

Creating a Comprehensive Safe Sleep Program

Webinar 1: Assessing your hospital's safe sleep environment

Sponsored by a grant from the CJ Foundation for SIDS

Your hosts

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Infant safe sleep

- **A:** alone
- **B:** on his/her back
- **C:** in a crib or pack & play



Infant safe sleep - AAP risk factors

- Sleeping with other people
- Not on the back
- Unsafe sleep surface
- Not breastfeeding
- Soft objects in the bed
- Exposure to smoking
- Drug and alcohol use by the caregiver
- No prenatal care

The risks of unsafe sleep

Risk Factor	% of MKE sleep-related deaths (2008-2011)
Not in crib/bassinet	74%
Other people cosleeping	53%
Not on back	51%
Unsafe bedding/toys	29%
Alcohol/drug use by adult	10%
Obese adult	3%

Importance of safe sleep in the hospital

- Keep babies (patient and visitors) safe
- Role model proper behavior for families and friends to promote safe sleep practice at home



Defining the hospital safe sleep environment

- People: babies, families and friends, medical providers, other staff...
- Places: newborn nursery, NICU, mom's room, emergency department, radiology...
- Equipment: cribs, linens, educational material
- Ideas: policies, procedures, education, understanding, "buy-in"

Components of a hospital assessment

- Policies
- Knowledge
- Education
- Audits
- Equipment
- People - staff, families

Policies

Policy

- To whom does it apply?
- What are the guidelines?
- How will they be enforced?
- What are the exceptions to the guidelines?

Children's Hospital and Health System, Inc. Patient Care Policy and Procedure

This policy applies to the following entity(s):

Children's Hospital of Wisconsin Children's Hospital of WI-Fox Valley

SUBJECT: Infant Safe Sleep

Definitions

1. An infant (for this policy and procedure) is defined as a child less than one year of age.
2. SIDS is defined as the sudden death of an infant younger than one year of age that remains unexplained even after a complete autopsy, a death scene investigation and a thorough review of the clinical history are conducted (as cited by Esposito, 2007, 158).
 - SIDS is the leading cause of death for infants between 1 month and 12 months of age. SIDS is most common among infants that are 2-4 months old.
 - The risk of SIDS is increased by factors such as premature birth, exposure to tobacco smoke in utero or during infancy, or prone sleeping (as cited by Esposito, 2007).
3. Suffocation refers generally to the death of an infant caused by obstruction of the breathing passages (i.e. the infant who slips down between the crib rail and

Knowledge & Education

Knowledge

- Do your staff and providers know
 - What constitutes a safe sleep environment?
 - The rationale for the AAP recommendations?
 - What your hospital's safe sleep policy is?
 - (Or even that you have a safe sleep policy?)
 - How to address noncompliance by families when in the hospital?
 - How to screen and educate families about safe sleep practices at home?

Pre-Education Surveys

- Allow you to assess the safe sleep knowledge your staff and providers already have
- Can ask about their needs to implement safe sleep practice - time, resources, training
- Can easily be done online via SurveyMonkey, etc.



Pre-Education Surveys

- Our experience:
 - Staff had a good understanding of what constituted safe sleep practice
 - Were not aware of policy or resources
 - Wanted more help in learning how to approach conversations with families

Education - Medical Staff

- To be included:
 - Safe sleep concepts
 - Rationale for those concepts
 - Hospital-specific policies and practices
 - Exceptions to those practices
 - Tools for speaking with families about safe sleep
 - Skills for dealing with hesitant families
 - How to document safe sleep or exceptions in the EHR
- Can be written, on-line, lecture-based, or other

Education - Families

- To be included:
 - Safe sleep concepts
 - Rationale for those concepts
 - Common myths
 - Helpful hints for common difficulties
- Usually best to have written material available both to facilitate discussion and for their reference at home
- On-line resources may be given as well

Audits

Safe sleep audits

- Performed by a small group of people with minimal required training
- Unannounced or minimally announced
- Check every baby in every location
 - Not just patients!
- Assess all aspects of sleep environment
- Adjust expectations for patient needs/diagnosis

Audit tool sample

CHHS Safe Sleep Audit

(DATE)

Room/Unit: _____ Patient Initials: _____

Baby's age or birthdate: _____

Sleeping location:

- Bassinet
- Crib
- Warmer / isolette
- Being held
- Parent cot/bed
- Other (describe): _____

Sleep position:

- Back (supine)
- Front (tummy/prone)
- Side
- Being held

Are there any objects in the baby's sleep area?

- Yes (check all that apply) No
 - Wipes, diapers, or other care items
 - Stuffed animals
 - Unsecured toys
 - Pillow
 - Developmental positioning device
 - Other (describe): _____

Are there any loose linens in the baby's sleep area?

- Yes (check all that apply) No
 - Untucked balloon blanket under the baby
 - Burp cloth or diaper under baby's head
 - Loose covering blankets
 - Other (describe): _____

What is the baby wearing (check all that apply)?

- Sleep sack
- Bundled securely with blanket
- Pajamas/gown
- Hat
- Pajamas/gown

- One or more articles of clothing are fleece

Is the head of the bed flat?

- Yes
- No

Is this baby on cardiopulmonary monitoring?

- Yes
- No

Does this baby have a medical exception to safe sleep?

- Yes: _____
- No
- Unknown

Any comments or concerns?

Surveyor Initials: _____

Equipment

Physical resources of hospital

- Cribs, warmers, portable cribs
- Linens - sheets, blankets, sleep sacks
- Documentation method(s)
- Educational materials (for staff and families)
- Are these things available everywhere?



People

“It takes a village...”



- Diversity of approaches, opinions, and ideas
- Expertise in various areas, for example:
 - Nursing - “in the trenches,” have to live with and by the policy
 - Neonatologist - medical indications for exceptions
 - Lactation consultants - safe sleep while encouraging breast-feeding
 - Risk Management - how to enforce policy amongst hospital staff and parents/guardian/visitors

People

- Advocates with different people and in departments
- No one person in the organization can do this alone
- Need to ensure adequate staffing

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Putting it together

Results of assessment

- Figure out what's in place
- Figure out what's missing
- Leverage your strengths
- Fill your gaps
- Start in-house and work outward

Next Webinar

- Webinar 2: Rewriting your policies
- Wednesday, March 4, noon CST
- <https://connect.wisconsin.gov/dhsdphbchpsafesleep/>

Questions? Comments?

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