Supplemental Information

WEEKLY ORAL FEEDING LOG

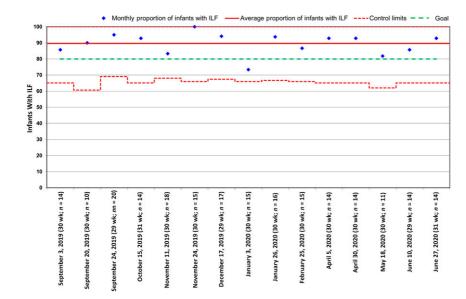
ame	e:		medical record i	number:			_ Start dat	e:		SA:		PMA:		
_		Pre-feeding Assessment					Oral F				eeding Assessment			
		<4L HFNC?	Normal work of breathing?	Responsive	e to c	are	Suck-swal coordinat				erventions olied	Feeding discontinued		
	1		U				Adequate	Fair	Weak					
MONDAY	2						Adequate	Fair	Weak					
	3					-	Adequate	Fair	Weak					
	4		-				Adequate	Fair	Weak	_				
	5					-	Adequate	Fair	Weak	_				
	6					_	Adequate	Fair	Weak					
	_					-	Adequate	Fair	Weak					
	7					_			Weak	_				
_	8						Adequate	Fair	weak					
TUESDAY	1						Adequate	Fair	Weak					
	2						Adequate	Fair	Weak					
	3						Adequate	Fair	Weak					
	4						Adequate	Fair	Weak					
	5						Adequate	Fair	Weak					
	6						Adequate	Fair	Weak					
	7						Adequate	Fair	Weak	_				
	8						Adequate	Fair	Weak					
_	0											1		
WEDNESDAY	1						Adequate	Fair	Weak					
	2						Adequate	Fair	Weak					
	3						Adequate	Fair	Weak					
	4						Adequate	Fair	Weak					
	5						Adequate	Fair	Weak					
<u>ا</u> ا	6						Adequate	Fair	Weak					
۶	7						Adequate	Fair	Weak					
	8						Adequate	Fair	Weak					
ıck-	-	w-Breathe			1									
Adequate		Engaged with rhythmical and coordinated sucking			Engl	ling In	erventions		T	iscontinuation of Fe	eding			
		No oral spill							+					
ir	\dashv	No intervention required Initially engaged but fatigues as feeding progresses			┺	A Elevated side-lying position B External pacing				H [^] B	Behavioral stress of			
an		Difficulty coordinating swallow					nal pacing ased oxygen need during feeding			C	Disengagement cues and/or avoidance			
		Responded to pacing for oral spill May benefit from rest breaks				D Nipple change				۱Ď	Feeding exceeds 30 minutes			
		May benefit from rest breaks Slight increase in work of breathing above baseline							Ē	Frequent bradycardias and desaturations				
Veak		Becomes disengaged related to stress cues			a	and/or desaturation(s)			L					
		Experienced bradycardia(s) and/or desaturation(s) Significant oral spill									ncreased work of breathing and/or increased RR			
		Heavy work of breathing and/or tachypnea			-	G Realerting due to fatigue				G	Loss of feeding cues			
		Experienced cough	ing and/or choking		H C	ther (specify)			Н	H Other (specify)			

SUPPLEMENTAL FIGURE 5

Bedside cue-based feeding log depicting the prefeeding assessment, oral feeding assessment, feeding interventions, and reasons for feeding discontinuation.

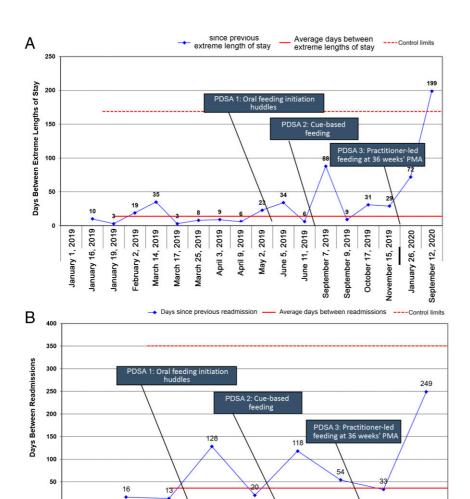
		Pre-feeding Assessment					Oral Feeding Assessment						
		<4L HFNC? Normal work of breathing?			care					Interventions Feeding applied discontinu			
	1		or breatiling:				Adequate Fair Weak			ap	pileu	discontinued	
	2				_		Adequate	Fair	Weak	_			
	3				_		Adequate	Fair	Weak	_			
THURSDAY	4						Adequate	Fair	Weak				
	5						Adequate	Fair	Weak				
12	6						Adequate	Fair	Weak				
≝	7						Adequate	Fair	Weak				
=	8						Adequate	Fair	Weak				
_	1						Adequate	Fair	Weak	_			
	2						Adequate	Fair	Weak				
	3						Adequate	Fair	Weak				
Ā	4						Adequate	Fair	Weak				
FRIDAY	5						Adequate	Fair	Weak				
뜐	6						Adequate	Fair	Weak				
	7						Adequate	Fair	Weak				
	8						Adequate	Fair	Weak				
	-												
	1						Adequate	Fair	Weak				
	2						Adequate	Fair	Weak				
∡	3						Adequate	Fair	Weak				
2	4						Adequate	Fair	Weak				
SATURDAY	5						Adequate	Fair	Weak				
Ā	6						Adequate	Fair	Weak				
5	7						Adequate	Fair	Weak				
	8						Adequate	Fair	Weak				
	1						Adequate	Fair	Weak				
>	2						Adequate	Fair	Weak				
	3						Adequate	Fair	Weak				
A	4					Adequate	Fair	Weak					
SUNDAY	5					Adequate	Fair	Weak					
S	6						Adequate	Fair	Weak				
Ш	7					Adequate	Fair	Weak					
	8				_		Adequate	Fair	Weak				
		v-Breathe			L								
Adequ	uate	Engaged with rhythmical and coordinated sucking No oral spill			⊢		eding Interventions			Discontinuation of Feeding			
Fair		No intervention required			Α	1				_	Fatigue		
		Initially engaged but fatigues as feeding progresses Difficulty coordinating swallow			B External pacing C Increased oxygen need during feeding				B Behavioral stress cues C Disengagement cues and/or avoidance				
		Responded to pacing for oral spill			6				\neg	D Feeding exceeds 30 minutes			
		May benefit from rest breaks Slight increase in WOB above baseline			E						Frequent bradycardia		
Weak	\neg	Becomes disengaged related to stress cues			L	and/or desaturation(s)			\perp				
		Experienced bradycardia(s) and/or desaturation(s) Significant oral spill			F		Paused for resting			F			
		Heavy WOB and/or tachypnea			G		Re-alerting due to fatigue Other (specify)				G Loss of feeding cues		
		Experienced coughing and/or choking				Other	(specify)			H	Other (specify)		

SUPPLEMENTAL FIGURE 5 Continued.



SUPPLEMENTAL FIGURE 6

P-chart of cue-based feeding flowsheet compliance after implementation during PDSA 2. ILF, infant-led feeding.



SUPPLEMENTAL FIGURE 7

January 9, 2019

A, T-chart of extreme length of stay defined as continued hospitalization at ≥ 48 weeks' PMA. Days on which an infant was born with subsequent extreme length of stay are reported on the x-axis, with days between events noted above each data point. B, T-chart of all-cause readmissions for the duration of the initiative. Days on which an infant was born with subsequent readmission are reported in the x-axis, with days between events noted above each data point.

June 15, 2019

July 5, 2019

October 31, 2019

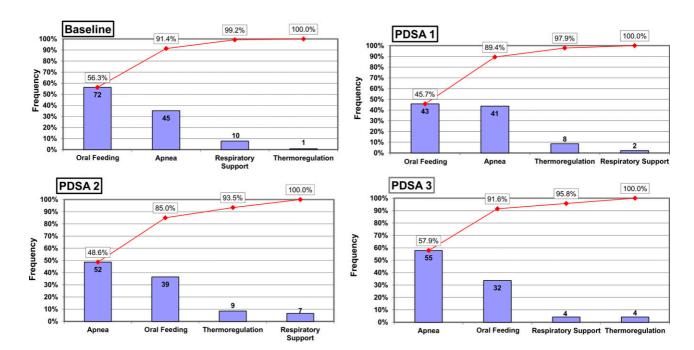
January 26, 2020

October 1, 2020

December 24, 2019

February 7, 2019

January 25, 2019



SUPPLEMENTAL FIGURE 8

Pareto charts for the top 4 terminal barriers to discharge by PDSA cycle.