The Infant-Driven Feeding™ Program From Idea to Reality

The Sanford Experience

Elizabeth Jeanson PT DPT DCS NTMTC CNT
Developmental Specialist NICU
Sanford Children's Hospital

Who are we?

- 62 bed
- Level 4
- 22 weeks to term
- Pediatric surgery
- ECMO
- Feeding Program 2017: Volume Based Practitioner Driven (VBPD)
- Feeding Program 2018: Infant Driven Feeding™

Distribution of Gestational Age

<table>
<thead>
<tr>
<th>Year</th>
<th>23-27</th>
<th>28-29</th>
<th>30-31</th>
<th>32</th>
<th>33</th>
<th>34</th>
<th>35</th>
<th>36</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>15%</td>
<td>22%</td>
<td>12%</td>
<td>8%</td>
<td>5%</td>
<td>8%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>2018</td>
<td>23%</td>
<td>17%</td>
<td>12%</td>
<td>9%</td>
<td>5%</td>
<td>8%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Study Subjects

Cohort A 2017 N = 578 Volume Based Provider Driven
Cohort B 2018 N = 526 Infant Driven Feeding™

Study Design
Quasi-experimental, retrospective quantitative study with two cohorts of infants in two eight-month study periods: 2/17-9/17 and 2/18-9/18.

What makes a project viable?

Meet your health systems administrative goals.

Health System Goals

- Reduce waste
- Reduce costs
- Increase efficiency
- Improve safety
- Improve patient experience
- Value equation: Quality + Patient experience Cost
Video #1 administration - Kristie

The 4 Disciplines of Execution

“Achieving Your Wildly Important Goals”
Adapted from McChesney, Covey, & Huling, The 4 Disciplines of Execution

Discipline 1: Focus on the Wildly Important
Discipline 2: Act on the Lead Measures
Discipline 3: Keep a Compelling Scoreboard
Discipline 4: Create a Cadence of Accountability

From X to Y by when

<table>
<thead>
<tr>
<th>X = where we are now</th>
<th>Y = where we want to be</th>
<th>When = firm actual deadline</th>
</tr>
</thead>
</table>

Reduce the cost of NICU care for all infants by 5% in the next 12 months.

What Can I Actually Change

LAG measures:
- Effect the WIG
- Results known long after action take
- No direct impact by staff

LEAD measures:
- Effect the WIG
- Direct impact on WIG by staff action
- Results in real time
Common NICU Lag & Lead Measures

- **LAG**
  - Number of babies in the unit
  - Number of staff members feeding babies
  - Premature infant's ability
  - Formulas available to feed babies
  - Amount of breast milk available
  - Acuity and GA of infant at admission

- **LEAD**
  - Supported parent participation
  - Consistency of readiness assessment
  - Staff competence with caregiver assistance
  - Infant cues noted and respected
  - Staff competence with assessing infant feeding quality

Video #2 Bette CNS

Basics of Culture Change

- **Get buy in**
  - Multidisciplinary and multilevel committee
  - All staff educated with the same information at the same time
  - Grassroots involvement of staff

- **Demonstrate value**
  - Reward changed behavior
  - Support questions & reservations
  - Police change/support after change instigated
  - Consistent, frequent accountability

- **Demand Accountability**

Where We Started

- VBPD Feeding Protocol 2005 - 2017
  - LOS extended for feeding
  - Parent dissatisfaction
  - Cost of care
  - Nurse clinical judgement undervalued

- Finding the funds
  - Administrative (CNO/OQ/OFO) interest/support
  - Grants
  - Sponsorships
  - Hospital Foundation
  - Timing!!!!!!!

- Staff discovering, naming and owning
  - Staff survey
  - Quality improvement project
  - Creating the implementation team

(Fisher's Personal Transition Curve)

- MD video
RESULTS

100% completion of education bundle
Reduced cost of care
• $78,000 cost savings on feeding supplies
Reduced cost of hospitalization
• Average decreased LOS 14 days
  • Range 1 – 21 days
  • 1680 less days
Improved Patient Experience
• 92% parental participation in exclusive breastfeeding window
Cost recovery
• Full recovery of costs for online training

Sanford Children’s Hospital

Implementation Team

Interdisciplinary
• Speech Therapist, Developmental Specialist, MO, NNP, Nurses, Administrator, Nutrition, EMR representative, Lactation

Leadership and organization
• Strong organizational skills
• Strong motivational/energizing skills
• Communication skills

Cadence of Change
• Protected, consistent meet times
• Homework and accountability

Sanford Children’s Hospital

The Sanford Timeline

Year One Discovery 2017
6 months for administrative education and “Buy In”
funding source
Year Two Implementation 2018
Continued education
Updated
Feedback & review
Year 3 Data Review 2019
Year 3 Follow up, Consistency check, Publishing 2020

Sanford Children’s Hospital

Video # 3 Nurse - Megan

Sanford Children’s Hospital

Education Plan

Excitement Builder Example

Have you heard of infant
Shroud Huddling?

Instructor: L. Boardman. All rights reserved. For use with interviewing the course
of the program experience and the course content. © 2019 Sanford Health. All
rights reserved. Stanford Children’s Hospital. Check all responses.
1. Have you heard of infant
Shroud Huddling?
2. What is the purpose of
Shroud Huddling?
3. Describe the equipment or
procedures used.
4. What are the benefits
of Shroud Huddling?
5. How is Shroud Huddling
practiced in your
program?

Sanford Children’s Hospital
Potty Ponders and IDF Reminders

Video #4 Speech Therapy - Carrie

Staff Education

Staff lounge signs
Excitement builders
Potty Ponders

Huddle
Read and Sign EBP articles on IDF™

Tangibles

Family Feeding Plan Write on/wipe off sign
Nursing Resource Binder (Cheat sheet)
MD/NNP resource (laminated cheat sheet)
EMR changes (New feeding Flow sheet)
Flip book reference
Parent education handout

Write On/Wipe off Feeding Choice Card

IDF™ Resource Cheat Sheets

What is your feeding type?
- Pumping for newborns
- Direct breast feeding
- Bottle feeding
- Combination of above
- Other

Do you have a feeding schedule in mind to use?
- Yes
- No

Date:

Sanford Children’s Hospital
ORDER

- NPO
- Nutrition protocol via NG, OG
- Infant Driven Feeding prescribed volume
- Infant Driven Feeding Ad Lib Demand Remove NG
- Other feeding plan

Feeding order status:
- Non-nutritive breastfeed/Nuzzle
- 72 hour protected breastfeeding
- Demand feeds prescribed volume
- Ad Lib Demand – remove NG

Brief baby performance review:
- Pacing
- Nipple
- Stop cues
Policing the Change

One bedside review and support
Interdisciplinary Team: weekly review of progress
Resident education
Preceptorship
New staff orientation
Old orders not available
Additional ST availability
Availability of Dr Brown Preemie nipple on the cart
ST reviews feeding flowsheet every day

RESULTS

• 100% of staff completing the education package
• Reduced cost of care
• Decreased supply costs
• Reduced cost of hospitalization
• Decreased length of stay
• Fewer patient days
• Improved Patient Experience
• Increased parental participation in exclusive breastfeeding window
• Cost management
• Full recovery of costs for online training

Frequently Asked Implementation Questions

Did we really get the results I talk about?
Are these changes still in effect a year after implementation?
How do I get the physicians on board?
How much did it cost, really?
Is all this preparation really necessary?

Yes –
• Every new staff member completes the training program
• Just last week we discharged a baby born at 27 weeks 3 days breastfeeding 4 times a day and bottling with a doctor brown newborn nipple at 36 weeks 1 day.

How do I get the physicians on board?
• Literature review with results summarized
• Committee member
• Show them the money (savings)
• Simplified ordering and infant performance review

Are we still experiencing these results today?

Yes!

Yes –
• 100% of the staff was trained in the 3 month education window.
• Reduced the cost of NICU feeding equipment by 5%
• More mothers participated in breastfeeding in the unit
• Recouped the cost of the Health Stream online education
• Reduced length of stay and patient care days
What did it cost for real?

Staff completed:
- 4 hour Health Stream education during work hour
- 1 hour quarterly IDFTM education presentations.

250 Health Stream licenses
- 4 hours of staff time x 200 staff members
- Untold hours of committee time
- Happy Families Feeding Babies - Priceless

Is all this preparation really necessary?

• INDEED!
- To change culture a proven change model, elbow grease, persistence and accountability are an absolute must!

Key Points

- Administrative Buy In
- ‘To change the culture – everyone must be involved.
- Concentrated and Saturated!
- Whole NICU at the same time
- Strong leadership
- Celebrate – Keep a visible score card of success
- Don’t start any other initiative while completing IDFTM implementation.

QUESTIONS?