Maternal-Child Health Nurse Leadership Academy (MCHNLA): Improving the Health & Wellbeing of Mothers, Babies & Young Children

Julia A. Snethen, PhD, RN, FAAN
Faculty Advisor, MCHNLA 2016-2017
Associate Professor,
University of Wisconsin-Milwaukee, College of Nursing
Member, Eta Nu Chapter STTI
Learning Objectives

• Discuss MCH Nurse Leadership Academy
  ▪ Purpose
  ▪ Goals

• Describe outcomes of:
  ▪ inter-professional team
  ▪ leadership projects and
  ▪ personal leadership development
Designed to develop leadership skills of maternal-child health nurses and nurse midwives to:

• effectively lead inter-professional teams
• improve the quality of healthcare for childbearing women and children up to 5 years old.
Transformational Leadership Model

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart
MCHNLA Structure
18-20 mo.

- Participate in:
  - 2 workshops
  - 2 site visits
- Outcomes
  - STTI Conference
  - Poster
    - Project
    - Leadership Journey
- Evaluations conducted to identify fellow and mentors:
  - leadership practices,
  - skills
  - knowledge
MCHNLA Fellow Role

18-20 mo.

• Participate in Triad relationship:
  • Mentor
  • Faculty Advisor

  Leadership Journey
  – Workshops
  – Faculty Site-visits
  – Monthly conference calls

• Project
  • Triad
  • Inter-professional team
  • Organization

• Outcomes
  ▪ STTI Conference
  ▪ Poster
    – Project
    – Leadership Journey
MCHNLA Mentor Role

Work with fellow to:

• champion,
• advise and
• advocate
• Not Fellow’s direct supervisor

• Familiar with Fellow’s practice setting
• Demonstrates characteristics of a Leadership Mentor
Faculty Advisor Role

• Participates:
  ▪ On-line application review
  ▪ Selection process

• Advising and mentoring
  ▪ Project
  ▪ Leadership Journey
    – Site-visits
    – Workshops
    – Monthly conference calls

• Collaborates with:
  ▪ MCHNLA faculty advisors
  ▪ STTI
  ▪ Johnson & Johnson

• Curriculum development,
  ▪ Presentation
  ▪ Evaluation

• To facilitate Triad Achievement of Program:
  ▪ Goals
  ▪ Objectives
MCHNLA: Benefits

- Professional Growth
- Knowledge driven meetings
- Resources:
  - Evidence-based materials
  - One-on-one consultations
- Collaborating with colleagues:
  - Accomplished
  - Supportive
Project

Opportunity:
• Develop a project that can make a difference
• Interesting topic

Benefits:
• Improve health of women and children
• Improve quality of health care
• Improve organization
Leadership Journey

- Leadership Journey is just that… a journey
- Journey can be challenging at times….
  - Events out of your control
  - Unexpected changes in:
    - Organization
    - Personnel
    - Programming
- Process requires a time commitment from participants
- Outcomes—Priceless!
MCHNLA Impact Data

LPI Baseline & Final Follow-up
Fellows & Leadership Mentors

Fellows  Leadership Mentors  Fellows  Leadership Mentors  Fellows  Leadership Mentors
2010 - 2011  2012 - 2013  2014 - 2015

Baseline  Final-Follow-up
Organizational Impact: Why is This Important?

Shakira Henderson, PhD, DNP, MS, MPH, RNC-NIC, IBCLC
Faculty Advisor, MCHNLA 2016-2017
Sr. Administrator, Center for Research and Grants
Vidant Health
Member, Beta Nu, Beta Tau, and Lambda Chi Chapters STTI
Leadership

“Credibility is the foundation of leadership”
(Kouzes & Posner, 2012)
Model the Way

Modeling the way is the defining example of credibility
Clarify Values

Finding your voice

Affirm shared values
Creating the Leader in You

Organization Mission & Values

Organization Values

Your Values
Impact on Organization

47 Midwives
457 OB-GYN/Physicians
2,799 Nurses
26,662 Population Directly Served

Numbers from 2012 - 2015
Population Directly Impacted

6,830
Boys 0 – 5

7,858
Girls 0 – 5

11,934
Women

Numbers from 2012 - 2015
Your project is the vehicle to transform the institution, community, region, nation, and world!
Toward a culture of safety: Optimizing and standardizing intrapartum fetal assessment, interpretation and management through an interprofessional approach

Background
- Antepartum fetal heart rate monitoring is the most commonly performed routine on the critical fetus as they move from one to another.
- Measurement of fetal heart rate (FHR) is an important and comprehensive tool that has been traditionally used to monitor fetal well-being.
- While extensive work has been done to interpret and manage FHR monitoring, there are several limitations.
- Limitations include: reliance on fetal heart rate (FHR), variability in interpretation and management of FHR, and variability in interpretation and management of FHR.

Purpose
- The purpose of this project is to evaluate the impact of an interprofessional educational intervention on knowledge of fetal heart rate monitoring, assessment, and management.

Project Aims
1. Evaluate knowledge of fetal heart rate monitoring among selected healthcare providers.
2. Increase understanding of the relationship between fetal heart rate and fetal well-being.
3. Increase knowledge of the role of fetal heart rate in the assessment of fetal health.
4. Increase knowledge of the role of fetal heart rate in the assessment of fetal well-being.

Project Activities
- Facilitated learning sessions
- Fetal heart rate monitoring workshops
- Fetal heart rate monitoring simulation exercises

Conclusions
- The interprofessional educational intervention significantly improved knowledge of fetal heart rate monitoring, assessment, and management.

Next Steps
- Deployment of educational materials
- Further study to evaluate the long-term impact of the intervention on knowledge and practice.

44TH BIENNAEIAL CONVENTION | #STTIConv17
Implementation and Evaluation of Transitioning Newborns at the Bedside: Skin-to-Skin Immediately After Delivery Maternal-Child Leadership Project

**Authors:** Sonya Clayton MSH, RN, IBCLC, CCE; Shakra Henderson, PhD (c); DMF, MS, NPH, RNC-BC; IBCLC; Kathryn Arterberry, DNP, APRN, FNP-BC

**Johnson & Johnson**

**Background**

Traditionally, mothers and babies are separated after birth. However, strong evidence shows that transitioning skin-to-skin after birth between mother and baby improves neonatal and maternal outcomes. Women need ongoing education, support, and encouragement from nurses and other health care team members to engage in this critical practice. The focus of this study was to evaluate the implementation and outcomes of transitioning newborns at the bedside immediately after delivery.

**Organizational Change & Leadership Challenges**

- **Visitation**
  - Restrictive visitation guidelines
  - Cultural sensitivity
- **Patient Satisfaction**
- **Patient Safety**
- **Technical Needs**
  - Adoption of new technology for barcode scanning for all areas

**Specific Aims**

- To utilize leadership strategies to implement a transition from skin-to-skin after birth with maternal-child leadership project.
- To train all labor and delivery nurses to transition newborns at the bedside.
- To transition all eligible newborns at the bedside.
- To decrease separation times for couples (i.e., mother/baby dyad).
- To increase skin-to-skin initiation rates.
- To maintain patient satisfaction scores at or above 90%
- To increase exclusive breastfeeding rates.

**Project Outcomes**

- 25 labor and delivery nurses trained to transition newborns.
- 75% of patients were cared for during the 12-month period.
- The number of infants transitioned at the bedside increased by 78%.
- The skin-to-skin initiation rates exceeded the national benchmark by 39% and increased by 9%.
- Mother satisfaction with bedside transition remained at or above the 90th percentile.

**Project Activities**

- A unit-specific task force made up of key stakeholders was developed and lead by the STTI-Maternal-Child Leadership Academy fellows.
- The task force over a 6-month period:
  - Completed training for all labor and delivery nurses on transitioning newborns at the bedside.
  - Performed patient chart audits to document skin-to-skin initiation rates, breastfeeding exclusivity rates, and separation times.
  - Tracked satisfaction surveys of transitioning mothers.

**Evaluation Methods**

- Staff education training data.
- Monthly tracking of skin-to-skin initiation of all newborns data.
- Monthly tracking of transitions of all eligible newborns.
- Monthly tracking of exclusive breastfeeding rates.
- Monthly maternity patient satisfaction surveys.

**Leadership Journey Outcomes**

- Inspire a shared vision.
- Team came to understand the overall impact we were making for both mothers and infants.
- Challenges the process.
- We developed staff for the initiative.
- Embrace the change.
- Team Champions were able to continue to support and move project forward in our absence.
- Model the Way.
- Developed confidence to lead out loud and on purpose.
- Encourage the Heart.
- Hospital Baby Friendly Celebration.
- We are Baby Friendly.
- Baby Friendly Redesignation July 2014.

**Discussion**

Transferring newborns at the bedside has a positive impact on skin-to-skin initiation rates; patient satisfaction; and exclusive breastfeeding rates. Skin-to-skin light after birth with maternal-child leadership project may be a strong approach to accomplishing newborn bedside transitioning.

**Next Steps**

1. Baby-Friendly Consistency.
2. Prepare for Baby Friendly Redesignation.

**Organizational Change & Leadership Challenges**

**Practice Environment**

- New practice changes for the unit.
- Role expansion for all areas.
- Staff discomfort with change initiative.

**Communication**

- Handoff between units.
- Role delineation.

**Supplies**

- Reorganization of supplies.
- Accessibility of supplies.

**Training**

- New initiative.
- Based on unit.
- Staging implementation.

**Evaluating Methods**

- Facilitate more lactation personnel on unit.
- Initiate research.
- Publication of project.
Increasing Exclusive Breastfeeding Rates in a Predominately African American Community

Michelle Harrison, MSN, MBAHCA, RNC
Leadership Mentor Florence Jones, DNP, RN, NEA-BC, FACHE
Faculty Mentor Diane L. Spatz, PhD, RN-BC, FAAN

Background

- Human milk: Provides infants with ideal nutrition as well as optimal health and developmental outcomes.
- Protects children from illnesses and childhood conditions.
  - Sudden Infant Death Syndrome (SIDS)
  - Gastrointestinal infections
  - Respiratory illnesses
  - Ear infections
  - Allergies
  - Childhood obesity
  - Diabetes

Purpose

- Increase exclusive breastfeeding rates from 4% to 15% during the initial hospital stay
- Increase overall breastfeeding initiation rates during the initial hospital stay
- Improve the breastfeeding culture in the hospital and the community

Project Activities

- Exclusive Breastfeeding rates during the initial hospital stay
- Number of staff benefited
- Number of community members reached

Project Measures

- Encourage the heart
  - Thank you notes
  - Encourage the Heart-based
    - Drawing and Stories
- Enable others to act
  - Community projects
  - Nursing Student projects
  - Breastfeeding discussion
- Inspire a shared vision
  - Skin to Skin
  - Attention process
  - Mother baby model
- Challenge the process
  - Nursing Process
- Innovation Breastfeeding

Discussion

Challenges and Barriers:
- Staffing challenges
- Change in administration
- Other competing projects
- Physician Disinterest

Next Steps:
- Transition to a mother baby model of care
- Incapacity breastfeeding as a healthy behavior
- Graduate RNs continue with the breastfeeding initiatives in their residency project
- Graduates RN apply to upcoming Sigma Theta Tau Maternal Child Health Leadership cohort - support of breastfeeding in the NICU setting

National and Local Statistics Supporting Need for Project

<table>
<thead>
<tr>
<th>National and Local Statistics</th>
<th>United States</th>
<th>Tennessee</th>
<th>Methodist South Hospital</th>
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<tbody>
<tr>
<td>mPNC Rate</td>
<td>75</td>
<td>67</td>
<td>46</td>
</tr>
<tr>
<td>Average Breastfeeding Initiation</td>
<td>79.2%</td>
<td>74.9%</td>
<td>39%</td>
</tr>
<tr>
<td>Breastfeeding Initiation at 6 months</td>
<td>49.4%</td>
<td>40.7%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Breastfeeding Initiation at 1 year</td>
<td>25.1%</td>
<td>20.9%</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

The Surgeon General's Call to Action to Support Breastfeeding reports that breastfeeding rates in African American women are significantly lower; with only 58% of women initiating breastfeeding and only 20% of women 45.000 x 21.000 in 3 months. Source: www.suppogeteral.gov
Exploring Integration of a Home Visiting Public Health Nurse into a Pediatric Medical Home

Fellow: Katharine Besch, MBA, BSN, RN Mentor: Lea Ann Miyagawa, MN, BSN, RN Faculty: Carol Klingbeil DNP, RN, CPNP-PC

Background

There is mounting evidence that home visiting programs can decrease health disparities, reduce hospitalizations and ED visits, and increase access to care. Experts in pediatric, public health, and early childhood development have discussed the integration of home visiting nurses and the medical home to optimize communication, collaboration, and continuity of care.

Purpose

The aim of this pilot quality improvement project was to explore a new model of care that enhances the pediatric medical home model by incorporating a home visiting Public Health Nurse (PHN) into the existing medical home team. The goal is to improve access to medical care and continuity of care between the clinic and the home.

Methods and Measures

Project Activities
- Established a group norm, case load, team expectations, and 3-month length for project
- Met regularly for case conferencing and program discussion
- Created pathway for referring and facilitating education and navigation
- Team members shadowed each other for a clear understanding of each other’s roles

Project Methods
- Chart review
- Patient interviews
- Employee focus group
- Team analysis of meeting minutes

Participants
- 7 infants
- 6 mothers
- 5 languages spoken: English, Latvian, Amharic, Vietnamese, and Spanish
- First home visit occurred between 3 days to 20 days after birth
- All 7 infants are male
- 5 team members including: Pediatric Nurse, Registered Nurse, Medical Assistant, Public Health Nurse, and Supervisor

Outcomes

Patient Perspective
- Received excellent care
- PHN has more time for each visit so is able to educate and assist with care (breastfeeding)
- Appreciated infant weight checks at home so didn’t have to take baby to clinic
- Improved communication by having PHN available to assist with questions or follow up
- PHN was able to improve access to care through home visits prior to well-child checkup

Team Perspective
Strengths
- Patient access to medical appointments and follow-up from appointments was improved with PHN home visiting
- Decreased duplication of services
- Improved provider communication and knowledge
- Improved ability to contact client by PHN’s understanding of living environment
- PHN’s home visit prevented unnecessary office visits and or significant health issues were identified (financial/benefit)
- PHN-MD overcome communication barriers by establishing texting as the optimal communication tool for urgent/time sensitive issues

Barriers
- Different electronic health records caused barriers to continuity of care
- Trust between team members needs to be established which takes time and energy
- Offices in different locations creates communication barriers

Outcomes

STTI MCH Leadership Journey

Lessons Learned

References

Field Birth: A Baby Focused Web-Based Resource for Out of Hospital Births
Karen Wright PhD, NNP-BC
Rush University, Chicago
www.fieldbirth.com

Introduction
Despite the rise in home births and outpatient hospital deliveries, the opportunities and resources for pre-hospital care providers to participate in visual demonstration and fundamental information regarding critical concepts of newborn care are limited.

Aim
The aim of this program is to determine if using video on-line methodology would positively impact the knowledge of prehospital care providers about newborn management following out-of-hospital "field" birth.

Content
Program modules focused on newborn post delivery care.
Every Newborn Module - knowledge needed for every birth
Breathing Newborn Module - breathing assessment & bag mask ventilation
Hand-off Newborn Module - communication related to newborn.

<table>
<thead>
<tr>
<th>15 Students/Learning Module B</th>
<th>Pretest Scoring Mean</th>
<th>Post-test Scoring Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Baby</td>
<td>9.8</td>
<td>13.9</td>
</tr>
<tr>
<td>Breathing Baby</td>
<td>11.6</td>
<td>14.2</td>
</tr>
<tr>
<td>Hand-off Baby</td>
<td>6.3</td>
<td>12.8</td>
</tr>
<tr>
<td>Total</td>
<td>9.2 (66%)</td>
<td>13.6 (90%)</td>
</tr>
</tbody>
</table>

Evaluation
Despite introduction to a new type of learning, first responders improved their knowledge regarding newborn post delivery care. Although a small sample, overwhelmingly the responses indicated that visualization was extremely helpful. Web-based newborn education was not previously available to those providers.

My Leadership Journey
• Experience is wisdom - mentoring was extremely helpful (Model the Way)
• Collaborative with interdisciplinary providers is key to success (Inspirer Shared Vision)
• Development of web-based learning modules was effective (Challenge the Process)
• When a project stalls, collaborate with positive people (Enable Others to Act)
• Piloting in a low-resource area increases applicability (Encourage the Heart)
• Funding makes a better product (Next Steps)

Next Steps
• To seek funding to provide Field Birth to rural and underserved areas

With respect and gratitude I acknowledge my project mentors:
Dr. Barbara Woodring
Dr. Janet Engstrom
Dr. Rebekah Hamilton

Literature & Resources
Survey Assembly, SAGE, Palo Alto, California, USA.

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Sigma Theta Tau International Honor Society of Nursing®
Keeping Skin in The Game: Bringing Awareness to Neonatal Skin Injuries

Media Esser MSN, NNP-BC, APNP, PhD (c), Christine Schindler PhD, CPNP, Pat Clinton PhD, ARNP, FAANP, FAAN

**Background**
- Skin injury is a significant problem in the neonatal population.
- The most common skin injuries found in the neonatal population are:
  - Skin tears
  - IV infiltrates
  - Device related injury
  - Diaper dermatitis
  - Infant and contact dermatitis
  - Adhesive injuries
- Every neonate is considered high risk and many preventative measures are performed with daily care.
- As many as 4% of patients are discharged from the NICU with significant scarring.
- Rates of unintentional skin injury in lower gestational age infants can be as high as 57% as compared to 20% in their term gestational age counterparts.

**Methods/Project Activities**
- Representatives from Nursing, Medicine, and Administration joined in the implementation efforts.
- Creation of ongoing data collection for GI from selected metrics of documentation.
- Diaper dermatitis algorithm published in resident handbook for Neonatal Intensive Care Unit.
- Staff education on skin care policy revisions
- Neonatal Skin Care Visiting Scholar Presentation
- Continued NICU presence at skin-related hospital-wide committee meetings
- Skin and Wound CENS position implemented
- Monthly meetings to discuss data, skin care practices, and quality improvement strategies
- Weekly skin rounds

**Leadership Journey**
“The 5 practices of the KP Model of leadership (Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart) helped create numerous meaningful experiences that have led to the generation of a stronger awareness surrounding neonatal skin care.”

(Follow)
- 20 physicians benefited from this project
- 104 nurses benefited from this project
- 102 female children ages 0-3 benefited from this project
- 115 male children ages 0-3 benefited from this project

**Purpose**
- Enhance awareness of neonatal skin injuries
- To perform a QI project gathering skin injury data within a level 4 NICU.
- Characterize most common types of injuries
- Assess and compare descriptions of injuries within documentation before and after activities.
- Discover need for further work and education.

**Outcomes**
- Documentation analysis revealed inconsistent definitions.
- High incidence rate speculated to be related to birth process and other procedures.
- Unexpected elevated rate of diaper dermatitis
- Demonstrated the need for ongoing education
- No pressure ulcers

**Acknowledgements**
Thank you to all the staff at Children’s Hospital of Wisconsin NICU nurses and staff for your support and Martha Evans for help with data organization.

**Future Considerations**
- Examine outcomes for preventable causes.
- Examine relationships to sentinel events and incident reporting.
- Posts presentations at national conferences.
- Develop NICU skin team to tackle:
  - Education and support of injuries
  - Policy development and product evaluation
  - Continuum QI activities

**Characterized Skin Injuries January- April 2015**

**Documentation of Skin Injuries**
Personal and Professional Impact

Katheryn Arterberry, DNP, APRN, FNP-BC
Faculty Advisor 2016 – 2017
Associate Professor at Northwestern State University of Louisiana
Member Beta Chi Chapter STTI
Multi-Level Impact

- Mentor
- Community Participation
- Fellow
- Organization
Impact on Fellows

Effect on Professional Network
- Major
- Other

Effect on Leadership Skills
- Increased ability to address challenges
- Other

Taken from 2014-2015 cohort survey
Fellows

“I came to the academy from a front-line nursing position and it was a protected, supportive environment for me to work with advance practice leaders in my specialty and develop my leadership skills and knowledge. THANK YOU for an AMAZING experience!”

2006 – 2007 Fellow: Leslie Myers, DNP, APRN, ANP-BC, CNE
Assoc. Prof of Nursing / Nurse Practitioner
Fellows

Rewards and Recognition

- Received
- Other

Promoted

- Promoted
- Other
Impact on Mentors

Leadership scores rose by almost 10% during participation in the Academy!
"The leadership academy helped me to recognize the leadership traits which I have possessed all along. Leadership isn’t about being in charge or always being out in front. Sometimes leadership is finding your own voice, being comfortable where you are on your own journey, and recognizing your own potential in order to draw out potential in others."

Jaime Panton, DNP, APRN, CPNP
Mentor 2016-2017 Cohort
Impact on Faculty

“I have constantly raved about the impact the Academy has had in my life, both professional and personal. I have a dyad from my organization in the academy now and after workshop one they came back invigorated, ready to make change! I feel sure that they will positively impact the work place, patient outcomes and at the same time they will be positively impacted as well.”

Katheryn Arterberry
Faculty 2016-2017 Cohort
The Greatest Impact Cannot Be Measured In Numbers...But In The Stories

Kimberly Chrupcala
2012-2013 Cohort

Leadership Mentor: Taryn Edwards
Faculty Advisor: Diane Spatz

Decreased length of stay by 8.76 days through her Project to implement infant driven feeding as a standard of practice in the NICU.
The Greatest Impact Cannot Be Measured In Numbers...But In The Stories

Sonya Clayton
2014-2015 Cohort

Leadership Mentor: Shakira Henderson
Faculty Advisor: Katheryn Arterberry

Increased bedside transitioning of newborns by 70%; thereby decreasing couplet separation, increasing skin to skin initiation rates, breast feeding exclusivity and patient satisfaction.
The Greatest Impact Cannot Be Measured In Numbers...But In The Stories

Charlotte Li
2012-2013 Cohort

Leadership Mentor: Ruth Stevens
Faculty Advisor: Julia Snethen

Developed a quick reference neonatal handbook that was so well received it was expanded to include all neonatal nurses in the health system.
Relationship Building

• Fellow and Mentor
• Fellow and Faculty Advisor
• Mentor and Faculty Advisor

Fellow

Mentor

Advisor

• Fellow to Fellow
• Mentor to Mentor
• Faculty Advisor to Faculty Advisor
The Full Impact of the Current Cohort has Yet to be Realized!
Put Yourself in the Picture!
MCHNLA 2018 – 2019!

Maternal-Child Health Nurse Leadership Academy 2016 - 2017
Thank You & Questions

To contact us:

- Julia Snethen, PhD, RN, FAAN
  Julia@uwm.edu
- Katheryn Arterberry, DNP, APRN, RNP-BC
  arterberryk@nsula.edu
- Shakira Henerson, PhD, DNP, MS, MPH, RNC-NIC, IBCLC
  Shakira.Henderson@vidanthealth.com