

# Safer Feeds, Stronger Teams: National Trends You Can't Ignore

## Part 2: Preparation, Administration, and Discharge

In part two of our conversation "Safer Feeds, Stronger Teams," our clinical experts detailed recurring patterns observed across multi-site clinical visits, focusing on where high-performing units are standardizing the middle and downstream portions of the feeding lifecycle—and where vulnerabilities persist in preparation, bedside administration, transfer workflows, and discharge reconciliation.

### KEY TAKEAWAYS FROM WEBINAR PART 2:

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| <b>1. Controlled preparation environments reduce contamination risk and variation</b>        | High-performing programs treat preparation spaces as protected clinical spaces. Dedicated, trained preparation staff, controlled access, minimized interruptions, consistent sanitation, and appropriate infrastructure directly reduce contamination risk and process variability.   |
| <b>2. Precision is a safety issue: measurement, recipe integrity, and fewer manual steps</b> | Measurement accuracy, recipe integrity, and the elimination of unnecessary manual steps are core safety requirements. Gaps in access to reliable measuring tools - particularly for powdered products and additives - introduce avoidable nutritional risk.   |
| <b>3. Formula and additive oversight remains a national vulnerability</b>                    | Across organizations, safeguards for formula and additives frequently lag behind those for human milk. Reliance on manual lot and expiration documentation limits recall readiness and delays correct patient-product identification.   |
| <b>4. Barcode design—and industry standards—shape data capture and recall readiness</b>      | Not all barcodes are equal. QR codes can carry more robust, parseable data that improves lot and expiration capture and reduces manual transcription. However, many feeding products remain constrained by industry standards that rely on linear barcodes, limiting the amount of usable data available at the point of verification and placing greater burden on downstream workflows.         |
| <b>5. Administration as a critical workflow junction</b>                                     | Even strong upstream workflows can be undermined at the bedside. Common vulnerabilities discussed include: <ul style="list-style-type: none"><li>• Variability in warmer hygiene and liner practices</li><li>• Manual handoffs without a consistent verification step</li><li>• Workarounds when verification is not designed for point-of-use practice (workflow/hardware constraints)</li></ul> |
| <b>6. Discharge and transfer are predictable high-risk transitions</b>                       | Transition workflows such as discharges, transfers, room changes and readmissions require the same rigor and safety consideration as other steps of the preparation and administration workflow. Lack of reconciliation during these events leads to loss of traceability, misassignment risk and unnecessary burden on families.   |
| <b>7. Integration is a clinical discipline, not just a technical one</b>                     | Bidirectional integration and automation can improve reliability only when paired with standardized naming conventions, disciplined testing, and role-based training so order changes propagate correctly.  |

### IMMEDIATE STEPS FOR 3 ACTIONS IN 30 DAYS:

The webinar concluded with practical steps to improve feeding management and safety over the next 30 days.

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