Creating a Comprehensive Safe Sleep Program

Webinar 2: Rewriting your policies

Sponsored by a grant from the CJ Foundation for SIDS

Your hosts

- Jason Jarzembowski, MD, PhD
  - Chair, Safe Sleep Initiative, Children's Hospital of Wisconsin
  - Interim Medical Director, Pathology and Laboratory Medicine, Children's Hospital of Wisconsin
  - Interim Chief (Pediatric Pathology) and Associate Professor, Department of Pathology, Medical College of Wisconsin
- Abby Collier, MS
  - Injury Prevention and Death Review Manager, Children's Health Alliance of Wisconsin

Last time…

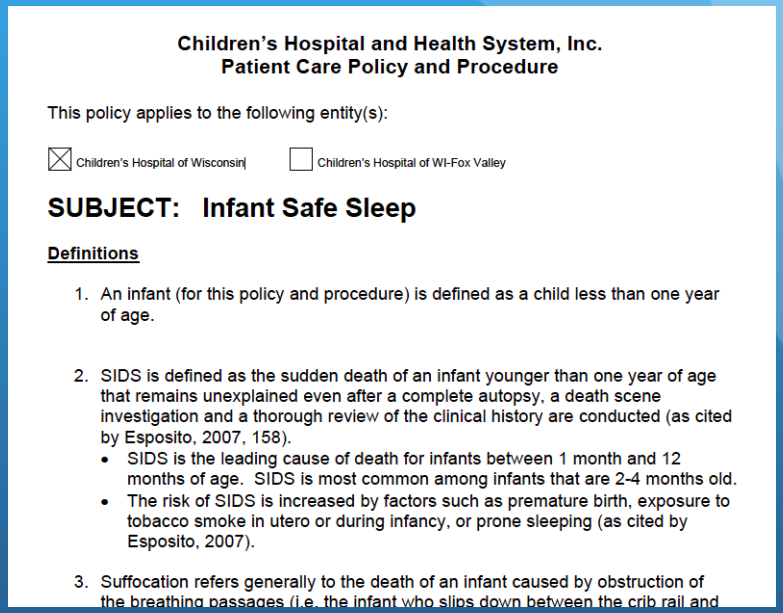
- Safe sleep practices and principles
- Assessments
  - Figure out what's in place
  - Figure out what's missing
  - Leverage your strengths
  - Fill your gaps
  - Start in-house and work outward

This time…

- 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

Our problem…

- Safe sleep was being practiced to varying degrees in different locations.
- Primary care providers were all telling parents/guardians different things about safe sleep.
- No single resource existed for providing guidance or promoting safe sleep issues.

Our old safe sleep policy

- The previous policy essentially said, “Here, we follow the AAP safe sleep guidelines.”
- Which is great, but…
  - What does that mean? How do we implement those guidelines?
  - To whom do these guidelines apply? Are there any exceptions to these guidelines?
  - How do we teach everyone about the rules?
  - Who’s responsible for enforcing them? What do we do if a parent or guardian won’t follow the rules?

Babies, babies, everywhere!

- Every affiliated site needs to follow the same guidelines and teach the same message
  - Labor & Delivery
  - NICU
  - General hospital wards
  - Emergency department
  - Outpatient pediatric clinics
  - Outpatient OB/GYN clinics

Who should be involved?

- Nurses
  - Especially NICU, L&D, and units caring for infants
  - Managers and staff
- Physicians
  - OB, Neonatology, Critical Care, General Pediatrics, Emergency Dept.
- Child advocacy/protection
- Lactation consultants
- Physical / occupational therapists
- Educational services
- Public relations and community outreach
- Risk management
- Patient/family liaisons
- Child Death Review / Injury Coalition team members
- Advocates for targeted groups

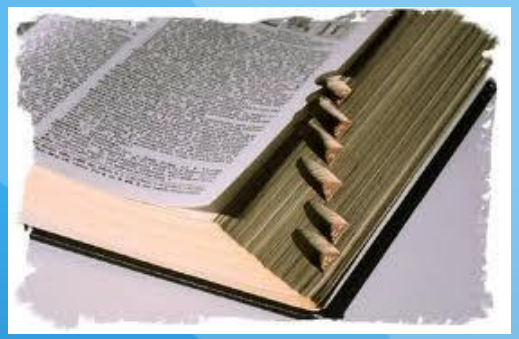
Benefits of employing a multidisciplinary team

- 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
- Advocates with different people and in departments
- <u>No one person in the organization can do this alone</u>

Essential policy elements

- Definitions of important terms
- The Rules (Policy) – positioning, environment, clothing
- How to Explain the Rules (Education)
- How to Implement the Rules (Procedures)
- The Exceptions
  - When we break the rules – medical necessity, end-of-life
  - Who gets to decide to break the rules – MDs, nursing administration
  - How we get back to law & order – transitioning prior to discharge
- Why We Have Rules (Rationale)
- The Consequences of Breaking the Rules (Enforcement)

Policy - definitions



- Clarification of terms:
  - infants (<1 year of age)
  - SIDS vs. suffocation
  - Bed-sharing / cobedding / co-sleeping

- Use medical terms when necessary, but try to keep it simple – many people from many different backgrounds will be reading and referring to it.

Policy - rules

- “When sleeping, every infant will be placed alone in a crib.”
- At a minimum, the AAP guidelines are a good start
  - Supine positioning
  - Flat and firm surface in empty cribs
  - Sleepers or appropriately swaddled.
- Consider any circumstances unique to your environment or patient population; be sensitive to needs and feelings without compromising safety
- Remember: hospitalization is temporary.

Policy - education

- Loosely based on model for car seat education
- For families:
  - Screening about safe sleep practices now mandated upon admission and prior to discharge
  - Simple, one-page sheet designed as template for staff-family discussions
  - Other brochures, videos, web links available – “approved” vs. “mandated” resources
- For medical staff
  - Using electronic courses to educate everyone about the policy and its rationale.
  - Providing instruction on best way to educate families about safe sleep
  - Documenting education and interventions in the medical record

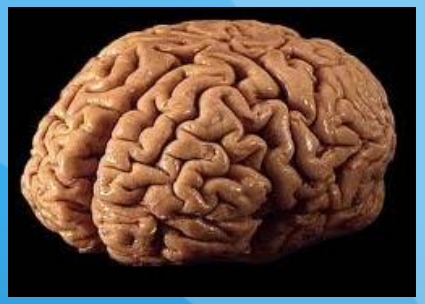
Policy - implementation

- Need buy-in from the people the policy will affect
  - Nurses
  - Parents/guardians
  - Administration
- Formal approval and adoption of policy by the institution
- Monitoring compliance and enforcing policy

Policy - exceptions

- Every rule has one or more exceptions, but these need to be carefully utilized.
- Our exceptions
  - Premature infants or those with other medical conditions who may benefit from prone sleeping, positioning devices, and/or alternative clothing or bedding.
  - End-of-life care
- *Only a physician or nursing administrator can declare exceptions to this policy for a patient*.

Policy - rationale



- People (families and caregivers) are much more likely to follow the rules if you explain “why” - e.g., warning labels on products.
- Focus on the benefits of practicing safe sleep, but also discuss the risks.
- Clearly state whatever good evidence exists to support a particular practice:
  - “Pacifiers may reduce the risk of SIDS and are recommended for all sleep time. Pacifier should be offered at time of sleep and not reinserted if the pacifier falls out during sleep. Non-nutritive sucking is used for calming as part of the cue-based feeding guideline at CHW. AAP states that pacifiers should not be introduced until breastfeeding is established (approximately 3-4 weeks). (AAP, 2005, 1248).”

Policy - enforcement

- Again, education is key!
- First step: reiterate rules and re-educate.
- Second step: additional education.
- If continued noncompliance…
  - Discussions between parent/guardian and patient representative or risk management staff
  - Behavioral contracts
  - Supervised visits

Next steps after (re)writing policy

- Quite a bit!
- Get policy (or equivalent) enacted at other MCW-affiliated institutions
- Assist other institutions in developing similar policies
- Develop educational resources for staff, parents/guardians, and community partners
- Research into the (hopeful) success of the policy – measure compliance, determine barriers to acceptance

Take-Home Messages

- A uniform, comprehensive policy is the best way to ensure the safety of sleeping infants
- The best way to create such a policy is a multidisciplinary effort using the collaborative efforts of nurses, physicians, other caregivers, educators, public relations specialists, and other experts
- Education is the key to success
  - Explain policy & rationale to parents and caregivers to promote short- and long-term compliance.
  - Reinforce a single safe sleep message using different people, different media, and different times.

Next Webinar

- Webinar 3: Gaining champions and educating staff
- Wednesday, April 1, noon CST
- https://connect.wisconsin.gov/dhsdphbchpsafesleep/

Questions? Comments?

- jjarzemb@mcw.edu
- ajcollier@chw.org