



Baby-Friendly Initiative (BFI) Quality Improvement (QI) Collaborative Project

Questions and Answers

Q: How does a hospital apply to participate in this project?

A: The project [Application Form](#) can be accessed on the BCC website. The Application Form will be open Feb 1, 2019 to March 31, 2019. For questions about applying contact Michelle LeDrew at BFIProjectDirector@bccbfi.com

Q: Who should be on the hospital's participating team for this project?

A: Having a multidisciplinary committed team will lead to the most likely opportunity for success. It is recommended that a team of four participate in QI Collaborative workshops. For other QI Collaboratives it has been noted that it is important to include a health system leader such as Director, VP or physician to champion the project, remove obstacles, monitor progress and recognize success. A hospital Manager that supports care teams directly with patients is valuable to support the project deliverables and create the right conditions for change. A BFI Lead or bedside nurse that will champion the Baby-Friendly Initiative project with their colleagues and families is important to include. A Parent Partner, preferably a parent that gave birth at the hospital in the past three years will be important to include on the team. This Parent Partner will share care experiences and contribute to the project implementation. In addition, the team would benefit from a Quality Improvement lead in their hospital to support the team on an ad hoc basis.

Q: In the criteria for applying to participate in the project it is noted that preference will be given to hospitals with number of births in the mid to large range? What defines mid to large?

A: One of the aims of the BFI project is to increase the number of babies that are born at a BFI designated hospital. The WHO encourages countries to focus Baby-Friendly Hospital Initiative (BFHI) implementation in large academic hospitals to have a widespread impact. The size of a hospital is also relative to its geographical location and population served. Therefore, we did not quantify a mid to large range. Another aim of our project is to help close the gap in health disparities between populations with lower breastfeeding rates and experiencing greater impacts of the Social Determinants of Health (SDOH). All maternity hospitals are encouraged to apply, and preference will be given to hospitals that are large academic hospitals with a high volume of births as well as any hospitals with low breastfeeding rates and higher SDOH.

Q: Could a province, region or health authority apply to participate or only a hospital?

A: This project is specific to hospitals and each application is for one hospital. Participating hospitals are expected to share their experiences and learning within their own geographical areas as well as broadly with other stakeholders across Canada. The QI Collaborative project is based on the Institute for Healthcare Improvement (IHI) Breakthrough Collaborative Series which recommends creating teams that are embedded in a care area that can directly impact change. The participating hospital team will need to focus and support the change work directly within a hospital setting but they certainly could share and add value to their colleagues in other hospitals in their province, region or health authority along their journey to BFI designation.

Q: Where will the QI Collaborative face to face workshops be located?

A: A Baby-Friendly Project Planning Team will be formed in the coming weeks that will detail the planning, design and implementation of the QI Collaborative. The decision where and exactly when to host the workshops will be determined by the Planning Team. Relative ease of access to flights and appropriate venue will be considered. The location of the workshop may change for each of the three workshops.

Q: What will be the funding support available and what will be the cost to participate in the Baby-Friendly Project?

A: The funding from the Public Health Agency of Canada for the QI Collaborative will support costs of the National Baby-Friendly Project Director role, Faculty Experts, Evaluation Consultant and data analyst. The funding will also support the cost to host a series of three workshops, coaching sessions and webinars between workshops. Fees of Pre-Assessment and External Assessment for Baby-Friendly designation will be covered if the participating facility moves forward with designation.

The cost to the participating hospital will be the travel (flights/mileage) and hotel accommodation to support a team of four to attend the three workshops which will be two days each.

Hospitals may also choose to have a site visit by the National Baby-Friendly Project Director. No fees will be charged to the facility for the Project Director's time, but travel and accommodation will be required (site visits are optional).

Q: How will expert faculty be recruited?

A: A Baby-Friendly QI Collaborative Planning Team will be formed in February/March and will detail the design and implement the QI Collaborative. Based on the detail design of the QI Collaborative, faculty experts will be recruited to deliver multiple or specific components. A multi-disciplinary expert faculty will be recruited over the coming

months. Funding is available to support the work of the faculty experts including fees of contracted time, travel and expenses to workshops. We are seeking expertise in implementing BFI, Quality, Improvement, Population Health, Indigenous Health and health system transformation. If you would like to nominate a leader to be considered being a Faculty Expert contact Michelle LeDrew BFIProjectDirector@bccbfi.com

Q: What is the timeframe of the project?

A: This Baby-Friendly QI Collaborative project will be 24 -30 months. The timeframe chosen for this project was based on the model used in the United States (Best Fed Beginnings) that was successful in moving hospitals toward Baby-Friendly designation. The Baby-Friendly Initiative is a journey that takes time to implement. The workshops will provide the opportunity to learn and plan for future work. The action phases between workshops provides time for hospital teams to implement their plans using iterative Plan-Do-Study-Act cycles and requires time to trial and monitor sustainable change. The action phases also will provide opportunities for coaching hospital sites and offering additional webinars and learning experiences that will support their progress.

Q: How do you plan to ensure a Cultural Safety approach?

A: The BCC is committed to ensuring cultural safety throughout the project. It will be expected that the planning team and expert faculty will have had training in cultural safety, and we will engage Indigenous Leaders to participate in the planning and implementation of the project. We are eager to receive recommendations of names of key Indigenous leaders who would be willing to participate. Please forward contact names to Michelle LeDrew at BFIProjectDirector@bccbfi.com

Q: Why is this Baby-Friendly project focused on hospitals and not the community?

A: Despite great efforts over several decades there are only 22 hospitals designated Baby-Friendly in Canada. The World Health Organization 2018 *Implementation Guidance: Protecting, promoting and supporting Breastfeeding in facilities providing maternity and newborn services -- the revised Baby-friendly Hospital Initiative (BFHI) (WHO, 2018)* calls for action to scale up the implementation of the Baby-Friendly Hospital Initiative worldwide. A key strategy emphasized in this document is embedding BFHI in quality improvement. The core of this Canadian Baby-Friendly Initiative project is to implement a Quality Improvement Collaborative with 25 participating hospitals. Efforts to support Community Health Services will continue through the Provincial/Territorial work already in place.

Q: How will community partners be engaged in this project?

A: Step 10 of the [BCC BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services](#) states: “Provide a seamless transition between the services provided by the hospital, community health services and peer support programs.

Apply principles of Primary Health Care and Population Health to support the continuum of care and implement strategies that affect the broad determinants that will improve breastfeeding outcomes.” It will be the expectation of participating hospitals to engage and work with community partners to fulfil the requirements of this step. There will be learning opportunities associated with this step and progress to implementation will be assessed.

Q: Some parents are feeling the pressure to breastfeed and shunned if they bottle feed formula. How do we support families early in their decision making?

A: The Baby-Friendly Initiative is for all families regardless of the infant feeding decision. Often information about the importance of breastfeeding and risk of not breastfeeding are not fully shared with families. Families require unbiased evidence-based information and support on how to best approach infant feeding in each parent’s unique context. The Breastfeeding Committee for Canada uses a Population Health approach in its communication and messages. Population Health includes both universal and targeted approaches. The universal approach messages promote, protect and support breastfeeding. The targeted approach is done on an individual basis and takes in consideration the individual needs and experiences as well as harm reduction messages. Regardless of the family’s infant feeding decision the Baby-Friendly Initiative has important benefits including informed decision making, rooming in together, skin-to-skin contact, responsive cue-based feeding, appropriate teaching and support, and connecting with community resources.

Q: How will other hospitals benefit in this work if they are not part of the 25 participating hospitals?

A: One of the aims of the project is to share the learning and experiences of the 25 hospitals with other hospitals in the home province/territory as well as across the country. It is the expectation of participating hospitals that they will commit to supporting this aim. In addition, provinces/territories may request to have a designated lead to participate in the QI Collaborative to learn and share with other hospitals in their province/territory. Expenses for the designated provincial/territorial lead’s participation would be the responsibility of the sponsoring organization.