colleagues by assigning each an Extranet role. ONLY Team Key Contacts will be able to assign Extranet roles to others in their organizations. Teams should identify an additional Data Entry Member for this collaborative.

2. If you are already logged in to IHI, you will be directed to the IHI Extranet home page. If you are not currently logged in, you will be redirected to the [Log in to ihi.org](http://www.ihi.org) page.
3. Login in the IHI site by typing your Email Address and Password and click the LOG IN button.

4. If you have forgotten your password, enter your Email Address and click Forgot Password and it will be emailed to you.

5. If you have never registered with the IHI website, click the REGISTER NOW button, this will navigate to the Registration page. Complete the registration form providing all mandatory details.

6. Once you are logged in, you will be redirected to the Extranet home page. Click on New York City Breastfeeding Hospital Collaborative (NYC BHC) in the My Project section to access the NYC BHC Extranet home page.
Step Two: Enter your baseline data

For detailed NYCBHC Measurement information, refer to Appendix F, Attachments 5 and 6.

On your team’s homepage, look for the box labeled Data Entry on the top right - you will see all the required measures for baseline data collection listed (see Figure below).

You are now ready to enter data for your measures; click on a measure to enter data which will take you to the screen below.

To enter your data:

1. Click on the Add Data button to enter data for the measure which will take you to the Measure Data Entry screen for the measure.
2. Under *Time Period*, click on the arrow to open the drop-down list and **select the month/year for your first data point**.

3. **Enter Data** (numerator and denominator)

4. If you wish to annotate a data point, select an annotation type (“Event” or “Change”) from the Annotation Type drop-down list. Note: If you select an annotation type, you must write something in the Annotation field. For example, you may select “Event” and then you would describe the notable event in that field, or you may select “Change” and describe any changes in asthma care made at your practice that are relevant to that measure.

5. **Click Save on the bottom right side of the box** when you are finished entering data for each time period. A message will appear above the data chart saying “Data was successfully saved,” and a chart will be generated/updated based on the data you entered.

6. Continue this process until you have entered data for all required measures. To add data for another measure, click on the **Measures** drop down list on the **Measures Data Entry Screen**.
Appendix E

New York City Breastfeeding Hospital Collaborative

4D Pathway Checklist

Instructions: For each activity, organized by the 4D’s – Discovery, Development, Dissemination and Designation, indicate your status (not started, in progress, completed). Do not complete the “Complete By” column. You will complete this column later in the collaborative. The 4D Pathway Checklist needs to be completed and submitted by July 15, 2012. An electronic version of the 4D Pathway Checklist is available in the Prework Materials folder in the Resource Tab of the NYC BHC Extranet site. You will need to download this document from the extranet and then upload it into the Resource section of your team home page. Instructions for downloading and uploading resources are available in Appendix D.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>STATUS (not started, in progress, completed)</th>
<th>COMPLETE BY</th>
<th>NOTES/COMMENTS</th>
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</thead>
<tbody>
<tr>
<td><strong>DISCOVERY:</strong> Facilities engage in a process to discover the benefits and processes for qualifying for BF Designation</td>
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<tr>
<td>1. Complete Discovery Phase Registration Form; email completed form to <a href="mailto:info@babyfriendlyusa.org">info@babyfriendlyusa.org</a></td>
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<td></td>
<td>It may take up to 1 month to receive Discovery Phase Packet after submitting registration form to BFUSA office</td>
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<tr>
<td>2. Identify internal champion for BF designation</td>
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<td></td>
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<tr>
<td>3. Complete Discovery Phase Packet documents and obtain signatures:</td>
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</tr>
<tr>
<td>a. BFHI 4D Pathway Application</td>
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<tr>
<td>b. Development Phase Fee</td>
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<tr>
<td>c. Completed self-assessment tool with baseline data</td>
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<tr>
<td>d. CEO’s signed Letter of support</td>
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<tr>
<td>4. Submit all application materials and development phase fee; Mail to “Baby Friendly USA, Inc., 125 Wolf Road, Suite 103, Albany, NY 12205”</td>
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<td></td>
<td>BFUSA will mail Development Phase materials to facilities primary contact within one month</td>
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<tr>
<td><strong>DEVELOPMENT:</strong> Facilities develop a comprehensive set of plans for implementing the 10 Steps to Successful BF; BFUSA will provide templates, tools and ongoing TA during this phase</td>
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<tr>
<td>1. Develop a BF committee/task force</td>
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<td>2. Develop BF work plan based on gaps</td>
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<tr>
<td>3. Develop comprehensive BF policy addressing 10 Steps &amp; ICM for breast milk substitutes</td>
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<tr>
<td>4. Develop staff training curriculum</td>
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<tr>
<td>5. Develop prenatal, inpatient and post-partum teaching plans</td>
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<tr>
<td>ACTIVITY</td>
<td>STATUS</td>
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<tr>
<td>6. Develop data collection plan</td>
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<tr>
<td>7. Submit plans and policies to BFUSA</td>
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**DISSEMINATION:** Facilities disseminate (roll-out) the plans developed during the prior phase and evaluate the data collected to see if the desired outcomes are being achieved

1. Conduct staff trainings/orientations for all staff                    |                             |             | Include documentation of trainings and verification of staff competencies. For all staff, should discuss facility’s position on BF and facility’s infant feeding resources. For maternity care staff, should include training on BF policy and BFHI topics. |

2. Implement BF education program for pregnant women and new mothers     |                             |             |                                                                                                          |

3. Implement referrals and agreements with community providers to provide BF and mother-to-mother support |                             |             |                                                                                                          |

4. Collect and evaluate data against desired goals/outcomes              |                             |             |                                                                                                          |

5. Complete questionnaire to assess continuity of care between prenatal, delivery and post-partum services |                             |             |                                                                                                          |

**DESIGNATION:** Facilities receive the BF® Designation and are licensed to use the BF certification mark

1. Implement QI plan                                                     |                             |             | Work with purchasing department                                                                             |

2. Determine fair market value for infant nutritional supplements, incl. rationale for price determination |                             |             |                                                                                                          |

3. Notify infant nutritional supplement vendor of the intent to purchase all supplements/request invoice |                             |             |                                                                                                          |

4. Submit 3 months of paid invoices as proof of purchase of infant nutritional supplements |                             |             | Include description of how fair market value was determined                                                  |

5. Conduct readiness assessment to evaluate implementation of 10 Steps   |                             |             |                                                                                                          |

6. Schedule BFUSA pre-assessment interview                               |                             |             |                                                                                                          |

7. Make corrections                                                     |                             |             | Based on interview findings                                                                               |

8. Schedule BFUSA on-site assessment                                     |                             |             |                                                                                                          |

9. Sign attestation form                                                |                             |             |                                                                                                          |

10. Achieve Designation                                                 |                             |             |                                                                                                          |
Appendix F

New York City Breastfeeding Hospital Collaborative

Baseline & Monthly Data Reporting Instructions

An important component of the improvement process is an understanding of current performance on key indicators for breastfeeding in your clinical setting. Ongoing monitoring of these measures provides real time information to the team about the impact improvement efforts are having on specific outcomes over time.

Baseline Data Collection

Hospitals may use the Data Collection Worksheet for all infant/mother dyads admitted in June 2012 (excluding ineligible patients). Baseline data for the month of June 2012 is due by July 15, 2012. The Data Collection Worksheet was designed to help you extract data from the medical record/EHR into the Extranet. The excel spread sheet will tally the numerators and denominators to be entered on the Extranet for data analysis (see Extranet Guide in Appendix D for how to enter data into the Extranet). We also recommend saving the monthly Data Collection Worksheet each month as a record of the data collected and entered. A copy of the Data Collection Worksheet is available in the Prework Materials folder in the Resource Tab of the NYC BHC Extranet site.

Setting Goals

Please set performance goals for each of the core measures upon completing baseline measurement and reviewing your results. Target goals should be completed prior to Learning Session 1 and reflect a "stretch" goal or a target that your team will strive to achieve throughout the Collaborative implementation period. The NYC BHC project team will be happy to work with your team to identify target goals, as needed, during the Prework period.

Monthly Data Collection

Hospitals may use the Data Collection Worksheet for monthly data collection. Monthly data will be required, starting in September, with submission onto the extranet by the 15th of the following month. For example, the first month of regular reporting will begin in September 2012, with data to be entered by October 15th.
Appendix G

New York City Breastfeeding Hospital Collaborative

Hospital Breastfeeding Assessment Tool

The purpose of the Breastfeeding (BF) Assessment Tool is to understand your current status with respect to the Baby Friendly criteria which you will be assessed against as part of the BF designation process. The Tool will be conducted in a facilitated format by a member of the NYC BHC project team at baseline (July 2012), and the completion of the formal implementation period (July 2013). The baseline results will be used to help develop hospital-specific implementation plans at Learning Session 1 and monitor progress on selected priority areas throughout the Collaborative.

The NYC BHC project team will work with each Cohort I hospital to schedule a time to complete the Assessment Tool, which will consist of a one hour conference call with all designated hospital team members during July 2012. An electronic version of the BF Assessment Tool is available in the Prework Materials folder in the Resource Tab of the NYC BHC Extranet site. We encourage hospital teams to review the tool and BF criteria and guidelines in anticipation of the scheduled survey.
Appendix H

New York City Breastfeeding Hospital Collaborative

Hospital Team Storyboard

In preparation for Learning Session One, teams are asked to create a storyboard to share information. Please post your storyboard to your Extranet team page by the end of the day Friday, September 7, 2012. Refer to Appendix D for instructions on uploading documents to your team home page.

The storyboard is an opportunity for teams to briefly share information about their hospital maternity services and their success to data on implementing practices, policies or system changes leading to Baby Friendly Designation. Storyboards are a way of reflecting on where you are to date and starting to set goals on next steps for achieving Baby Friendly Designation.

Please bring a copy of your storyboard to post on a display board at LS1 and one copy of your storyboard for each member of your improvement team who will be attending LS1. We will provide the display board at LS1. Storyboards will be on display for all participants to review during LS1.

Your audience will be other participating teams, Collaborative Leadership, and faculty. Therefore, the storyboard should be as clear and concise as possible. Please consider the following key points to preparing information for your Storyboard:

Key points to be addressed in your Storyboard are:

1. Hospital Name and information on services, staff, annual births
2. Model of Mother-Baby Care
4. Status of Baby Friendly steps completed to date
5. AIM Statement for Collaborative Implementation
intends to accomplish (This is a general overarching statement describing what you intend to accomplish during the time you work on this project – it answers the first question of the Model for Improvement. “What are we trying to accomplish?” Use the Project AIM as a basis and individualize your AIM statement to reflect the unique needs and resources of your site.)

by (time frame, i.e., month/year in which you intend to accomplish improvement)

for (what group are you doing this for – what is the target population)

because (the rational and reasons to work on this improvement project)

Our individual goals include: (in addition to the project measures and goal, add any individual measures and expectations here) - answer the second question of the Model for Improvement. Here they are stated as numeric goals – usually ambitious goals to stretch the system)

•
•
•
•
Attachment 2

New York City Breastfeeding Hospital Collaborative

Baby Friendly USA Ten Steps To Successful Breastfeeding

The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in” - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
Attachment 3

New York City Breastfeeding Hospital Collaborative

Baby Friendly USA 4D Pathway
Learning Collaborative Model
NYC BHC Measurement Definitions

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Type</th>
<th>Measure Description</th>
<th>Measure Category</th>
<th>Numerator Name</th>
<th>Numerator Description</th>
<th>Denominator Name</th>
<th>Denominator Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mother’s Feeding Plan/Intent - Admission</td>
<td>Percent</td>
<td>Percent of mothers intending to exclusively breast feed at time of admission</td>
<td>Process</td>
<td># of mothers intending to exclusively breast feed when asked at admission</td>
<td>Count # mothers with documentation of intention to exclusively breast feed when asked at admission</td>
<td># of eligible births</td>
<td>Count # of eligible births</td>
</tr>
<tr>
<td>2. Mother’s Feeding Plan/Intent - Discharge</td>
<td>Percent</td>
<td>Percent of mothers intending to exclusively breast feed at time of discharge</td>
<td>Process</td>
<td># of mothers intending to exclusively breast feed when asked at discharge</td>
<td>Count # mothers with documentation of intention to exclusively breast feed when asked at discharge</td>
<td># of eligible births</td>
<td>Count # of eligible births</td>
</tr>
<tr>
<td>3. Skin-to-Skin - Vaginal Births</td>
<td>Percent</td>
<td>Percent of infants born vaginally who are placed skin to skin within five minutes after birth and continue uninterrupted until completion of first feeding (or for at least one hour if not breastfeeding)</td>
<td>Process</td>
<td># of infants born vaginally who are placed skin to skin within five minutes after birth and continue uninterrupted until completion of first feeding (or for at least one hour if not breastfeeding)</td>
<td>Count # of infants born vaginally who are placed skin to skin within five minutes after birth and continue uninterrupted until completion of first feeding (or for at least one hour if not breastfeeding)</td>
<td># eligible vaginal deliveries</td>
<td>Count # of eligible vaginal deliveries</td>
</tr>
<tr>
<td>Measure Name</td>
<td>Measure Type</td>
<td>Measure Description</td>
<td>Measure Category</td>
<td>Numerator Name</td>
<td>Numerator Description</td>
<td>Denominator Name</td>
<td>Denominator Description</td>
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</tr>
<tr>
<td>4. Skin-to-Skin - Caesarean Births</td>
<td>Percent</td>
<td>Percent of infants born by a C-section who are placed skin to skin as soon as mother is responsive and alert and continue uninterrupted until completion of first feeding (or for at least one hour if not breastfeeding)</td>
<td>Process</td>
<td># of infants born by C-section who are placed skin to skin as soon as mother is responsive and alert and continue uninterrupted until completion of first feeding (or for at least one hour if not breastfeeding)</td>
<td>Count # of infants born by C-section who are placed skin to skin as soon as mother is responsive and alert and continue uninterrupted until completion of first feeding (or for at least one hour if not breastfeeding)</td>
<td># of eligible Cesarean Sections</td>
<td>Count # of eligible Cesarean Sections</td>
</tr>
<tr>
<td>5. Rooming-in</td>
<td>Percent</td>
<td>Percentage of mothers-infants rooming &gt;/= 18 hours/day</td>
<td>Process</td>
<td># of infants rooming-in with mother a minimum of 18 hours per day</td>
<td>Count # infants rooming-in with mother a minimum of 18 hours per day, as documented in medical record</td>
<td># of eligible births</td>
<td>Count # of eligible births</td>
</tr>
<tr>
<td>6. Breastfeeding Assessment &amp; Instruction</td>
<td>Percent</td>
<td>Percent of infants whose mothers received breastfeeding assessment and instruction on successful latching</td>
<td>Process</td>
<td># of infants whose mothers received breastfeeding assessment and instruction on successful latching</td>
<td>Count # of infants whose mothers received breastfeeding assessment and instruction on successful latching as documented in medical record</td>
<td># of eligible births</td>
<td>Count # of eligible births</td>
</tr>
<tr>
<td>7. Successful Latch - Vaginal Births</td>
<td>Percent</td>
<td>Percent of infants born vaginally who latch on to breast successfully to breast feed within one hour of delivery</td>
<td>Process</td>
<td># of infants who latch on to breast successfully to breast feed within one hour of delivery</td>
<td>Count # of infants who latch on to breast successfully to breast feed within one hour of delivery</td>
<td># eligible vaginal deliveries</td>
<td>Count # of eligible vaginal deliveries</td>
</tr>
<tr>
<td>Measure Name</td>
<td>Measure Type</td>
<td>Measure Description</td>
<td>Measure Category</td>
<td>Numerator Name</td>
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</tr>
<tr>
<td>8. Successful Latch - Caesarean Births</td>
<td>Percent</td>
<td>Percent of infants born by a C-section who latch on to breast successfully to breast feed within one hour of delivery</td>
<td>Process</td>
<td># of infants who latch on to breast successfully to breast feed within one hour of delivery</td>
<td>Count # of infants who latch on to breast successfully to breast feed within one hour of delivery</td>
<td># of eligible Cesarean Sections</td>
<td>Count # of eligible Cesarean Sections</td>
</tr>
<tr>
<td>9. Breast Milk Feeding</td>
<td>Percent</td>
<td>Percent of infants receiving breast milk feedings exclusively throughout hospital stay (from birth to discharge)</td>
<td>Outcome</td>
<td># of infants receiving breast milk feedings exclusively throughout hospital stay (from birth to discharge)</td>
<td>Count # of infants receiving breast milk feedings exclusively throughout hospital stay (from birth to discharge) as documented in medical record.</td>
<td># of eligible births</td>
<td>Count # of eligible births</td>
</tr>
<tr>
<td>10. Formula-Only Feeding</td>
<td>Percent</td>
<td>Percent of infants receiving formula feedings exclusively throughout hospital stay (from birth to discharge)</td>
<td>Outcome</td>
<td># of infants receiving only formula feedings throughout hospital stay (from birth to discharge)</td>
<td>Count # of infants receiving formula feedings throughout hospital stay (from birth to discharge) as documented in medical record.</td>
<td># of eligible births</td>
<td>Count # of eligible births</td>
</tr>
<tr>
<td>11. Breastfeeding Referral/ Support Upon Discharge</td>
<td>Percent</td>
<td>Percent of mothers offered breastfeeding referral/support upon discharge</td>
<td>Process</td>
<td># of infants whose mothers were offered referral and contact information for lactation support upon discharge</td>
<td>Count # of infants whose mothers were offered referral and contact information for lactation support upon discharge as documented in medical record</td>
<td># of eligible births</td>
<td>Count # of eligible births</td>
</tr>
</tbody>
</table>
Monthly data collection will focus on all births, with the following exclusions for Mothers and Infants:

**Ineligible Mothers:**

The presence of any of the following conditions or circumstances are either contraindications to breastfeeding or at a minimum warning signs to clinicians to review infant nutrition:

- HIV positive mother, or mother with unknown HIV status
- Mother with active herpetic lesions to both breasts
- Mothers positive for human T-cell Lymphotrophic virus (HTLV) type I or II
- Mothers using illicit drugs (ie: cocaine, heroin)
- Mothers having active, untreated tuberculosis
- Mothers taking certain medications, including but not limited to radioactive isotopes, antimetabolites, cancer chemotherapy, certain sedatives

**Ineligible Infants:**

- Infant with galactosemia or other condition precluding breastfeeding or consumption of breast milk
- Elevated maternal lead levels (<40mcg/DI)
- Adoption, ACS Hold, or mother’s demise
- Stillborn
- NICU baby