Baby Got BAC

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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.
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 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 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

<table>
<thead>
<tr>
<th>Demonstrate Quality Outcomes</th>
<th>Improve Performance</th>
<th>Strengthen Market Position</th>
<th>Deliver Value</th>
<th>Elevate Academic Profile</th>
</tr>
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<tbody>
<tr>
<td>Demonstrate quality, safety and clinical effectiveness.</td>
<td>Improve processes, increase capacity for innovation and service excellence, and strengthen our financial position.</td>
<td>Strengthen Children’s Mercy’s market position in the Metro area, region, and beyond.</td>
<td>Deliver value, expertise, and efficiency through an integrated pediatric health system.</td>
<td>Enhance the research capabilities and accomplishments of CMH and strengthen the quality of the educational experiences.</td>
</tr>
</tbody>
</table>
PDSAs Implemented

Plan
Increase awareness of Safe to Sleep to 6 Henson staff

Do
Provide Safe to Sleep policy to staff

Study
Evaluate current practices on unit

Act
Adopt practice
PDSAs Implemented

The Graduate Nurse Residency Program (GRNP) 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 GRNP 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 document the sign and caregiver hook assignment 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 Safe Sleep, please reach out to any of the GRNP Safe Sleep Group: Tina Hastand (DH), Melanie Trayham (DH), Mallory Potter (DH), Heidi Mustaphi (SH), Brittany Parks (SH).

Parent/Caregiver Education: Use the "ABCD Approach for infants < 12 months"

A: Alone
   No co-sleeping or parent sleeping with infant in arms

B: Back
   Nothing in the crib, only a fitted sheet (No toys, mattress pad, stuffed animals, blankets, diapers, patient care supplies, etc.)

C: Crib
   On their back (no prone)
   In a sleeper back (no swaddling in blankets)
   In the crib (no co-sleeping, no parent sleeping with infant in arms)

D: Safe Sleep Policy
   http://Childrensmercy.ellucio.com/Documents/view/1492

Attachments:
Safe 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
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

- Jul-17: 0%
- Aug-17: 33%
- Sep-17: 0%
- Oct-17: 25%
- Nov-17: 25%
- Dec-17: 40%
- Jan-18: 35%
Project Outcomes: Guideline Abnormalities

Factors Preventing Safe Sleep

- Not in Sleep Sack: 18% (Before), 17% (After)
- Not Supine: 0% (Before), 10% (After)
- Nested: 27% (Before), 10% (After)
- HOB Elevated: 18% (Before), 31% (After)
- Extra Blankets in Crib: 27% (Before), 31% (After)
- Supplies in Crib: 36% (After)
- Swaddled with blanket(s): 7% (After)

Before PDSA (Prior to 12/6/17) vs. PDSA (After 12/6/17)
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
References


References


References


Questions