

CONCLUSION:

There are many reasons to improve the quality, consistency and availability of lactation services:

- **Ethically**—“it is the right thing to do”.
- **Medically**—research shows that appropriate support for breastfeeding and the provision of breast milk represent the expected standard of care. Thus it is critical to have the supports necessary to ensure that mothers and infants are successful at breastfeeding. Also, national organizations state that it is a medical “norm” and expectation to provide consistent and comprehensive lactation services.
- **Financially**—Although lactation services are rarely a money maker, there is potential to charge for the service to offset a portion of those costs. Additionally, provision of effective inpatient lactation care can prevent costly ED visits and readmissions due to lactation failure(s) and assist the facility to meet national and Joint Commission guidelines and recommendations. Mothers who experience a satisfying birth and lactation experience will be more likely to utilize the other services of the hospital for family members needs. The presence of a center of excellence in lactation support is a marketing advantage for a hospital.

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Five Steps to Improving Job Security for the Hospital-Based IBCLC

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Many IBCLCs have found themselves in the unfortunate position of experiencing a reduction in their hours, or under the threat of job elimination, due to hospital budget constraints. The United States Lactation Consultant Association (USLCA) recognizes this as a distressing situation that may have a significant impact and unintended consequences to couplets cared for in such institutions. This paper is designed to suggest potential strategies and practical steps for the IBCLC to utilize when their lactation consultant position or program is in jeopardy.

Step #1

APPROACH ADMINISTRATION WITH CRITICAL DATA, NATIONAL GUIDELINES AND SUPPORTIVE RESEARCH FOR LACTATION SERVICES

- New Joint Commission Recommendations¹:** The 2010 Joint Commission specifications measure to improve exclusive breast milk feeding specifies data collection on exclusive breast milk feeding during the newborn's entire hospitalization. Core Measure Sets must be selected in their entirety, so hospitals that wish to include the Perinatal Care Core Measures as part of their ORYX reporting need to include the breastfeeding measure. The most current data on exclusive breastfeeding rates indicate that many hospitals likely will face a substantial challenge in showing improvement in this measure. It will be critical for hospitals to initiate or improve services, support, and programs that will help achieve this measure. Data collection resources are available from the US Breastfeeding Committee².
- Healthy People 2010 Goals and Recommendations³:**
How does your state AND your facility “stack up” against these recommendations?
- Compile Key Statements from Research Articles in Support of the IBCLC Role and benefits of a comprehensive lactation support program.**
- CDC mPINC Survey Results⁴:** If your hospital participated in this survey, what was its score? Is management satisfied with substandard scores on a national survey of excellence? If not, consider asking that mPINC improvement be designated as a quality improvement project.
- CDC National Breastfeeding Report Card⁵ and the CDC Guide to Breastfeeding Interventions⁶:** The CDC considers the IBCLC certified lactation consultant as the appropriate provider of professional lactation care and services
- Slashing lactation services as a cost saving mechanism:** This action may place patients at risk for poor outcomes. Check with your Risk Management Department regarding withdrawal of services that will either not be offered to patients who need them or be provided by clinicians who are not adequately trained and prepared to do so.

¹ <http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Perinatal+Care+Core+Measure+Set.htm>

² <http://www.usbreastfeeding.org/LinkClick.aspx?link=Publications%2fImplementing-TJC-Measure-EBMF-2010-USBC.pdf&tabid=36&mid=378>.

³ <http://www.usbreastfeeding.org/LegislationPolicy/FederalPolicies/HealthyPeople2010BreastfeedingObjectives/tabid/120/Default.aspx>

⁴ <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>

⁵ http://www.cdc.gov/breastfeeding/data/report_card.htm

⁶ http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

Step #2 COMPARE YOUR LACTATION FTE ALLOCATION(S) AGAINST STAFFING RECOMMENDATIONS. PREPARE RECOMMENDED FTE ALLOCATIONS FOR YOUR LACTATION SERVICE(S).

Using the table provided, compare your FTE allocations and calculate recommended FTE ratios for your facility volumes. Be prepared to present specific plans for the required FTEs and how they will be used within your facility.

SOURCE	STAFFING RATIO RECOMMENDATIONS
Riordan, 2005	3 LCs per 3,000 well born infants
CDC, 2009	1 IBCLC per 1,000 live births
Mannel, 2006	Well born: 1 FTE/783 breastfeeding couplets NICU: 1 FTE/235 infant admits Well-baby outpatient: 1 FTE/1,292 breastfeeding couplets discharged NICU Outpatient: 1 FTE/818 breastfeeding infants discharged Education: 0.1 FTE/1,000 deliveries Program Development/Administration: 0.1 FTE/1,000 deliveries Telephone Follow-up: 1 FTE/3,915 breastfeeding infants discharged Research: 0.1-0.2 FTE total
Intermountain Healthcare Study, 2008	BFV = Breastfeeding Volume (% of deliveries planning to breastfeed) Mom/Baby Inpatient IBCLC FTE: $BFV \times .71/783 = FTE$ NICU Inpatient IBCLC FTE: $BFV \times .71/235 = FTE$ Admin/Program/Education: $.2/1000$ births (If a multicenter system, divide FTEs among facilities by % total volumes) Non-Clinical Support FTE: Total BFV $\times .16/1018$ Lactation F/U FTE: $BFV @ \text{discharge}/2$ then $1:1292 + 1:818$
US Lactation Consultant Association, 2010	Level III Inpatient = 1.9 FTEs per 1000 deliveries per year Level II Inpatient = 1.6 FTEs per 1000 deliveries per year Level I Inpatient = 1.3 FTEs per 1000 deliveries per year NOTE: Each of these recommendations are based on 1 FTE = 40 hours/week.

As you analyze, be sure that you are honest with yourself as you answer the questions,

- 1) "Are we using our board certified lactation consultants on the right tasks/services?"
- 2) "Do the IBCLCs provide tasks/services that could effectively be provided by a bedside nurse IF they had the appropriate training?"
- 3) "Are the IBCLCs doing tasks that DO NOT require a board certification?"
- 4) "If we were to delegate certain tasks to the appropriate staff member and/or provide the lactation service with the appropriate staff support, would the IBCLCs have time to do more in terms of meeting the needs of the advanced lactation problems and improving staff and physician education?"

Once you determine your recommended FTE ratios, be prepared to verbalize how you will implement other standardization processes and staff education such that you can improve consistency in the message and the patient education. Be ready to define exactly how you will allocate these FTEs by clinical area and service.

Step #3 QUANTIFY AND REPORT PATIENT SATISFACTION WITH CURRENT HOSPITAL LACTATION CARE AND SUPPORT

Determine how satisfied/dissatisfied patients are with the current service(s). Create, pretest and validate a survey/tool. Use a representative sample of patients from your facility's service area. A system-wide patient satisfaction survey at the time of discharge is discouraged because of respondent sampling bias and over-surveying patients. Instead, gather data at two and six weeks post discharge. Using a professional survey service to conduct and tabulate results is recommended.

Step #4 DETERMINE READMISSION RATES FOR POTENTIAL BREASTFEEDING-RELATED COMPLICATIONS AND THE ASSOCIATED FINANCIAL IMPACT TO YOUR HOSPITAL AND/OR ORGANIZATION.

Key diagnoses that should be researched are:

- Jaundice
- Dehydration/Hypertremic dehydration
- Poor weight gain/significant weight loss
- Failure to thrive

Initial readmission rates, emergency department (ED) usage rates, and the associated costs to care for those ED visits and readmissions should be determined prior to implementing lactation service changes (FTEs, education etc.) and again one year after implementation. Although these readmissions may bring money into the facility, it is only at significant cost to the community, families and insurance providers. High ED visits and readmission rates for these diagnoses reflect poor lactation management during the initial hospital stay.

Step #5 CREATE A PLAN TO IMPROVE FINANCIAL REMUNERATION FOR LACTATION SERVICES (for those patients with difficult situations requiring a board certified lactation consultant)

- Analyze financial tracking options and charge capture
 - Establish a separate department code for lactation services so that all expenses and revenue can be tracked and reported to administration.
 - Standardize your chargemaster forms and billing processes to be in compliance with national billing practices.
 - Consider establishing inpatient charges based on the time required for the face-to-face consult, not the acuity, so the charges are the same whether they occurred in the well baby arena or the NICU. The assumption is that lactation consultant services are only billed if they are provided by a board certified lactation consultant. All other lactation support is provided in the normal standard of care and charges (i.e. room rate).
- Insurance Buy-In and Reimbursement
 - With a standardized chargemaster, billing system and codes in place, approach key payers in your market. Make appointments with the medical directors of your key insurance providers. The presentation and request should include key information regarding both health and economic benefits of lactation care and support. It is critical that presenters be clinical experts who are well versed in the facts and statistics. If at all possible, it should be a physician-to-physician presentation with a board certified lactation consultant present and participating in the discussion.
 - It is imperative that requests such as this be made across the country to the large national payers where it is more difficult to effect change. Local providers are more likely to respond and change their benefit coverage.
 - Consider approaching insurers with a suggestion for a pay-for-performance arrangement with your hospital. Hospitals that engage in the 10 Steps or offer enhanced lactation services will discharge breastfeeding patients that cost insurers less in readmission and acute and chronic diseases and conditions over the length of time they are insured. Insurers may be willing to offer \$50-\$75 more per birth to cover lactation services upfront to reap cost savings during the first year of the infant's life.
 - Inadequate lactation consultant staff may result in poor health outcomes and increased costs for insurers for diseases and conditions preventable by breastfeeding and proper clinical management.