Continuity of Care in Kansas: The Story of One Community

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Background

- Wichita is the largest city in Kansas
- Wesley Medical Center
  - 760 bed acute care teaching hospital
  - 6400 deliveries per year
  - Chosen in 2012 to participate in the Best Fed Beginnings project
Our Journey – Wichita, KS
Continuity of Care Connections Project
Phase 1: Getting Started

Best Fed Beginnings

- Funding from the CDC
- 90 hospitals nationwide
- Aim:
  - Improve maternity care practices
  - Increase the number of Baby Friendly hospitals in the U.S.
- Implementing “The 10 Steps to Successful Breastfeeding”
- Workgroups formed around each of the 10 Steps
Involving the Community

- Community Workgroup formed in August 2012
- Partners include:
  - Hospital personnel
    - Nurses / Lactation Consultants
    - Physicians
    - Managers
  - WIC
  - *Mothers*
  - La Leche League leaders
  - Healthy Babies (new parent support program)
  - State and local breastfeeding coalition leaders
  - Private practice IBCLCs
  - Professors from Wichita State University

Purpose

- Assist the hospital with implementing Steps 3 and 10
  - Step 3: Inform all pregnant women about the benefits and management of breastfeeding.
  - Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
- Work on the USBC “Continuity of Care” project (received in 2013)
Value to the hospital

- Team members
  - Provide needed perspective and insight
  - Act as liaisons to their individual community group
  - Identify community needs and resources
  - Are cheerleaders for the hospital staff!
- Moms/families remind us of why we are doing this – put a human face on a quality improvement project

Reaching out

- Hospitals are increasingly interested in providing quality breastfeeding support
- Those in the community may need to reach out to the hospital
  - Call the Lactation Consultant phone/office or the maternity area
  - Ask your pediatrician/obstetrician for an introduction
  - Introduce yourself at breastfeeding conferences or community events
- Let them know you are available to help (have specific ideas in mind to suggest)
Lessons Learned

- Send invitations well in advance
- Have a central location
- Consider those with small children
  - Time of day / Time of year
  - Childcare issues
- Provide food if possible
- Have a job for everyone to do (but not too big a job)
- Make sure everyone at the table is ready and willing to treat everyone else with respect and attention

What was in Place:

- Key Contact, Jolynn Dowling, is a member of the NICH-Q Best Fed Beginnings Community Team

- Community team members already identified: Common Vision

- Maternal Infant Resource List and Asset Map developed by the Sedgwick County Maternal Infant Health Coalition (MIHC).
  - Two NICH-Q team members also members of this coalition. Permission obtained to use their resource list as a foundation to facilitate our assessment.

What was in Place (continued):

- Prenatal and postpartum education and support information from community members that were a part of the Best Fed Beginnings community team.

- Assessment materials provided for the project by the USBC:
  - Purpose and Objectives of the project
  - Framework for connections
  - Achievable markers and status descriptors
  - Work Plan
  - Community Dashboard
What Needed Done?

- Re-focus group mission to develop resource assessment plan and meet contract deliverables.

- Collate multiple resource lists into one document (MIHC, SC-WIC, LLL).

- Determine additional community team members not represented.

Our Team Process

- Introduce team to the Continuity of Care Connections Project, purpose, role of Key Contact, objectives, and materials provided by the USBC to facilitate the project (June 2013).

- Review existing resources
  - Add known breastfeeding resources not on the list.
  - Delete resources known to not provide education and support specifically for breastfeeding.
Our Team Process (continued)

- Invite additional community partners to participate.
  - Sedgwick County Black Nurses Association
  - Military Base Nurse

- Develop action plan to determine specific prenatal and postpartum breastfeeding education and support provided by community resources:
  - Collate multiple community resources and populate the USBC Community Dashboard
  - Develop an assessment “script” to facilitate communication of team members with resource contacts.
  - Determine deadlines for action items.

- Team decided to meet monthly and utilize e-mail communication between meetings to facilitate the project.

Challenges to Begin the Project

- Short time frame to meet deliverables.

- Project period during the summer months, when team member availability to help with the work was uncertain due to personal obligations and vacation time.
Implementation: How Work was Divided

- Final comprehensive resource list was completed by early July 2013. Included name of contact for resources, phone, email, and website information if known.
- Key Contact e-mailed each team member the Community Dashboard (populated with 33 resources) and the script.
- Team members volunteered who they would contact.
- Assessment deadline approximately 2 weeks.

Community Team Collaboration (Melody Ward)

- Community Resource List
- Team members chose who & how many resources to contact
- Of 12 resources contacted...8 were doulas. Only 2 never called back/responded to email
- All resources agreed to distributing information and/or partnering
- Choices Medical Clinic experience
Evaluation of Resources

- After community dashboard was filled out by individual members, information was collated into one document by the Key Contact.

- The team as a whole used the ranking system provided by the USBC to determine community breastfeeding resource assets and resource gaps.

- The team identified priority action steps to “Fill the Gap”.

“Filling the Gap”

- Priority Action Items
  - Develop materials to provide education consistent with Baby-Friendly and the care to expect at Wesley Medical Center.
  - Identify educational materials already developed to add to the “toolkit”.
  - Collaborate with KBC and/or Sedgwick County to provide an electronic link with identified resource assets in the Wichita area.
  - Develop a resource list of reliable websites specific for parents and professionals.
  - Translate the materials into Spanish where appropriate.
What Went Well:

- Team members engaged and committed to the project.
- Mutual trust and accountability among team members.
- Acceptance of the process as adaptive.
- Team members did not work in “Silos”.

Challenges to the Process:

- “What To Expect” card took the most time.
  - Input for content from all team members.
  - Used Kansas “High5 for Mom & Baby” as example; but did not want to duplicate.
  - Caution not to provide too much information.
  - Choice of format.

- Review of Websites
- Process to develop QR Code
- Translation
Next Steps

- Establish URL link on KBC website and develop QR code link – in progress.

- Translation of “What to Expect” card – pending.

Begin Phase 3: Deployment

- Develop a “script” to contact/educate community resource gaps.
- Contact resource gaps and provide information to them included in our “toolkit”.
  - “Toolkit” Items:
    - “What to Expect” at Wesley Medical Center card
    - Breastfeeding resource cards for parents and professionals
    - SCHD Breastfeeding Resource Guide (www.sedgwickcounty.org)
    - SCHD Breastfeeding Poster (www.sedgwickcounty.org)
    - Any additional educational materials specific for Wesley medical Center (developed and provided by WMC).
Phase 3: Deployment (continued)

- Expand connections into the Hispanic and African-American community of Wichita.
  - Invite Black Nurses Association and Hispanic representatives to participate again
- Expand connections to Military Base in Wichita.
  - Invite military nurse or breastfeeding mother/spouse support liaison to the team.
- Begin to establish peer support to “Fill the Gap”.
  - Kansas WIC offers “Loving Support” Peer/breastfeeding training.
  - Kansas TRAIN (through KDHE) provides an educational module for peer support.

Communities Supporting Breastfeeding

- Leadership
- Child Care Provider
- Employer
- Peer Support
- Maternal Support
- Maternity Care
- Societal Support
- Mother & Baby
Societal Support

“Breastfeeding Welcome Here”

64 participating businesses

Leadership

“Building Local Breastfeeding Coalitions”

- Summit, Nov. 2012, featuring Tina Cardarelli, Indiana
- Quarterly conference calls & frequent emails
- Coalitions Conference – Sept. 26th
Child Care Providers

“Child Care Provider Education Program”*

Partners:
- Kansas Child Care Training Opportunities
- Child Care Aware ® of Kansas

* From the Indiana Perinatal Network

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Employer

“Business Case for Breastfeeding”

- Presentations to employers (SHRM)
- “Return to Work” class outline
- 35 award-winning businesses
- Direct consulting with businesses
Maternity Care

Kansas "High 5 for Mom & Baby"*

- 40 out of 71 maternity care hospitals enrolled
- 3 received recognition

* Administered by the United Methodist Health Ministry Fund

Peer Support

- La Leche League of Kansas
  - 61 trained volunteer Leaders in 20/105 counties
    - 1.87 LLL Leaders in KS per 1000 live births compared to 0.92 nationally*
- 39 WIC Peer Counselors in 47/105 counties
- 13 breastfeeding support groups at county health departments.

* CDC 2013 Breastfeeding Report Card
Questions?

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