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# Understanding the Impact of Sleep Related Deaths on Infant Mortality in WV

## AAP Recommendations for Reducing Sleep Related Infant Deaths

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Professor & Chief Medical Officer

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Huntington WV

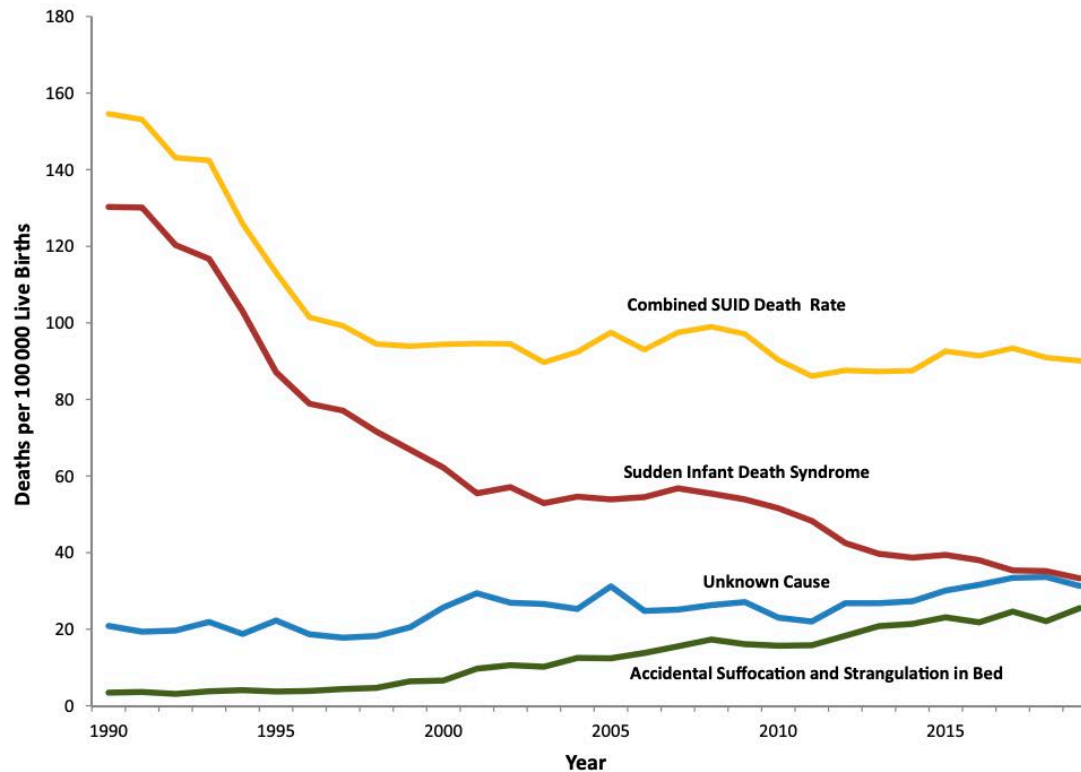
# AAP Recommendations for Reducing Sleep Related Infant Deaths

- SIDS-Cause assigned to infant deaths that cannot be explained after a thorough case investigation, including death scene investigation, autopsy, and review of the clinical history
- SUID-A sudden and unexpected death, whether explained or unexplained(including SIDS), occurring during infancy

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Sleep-related infant death- A sudden unexpected infant death that occurs during an observed or unobserved sleep period, or in a sleep environment.
- Accidental strangulation or suffocation in bed-An explained sudden or unexpected infant death in a sleep environment( bed, crib, couch, chair, etc.) in which the infant's nose and mouth are obstructed, or the neck or chest is compressed from a soft or loose bedding, an overlay or wedge causing asphyxia.

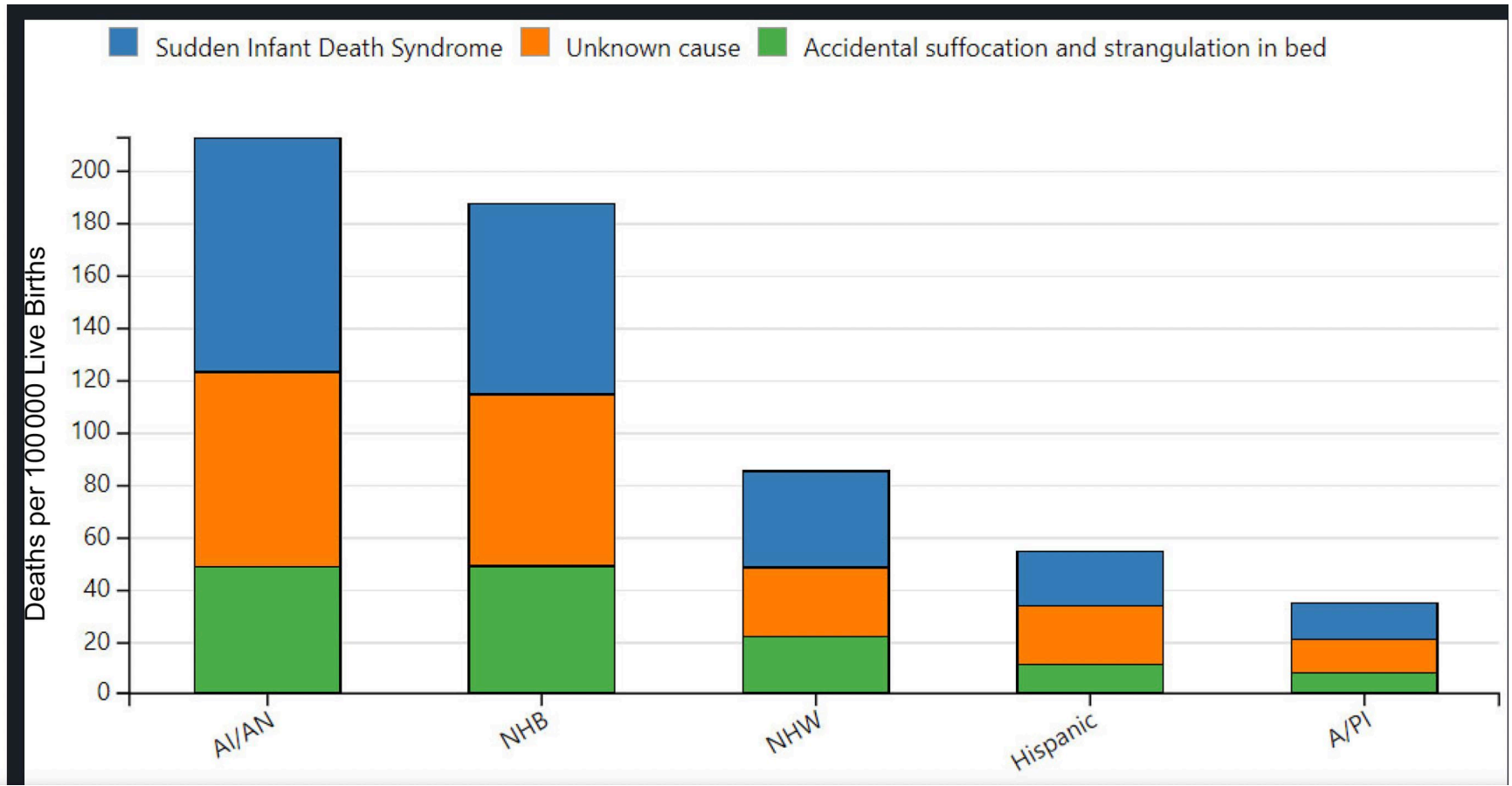
# AAP Recommendations for Reducing Sleep Related Infant Deaths



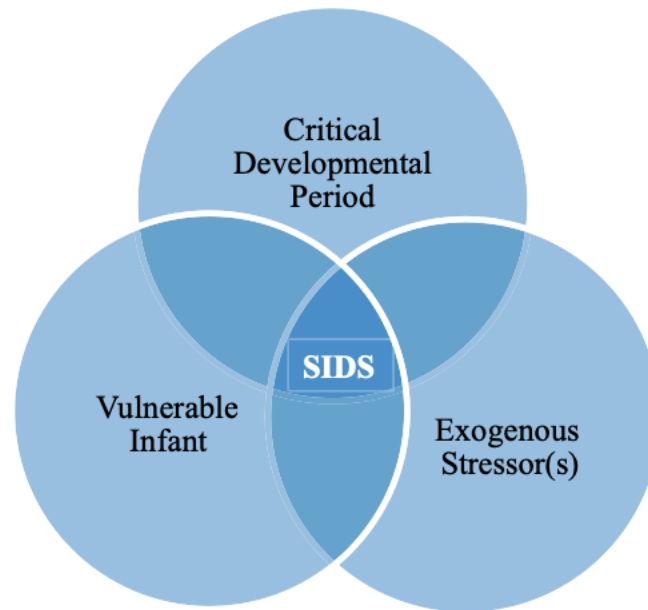
**FIGURE 1**

Trends in sleep-related infant deaths by cause from 1990 to 2019 from the Centers for Disease Control and Prevention and National Center for Health Statistics, National Vital Statistics System, Compressed Mortality File. Figure duplicated from <http://www.cdc.gov/sids/data.htm>.

# AAP Recommendations for Reducing Sleep Related Infant Deaths



# AAP Recommendations for Reducing Sleep Related Infant Deaths



## FIGURE 3

The Triple Risk Model proposes that SIDS occurs when an infant with intrinsic vulnerability (often manifested by impaired arousal, cardiorespiratory, and/or autonomic responses) undergoes an exogenous trigger event (eg, exposure to an unsafe sleeping environment) during a critical developmental period.<sup>40</sup>

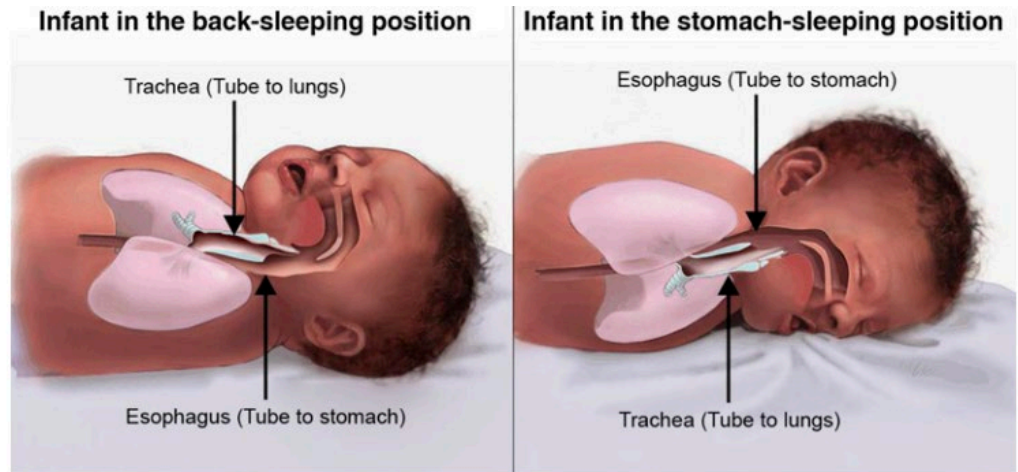
## AAP Recommendations for Reducing Sleep Related Infant Deaths

Back to sleep for every sleep until 1yo.

Prone position puts infants at risk for SIDS (OR 2.3-13.1)

Side sleeping is not safe.

Supine sleep position on a flat, noninclined surface does not increase risk of choking and aspiration even in infants with GER.



# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Use a firm, flat noninclined sleep surface to reduce the risk of suffocation or wedging/entrapment.
- Use a fitted sheet with no other bedding or soft objects.
- Sleep products for infants 5 months of age and younger must meet existing federal safety standards for cribs, bassinets, play yards and bedside sleepers.



# AAP Recommendations for Reducing Sleep Related Infant Deaths



# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Feeding of human milk is associated with a reduced risk of SIDS (OR 0.64).
- The risk reducing role of human milk is enhanced when it is exclusive.
- Particularly important to emphasize the benefits of human milk in preterm infants

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Sleep in parents' room, close to the parents' bed but on a separate surface designed for infants for at least 6 months.
- Decreases the risk of SIDS by 50%.
- Helps prevent suffocation, strangulation, and entrapment

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Keep soft objects away from the infant's sleep area
- No pillows, pillow-like toys, quilts, comforters, fur-like materials and loose bedding
- Airway obstruction from soft objects or loose bedding is the most common mechanism for accidental suffocation



# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Offer a pacifier at nap time and bedtime reduces the risk of SIDS
- If breastfeeding, delay pacifier introduction until breast feeding is established
- Mechanism of protection is unclear
- Protection from SIDS observed even if the pacifier falls out of the infant's mouth

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Avoid smoke and nicotine exposure during pregnancy and after birth.
- Risk of SIDS is particularly high when the infant bed shares with an adult smoker.

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Avoid alcohol, marijuana, opioids and illegal drug use during pregnancy and after birth
- Use of these substances in combination with bed sharing places the infant at particularly high risk

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Avoid overheating and head covering in infants.
- There is an increased risk of SIDS with overheating.
- Dress in no greater 1 layer more than an adult would wear to be comfortable.
- Don't place hats on infants when indoors.



# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Obtain regular prenatal care.
- Has been shown to decrease the risk of SIDS.
- Limited prenatal care often results from social determinates of health that are also associated with increased risk of SIDS.

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Immunize.
- Avoid the use of devices that are inconsistent with safe sleep recommendations.
- Do not use home cardiorespiratory as a strategy to reduce the risk of SIDS.
- Supervised, awake tummy is recommended beginning soon after hospital discharge.

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- No evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
- High risk of death if swaddled infant is placed in or rolls to the prone position.
- If infants are swaddled, always place them on their back.
- Swaddling should be snug around the chest but allow ample room at the hips and knees to avoid exacerbation of hip dysplasia
- When an infant exhibits signs of attempting to roll swaddling is no longer appropriate

# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Physicians, clinicians, hospital staff, and child care providers must endorse and model safe sleep infant guidelines from the beginning of pregnancy.
- Staff in Level 1 newborn units, mother-baby units and pediatric inpatient units should model and implement these recommendations beginning at birth and extending to 1 year of age
- Child care providers should be required to receive education on safe sleep recommendations and implement safe sleep practices.

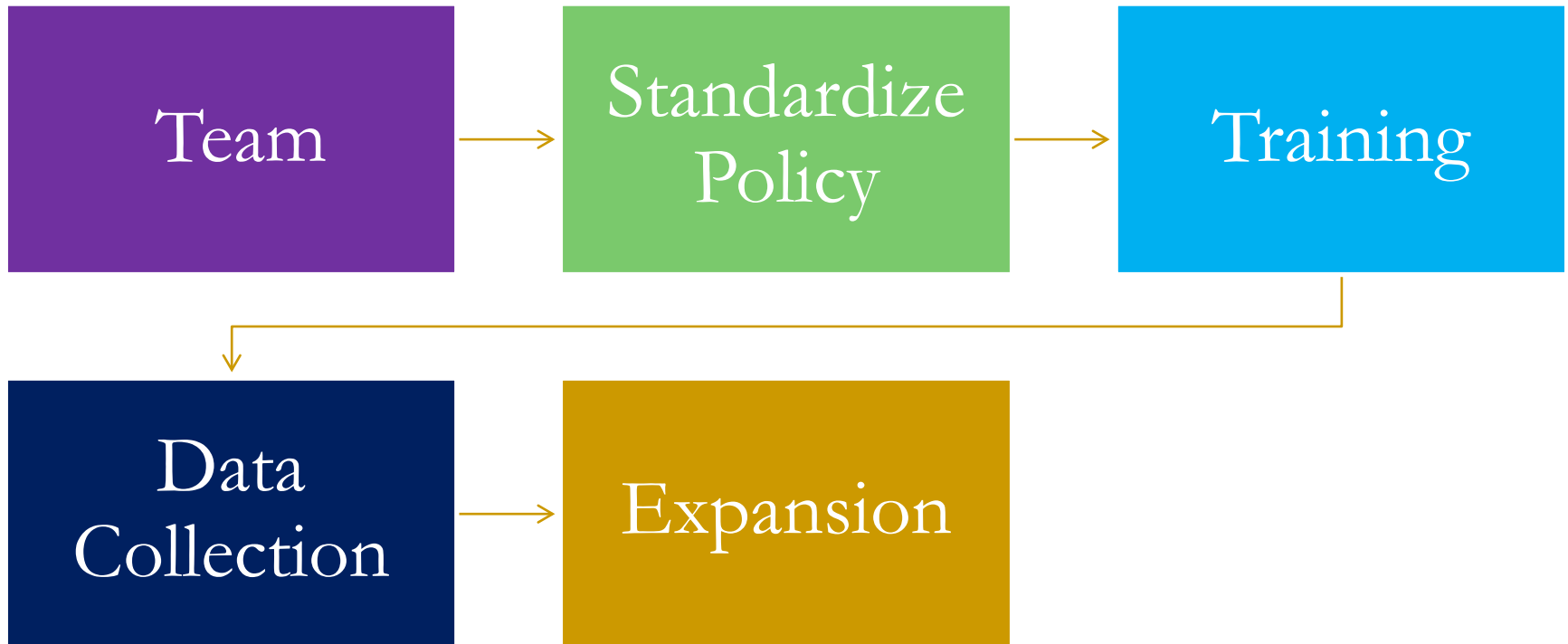
# AAP Recommendations for Reducing Sleep Related Infant Deaths

- Media and manufacturers should follow safe sleep guidelines in their messaging, advertising, production and sales to promote safe sleep practices as the social norm.
- Continue the Eunice Kennedy Shriver National Institute of Health and Human Development “safe to Sleep” campaign.
- Continue research and surveillance on the risk factors, causes and pathophysiological mechanisms of sleep-related deaths, with the ultimate goal of eliminating these deaths altogether.

# AAP Recommendations for Reducing Sleep Related Infant Deaths



# Action



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# Policy

- Standardization of Safe Sleep Policy
- Combining all units into one hospital wide policy
- Copy of Mountain Health Network (Cabell Huntington & Hoops Family Children's) in your folder



# Training

- Additional departmental training adding PICU, NICU
- Including all positions that could come in contact with a patient < 12 months of age. 1.e Housekeeping, dietary, radiology, Lab
- Mandatory via hospital educational platform (Healthstream)

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# Quick View

The following 8 slides are from "Facility Wide Safe Sleep Awareness Education"



## Safe Sleep Education

"Speak Up" Save a Life, The fight to reduce Infant Mortality due to unsafe sleep conditions in WV.

Jessica Haas, RN, MSN, C-ONQS

Clinical Research Nurse Educator

Perinatal Outreach

The Darby Neonatal Intensive Care Unit

# The A, B, C to Safe Sleep

- **A= Alone** in the Crib

- NOT with the pets
- Not with other kids
- Not with parents
- Not with toys
  
- ALONE in the crib



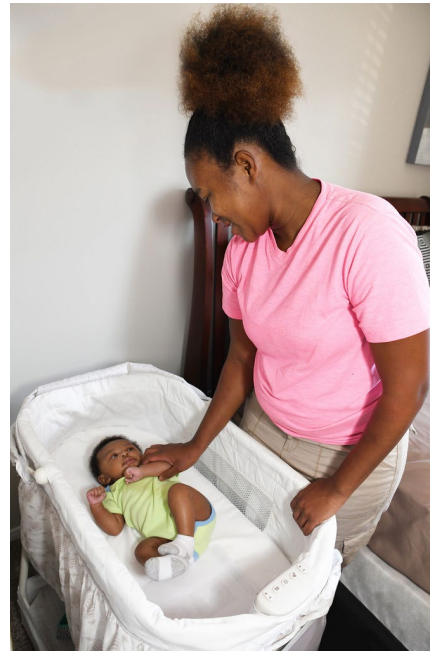
# B is for **Back**

- Place infant on **back** in a **crib** every single time for sleeping.



# C= Crib

- **C=Crib=** Sleep in a crib or in a bassinet
- DO NOT Sleep:
- car seat
- Rock n play
- Swing
- Adult Bed
- Parent Chest
- COUCH



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## Dangers- Chest Sleeping

- Falling Asleep with Infant on Chest
- Why? Position- Infants can suffocate
- Infant can overheat
- Position of the infant head



# Dangers- Couch Sleeping with Infant

## **Dangerous because:**

- **Infant position will often be under the adult**
- **On the side of the adult**
- **Or in between the couch cushions**
- **Infant will suffocate due to position**





# Dangers- Bed Sleeping (CO Bedding)

- Overlapping- "Rolling over" on infant is the most common cause of infant death in co-bedding due to unsafe sleep conditions



# Dangers- Pillows


- Infant should sleep on a flat firm surface.
- Pillows will cause infant "floppy" airways to become positional and increase risk for suffocation



# Dangers= Swings, Car Seats



# Safe Sleep Crib Cards



## Safe Sleep Practice for Infants To Reduce Risk of SIDS

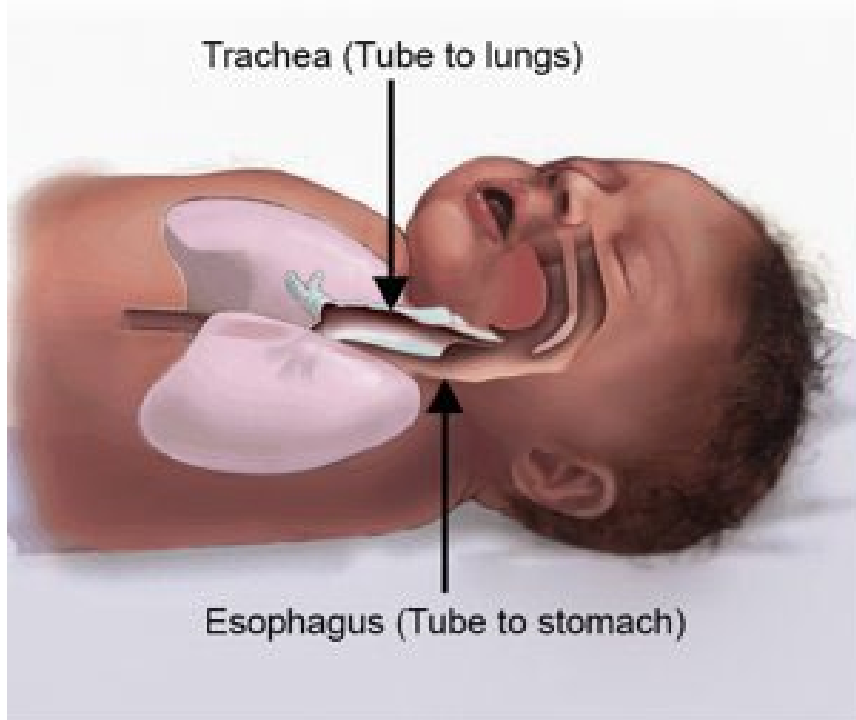
- Always place infant on back to sleep (NEVER on belly)
- Use firm sleep surface with no other soft objects
- Do not sleep with infant in chair or couch or on your chest
- No pillows, blankets, quilts, or pillow-like toys (NO Pillows)
- Infants can sleep in parents room on separate surface designed for infants (never in parent's bed)
- Use wearable blanket, such as *swaddleMe* wrap sack or *sleepsack*
- Avoid overheating
- Avoid tobacco smoke exposure
- Keep up-to-date on immunizations
- Consider offering pacifier at sleep times
- Supervise awake tummy time for muscle development

Recommendations by:  
American Academy of Pediatrics

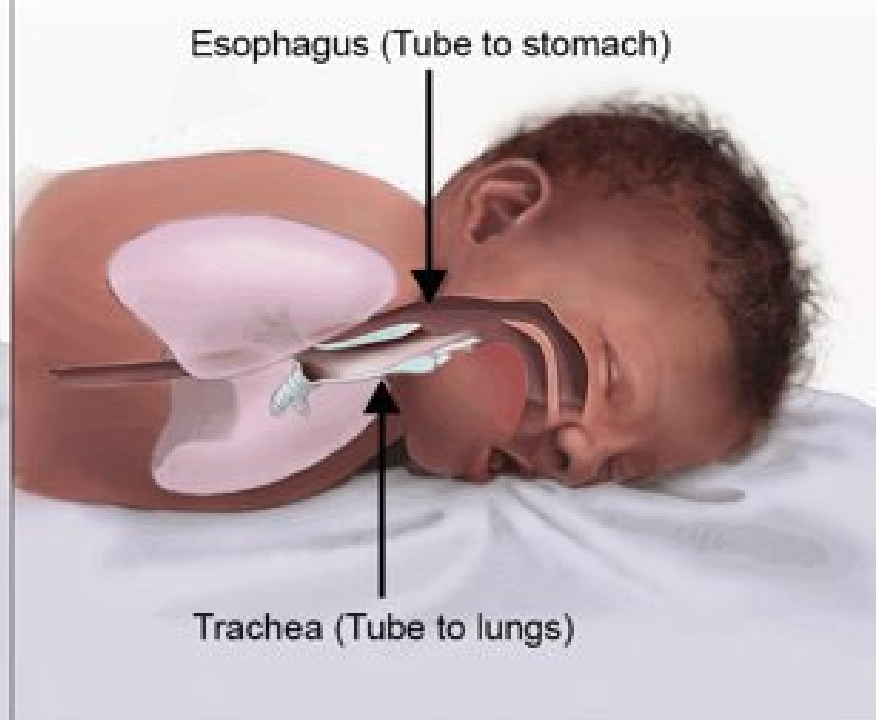


# Posters at bedside

**Baby in the back sleeping position**



**Baby in the stomach sleeping position**



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# Unit level Education Brochures

- Unit education
- Safe Sleep Educational Handouts
  - Unit Welcome Package (Birth Package)
  - Parent Brochure
  - Grandparent Brochure
  - Rx Pads

# Handouts- Birth Packet (admission to NICU, NTU, and NBN)

Our Babies:  
**safe&sound**

## Say **Yes** to Safe Sleep Pledge

My Say **Yes** to Safe Sleep Pledge to: \_\_\_\_\_  
Name of baby

I love you and promise to:

- Make sure that you always sleep alone, and on your back, in your crib, bassinet or pack and play, even during naptimes.
- Check to make sure your crib is safely approved, and the mattress is firm and fits close to the sides of the crib, bassinet or pack and play.
- Remove toys, heavy or loose blankets, and bumper pads from your crib, bassinet or pack and play.
- Keep you away from places where people smoke or vape.
- Teach anyone who takes care of you about keeping you safe when you sleep.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SafeSoundBabies.com**

# Congratulations on your baby!

Inside you'll find:  
**A FREE Gift** & **LIFESAVING**  
Tips for Your Baby

from all of us at:

Our Babies:  
**safe&sound**

**SafeSoundBabies.com**




*Avoid smoking or vaping  
to protect your growing baby*

*Love at First Sight  
Your ultrasound  
picture goes here!*

For more information visit: **SafeSoundBabies.com**

### Say **YES** to Safe Sleep For Grandbabies



Tips for keeping your new Grandbaby safe while sleeping

### Additional Tips to Keep Your Grandbaby Safe and Sound

Consider using a baby monitor when placing your grandbaby to sleep. You should monitor your grandbaby in one room until you are comfortable that you are fully awake and breathing.

Always, always keep your grandbaby in a safe and approved crib, bassinet or pack and play.


Remove toys, heavy or loose blankets, and bumper pads from your crib, bassinet or pack and play.

Keep you away from places where people smoke or vape.

Teach anyone who takes care of you about keeping you safe when you sleep.

*Congratulations on becoming a grandparent!*

For video + more information visit: **SafeSoundBabies.com**



Tips for keeping your new Grandbaby safe while sleeping

### Say **YES** to Safe Sleep for your Grandbaby at every bedtime and naptime

As a grandparent, you may notice how different things get done when you raise your children. You are an important role model and can make a difference in making things safer and better for your grandchild!

But others the importance of Saying **YES** to Safe Sleep and the ABC's of Sleep, and not "No", and in a safe "No" nearby.

**Did you know?**

One baby dies every 10 days in the US in a sleep as a result of unsafe sleeping. A baby can suffocate or become overheated. These tips will help prevent this from happening.

For video + more information visit: **SafeSoundBabies.com**

- YES** Think about every sleep, on both sides of the crib.
- YES** Call a nurse if you, parent or caregiver, have a fever.
- YES** It is a good idea to have a baby in her own space every time you are in your bed or on a couch or chair.
- YES** Check baby to be sure she is breathing and keep the room at a comfortable temperature.
- YES** Always use firm mattress in the crib.
- YES** To eliminate and avoid the toxins.

# Handouts (Peds, PICU)

## Say YES to Safe Sleep For Babies

**MOST (99%)** of West Virginia parents want to do what's best for their children. What's best for infants is saying **YES** to safe sleep.



**A quick guide to keeping your new baby safe & sound**

## MOST West Virginia Parents are Saying YES to Safe Sleep

**MOST (99%)** West Virginia parents agree...

- 99%** It is safest for baby to sleep alone instead of in a bed with an adult or other child.
- 99%** Toys, heavy or loose blankets, comforters and bumper pads can cause suffocation and should be removed from the crib, bassinet or "pack and play".
- 92%** Babies should only sleep in safety-approved cribs, bassinets or pack and plays with a firm mattress that fits close to the sides.
- 98%** Babies should always sleep in rooms and homes that are smoke-free.

**For video + more information visit:**  
[SafeSoundBabies.com](http://SafeSoundBabies.com)

**Our Babies. safesound**  
West Virginia Children's Trust Fund

**TEAM**  
for Newborn Children  
Clemens Worthington Foundation

**Say YES to Safe Sleep For Babies**

**MOST (99%)** of West Virginia parents want to do what's best for their children. What's best for infants is saying **YES** to safe sleep.



**A quick guide to keeping your new baby safe & sound**

This program is being presented with financial assistance as a grant to the TEAM for West Virginia Children from the WV Department of Health and Human Resources.

Data from West Virginia Positive Community Norms Parent Survey Key Findings Report, March 2014.

## Say YES to Safe Sleep

**MOST (99%)** of West Virginia parents agree the safety of their babies is most important when thinking about where their babies sleep.



- YES** Baby always sleeps alone, on her back and in her crib.
- YES** Crib is clear of toys, heavy or loose blankets, bumper pads & pillows.
- YES** It's safest for baby to sleep in the room where you sleep, but not in your bed.
- YES** Dress your baby in light sleep clothing and keep the room at a comfortable temperature.
- YES** Mattress is firm & fits close to the sides.
- YES** To a smoke and vape-free space.

**Did you know?**  
One baby dies every 10 days in West Virginia as a result of unsafe sleeping.

[SafeSoundBabies.com](http://SafeSoundBabies.com)

## Say YES to Safe Sleep For Grandbabies



**Tips for keeping your new Grandbaby safe while sleeping**

## Additional Tips to Keep Your Grandbaby Safe and Sound

Consider using a chair, if possible when placing your grandbaby to sleep. You should not use your grandbaby in one chair and/or used to breastfeeding that.

Provide "tummy time" when your grandbaby is awake and alertness to strengthen his head, neck and shoulder muscles and promote his spine to the back.

Because many products have not been tested for effectiveness or safety, avoid using products that claim to reduce the risk of infant-related deaths.

**For video + more information visit:**  
[SafeSoundBabies.com](http://SafeSoundBabies.com)

*Congratulations on becoming a grandparent!*

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**Say YES to Safe Sleep For Grandbabies**



**Tips for keeping your new Grandbaby safe while sleeping**

This program is being presented with financial assistance as a grant to the TEAM for West Virginia Children from the WV Department of Health and Human Resources.

## Say YES to Safe Sleep for your Grandbaby at every bedtime and naptime

As a grandparent, you may notice how different things are from when you raised your children. You are an important role model and can make a difference in making things safer and better for your grandbaby!

Tell others the importance of Saying YES to Safe Sleep and the ABC's - **A**lone, on her **B**ack, and in a safe **C**rib nearby.



- YES** Baby always sleeps alone, on her back and in her crib.
- YES** Crib is clear of toys, heavy or loose blankets, bumper pads & pillows.
- YES** It's safest for baby to sleep in the room where you sleep, but not in your bed or on a couch or sofa surface.
- YES** Dress baby in light sleep clothing and keep the room at a comfortable temperature.
- YES** Mattress is firm & fits close to the sides.
- YES** To a smoke and vape-free space.

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# Standardized Safe Sleep Education at Discharge



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# Data

- Audits

- Unit Specific

- Compliance with discharge education (documented)
      - Need for standardized documentation in the EMR
      - Need for updated standardized discharge education for ALL infants < 12 months of age

2021 Data- Audits  
 (N=121) patient observations x 3 months  
 Average Los=10 days; Average GA- 39 weeks corrected

Safe Sleep Practices	Yes	No	Not completed
Head of the Bed Flat	42	51	28
Crib Card at Bedside describing Safe Sleep Practices	60	39	22
Position- Supine	59	11	51
Extra's (No extra blankets, pillows, stuffed animals)	9	77	35

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# Data

- Smart Aim- Achieve a 40% compliance increase for safe sleep guidelines in the inpatient setting with an overall goal of 95% within 3 months by December 2021.

# Data

- Compliance on 121 inpatient observations 3 months after re-education:
- 95%- Head of bed-flat
- 100%-Crib Card Placement
- 90%-Extras- blankets were found in the larger beds in the PICU and pediatric floor
- 95%-Supine

# Facility SUIDS

- As part of our creation of our Perinatal Neonatal and Pediatric Palliative Care Team (IMPACT) reviewed our pediatric deaths 2014-2021.
- Results indicated that for infants < 12 months of age with listed as SIDS/SUIDS that 70% of those deaths were related to unsafe sleep conditions.
- >50% were intrauterine exposed to illegal substances in utero

# Parental Non Compliance

**Step 1-** First signed copy of education provided and packet given to parent/caregiver

**Step 2-** Parent is found to be non compliant with safe sleep practices

Re-education is provided on the spot in real time.

Documented in the electronic health record (EHR) by the nurse who performed re-education. Hourly rounds for ALL rooming in mothers. Educational video watched on safe sleep.

**Step 3-** Education provided at length discussion (more detailed)

Nurse manager notified of ongoing non compliance.

Inform next step is

Non compliance paper with CPS notification and limited nightly visitation

## Our Babies: safe&sound Say Yes to Safe Sleep Pledge

My Say Yes to Safe Sleep Pledge to: \_\_\_\_\_  
Name of baby

I love you and promise to:

- Make sure that you always sleep alone, and on your back, in your crib, bassinet or pack and play, even during naptimes.
- Check to make sure your crib is safety approved, and the mattress is firm and fits close to the sides of the crib, bassinet or pack and play.
- Remove toys, heavy or loose blankets, and bumper pads from your crib, bassinet or pack and play.
- Keep you away from places where people smoke or vape.
- Teach anyone who takes care of you about keeping you safe when you sleep.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

SafeSoundBabies.com

**Say YES to Safe Sleep For Babies**

MOST (99%) of West Virginia parents want to do what's best for their children. What's best for infants is saying YES to safe sleep.



A quick guide to keeping your new baby safe & sound

**MOST West Virginia Parents are Saying YES to Safe Sleep**

MOST West Virginia parents agree...

- It is safest for baby to sleep alone instead of in a bed with an adult or other child.
- Toys, heavy or loose blankets, bumpers and bumper pads can cause suffocation and should be removed from the crib, bassinet or pack and play.
- Babies should only sleep in safety-approved cribs, bassinets or pack and play with all firm surfaces that fit close to the sides.
- Babies should always sleep in cribs and bassinets that are smoke-free.

For video + more information visit: [SafeSoundBabies.com](http://SafeSoundBabies.com)

Our Babies: safe&sound TEAM for the CARE of the BABY

West Virginia & Marshall University Child Health Research Foundation

This document is being presented with financial assistance as a grant to the TEAM of West Virginia Children from the WV Department of Health and Human Resources.

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A quick guide to keeping your new baby safe & sound

**Say YES to Safe Sleep**

MOST (99%) of West Virginia parents agree the safety of their babies is most important when thinking about where their babies sleep.

Did you know? One baby dies every 10 days in West Virginia as a result of unsafe sleeping.



- YES** Baby always sleeps alone, on her back and in her crib.
- YES** Crib is clear of toys, heavy or loose blankets, bumper pads & pillows.
- YES** It's safest for baby to sleep in the room where you sleep, but not in your bed.
- YES** Dress your baby in light sleep clothing and keep the room at a comfortable temperature.
- YES** Mattress is firm & fit close to the sides.
- YES** To a smoke and vape-free space.

SafeSoundBabies.com

# Step 4-Non Compliance Form

This is to certify that I \_\_\_\_\_, the mother/father/guardian of minor child \_\_\_\_\_ has been educated on infant safe sleep practices including specific SIDS (Sudden Infant Death Syndrome) risk reduction strategies, as set by the AAP (American Academy of Pediatrics). I have been provided with the "Say Yes to Safe Sleep Packet on Admission to the following units within Cabell Huntington Hospital, Hoops Family Children's Hospital: Neonatal Intensive Care Unit (NICU), Neonatal Therapeutic Unit (NTU) and Mother Baby Unit (MBU)". I also acknowledge that I have been provided with the same education on admission to the Pediatric Unit (PEDS) and the Pediatric Intensive Care Unit (PICU) regarding the hospital safe sleep policy and the "Say Yes to Safe Sleep" brochures. I have been educated by the nursing staff on Safe sleep practices and reviewed the crib card hanging in/near my babe's crib.

I fully understand that I have been educated on the following recommendations:

- Always place infant on his/her/they on their back to sleep (BACK IS BEST)
- Never place infant on his/her/ they stomach to sleep (NEVER PRONE)
- Never place infant on a pillow to sleep (Boppy pillows included)
- Never co-sleep in the same bed with the infant
- Never smoke/ vape around the infant
- Do not overheat the infant, place infant in a swaddle sak or a infant sleep sak
- Do not place extra toys, blankets, pillows, comforters, or boppy pillow in the crib.
- Have a hard firm flat surface with a tight fitting sheet- DO NOT allow infant to sleep in car seat, rocker, or swing
- Never place on chest to sleep
- Never place infant on couch to sleep
- Follow up with doctor appointments
- Take infant if sick to doctor I acknowledge that I have been informed on admission and educated (via brochures, verbal bedside real time education from nursing staff and physicians, video(s), and print outs of external links to websites on proper safe sleep practices. I have also been re-educated on safe sleep practices and have still been found to be non-compliant with the recommendations of the AAP and the Hospital Safe Sleep Policy. I acknowledge the risks of unsafe sleep practices including possible death

and hereby release the attending physician and the health system from all responsibility from any ill effects that may occur as a result of my decision not to comply with the safe sleep recommendations. I also understand and acknowledge that a report to Child Protective Services will be sent notifying them of the incidence of non-compliance with the hospital safe sleep policy along with proof of education on proper safe sleep practices and this form.

\_\_\_\_\_  
Signature of authorized individual

\_\_\_\_\_  
Placeholder for reference  
Relationship of authorized individual Date/Time



# Standardized Discharge Education

## Say YES to Safe Sleep

### Baby Products Safety Checklist

*Has the product been recalled?*

*Has it been tested to meet mandatory safety standards?*

For answers to these questions and up-to-date information about baby product safety, visit these sites:


[www.kidsindanger.org/product-hazards/recalls](http://www.kidsindanger.org/product-hazards/recalls)

[www.saferproducts.gov](http://www.saferproducts.gov)

**SafeSoundBabies.com**



# Order for Discharge Home < 12 months of age

 <b>ZZMHNPTST, NBBOY B</b> Resuscitation Status:none Attending:KING RN, JOHN D PCP:Zban, William M	Age:10 months DOB:10/5/2021 Allergies: Allergies Not Recorded Phone:(304) 555-5555	Sex:Male EMR:73100455 Insurance:SELF PAY	Loc:5EBT; 5901; 0 Fin#:871077582 Inpatient [10/5/2021 4:31:50 PM EDT - <No - Discharge date>]	<b>Isolation:</b> Portal: No
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Original order entered and electronically signed by KING RN, JOHN D on 8/16/2022 at 12:58 PM EDT.  
Admit/Transfer/Discharge Department

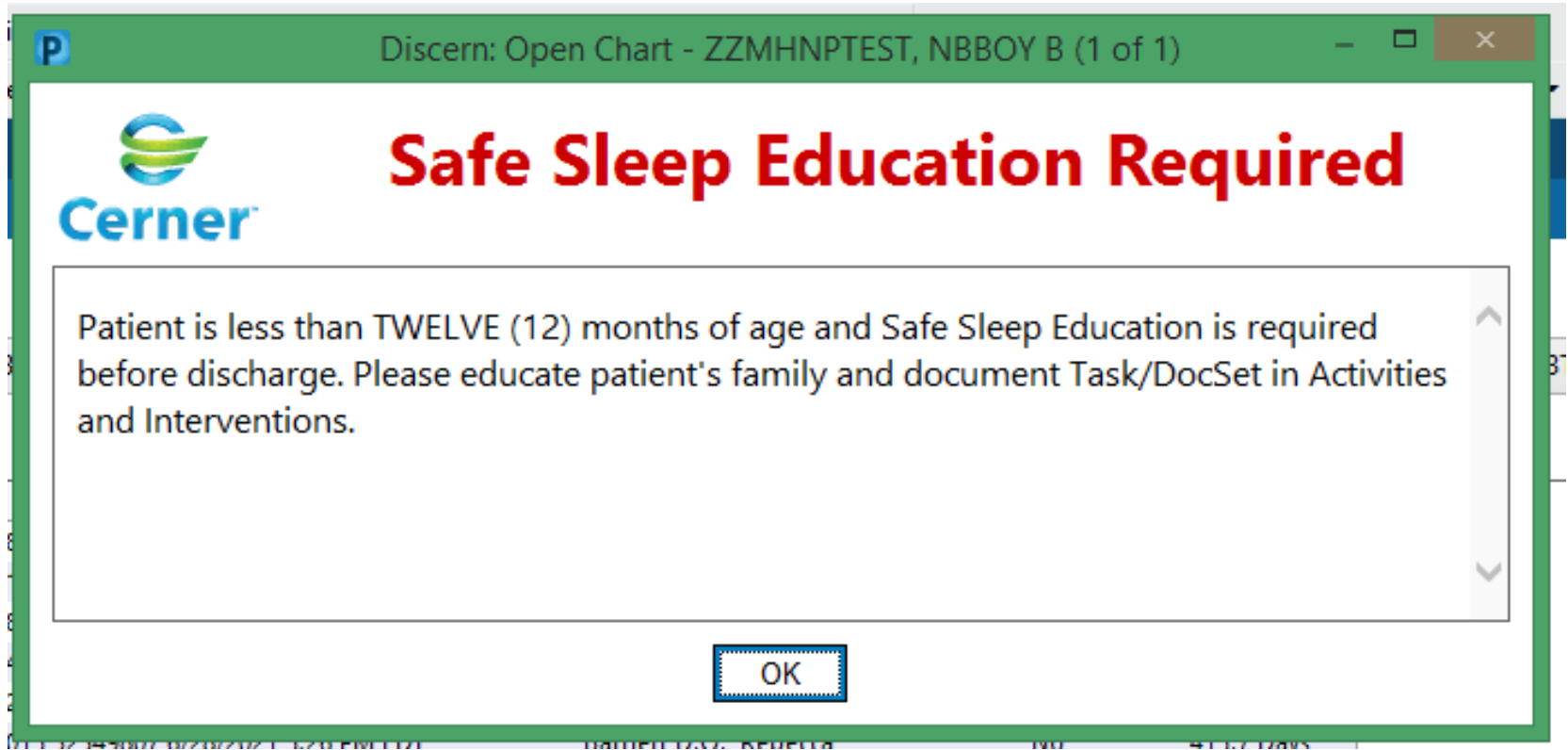
## Discharge Patient

Pharmacy Details Additional Info **History** Comments Results Plan History Compliance History

Order 8/16/2022 12:58 PM EDT

<b>Order</b>	8/16/2022	12:58 PM EDT
Entered and electronically signed by KING RN, JOHN D.		
<b>Status</b>		
Order Status	<input type="text" value="Ordered"/>	
Department Status	<input type="text" value="Ordered"/>	
<b>Details</b>		
Requested start date and time	<input type="text" value="8/16/2022 12:58 PM EDT"/>	
<b>Validations</b>		
<b>Nurse Review</b>		
Routed to SEBT		

# Creating an Alert



# Task List

	Pending	Safe Sleep Education	08/18/22 9:13:28 EDT Ordered secondary to patient being discharged and no documented Safe S...
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# Standardized documentation for the Safe Sleep Education- Hospital Wide

**Activity View**

- Safe Sleep Education
- Safe Sleep Education
- Infection Control
- Labor and Delivery
- Adult ICU Systems Assessment
- Intake And Output
- Early Warning and Rapid Response
- NICU Education

**Safe Sleep Education**

Find Item  Critical  High  Low  Abnormal  Unauth  Flag

Result	Comments	Flag	Date	Performed By
		<input checked="" type="checkbox"/>	9:14 AM EDT	
		<input checked="" type="checkbox"/>	9:00 AM - 9:59 AM EDT	
		<input checked="" type="checkbox"/>	8:00 AM - 8:59 AM EDT	
		<input checked="" type="checkbox"/>	7:00 AM - 7:59 AM EDT	
		<input checked="" type="checkbox"/>	6:00 AM - 6:59 AM EDT	
		<input checked="" type="checkbox"/>		

\*Ed-Safe to Sleep Training Responsible Learner Present for Session

- Verbalizes understanding
- Demonstrates
- Needs further teaching
- Needs practice/supervision

# Ambulatory Setting- Pediatric Office and Pediatric Urgent Care/Urgent Care

PEDS Routine\_9 Months

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▼ This Visit Problem

Encounter for routine child health examination without abnormal findings  
This problem exists for the current encounter as a This Visit Problem.

Encounter for routine child health examination with abnormal findings

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▼ Review of Systems

.peds\_ROS

None

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▼ Orders

<input type="checkbox"/> DTaP - Hep B-IPV - Pediarix	0.5 mL, Inj Susp, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼
<input type="checkbox"/> Pneumococcal 13 valent - Prevnar 13	0.5 mL, Injection, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼
<input type="checkbox"/> Hib - PedvaxHIB	0.5 mL, Inj Susp, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼
<input type="checkbox"/> Rotavirus, Live, Oral - Rotarix	1 mL, Susp, PO, 1x (once), Diagnosis/Chief Complaint Encounter for ir ▼
<input type="checkbox"/> FluLaval Quadrivalent IM Susp	0.5 mL, Inj Susp, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼
<input type="checkbox"/> PED Return to Clinic	Future Order In Approximately 3 month(s), 3, month(s), In Approxima ▼
<input type="checkbox"/> VFC DTaP - Hep B-IPV - Pediarix	0.5 mL, Inj Susp, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼
<input type="checkbox"/> VFC Pneumococcal 13 valent - Prevnar 13	0.5 mL, Injection, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼
<input type="checkbox"/> VFC Hib - PedvaxHIB	0.5 mL, Inj Susp, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼
<input type="checkbox"/> VFC Rotavirus, Live, Oral - Rotarix	1 mL, Susp, PO, 1x (once), Diagnosis/Chief Complaint Encounter for ir ▼
<input type="checkbox"/> VFC FluLaval Quadrivalent IM Susp	0.5 mL, Inj Susp, IM, 1x (once), Diagnosis/Chief Complaint Encounter ▼

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▼ Charges

99381 Initial Comp Preventive Med less than 1 year New

99391 Preventive Medicine < 1 year Est

96110 Developmental screening, with scoring

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▼ Patient Education

Well-Baby Checkup: 9 Months

Prevention Guidelines, Birth to Age 2

Safe Sleep- CHH

# AAP Safe Sleep Campaign



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# Data

- Data collection
  - Opportunities for education
  - Compliance on documentation of safe sleep education at discharge



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# Results

- The first full week
- 1735 encounters with infants < 12 months of age facility wide. Peds, PICU, NICU, NBN, NTU, ER, Same day surgery, Lab, Radiology, Surgery, Urgent care, and ambulatory pediatric departments

# How did we do?

## Compliance as of Post Alert Implementation Week 1

- 100% documentation of discharge safe sleep education by medical providers within the NAS specialized unit
- 89% documentation of safe sleep education by medical providers within the NBN
- 95% documentation of safe sleep education by medical providers within NICU
- Unable to document education provided
  - Peds
  - PICU
  - ER
  - Same day surgery

# Additional Resources

- Poster
- Packet of "How to begin a facility wide safe sleep project"



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# Questions

