

BREASTFEEDING TRAINING FACILITY ASSESSMENT

INSTRUCTIONS: The purpose of this exercise is to assist you and your EMPower Training teaching team in identifying your current processes related to staff training and competency verification for breastfeeding/infant feeding.

Please note, this is for informational purposes only and there are no “right” or “wrong” answers. If you do not find a preset option specific to your unique process or situation located within the check boxes, then type additional information into the text boxes.

For purposes of this exercise, maternity care staff are defined as any nursing staff that have routine direct contact with patients in Labor and Delivery, Newborn Nursery, Mother/Baby Unit, and Post-Partum. If you have a specialized newborn care area such as NICU, you may also choose to include these staff in your training efforts.

EXISTING TRAINING PROCESSES

1. **What percentage of maternity care staff have completed any education related to breastfeeding/infant feeding?** (Note: this can be an estimate)

2. **Please describe your current training processes related to breastfeeding/infant feeding.** In your description, (at minimum) please indicate approximate number of education hours, how the education is implemented, how often is this education offered, how often is the education updated, what staff are required to complete this education, and who is responsible for tracking and documentation of training.

- N/A. We currently do not have training processes related to breastfeeding/infant feeding. If you do not currently have a training process related to breastfeeding/infant feeding, please skip to question 11.

Description of current training process:

3. Is there an educational curriculum utilized for the described breastfeeding/infant feeding related education?

- Yes
- No

4. How would you best describe the current learning environment in which this curriculum is implemented? Check all that apply.

- Didactic with limited opportunity for learner participation
- Interactive and dependent on learner participation and interaction
- Online education
- Classroom/ face-to-face education
- Other/ Comments (please describe in the text box below):

5. Does the current breastfeeding/infant feeding educational curriculum incorporate the following components? Please check all that apply

- Communicating with pregnant and post-partum women about infant feeding
- Counseling mothers regarding maintaining exclusive breastfeeding
- Evidenced-based and safe supplementation considerations
- Counseling and educating mothers regarding feeding cues
- Providing skin-to-skin contact in the immediate postpartum period and beyond
- Safe implementation of skin-to-skin practices
- Assuring and promotion of keeping mother and infant together (rooming in)
- Safe implementation of rooming in practices
- Observing, assessing, and assisting with breastfeeding (to include achievement of comfortable and effective positioning and attachment)
- Teaching hand expression and safe storage of milk
- Teaching safe formula preparation and feeding to parents when necessary. Ideally only to parents whose infant's individualized feeding plans warrant the use of formula.

6. Please indicate the person/ position(s) responsible for developing and/or updating this curriculum. Please check all that apply.

- We currently do not have a person/position responsible for developing and/or updating this curriculum.
- IBCLC/Lactation Specialist
- Staff Educator
- Nurse Manager/Director
- Staff Nurse
- Other (please specify):

7. Please indicate the person/position(s) responsible for implementing this training and assuring that maternity care staff are competent in providing breastfeeding/infant feeding support.

- IBCLC/Lactation Specialist
- Staff Educator
- Nurse Manager/Director
- Staff Nurse
- Other (please specify):

8. Approximately how often are training updates related to infant feeding provided to existing staff who have received initial training?

- Annually
- Other (please describe):

9. How do you track/document staff education/training related to infant feeding? Please check all that apply and/or describe:

- Internal documentation (this can include certificates of completion, internal spreadsheets, or anything developed specific to the maternal unit)
- Online Learning System
- Other (please describe):

10. Please indicate the person/ position(s) responsible for keeping documentation of this education/training?

- IBCLC/ Lactation Specialist
- Staff Educator
- Nurse Manager/ Director
- Staff Nurse
- Other (please specify):

11. Please describe staff skills competency and verification processes. Please note, this does not have to be specific to infant feeding. We would like to understand more about how you assure competency in other unit specific nursing skills and how the skills competencies are assured on an ongoing basis.

STAFFING

1. Are there FTE's allotted to ONLY Lactation Care?

- Yes; If yes, state how many:
- No

2. Describe Lactation Care coverage:

- N/A
- Part-time/partial coverage (describe coverage):
- 24/7 coverage
- Day shift only (check to indicate: 8-hr coverage; 12-hour coverage)
- Day and Evening Coverage (please describe below):

3. What type of training do the staff providing ONLY Lactation Care have? Check all that apply.

- N/A
- IBCLC
- Registered Nurse
- Registered Dietitian
- Other (please specify):

4. Please specify the number of nursing staff employed on each of the following maternity units:

Labor and Delivery:

Nursery:

Post-Partum:

Mother/ Baby Unit (if couplet care/ shared staffing):

NICU/ Special Care Nursery (if including in training efforts. See instructions at beginning of form to determine if these staff members should be included in training efforts):

QUALITY IMPROVEMENT CAPACITY FACILITY ASSESSMENT

INSTRUCTIONS: Before you develop your EMPower Training Plan, we recommend conducting a quality improvement (QI) facility assessment. The purpose of this facility assessment is to help you identify QI methods and tools that you may want to strengthen to help facilitate implementation of your training plan. This is not an exhaustive QI facility assessment; rather, it is an assessment of a focused set of QI skills and capacity that are most relevant to EMPower Training. The assessment is designed to be completed as a team exercise during a team meeting.

QUALITY IMPROVEMENT CONTEXT AND RESOURCES

1. Does your facility use a designated, common approach to QI? (examples: Lean, Six Sigma, Model for improvement)

No

Yes; If yes, describe here:

2. Does your facility have a designated QI staff member or department?

No

Yes; If yes, describe here:

3. To what extent is your facility's identified QI personnel currently involved in working with maternity and/or pediatric care?

Not at all

A little

Somewhat

To a great extent

Please describe:

4. To what extent could your facility's identified QI personnel be involved in your EMPower Training effort?

- Not at all
- A little
- Somewhat
- To a great extent

Please describe:

5. What steps can your team take to move toward greater future involvement of your QI personnel in your EMPower Training effort?

QUALITY IMPROVEMENT AND CHANGE MANAGEMENT METHODS, SKILLS, AND TOOLS

6. Please rate how proficient your team is in the following QI methods, skills, or tools.

QI Method/Skill/Tool	1 Not at All	2 Slightly	3 Somewhat	4 Moderately	5 Extremely
Small Cycle Tests of Change					
a. PDSA Cycles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement for Quality Improvement					
a. Quality Improvement Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Data Collection and Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interpreting Run Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change Management					
a. Teamwork (Creating/Sustaining Effective Teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Addressing Resistance & Gaining Buy-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Project Management (e.g., Gantt chart, project schedule, communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gaining and Retaining Leadership Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Improvement					
a. Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>