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3-28-2018

Baby Got BAC

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Recommended Citation

Hstand, Tina BSN, RN; Mustapich, Heidi BSN, RN; Parks, Brittany RN; Potter, Mallory BSN, RN; and Traynham, Melanie RN, "Baby Got BAC" (2018). *Presentations*. 3.
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Baby Got BAC

Presenters and Credentials

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Acknowledgements

- Deanna Porter – 6 Henson Unit Manager
- Dustin Hahn – 6 Henson Unit Manager
- 6 Henson Charge Nurses
- 6 Henson Staff
- Karen Leveling – 6 Henson Resource Coordinator
- Amy Straley – Interim KT Scholar
- Dana Green – Former KT Scholar
- Amy Terreros – Safe to Sleep Consultant
- Kylie Meyers – Former GRNP Safe to Sleep Member
- Distribution Staff

What does Safe to Sleep look like?

Back: Patient positioned on their back in a crib.

Alone:

-No co-sleeping

-Rolls, nests, pillows, stuffed animals, loose blankets, and supplies should be removed from bed.

Crib: Sleep surface is firm and head of bed is flat.

Qualifications

All patients under the age of **1 year** qualify for Safe to Sleep practices in order to prevent the occurrence of Sudden Infant Death Syndrome (SIDS).

Exclusions:

- Patient has an order for elevated head of bed
- Patient is not medically stable and requires assistive devices under the supervision of nursing staff.

Background

- In 2014, there were 3500 Sudden Unexpected Infant Deaths (SUID) recorded in the United States.
 - 44% were due to Sudden Infant Death Syndrome (SIDS)
- In Kansas and Missouri, the number of deaths due to SIDS in 2013 were 87.6 and 25.6 per 100,000 live births
- The American Academy of Pediatrics (AAP) released an updated policy in 2016 over proper safe to sleep environments for infants.
- Safe to Sleep practices have been implemented throughout CM with positive results and improvements in compliance rates.
- Safe to Sleep compliance is essential to model for proper care of infants when they are discharged home.
- According to background data collected and without formal safe to sleep education on 6 Henson, 14.5% of infants on 6 Henson were sleeping appropriately.

PICO & Aim Statement

PICO Statement

- **Population:** 6 Henson patients who qualify for Safe Sleep Practices according to the Safe Sleep Policy.
- **Intervention:** Signs will be placed in high patient care areas to provide awareness and reminders to 6 Henson patient caregivers of correct safe sleep practices.
- **Comparison:** Current standard of care
- **Outcomes:** Increased compliance with safe to sleep practices

Aim Statement

- The objective of this evidence based practice project is to increase Safe Sleep compliance on the 6 Henson unit by 10% by March of 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

Strengthen Children's Mercy's market position in the Metro area, region, and beyond.



Deliver Value

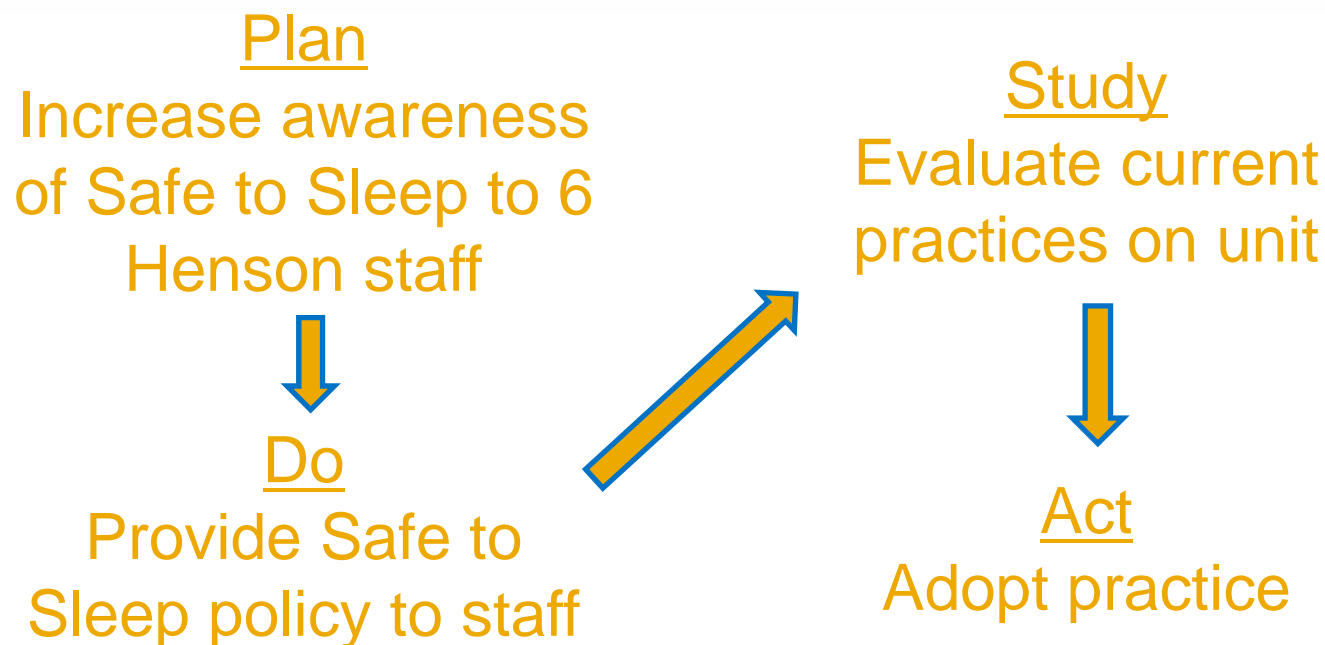
Deliver value, expertise, and efficiency through an integrated pediatric health system.



Elevate Academic Profile

Enhance the research capabilities and accomplishments of CMH and strengthen the quality of the educational experiences.

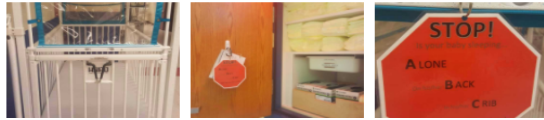
PDSAs Implemented



PDSAs Implemented



Traynham, Melanie, A
Sun 12/3/2017, 7:19 PM



Safe to Sleep.docx.pdf
122 KB

4 attachments (286 KB) Download all Save all to OneDrive - Children's Mercy Kansas City

6 Henson Staff,

The Graduate Nurse Residency Program (GNRP) is collaborating with 6 Henson to implement Safe Sleep practices on the unit for all infants under 12 months of age. Please review the Safe to Sleep policy on the Scope. As part of the GNRN project, Safe to Sleep signs will be hung on the nurse server doors. Upon admission, staff will be hanging the signs on the top rung of the crib (see attached picture) and educating families about the Safe to Sleep policy and why the interventions we set in place are important not only for the hospital but also at home. We encourage staff to use the signs to reinforce the education throughout the hospitalization and work as a team with all staff to remove safety hazards from the sleeping area and placing the infant in the appropriate safe sleep position in the crib. We also ask that staff disinfect the sign and carabiner hook attachment before placing them on the crib and when removing them and placing them back to the hook in the nurse server closets. If you need anything regarding to Safe Sleep, please reach out to any of the GRNP Safe Sleep Group: Tina Hestand(6H), Melanie Traynham(6H), Mallory Potter(6H), Heidi Mustapich(5HH), Brittany Parks(6HH).

Parent/Caregiver Education: Use the "ABC" approach for infants < 12 months

Alone:

No co-sleeping or parent sleeping with infant in arms
Nothing in the crib, only a fitted sheet (No toys, mattress pad, stuffed animals, blankets, diapers, patient care supplies, etc.)

Back:

On their back (no prone)
In a sleeper sack (no swaddling in blankets)

Crib:

In the crib (no co-sleeping, no parent sleeping with infant in arms)

Safe Sleep Policy:

<https://childrensmc.ellucid.com/documents/view/1492>

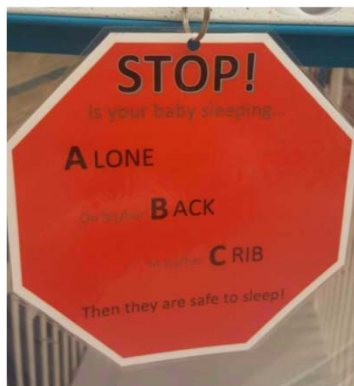
Attachments:

Safe to Sleep Policy
Safe Sleep Sign Examples

PDSAs Implemented

Plan

Create stop sign to hang on patient cribs



Do

Introduce stop sign to staff during huddle

Study

Evaluate if safe to sleep compliance improved



Act

Adapt practice

PDSAs Implemented

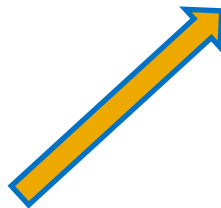
Plan

Develop survey to evaluate staff compliance of hanging signs



Do

Provide each staff member with the survey



Study

Evaluate answers to find barriers to sign usage



Act

Adopt practice

PDSAs Implemented

- In the past 2 months, have the safe to sleep stop signs always been hung on the cribs of your infants 12 months of age and younger?

YES NO

- If no, what were the barriers to hanging the sign? Circle one or write in your own words under other:

- I didn't know the signs were implemented

- I didn't have time to put the sign up

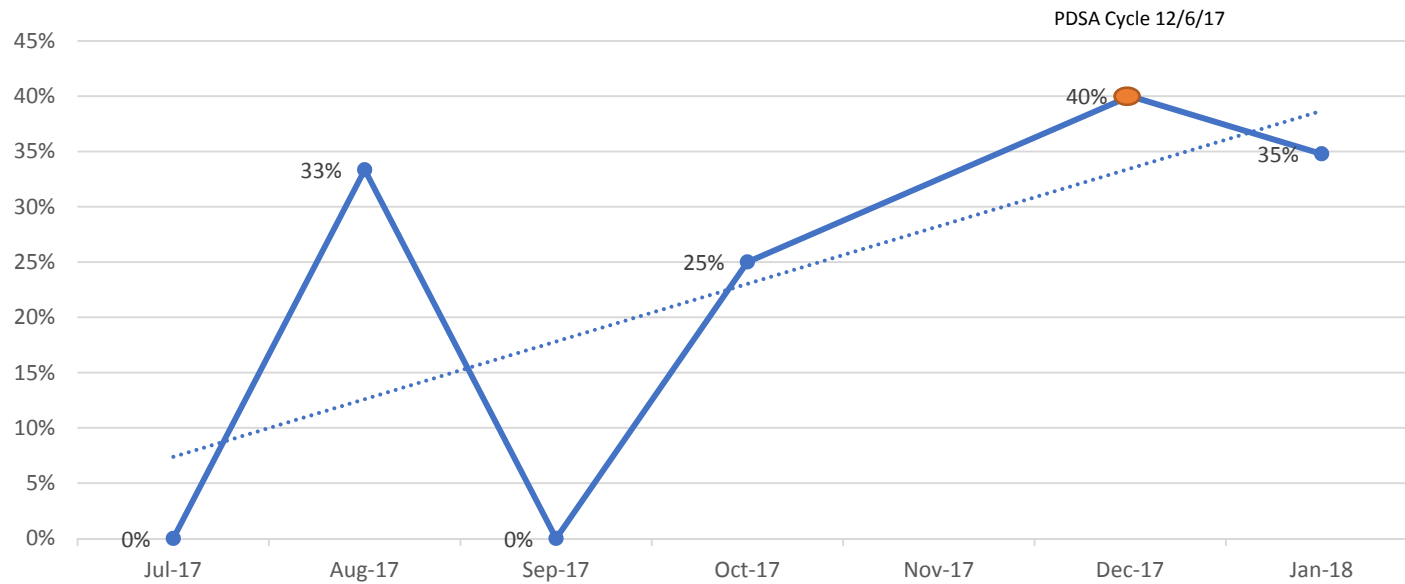
- This wasn't one of my nursing priorities

- Family refusal of sign being placed

- Other:

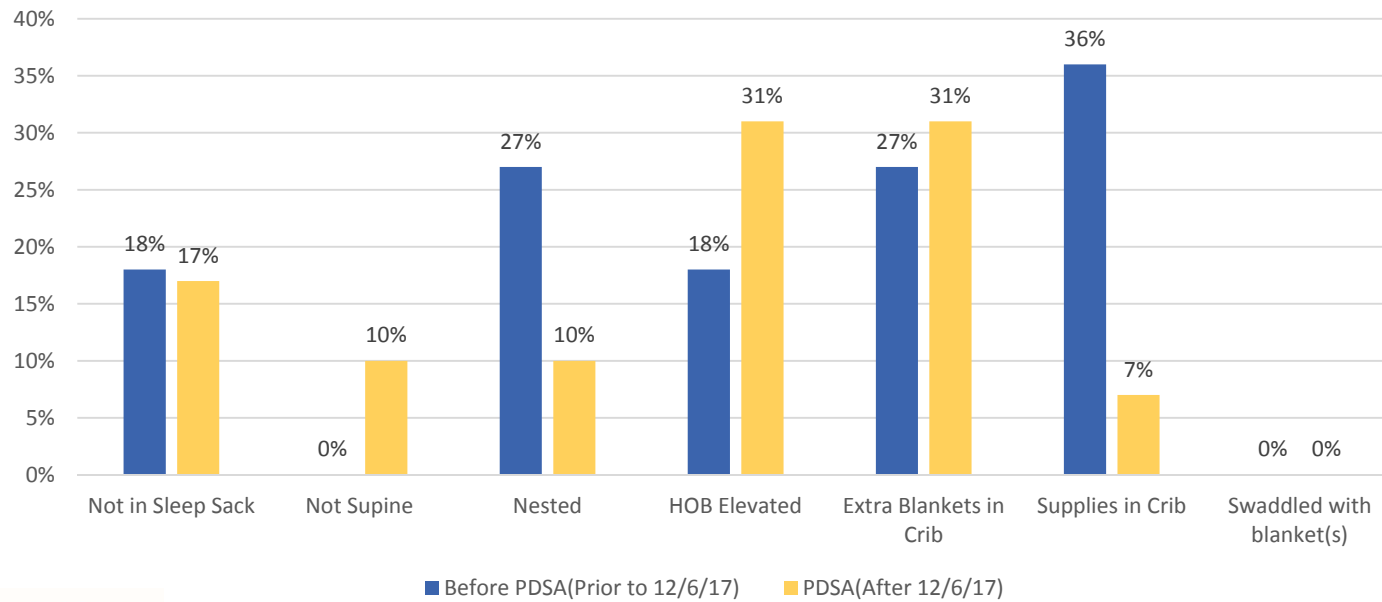
Project Outcomes: Compliance

Percentage of Patients on 6 Henson in Safe Sleep

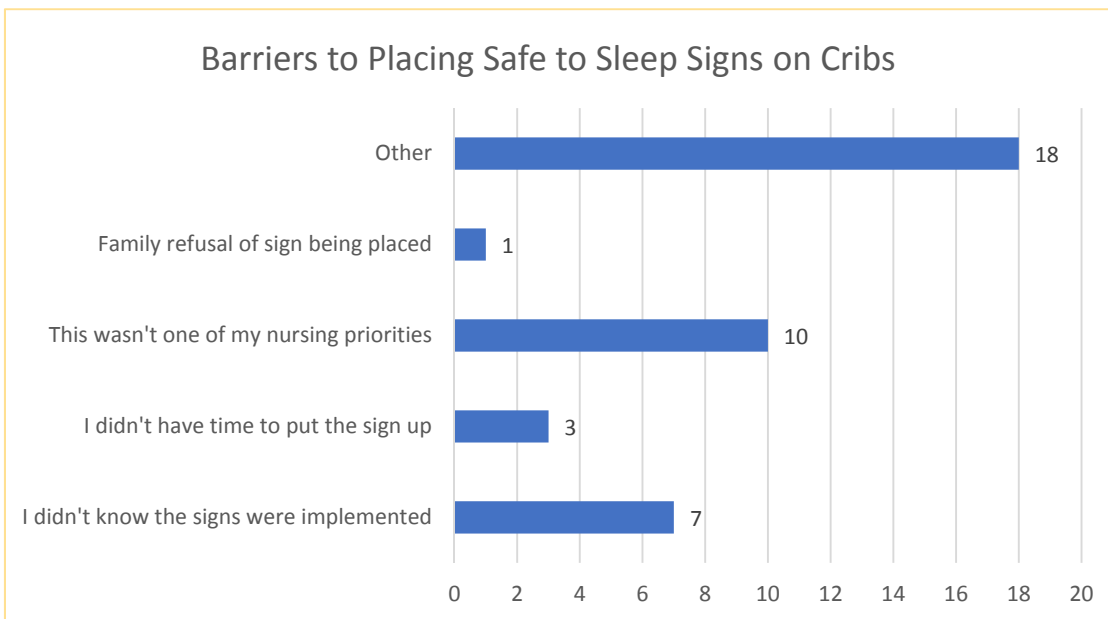


Project Outcomes: Guideline Abnormalities

Factors Preventing Safe Sleep



Project Outcomes: Staff Barriers



- 41 nurses were surveyed on 6H and of those, 28 stated to have a barrier to putting up the crib signs

Barriers/Lessons Learned

Barriers

- Family compliance
- Staff compliance
- Working on separate units
- CMS – Higher safety priorities within organization
- Unit census – lack of applicable patients
- High acuity
- Group members leaving

Lessons Learned

- Difficulty of implementing QI
- How to better advocate for safe sleep

Pediatric Nursing Implications

- To raise awareness to staff and families of proper safe to sleep practices to decrease SIDS rates
- Providing education to families in the hospital on safe sleep techniques so they can be utilized in the home
- To advocate for our patients that are unable to advocate for themselves

Conclusions

- Creating and implementing a sign for cribs to promote safe to sleep practices
- As of January, Safe to Sleep compliance on 6 Henson had trended up to 35%. Compliance had improved significantly prior to our date of implication, and we did not have enough data to determine an accurate trend from that point on. However, the end result showed an increase in babies sleeping safely.
- Moving forward
 - Address staff compliance with crib signs
 - Examine staff values regarding safe sleep practices (do staff value safe sleep?)
 - Alternatives to crib signs that would be more effective

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Questions

