Consortium for Congenital Cardiac Care Measurement of Nursing Practice
Quality Measurement Plan

Feeding Safety	
Measure Description	Feeding safety is a unit-level measure of the rate of adverse feeding events in post-operative cardiac surgical inpatients aged ≤ 3 months.
Type **IOM Domain**	☐ Outcome ☐ Process ☒ Balancing ☐ Structure ☒ Safety ☐ Efficient ☐ Effective ☐ Equitable ☐ Timely ☐ Patient Centered
Background/Rationale	This measure is proposed to capture adverse events related to feeding. As attention is placed on measuring weight gain prior to discharge, this balancing measure will ensure that any unintended consequences are captured.
Operational Definitions	Adverse feeding event = any documented diagnosed or probable NEC or aspiration pneumonia occurring after the initiation of enteral feeds. • **Include** patients who are receiving interventions (e.g. NPO, antibiotic coverage, serial abdominal girths and abdominal x-rays) for probable NEC • **Exclude** NEC or aspiration pneumonia that is later ruled out through diagnostic testing or evaluation **Numerator** – Number of adverse feeding events that occur in surgical inpatient infants meeting the inclusion criteria during the measurement period (one month). **Denominator** – Total number of patient days meeting the inclusion criteria for the measurement period (one month), normalized to 1,000 for comparison across units. **Inclusion criteria** – Surgical inpatients aged ≤ 3 months; post-operative cardiac surgery patients **Exclusion criteria** – All medical inpatient infants; surgical inpatient infants > 3 months of age; patients admitted for less than 24 hours; adverse feeding events that occurred prior to initiation of feeding

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Data Collection & Sampling Method	Data will be collected monthly through chart review for the specific feeding event diagnoses provided above for patients meeting the inclusion criteria.
Data Analysis	Data will be analyzed as an adverse feeding event rate normalized to 1,000 eligible patient days each month.
Data Display	Data will be displayed graphically as a rate of adverse feeding events per 1,000 eligible patient days over time.
Target	Internal: Consistent improvement against internal historical data over time External: To be determined based on consortium data
Sources/References	Leder SB, Suiter DM, Warner HL, Kaplan LJ. Initiating safe oral feeding in critically ill intensive care and step-down unit patients based on passing a 3-ounce (90 milliliters) water swallow challenge. J Trauma. 2011;70(5):1203-1207.
Last Updated	January 2016