ABSTRACT

- Objective: A growing body of evidence demonstrates that performance improvement initiatives increase knowledge, provide resources, and encourage evidence-based improvements in clinical practice. The objective of this study was to determine whether a web-based performance improvement project could improve an important clinical outcome: exclusive breastfeeding.

- Design: This study used archived data documenting performance of evidence-based standards of care that support breastfeeding generated through physician participation in “Breastfeeding Friendly Improvement Project: Meeting the Gold Standard in Infant Nutrition”, a Performance Improvement-CME activity designed to improve the promotion and support of breastfeeding. Participants used a chart audit tool to document exclusive breastfeeding and other explanatory variables that could impact the rate of exclusive breastfeeding. The web-based program allowed participants to see chart data from their individual practice settings, to process their own data and to receive individual scores and peer comparisons throughout the process.

- Sample: Three hundred and eighty (380) physicians self-selected to participate in this American Board of Pediatrics approved MOC Part IV activity (kichenih.org).

- Methods: Qualitative and quantitative data drawn from participants’ patient profiles, their selection of learning activities, and desired improvement goal for selected gaps in performance were examined using descriptive statistics to determine degree of change in performance and goal attainment.

- Implementation Strategies: A total of 2026 pre-performance improvement patient profiles and 7000 post-performance improvement profiles were reviewed.

- Results: Improvement in all best practice variables was reported. Following completion of the performance improvement project, exclusive breastfeeding rates in the patient profiles increased 15.6%. Skin-to-Skin Contact initiated within One Hour of Delivery increased 23.5%. Breastfeeding Assessment using an Objective Tool increased 25.8%; and Use of Pacifiers Decreased 10.6%. All changes were significant at p<0.0001. In addition, Ongoing Support after Discharge improved 24.5%, Follow-up within 48 Hours of Discharge increased 23.5%; Rooming-In ≥23 Hours increased 17.4%; Skin-to-Skin Initiation within One Hour of Delivery increased 25.8%; and Use of Pacifiers decreased 10.6%. The effects of a web-based performance improvement intervention on breastfeeding initiation, duration, and exclusivity.

- Limitations: Small study size, interventions really worked, participants did their own data collection, which could introduce bias, self-selected population that chose a breastfeeding PI activity, providers and would be especially useful in providing aggregate data about a hospital’s practice.

- CONCLUSIONS

- Physician-centered PI projects can have an impact on important clinical outcomes.

- Although the participants in this study were physicians, the activity can be used by other healthcare providers and would be especially useful in providing aggregate data about a hospital’s practice.

- Limitations: Self-selected population that chose a breastfeeding PI activity.

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