Dr. Brown's Webinar – Just OK is NOT OK when the Safety and Quality of Feeding are Compromised.
12.12.23
Kleinz/Gardner

1. How do you recommend implementing IDF™ in a large unit (107 beds - Level 4 NICU) - with very high acuity?

   DBM: Both large and small units have success with implementation. Some key drivers are establishing a core team and planning extensively before initiating the learning program. Dr. Brown's Medical Account Managers have several resources to provide you and will assist in the implementation. Especially in large units with high turnover, planning for sustainability and purchasing additional licenses for float staff and new hires is critical.

   KG: Developing an implementation team that includes bedside nurses from both shifts, speech, providers, educators, and any other team members that are involved in feeding plans for the patient is very important. These people will be your champions to the rest of the staff, promoting excitement and answering questions, along with developing a rollout plan that will work from their perspectives for your unit. I also started talking about the benefits and why we were going to be making a change, well ahead of the rollout to all staff in our monthly meetings. I did a mini presentation months ahead of time to gather team members who were interested in the benefits that IDF could bring to our patients. IDF focuses a lot on neuroprotection and developmentally appropriate care. Joining a focus on developmentally appropriate care for the whole patient and IDF helped with our rollout of IDF, as the nursing team had learned and was focusing on quality developmental care prior to the implementation of IDF.

2. Is there an IDF course or webinar that you recommend?

   DBM: Dr. Brown's Medical offers the online course Infant-Driven Feeding™: Advancing Oral Feeding Practice in the NICU. There is a new release of this course scheduled for late January 2024. For more information, contact an Account Manager at idfinfo@drbrownsmedical.com. In addition, there are webinars on the subject of Infant-Driven Feeding™ on the Dr. Brown's Medical website, at www.drbrownsmedical.com/webinars/

3. Are there plans to make Level T nipples available commercially? In the hospital I work in, we only use nipples that are available in the community. Due to this, we do not use the level T with our infants.

   DBM: The Level T Nipple is available in retail on Amazon and Dr. Brown's Baby website (https://www.drbrownsbaby.com/product/dr-browns-medical-narrow-bottle-nipples/) in a 6-pack. We continue to work toward additional options for retail purchase of this product. It is also recommended to share purchasing information with your hospital pharmacy or gift shop, as this may assist with the ease of purchase for parents.

4. How do you recommend ensuring nursing is scoring accurately? We have great compliance with nurses providing readiness and quality scores but often question how accurate they are. We have used the IDF program for years now and recently re-educated with updated IDF education, but it is still an issue

DBM: Consider use of superusers and establish creative ways to have discussions of scoring. Some ideas are to offer Skills Days on scoring or initiating a project for reliability training.

KG: Using the resources that the IDF program provides was very helpful to my team. We place the cue cards at each bedside for both nursing references and also as an easy guide to explain IDF to parents. We have each new hire take the course within 30 days of hire and bring up IDF topics/education in our annual reviews for nursing.

5. Did you all do any audits and other outcome measures, such as length of stay? And when struggling with accountability with our large unit?

   DBM: It is recommended that for any practice change, accountability is measured. Several hospitals that complete the program practice accountability audits to ensure scoring is completed. Kelly can speak more to this issue, as her hospital measured compliance. In addition, as quoted from a Brene Brown presentation, "If you can't measure it, it doesn't exist." Documenting the results of your changes is key and can also build support for the program. If your team needs assistance, the DBM Account Managers can help with ideas for QI Projects regarding IDF™.

   KG: We looked at time to full oral feeds defined as days from first oral feeding to last tube feeding. We also looked at LOS by birth gestational age. However, this measure has many other confounding factors, such as A/B/Ds that delay discharge despite obtaining full oral feeding goals. I had my charge nurses complete chart audits to determine who was struggling with following the IDF protocol. We also have a very active Speech and OT team in our unit that works alongside nursing providing input into feedings.

6. Our unit implemented IDF when it was under Ludwig and Waitzman. I would love to update our education in our entire facility; however, I am having a hard time getting approval for paying for a "new" IDF since it was purchased by Dr. Brown's, as our upper level feels we have already received the information. Any recommendations on how I can promote the updated IDF program?

   DBM: At a minimum, all staff that have been hired since the initial training should receive the IDF™ Education. Train the trainer is not the most effective way to incorporate the success and sustainability of IDF™. Most likely, since it has been quite some time since the initial group was trained, they would all benefit from IDF 2024, which includes the upgraded and validated IDF™ Scales and references from the past 5 years. Contact a DBM Account Manager to determine a plan that is best for your specific unit.

7. Are the scales different or just re-validated?

   DBM: The scales are upgraded and validated by Subject Matter Experts and Peer Reviewers.