

**Quality and Productivity Commission**  
**32<sup>nd</sup> Annual Productivity and Quality Awards Program**  
**"Innovating for Impact"**

**2018 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

**NAME OF PROJECT: IMPROVING EXCLUSIVE BREAST MILK FEEDING RATES**

**DATE OF IMPLEMENTATION/ADOPTION:** JULY 2016

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2017)

**PROJECT STATUS:** ONGOING Ongoing \_\_\_\_\_ One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?** \_\_\_\_\_ Yes No No

**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

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The Department of Health Services is part of the Medi-Cal 2020 waiver program, PRIME (Public Hospital Redesign and Incentives in Medi-Cal), which helps us serve our patients by prioritizing high impact patient care improvements and obtaining critical federal and state funding for our services. One of the improvement projects was to improve our exclusive breastfeeding rates.

Exclusive breastfeeding for the first six months of neonatal life can result in numerous long-term health benefits for both mother and newborn and is recommended by a number of national and international organizations. 6 months prior to implementation of PRIME related quality improvement initiatives, Olive View-UCLA Medical Center newborns had an average exclusive breastmilk feeding rate of 45% percent. Since implementation of new workflows, the exclusive breastfeeding rate has increased and been sustained between 63% and 78%, meeting and exceeding the PRIME target of 53.90%.

**BENEFITS TO THE COUNTY**

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

**ANNUAL = 12 MONTHS ONLY**

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> Department of Health Services, Olive View-UCLA Medical Center, 14445 Olive View Drive, Sylmar, CA 91342		<b>TELEPHONE NUMBER</b> 747 210 3001
<b>PROGRAM MANAGER'S NAME</b> Tanya Vasserman RN & Danielle DeVito RN		<b>TELEPHONE NUMBER</b> 747 210 4190  <b>EMAIL</b> tvasserman@dhs.lacounty.gov
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Lisa Finkelstein 	<b>DATE</b> 7/02/2018	<b>TELEPHONE NUMBER</b> (213) 288-8104  <b>EMAIL</b> lfinkelstein@dhs.lacounty.gov
<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> Christina R. Ghaly, M.D. 	<b>DATE</b> 7/02/2018	<b>TELEPHONE NUMBER</b> (213)288-8101

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**1<sup>st</sup> FACT SHEET – LIMITED UP TO 3 PAGES ONLY:** Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame.** Use Arial 12 point font.

**Challenges:**

The California Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program is a five-year incentives-based initiative designed to improve the way care is delivered through California’s safety net hospital systems. As part of the Medi-Cal 2020 waiver program, PRIME helps us serve our patients by prioritizing high impact patient care improvements and obtaining critical federal and state funding for our services. As a designated PRIME entity, Olive View-UCLA Medical Center has focused on implementing targeted interventions to affect rates of exclusive breastmilk feeding as one of its core measures of improved perinatal care.

**Solutions:**

The *vision* of the breastfeeding project was to educate and advocate for healthy behavior and choices. To foster an organizational culture that respects a family’s informed feeding choice, education for patients began during prenatal appointments so the patients were able to make educated choices before their delivery date. Clinicians were educated about the importance of breastfeeding, and nursing staff were given additional education so they could assist the patient when moms experienced difficulty with lactation. The standardized formula order was removed from the electronic medical record. If the mom requested formula, and there was no medically indicated reason, the nursing staff would explain the importance of continuing exclusive breastfeeding and the pediatrician would evaluate the newborn and document the reason why supplementation is indicated before initiating formula. To encourage staff and to celebrate the wins, daily feedback reports were provided and those results were posted in the nursing units.

During data review, it was identified that often infants were given formula due to hypoglycemia in the delivery room. A multidisciplinary group worked together to revise the Neonatal Hypoglycemic policy and all staff were educated on it. Return demonstrations were performed to ensure understanding and compliance. As part of the policy implementation, all nursing staff were educated on how to assist the moms in hand expression of their breast milk to feed their infant. This reduced the need for formula to treat the hypoglycemia.

**Conclusion:**

An incentive based program to improve public hospital care delivery prompted hospital wide quality improvement measures resulting in significant improvements in in-hospital exclusive breastmilk feeding rates

See next page for benefits and data.

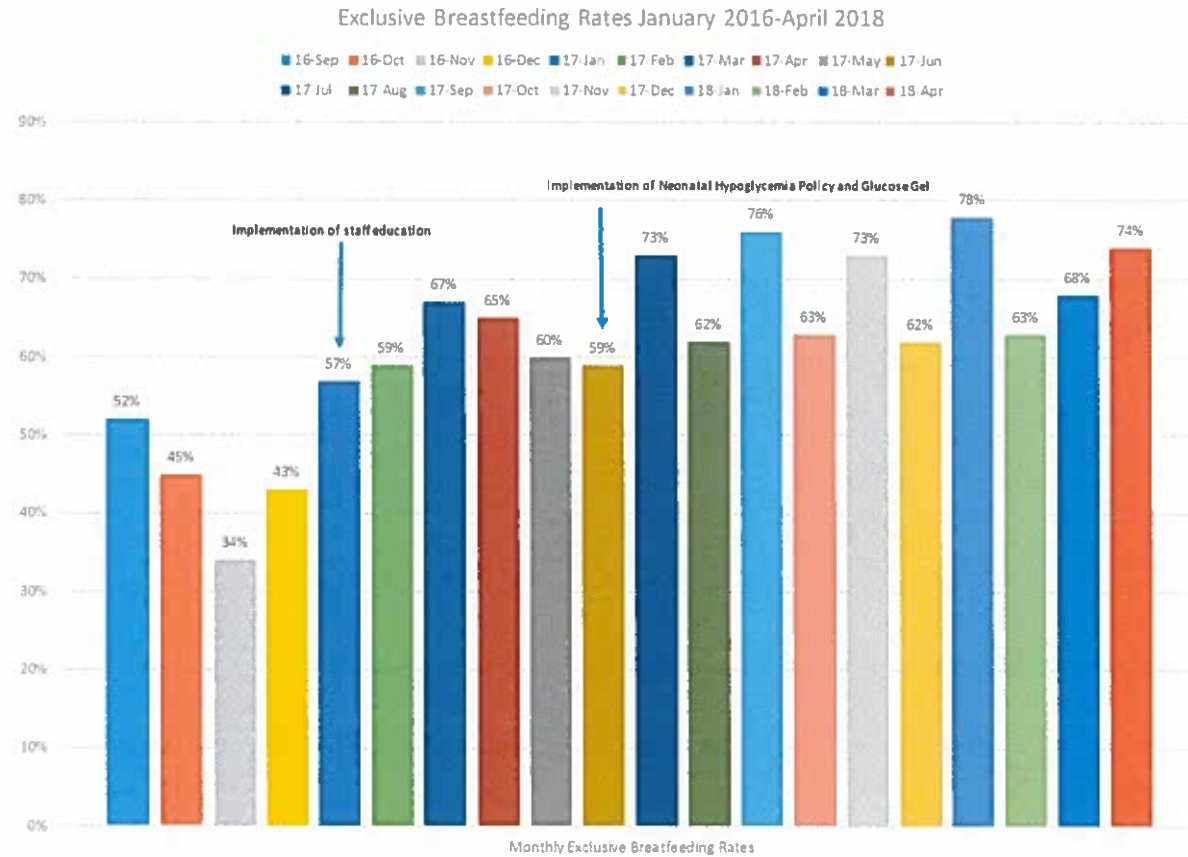
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**Benefits:**



Health care providers can influence a woman's decision to breastfeed and her ability and desire to continue breastfeeding. By supporting our patients, and providing the staff with the tools and resources they needed, we were able to effectively improve our exclusive breastfeeding rates.

"Breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed."

*Dr. Ruth Petersen, Director of CDC's Division of Nutrition, Physical Activity, and Obesity*

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**Linkage to the County Strategic Plan – 1 page only.** Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

**GOAL I. MAKE INVESTMENTS THAT TRANSFORM LIVES**

*Strategy I.2 - Enhance Our Delivery of Comprehensive Interventions*

*Deliver comprehensive and seamless services to those seeking assistance from the County.*

Most mothers want to breastfeed but stop early due to a lack of ongoing support and education. Certain factors make the difference in whether and how long infants are breastfed. By providing the education to our healthcare providers, we were able to support our patients, deliver comprehensive services to our pregnant moms and increase success rates for exclusive breastfeeding.

**GOAL III. Realize Tomorrow's Government Today**

*Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and*

*Accountability. Continually assess our efficiency and effectiveness, maximize and leverage resources, and hold ourselves accountable*

The Department of Health Services is part of the Medi-Cal 2020 waiver program, PRIME (Public Hospital Redesign and Incentives in Medi-Cal) helps us serve our patients by prioritizing high impact patient care improvements and obtaining critical federal and state funding for our services.

In alignment with the County Strategic Plan, one of the Department of Health Services Strategic initiatives for Quality and Safety is to:

*Maximize PRIME revenue in each fiscal year for the remaining years of the program.*

Olive View-UCLA Medical Center has implemented strategies to meet the Exclusive Breastfeeding Metric and thus secured the federal funds available for our patients.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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