

Step 9: Establish systems of data tracking, quality assurance, continuous quality improvement and impact evaluation.

GUIDELINE	DESIRED OUTCOMES	ADVICE FROM THE FIELD	RESOURCES
<p>9A: Perform quality assurance and develop quality of care measures for patient education (Step 3), clinical services (Step 4) and community resources (Step 6), integrating these quality measures into continuous quality improvement systems.</p>	<ol style="list-style-type: none"> 1. <i>Quality assurance and quality improvement reports will address the quantity and content of patient education, as described in Step 3.</i> 2. <i>Quality assurance and quality improvement reports will address the quantity and content of clinical services, as described in Step 4.</i> 3. <i>Quality assurance and quality improvement reports will address referrals made and completed, as described in Step 6.</i> 		<p><i>Assessing Progress toward Breastfeeding Friendly Best Practices in Community Clinics & Health Centers</i> - Sonoma County Indian Health Project</p> <p><i>Assessing Progress toward Breastfeeding Peer Counseling Best Practices in WIC Programs</i> - California WIC Program (CDPH)</p>
<p>9B: Develop a system to monitor breastfeeding data from patient visits and patient surveys, using data to identify quality improvement needs and effective breastfeeding support services.</p>	<ol style="list-style-type: none"> 1. <i>Clinic medical records will be able to provide the following data:</i> <ol style="list-style-type: none"> a. <i>Lactation outcomes, including breastfeeding initiation rates and exclusive breastfeeding duration rates</i> b. <i>Infant feeding outcomes, including timing of introduction of formula and/or solid foods</i> c. <i>Clinic-specific impact evaluation, correlating health outcomes (e.g.,</i> 	<p>Hospitals collect breastfeeding data that reflects initiation and exclusivity, while WIC clinics collect data regarding initiation, duration and exclusivity.</p> <p>The biggest gap in breastfeeding data is postpartum data. Community health centers and health plans have an opportunity using EHR to collect breastfeeding and infant feeding data.</p> <p>Working with a task force of clinic staff, including IT staff, will ensure</p>	<p><i>EMR Data Development for Breastfeeding Surveillance and Program Evaluation</i> – Children’s Hospital Los Angeles & AltaMed</p> <p><i>Breastfeeding Query Logic</i> - Children’s Hospital Los Angeles & AltaMed</p> <p><i>Breastfeeding Measurement in the Outpatient Electronic Health Record</i> – Lactation Supportive Environments Project, San Diego</p>

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	<p><i>infant growth measurements) to and infant feeding data</i></p> <ol style="list-style-type: none"> 2. <i>Clinic-specific lactation barriers and successes for specific time intervals, differentiating between medical indication and mother's choice to introduce formula and/or solid foods</i> 3. <i>A review of the BF data monitoring system will identify effective breastfeeding support services and quality improvement priorities to inform program improvement planning</i> 	<p>the best process and outcomes for establishing data collection, tracking and QI.</p> <p>Collection of breastfeeding data could be useful for aspects of patient care and health outcomes beyond infant feeding. For example, pediatric issues, such as ear or respiratory infections or weight gain, could be studied in relation to breastfeeding.</p>	
<p>9C: Partner with local agencies such as WIC, the local health department, breastfeeding coalitions and others to share breastfeeding outcomes data for community health assessments. Compare clinic breastfeeding rates with community/county, state and national rates.</p>	<ol style="list-style-type: none"> 1. <i>Clinic documents will show how clinic evaluation was shared with local agencies.</i> 2. <i>Clinic evaluation will compare clinic breastfeeding rates with community/county, state and national rates.</i> 		<p>Breastfeeding Data - CDPH, Maternal, Child & Adolescent Health</p> <p>Breastfeeding Data & Resources - Centers for Disease Control and Prevention (CDC)</p>