

What's the Joint Commission Changing About Breastfeeding Measurement?



Contact Emily Taylor with Questions:
919.630.4460 or emilyctaylor@wiseqi.org

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Webinar Objectives

By the end of this webinar, participants will:

- understand the current Joint Commission breastfeeding measure,
and
- know how to document and abstract data for the measure.

The Joint Commissions' Perinatal Core Measures

- PC-01 Elective Delivery
- PC-02 Cesarean Birth
- PC-03 Antenatal Steroids
- PC-04 Health Care-Associated Bloodstream Infections in Newborns
- PC-05 Exclusive Breast Milk Feeding

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The Joint Commissions' Perinatal Core Measures

- Mandatory for hospitals with ≥ 1100 birth / year
- Mandatory for hospitals seeking certification, regardless of # births / year

PC05: Exclusive Breast Milk Feeding

Newborns that were fed breast milk only
since birth

Single term newborns discharged alive
from the hospital

Included Population

- Single Liveborn Newborns

Excluded Populations

- Admitted to the Neonatal Intensive Care Unit (NICU)
- Galactosemia
- Parenteral nutrition
- Experienced death
- Length of stay >120 days
- Enrolled in clinical trials
- Transferred to another hospital
- Preterm / <36.6 weeks

A Word on NICU

- AAP: NICU is defined as a hospital unit providing critical care services which is organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high-risk newborn infants and those with complex and critical illness.
- NOT defined by level designation
- NOT defined by title
- Excludes newborns admitted for observation (no time limit)
- Excludes newborns admitted for transitional care (≤ 4 hours)

IMPORTANT

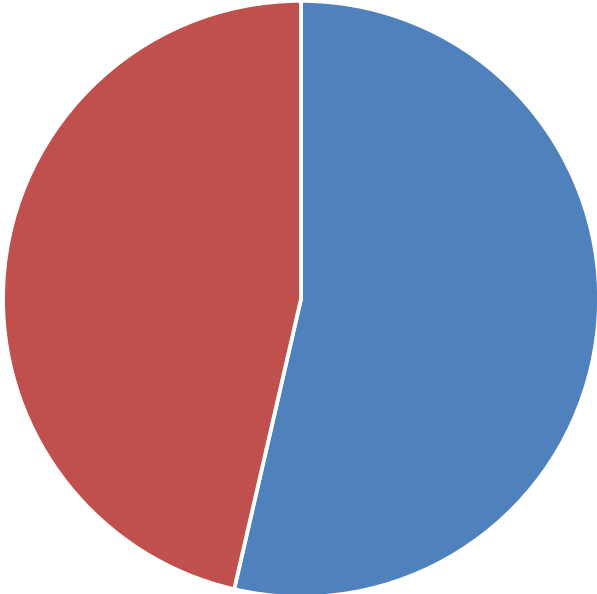
Other Clinical Indications

- Knowing indications for supplementation, mother-baby separations, delayed / early cessation of skin-to-skin will help guide your improvements.
- For Joint Commission, these other reasons for supplementation are NOT excluded.

Monthly Sample Size

<u>Average Monthly Initial Patient Population</u> <u>"N"</u>	<u>Minimum Required Sample Size</u> <u>"n"</u>
≥ 516	104
131 – 515	20% of the Initial Patient Population
26 – 130	26
< 26	No sampling; 100% of the Patient Population is required

Performance: 2013 National Average



- Exclusively Breast Milk Fed (53.6%)
- Not Exclusively Breast Milk Fed (46.4%)

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Questions?



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Reporting

- Please report monthly, by the 15th
- Use Data Collection Form to gather info
- Submit data to us online:
tinyurl.com/CHAMPSData
- If no census-level report, audit a sample

Mis-Match Documentation

- If your measure doesn't match the CHAMPS definition YET, submit the data you have and write a note explaining what your data measures.
- Example:
 - ANY skin-to-skin versus
 - Skin-to-skin immediately and through first feed / at least 1 hour if EFF

Required Measures

All Aggregate and By Race/Ethnicity

- Breastfeeding initiation
- Exclusive human milk feeding (JC PC05)
- Skin-to-skin after cesarean
- Skin-to-skin after vaginal birth
- Rooming-in

Race and Ethnicity

- All data is to be reported as aggregate, and disaggregated by race/ethnicity.
- CHAMPS recommends using birth certificate data for infant's race.
- Categories
 - African American, Non-Hispanic
 - Hispanic,
 - White, Non-Hispanic
 - Other

Exclusive Human Milk Feeding (i.e. Joint Commission PC05)

- **MEASURE: Percent of infants receiving human milk feedings exclusively throughout hospital stay (from birth to discharge)**

Breastfeeding Initiation

MEASURE: Percent of infants who receive mother's own milk at least once during hospital stay (from birth to discharge)

Skin-to-Skin – Vaginal Births

MEASURE: Percent of infants born vaginally who are placed skin-to-skin with their mothers immediately after birth, and continue uninterrupted until completion of first feeding (or for at least one hour if exclusively formula-feeding)

Skin-to-Skin – Cesarean Births

MEASURE: Percent of infants born by cesarean who are placed skin-to-skin with their mothers as soon as mothers are responsive and alert, and continue uninterrupted until completion of first feeding (or for at least one hour if exclusively formula-feeding)

Rooming-In

MEASURE: Percentage of dyads rooming-in 24 hours/day, throughout the entire hospital stay, from birth through discharge.

Optional Measures for CHAMPS

- Staff training completion rates
- Prenatal education
- Breastfeeding assessment and instruction
- Manual milk expression
- Expressing for babies in special care
- Safe formula use instruction
- Bottle-top use
- Pacifier use
- Support upon discharge
- NICU – Any human milk

NOTE: “Optional Measures for CHAMPS” are included because they are required by Baby-Friendly USA if seeking designation (except “NICU-Any human milk”). It will likely benefit your facility to implement these documentation and measurement practices with CHAMPS support.

Thoughts?



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