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Nursing

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Safe Sleep

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Safe Sleep

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- Lory Harte- Quality Improvement Coordinator

Safe Sleep Fast Facts

- SIDS rates have declined from 120 deaths per 100,000 live births in 1992 to 56 deaths per 100,000 live births in 2001 whereas rates from 2001-2006 have remained constant.
- Even with the dramatic decline of SIDS rate over the previous decade of 50%, SIDS remains the leading cause of death in the postnatal period (28 days-1 year).
- Accidental suffocation and strangulation in bed (ASSB) deaths have quadrupled from 2.8 to 12.5 deaths per 100,000 live births from 1984-2004.

CMH Safe to Sleeping Crib

- Back sleeping
 - ✓ Prone or side with MD order
- Use Halo Sleep Sack or clothing
- No bumpers
- No pillows
- No toys
- No blankets
- Head of bed flat
 - ✓ HOB elevated with MD order



A3 for Problem Solving

Focus: Lack of Knowledge on Safe Sleep	Owner: Nurse Residency Program	Date:	Date Approved:
A3 Team: Taylor Bishop, Rachel Bryant, Paige Carson, Austin Howard, Karli Katzer, Olivia Parkhurst, and Sydney Smith	Department Director Signature:	KT Scholar: Bree Fallon and Dena Klausner	
		QIC:	

Clarify the Problem
 Lack of education within the healthcare team regarding safe sleep. The desired state would be to have consistent compliance among staff members regarding safe sleep. The current state is lacking compliance due to the lack of education. We surveyed and audited the nursing staff on two floors and noticed inconsistency in staff education and incompliance on best practice of safe sleep.

Develop and Implement Countermeasures

- **Potty Papers and Door Knocker in Admission Packets**
- Safe Sleep Education at Updates
- Staff Knowledge Quizzes
- Safe Sleep Audits

High	1. Audits/Reports 2. "Updates" info 3. Quizzes and prizes	1. Nurse reminders on charting 2. Educational videos 3. Patrick Mahomes
Low	1. Potty Posters 2. Crib Posters	1. Competition
	Easy	Hard

Break Down the Problem

- Factors – lack of education, support from other staff, time of day, cultural differences, compliance, lack of importance.
- Barriers – confrontation, doctors orders, consistency among staff, exhaustion, diagnosis.
- Characteristics – Cultural, diagnosis, float staff, generational gaps.
- Subpopulations – JCO, Managerial staff, future children.
- Waste – Noncompliance on best practice safe sleep among healthcare providers.

Set a Target
 We are attempting to increase the compliance of safe sleep on our two floors by 30% by January 24th, 2020. The drivers of a successful outcome will be the Healthcare team as a whole.

Check Results and Process

1. Resurvey staff – before and after *STILL COLLECTING
2. Audits – before, during and after *STILL COLLECTING

Plan. Do. Study. Act.

Identify Root Cause

Primary Root Cause: Inconsistent Safe Sleep education provided to nursing staff
Secondary Cause: Inadequate education/compliance with families regarding safe sleep

Standardize and Follow Up

- By the end of January we will complete the post-education safe sleep audit on our units
- Finalizing details for continued audits and sharing of compliance result with nursing staff *
- Safe Sleep documentation task in progress with informatics
- Safe Sleep Representative to do follow-up audits and reordering of door knockers on unit

A3 Overview

- Our project focused on the principle of safe sleep. The desired state was to have consistent compliance among staff members regarding safe sleep. We surveyed and audited the nursing staff on two floors and noticed inconsistency in staff education and non-compliance on best safe sleep practice.

Abstract

- Background: The state of safe sleep was lacking compliance due to the lack of education. We surveyed and audited the nursing staff on two floors and noticed inconsistency in staff education and non-compliance on best practice of safe sleep
- Purpose: Our goal was to increase the compliance of safe sleep on 5 Henson-Hall and 6 Hall
- Synthesis of literature: The most effective strategy to improve safe sleep is staff education
- Implementation strategies: Door knockers, daily huddle & safe sleep audits
- Evaluation: Post intervention nursing knowledge & compliance increased

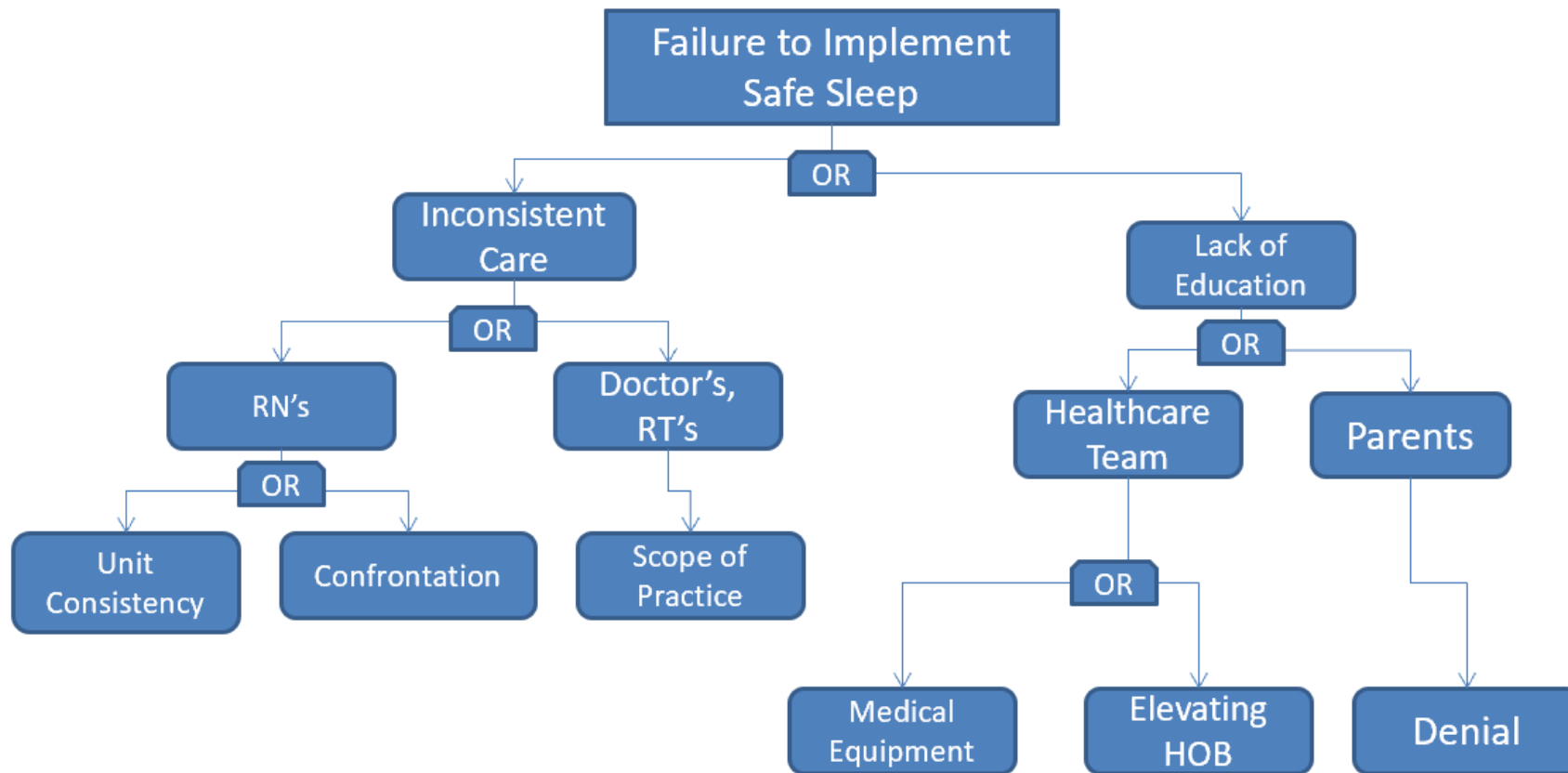
Clarify the Problem

- Lack of education within the healthcare team regarding safe sleep
 - The desired state was to have consistent compliance among staff members regarding safe sleep

Breakdown the Problem

- Factors
 - Lack of education, support from other staff, time of day, cultural differences, compliance, and lack of importance
- Barriers
 - Confrontation, physician orders, consistency among staff, exhaustion, and diagnosis
- Characteristics
 - Cultural, diagnosis, float staff, and generational gaps
- Sub-populations
 - Joint Commission, management, and future children

Break Down the Problem: Fault Tree



Set a Target

- Our goal was to increase the compliance of safe sleep on our units by 30% by March 1th, 2020
- 10% of patients were compliant with Safe Sleep prior to intervention.

Develop and Implement Countermeasures

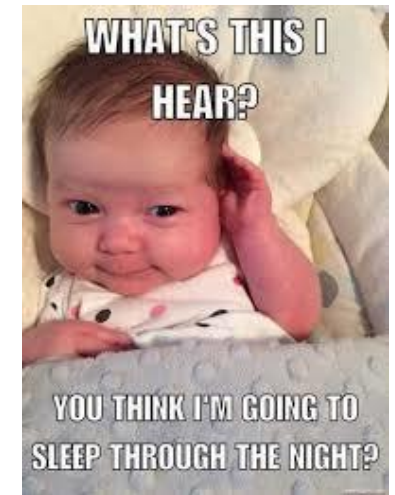
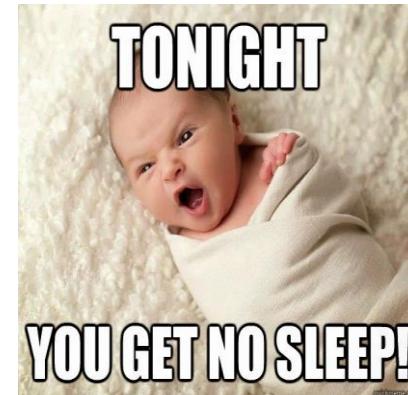
- Huddle Board Questions
- Potty Papers
- Door Knockers
- Cerner Task List (in progress)

QUESTION:

Is it considered safe sleep if a patient has monitors on while asleep in an infant swing?

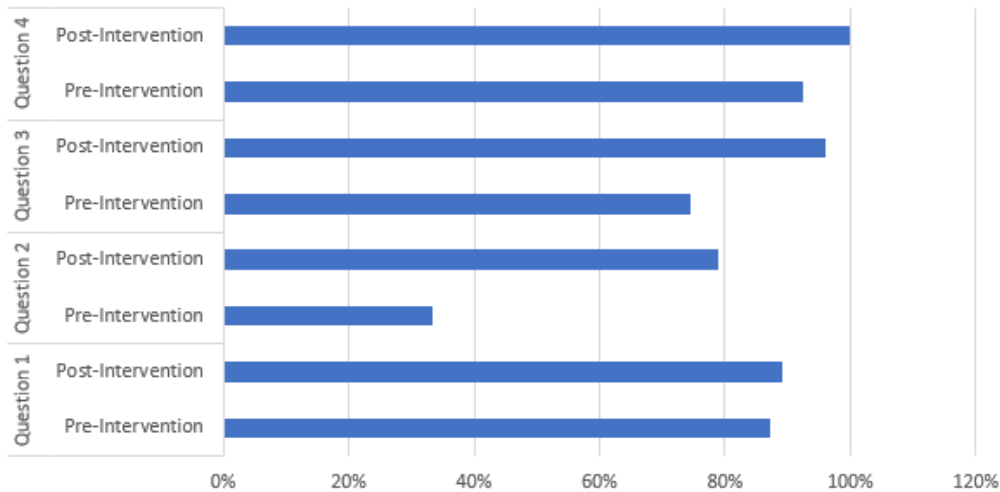
ANSWER:

NO- Not all patients go home on monitors and monitors are not always reliable/work properly.

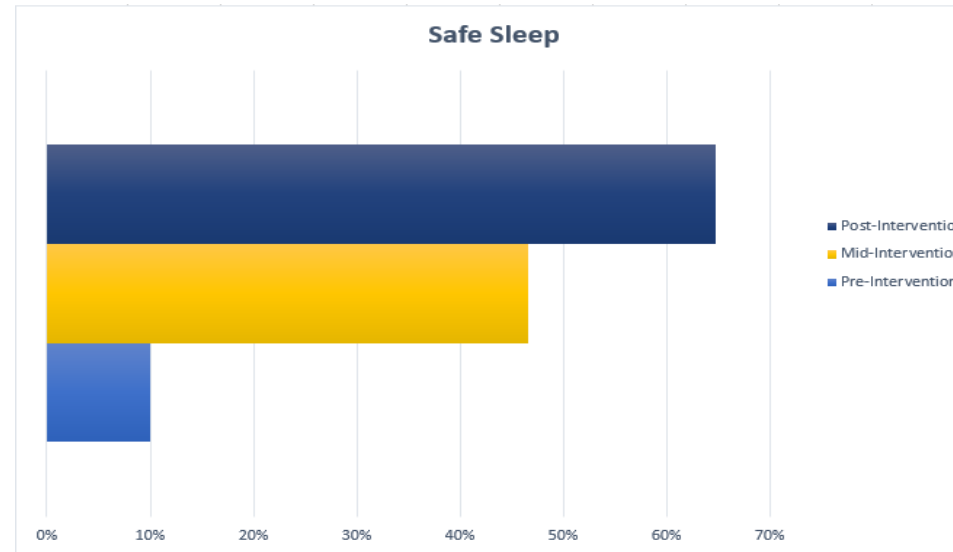


Result Details

Staff Knowledge Survey



Staff Education Results



Safe Sleep Compliance

The survey questions included information about – physician orders, position of child while asleep, monitors, environment and location of sleep

Standardize and Follow Up

- Post-intervention safe sleep audit and survey
- Safe Sleep documentation task in progress with informatics
- Safe Sleep Representatives to do follow-up audits and reordering of door knockers on unit
- Sharing results with unit staff

Conclusion

- Was AIM Statement met?
- Lessons learned from working on project
 - Parent refusal
 - Safe sleep consult
 - Nurse education
 - Generation gaps

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Questions?



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