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ABCs of Safe Sleep

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ABCs of Safe Sleep

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- Cristy Rutter Chu, RN-KT Scholar
- 4 Sutherland Staff

Background

- In 1994 placing infants supine became the preferred sleep position (to prevent 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)

Staff Survey

- 1) Do you know the/a reasoning on why CMH implements safe sleep for children under 1 year of age?
- 2) What education have had yourself on safe sleep? Do you feel confident teaching parents/families?

PDSAs Implemented

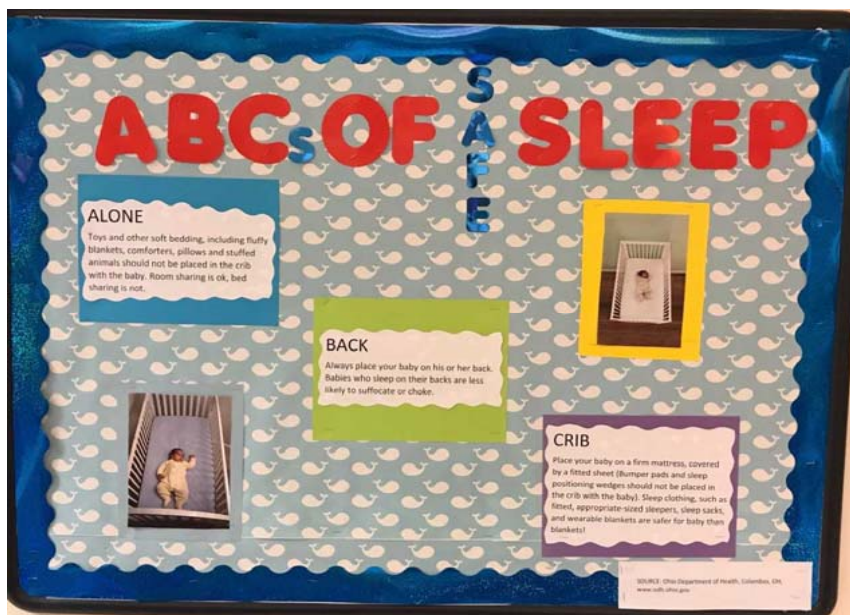


- PDSA #2
- Plan: Collect baseline data regarding parent education and compliance of safe sleep guidelines for infants 0-12 months admitted to 4 Sutherland
- Do: Surveys provided to parents about safe sleep education given to them
- Study: Evaluate parent education on safe sleep and the number of parents 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)

PDSAs Implemented



- 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

ABCs OF SAFE SLEEP

S
A
F
E

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 (Bumper pads 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

SOURCE: Ohio Department of Health, Columbus, OH, www.odh.ohio.gov

Brochure



Project Outcomes

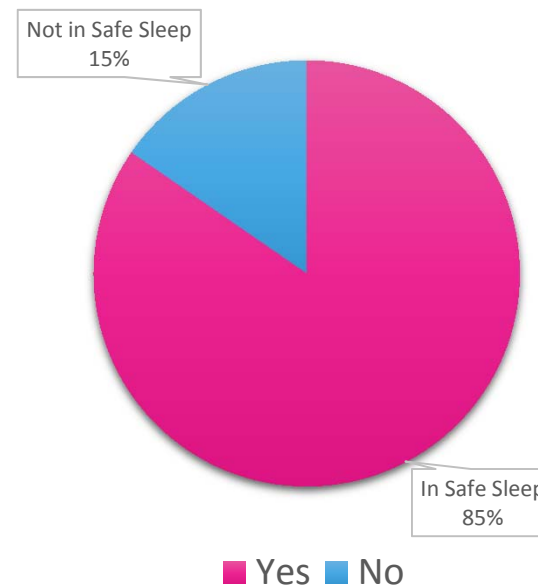
Percent of infants under 12 months in Safe Sleep (before interventions were implemented):

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.

Safe Sleep Pre-Bulletin Board Data



Post-Intervention Outcomes

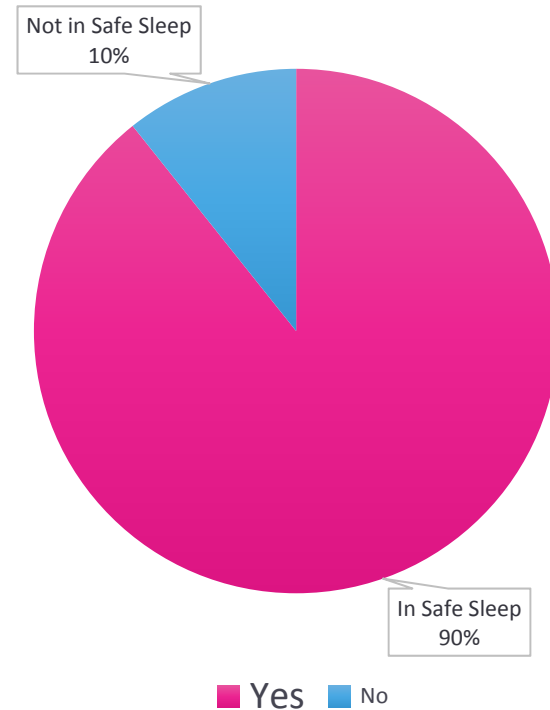
Percent of infants under 12 months in Safe Sleep (after interventions were implemented):

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.



Safe Sleep Post-Bulletin Board Data



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.

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Questions

