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Safe Sleep

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Safe Sleep

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Children's Mercy
ADELPHI HALL CAMPUS

Acknowledgements

- Janet Klein, ICN Director
- Jenny McKee, Brecklyn Findley, KT Scholars
- Beckie Palmer and Kaitlyn Hoch, QIC Coordinators
- Julia Lang and Amy Straley, GNRP coordinators
- Safe Sleep Committee members
- Safe Sleep Ambassadors
- ICN nurses
- Summer 2018 GNRP group

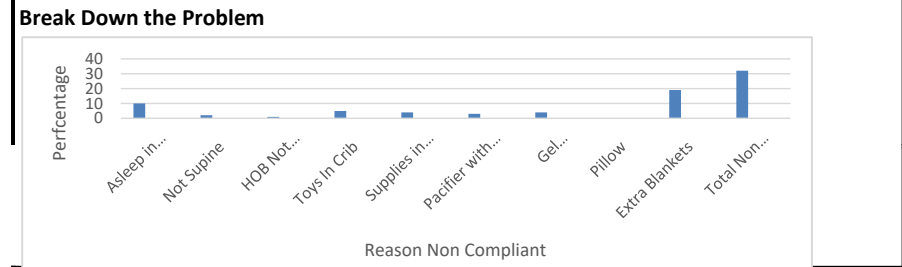
A3 for Problem Solving

Focus: Safe Sleep	Owner: Nurse Residency Program	Date: 11/05/2019	Date Approved: 11/11/19
A3 Team: Katie Tracy, Sarah Valentine, Sophia Weyers, Krystal White		Department Director Signature:	KT Scholar: Brecklyn Findley, Jenny McKee QIC: Lory Harte, Beckie Palmer

Clarify the Problem

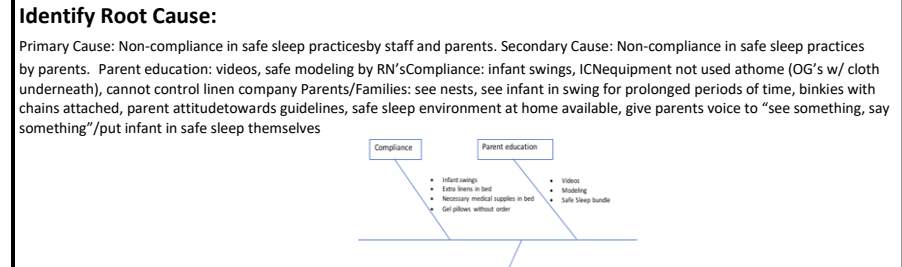
In the state of Missouri, there were 94 infant deaths that were sleep-related in 2017, with 65% of those infants sharing a sleeping environment with a parent or adult. Patients may qualify for safe sleep if they are greater than 32 weeks, able to lay supine, not showing signs of respiratory distress, not on positive pressure ventilation, not receiving phototherapy, nor requiring an external heat source. In the ICN, nurses are not demonstrating proper safe sleep practices, which in turn does not model safe sleep for parents when they bring their infant home.

As of October 2019, the ICN is 59% compliant with safe sleep practices, our goal is 80% compliance. Through bedside safe sleep audits, we have seen patients put in infant swings for longer than 30 minutes, burp clothes in the cribs, gel pillows without orders, & the head of the bed elevated without orders. We hope to



Set a Target

80% of babies eligible for safe sleep per Children’s Mercy’s Safe Sleep Policy will be compliant by March 1, 2020. This goal will be achieved by implementing a parent safe sleep contract, increasing nurse participation in the safe sleep ambassador program, and creating a safe sleep video.



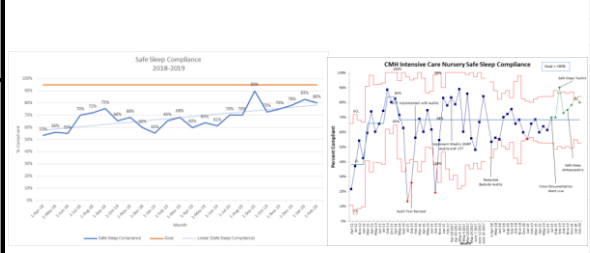
Develop and Implement Countermeasures

We created a Safe Sleep Contract that will be in addition to our current Safe Sleep bundle which includes the Safe Sleep door hanger, certificate, brochure and DVD. These strategies have been delayed due to organizational approvals. As well as campaigning for bedside staff to complete the Safe Sleep Ambassador program provided by Cribs for Kids through JITT.



Check Results and Process

We continue evaluating the ICN’s compliance with safe sleep through a previously utilized auditing tool. We are also evaluating the number of Safe Sleep Ambassadors within the unit. The compliance of Safe Sleep practices in the ICN increased from 73% to 80% and the number of Safe Sleep Ambassadors has increased from 0 to 10.



Date	# Compliant	# Observed	% Compliant
Mar-19	67	98	68%
Apr-19	49	82	60%
May-19	51	80	64%
Jun-19	49	80	61%
Jul-19	56	80	70%
Aug-19	35	50	70%
Sep-19	54	60	90%
Oct-19	40	55	73%
Nov-19	45	60	75%
Dec-19	43	55	78%
Jan-20	92	111	83%
Feb-20	64	80	80%

Standardize and Follow Up

We are adding a section to the safe sleep ambassador auditing tool to include if the safe sleep contract is filled out and in the blue patient chart. This will determine our implementation’s longevity in the unit. Our current Safe Sleep Ambassadors will continue to campaign to our unit the Cribs for Kids program when they perform audits.

Clarify the Problem

- In the state of Missouri, there were 94 infant deaths that were sleep-related in 2017, with 65% of those infants sharing a sleeping environment with a parent or adult.
- Qualifications for safe sleep
 - > 32 weeks gestation
 - Able to lay supine
 - No signs of respiratory distress (i.e. increased respiratory rate or work of breathing)
 - Not on positive pressure ventilation
 - Not receiving phototherapy
 - Not requiring an external heat source

Clarify the Problem

- In the ICN, nurses are not demonstrating proper safe sleep practices, which in turn does not model safe sleep for parents when they bring their infant home.

Safe Sleep Practices

Do



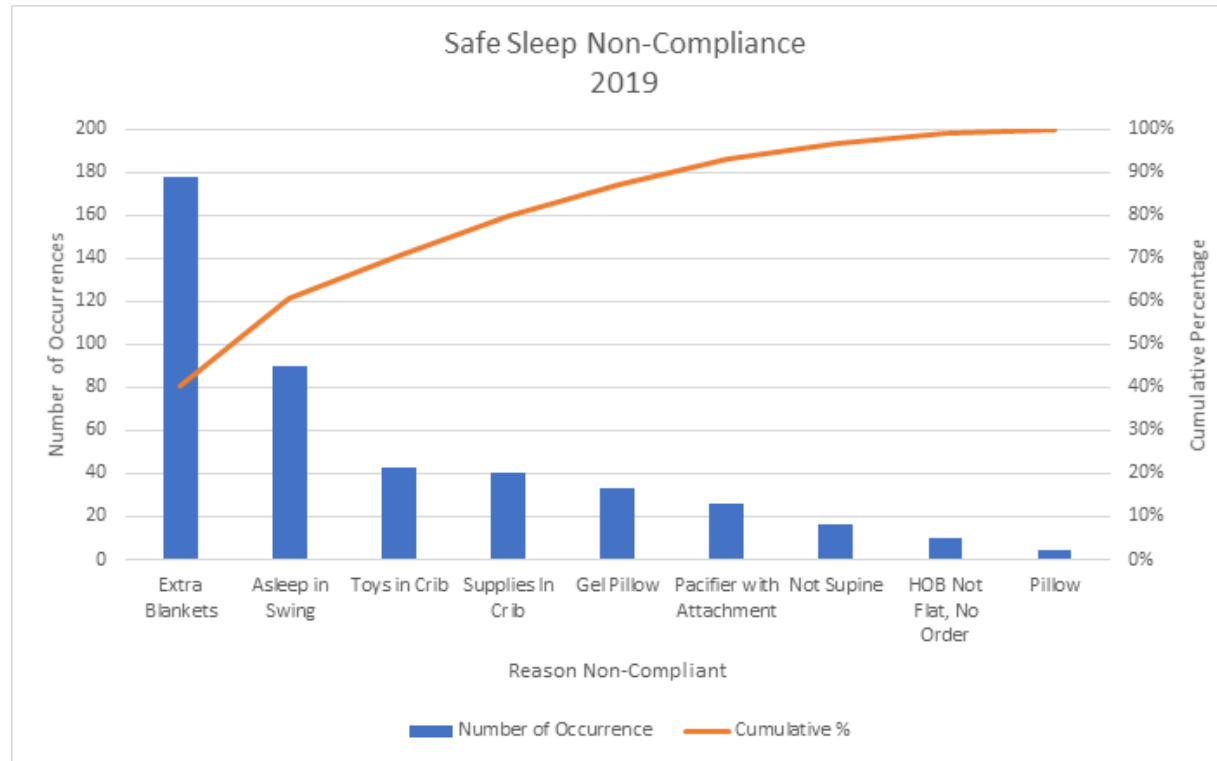
Don't



Clarify the Problem

- Through auditing, we have observed:
 - Patients in infant swings for longer than 30 minutes
 - Burp cloths in cribs
 - Gel pillows without orders
 - Head of bed elevated without order
- We hope to increase the number of infants in safe sleep by increasing nurse and parent compliance with proper safe sleep practices.

Breakdown the Problem



Set a Target

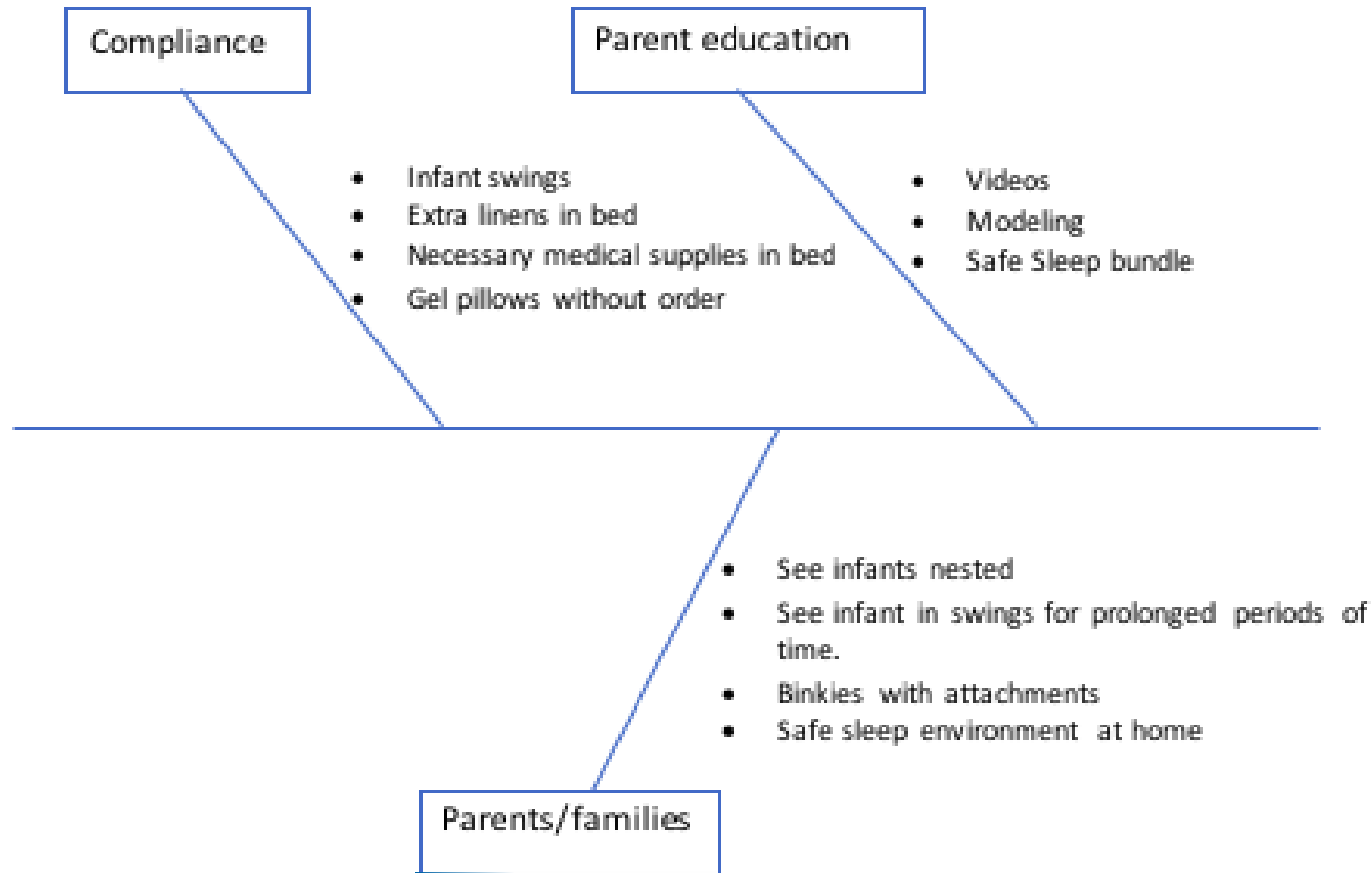
- 80% of ICN babies eligible for safe sleep per Children's Mercy's Safe Sleep Policy will be compliant by March 1, 2020.



Identify Root Cause

- **Primary Cause:** Non-compliance in safe sleep practices by staff.
- **Secondary Cause:** Non-compliance in safe sleep practices by parents.
- Parent education: videos, safe modeling by RN's
- Compliance: infant swings, ICN equipment not used at home (OG's w/ cloth underneath)
- Parents/Families: see nests, see infant in swing for prolonged periods of time, binkies with chains attached, parent attitude towards guidelines, safe sleep environment available at home, give parents a voice to "see something, say something"/put infant in safe sleep themselves

Identify Root Cause



Develop and Implement Countermeasures

- We created a Safe Sleep Contract that will be added to our current Safe Sleep bundle which includes the Safe Sleep door hanger, certificate, brochure and DVD.



Safe Sleep Agreement

Who:
Babies less than one year of age and medically stable. Medically stable means greater than 32 weeks gestational age, no external heat source, nasal cannula with 2 L or less on flow.

What:
Safe Sleep is creating a safe environment to reduce the risk of SIDS (sudden infant death syndrome).

Where:
The patient should be placed on their backs in a crib with a flat, firm mattress and covered with a fitted sheet. There should be **NO**: blankets, pillows, diaper supplies, or toys in the crib.

When:
Babies should practice safe sleep at all times while sleeping, during naps and bedtime.

Why:
In 2017, 3,600 babies passed away from SUID (Sudden Unexpected Infant Deaths) in the United States (CDC, 2019). 90% of SIDS occurs before babies reach six months.

How:
You can help keep your baby safe by agreeing to help us keep their environment free of clutter, placing your baby in appropriately sized clothing, not co-sleeping or holding if you're tired and may fall asleep, or placing your baby in a swing while he/she is sleeping.

Parent/Guardian's Signature

Date

Witness's Signature

Date

Develop and Implement Countermeasures

- We have campaigned for bedside staff to complete the Safe Sleep Ambassador program provided by Cribs for Kids through JITT.
- These strategies have been delayed due to organizational approvals.
- <https://cribsforkids.org/our-story/>



Check Results and Process

- We continue evaluating the ICN's compliance with safe sleep through a previously utilized auditing tool.
- We are also evaluating the number of Safe Sleep Ambassadors within the unit.
- The compliance of Safe Sleep practices in the ICN increased from 73% in October of 2019 to 80% in February 2020 and the number of Safe Sleep Ambassadors has increased from 0 to 10.

Standardize and Follow Up

- We are adding a section to the safe sleep ambassador auditing tool to include if the safe sleep contract is filled out and in the blue patient chart. This will determine our implementation's longevity in the unit.
- Our current Safe Sleep Ambassadors will continue to campaign to our unit the Cribs for Kids program when they perform audits.

Conclusion

- Our AIM Statement was met successfully with 80% Safe Sleep compliance in the ICN by March 1, 2020.
- Lessons learned from working on project
 - Organizational delays
 - Difficulty in implementation
 - Nurse and Parent Compliance



References

- American Academy of Pediatrics . (2017, January 12). Reduce the Risk of SIDS & Suffocation. Retrieved from <https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx>
- Bureau of Genetics and Healthy Childhood. (n.d.). Planning a Safe Place for Your Baby to Sleep. Retrieved from <https://health.mo.gov/living/families/babies/safesleep/index.php>
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- Pictures from Google

Questions?



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