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## Implementation of Safe Sleep Practices in an Urban Inpatient Newborn Nursery

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### Implementation of Safe Sleep Practices in an Urban Inpatient Newborn Nursery

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**Primary Mentor (one name only):** Elizabeth Simpson, MD **Other authors/contributors involved in project:** Cristy Toburen, MSN, CPNP-PC; Trudy Koons, BSN, RN, CPN; Carol Petrini, RNC-NIC, MSN; Beckie Palmer, MSN, RN, ACM; Jean Pallotto, MD

### IRB Number (if applicable):

### Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

I applied for the Children's Mercy Internal Benefits grant which awarded \$10,000 to start this project at Truman Medical Center (TMC). In conjunction with the other team members above, I spearheaded the safe sleep initiative at TMC, and continue to be involved in implementing PDSA cycles. I have synthesized our results and written the abstract submitted below.

# <u>Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words</u>

### **Problem Statement/Question:**

Infant mortality due to unsafe sleep practices accounts for 26% of all sudden unexpected infant deaths (SUID) and accounted for 24.6 deaths per 100,000 live births in 2017. Locally in the Kansas City area, mortality due to sleep related deaths consistently ranks higher than the national average. Of even greater concern is that this rate continues to rise. The American Academy of Pediatrics states medical providers should educate parents on safe sleep practices and model these practices in the hospital setting. Despite these recommendations and the increasing mortality related to ASSB, compliance with safe sleep practices in the hospital setting remains low.

### **Background/Project Intent (Aim Statement):**

The objective of this quality improvement project is to increase safe sleep compliance in a community hospital well baby nursery to > 80% by July 31, 2020.

### Methods (include PDSA cycles):

A multidisciplinary team was created to spearhead the safe sleep movement. In addition, members of the nurse resident program for 2018-2019 focused on this issue.

Members of the team conducted a survey of nurses, advanced practitioner nurses, resident physicians, and physicians to assess knowledge of safe sleep practices. To better understand

cultural barriers among families, we surveyed members of Consejo, the Children's Mercy Spanish Speaking Parent Advisory Board. The team collected baseline data through audits of infants in the well-baby nursery. Systems issues were analyzed to identify additional barriers to placing infants in a safe sleep environment and funding utilized to correct this.

#### **Results:**

Healthcare provider survey participants identified co-sleeping and supine positioning as the most important aspects of safe sleep. Baseline data demonstrated large variability in compliance ranging from 10-63% (Figure 1). Interventions focused on staff education, parent education, and systems processes, and a timeline is outlined on the run chart. There was an acute decrease in compliance in July 2019 which may be related to the completion of the nurse resident project. In the last 4 months, the variability in compliance has decreased ranging from 60-75%, which indicates improvement.

Further analysis of our data revealed compliance with supine position and head of bed flat was excellent at 80-100% corresponding with provider survey responses regarding knowledge of safe sleep. However, extra or fluffy blankets in the crib were identified as a major barrier to compliance with safe sleep (Figure 2). These practices reflect cultural beliefs identified with Consejo survey. Respondents conveyed that Hispanic families worry infants will become sick if they are not dressed warm enough, and that soft bedding is an act of honoring the baby by making it as comfortable as possible.

### **Conclusions:**

Through initial data collection and analyzation, we have identified extra blankets as the most common reason infants are not compliant with safe sleep practices in the hospital. This will allow us to tailor our next educational initiatives and PDSA cycles towards improvement in this area, which we anticipate will result in an increased overall compliance with safe sleep. By demonstrating appropriate safe sleep practices in the healthcare settings and providing education on safe sleep, parents are more likely to utilize a safe sleep practices at home.