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ABCs of Safe Sleep

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ABCs of Safe Sleep

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- 4 Sutherland Staff
• In 1994 placing infants supine became the preferred sleep position (to prevention suffocation). This decreased the number of Sudden Infant Death Syndrome (SIDS) incidences by 50%.

• In Kansas and Missouri, the number of deaths due to SIDS in 2013 were 87.6 and 25.6/100,000 live births respectively.

• Through this EBP project, we hope to educate parents on how to effectively model safe sleep behaviors, in order to encourage and stress the importance of safe sleep practices at home.
**PICO Question & Aim Statement**

**PICO Question**
- Does education and teaching to parents and family regarding safe sleep practices increase the compliance of safe sleep for infants 0-12 months on 4 Sutherland compared to the current practice?

**Aim Statement**
- The objective of the evidence based practice project is to increase Safe Sleep compliance by improving education given to parents and family from 20% to 90% by February 2018.
Strategic Goal Alignment

- **Demonstrate Quality Outcomes**
  Demonstrate quality, safety and clinical effectiveness.

- **Improve Performance**
  Improve processes, increase capacity for innovation and service excellence, and strengthen our financial position.

- **Strengthen Market Position**
  Maintain our market position in the metro area and grow it throughout the region.

- **Deliver Value**
  Develop an integrated pediatric health system that demonstrates value, expertise and efficiency.

- **Elevate Academic Profile**
  Enhance the research capabilities and accomplishments of CMH and strengthen the quality of the educational experiences.
PDSAs Implemented

PDSA #1:  

PDSA #2:  

PDSA #3:
PDSAs Implemented

- PDSA #1
  - Plan: Collect baseline data on 4 Sutherland staff’s knowledge and compliance of safe sleep guidelines
  - Do: Surveys provided to nurses and care assistants
  - Study: The number of staff comfortable with and following safe sleep guidelines
  - Act: Continue educating staff on safe sleep guidelines (back to sleep, empty crib, no extra blankets)
1) Do you know the reasoning on why CMH implements safe sleep for children under 1 year of age?

2) What education have you had yourself on safe sleep? Do you feel confident teaching parents/families?
PDSA #2

Plan: Collect baseline data regarding parent education and compliance of safe sleep guidelines for infants 0-12 months admitted to 4 Sutherland

Do: Surveys provided to parents about safe sleep education given to them

Study: Evaluate parent education on safe sleep and the number of parents compliant with safe sleep guidelines

Act: Continue educating parents on safe sleep guidelines
Family Survey

1) Which unit were you in before coming up to 4 Sutherland?

2) Have you received education on safe sleep?
   - If so, what form? (word of mouth, brochure, safe sleep visual aids, video)
   - Was this education helpful to you?

3) What is your preferred method of learning? (visual aids, verbal communication, reading)
PDSA #3

Plan: Create a highly visible reminder of our safe sleep practices for families admitted to 4 Sutherland

Do: Create a bulletin board (Pod A) to educate families on safe sleep practices

Study: Survey families to see if access to the bulletin board increased compliance with safe sleep

Act: Leave bulletin board in place and continue education on safe sleep
ALONE
Toys and other soft bedding, including fluffy blankets, comforters, pillows and stuffed animals should not be placed in the crib with the baby. Room sharing is OK, bed sharing is not.

BACK
Always place your baby on his or her back. Babies who sleep on their backs are less likely to suffocate or choke.

CRIB
Place your baby on a firm mattress, covered by a fitted sheet (bumpers and sleep positioning wedges should not be placed in the crib with the baby). Sleep clothing, such as fitted, appropriate-sized sleepers, sleep sacks, and wearable blankets are safer for baby than blankets.

Please Take One
Brochure

SAFE INFANT SLEEP
Percent of infants under 12 months in Safe Sleep (before interventions were implemented):

In Safe Sleep: 85% of infants
Not in Safe Sleep: 15% of infants

Surveyed a total of 52 infants on 4 Sutherland, 44 infants were in Safe Sleep and 8 infants were not.
Post-Intervention Outcomes

Percent of infants under 12 months in Safe Sleep (after interventions were implemented):

In Safe Sleep: 90% of infants
Not in Safe Sleep: 10% of infants

Surveyed a total of 30 infants on 4 Sutherland Pod A, 28 infants were in Safe Sleep and 2 infants were not.
Barriers/Lessons Learned

- Unable to follow patient from admission to discharge.
- Parent/family compliance, whether families/parents were present at bedside
- Unable to print a brochure in a timely fashion for parent education due to an image not being updated to CMH standards.
- Generational (i.e. grandparents) knowledge differences
- Nesting
- Sleeping in swing
- Orders for HOB elevated
Pediatric Nursing Implications

- Increase awareness of safe sleep and having parent/family compliance.
- Quality improvement
- Evidence Based Practice
Conclusions

- Interventions:
  - Surveyed nursing staff compliance as well as parent knowledge/compliance.
  - Made an educational poster board on Pod A
  - Provided educational brochure to Kansas and 4 Sutherland

- Was your aim statement met?
  - Yes, we increased the percentage of safe sleep to 90%

- Moving forward…
  - The nursing staff needs to continue giving families education about safe sleep and explain the evidence behind the standard to increase awareness/compliance.
  - Comparing other pods that did not have the bulletin board.


References


Questions