Improving Infant Safe Sleep Practice in the Neonatal Intensive Care Unit
Kaiser Permanente Hospital Oakland, California - Samuel Merritt University, Oakland, California
Presented by Rachel Mathison, RN

Introduction & Background

- Approximately 3500 infants under the age of one die from potentially preventable sleep-related causes each year in the U.S. (CDC, 2015; Moon, 2016)
- Sleep-related infant deaths have remained stagnant over the last 20 years despite initial drops following the American Academy of Pediatrics’ Back to Sleep campaign initiated in the 90s (CDC, 2015; Moon, 2016)
- Parents and nurses continue to place infants in unsafe sleep environments both in the hospital and at home (Moon, 2016; Patton et al., 2015; Salm & Balfour, 2016)
- Infant safe sleep modeling in the hospital & consistent messaging of safe sleep practice recommended (Moon, 2016; Salm & Balfour, 2016)
- Changing caregiver and nurse attitude and practice surrounding infant safe sleep requires a multifaceted approach (Grazel, 2010; Patton et al., 2015; Salm & Balfour, 2016; Shafer et al., 2010)
- A passion to reduce the number of preventable infant deaths motivated this quality improvement project created for a leadership course in the RN to BSN program at Samuel Merritt University (SMU)
- Kaiser NICU leadership team supportive of moving forward with plan of action based on SMU project findings

Aim

Improve infant safe sleep modeling in the Kaiser Oakland NICU to 75% compliance by December 2017 as evidenced by crib audits

Method

- Conducted literature review for best practice in the NICU & safe sleep QIPs
- Began NICU crib audits, July 2017: pre-intervention results noted 0% compliance
- Presented findings to NICU manager, clinical nurse specialist, nurse educator, and multidisciplinary team
- Displayed safe sleep educational poster board in multidisciplinary room and discussed at shift huddle, July 2017
- Presented PowerPoint slide show and safe sleep video to nursing and medical staff at mandatory annual review, August to October 2017
- Kaiser-wide infant safe sleep campaign independent of project began in September 2017: safe sleep poster in main hall
- Safe sleep crib cards & t-shirts for infants, October 2017
- Ongoing crib audits with staff updates, October to December 2017
- Prediction: with ongoing interventions & culture change, infant safe sleep compliance will continue to improve in the Kaiser Oakland NICU

Lessons Learned

- Developmental needs of NICU patients and unpredictable discharge dates are the barriers to modeling safe sleep prior to discharge
- Collaboration with medical & developmental team for timing of infant safe sleep practice & differential signaling for infants requiring special positioning is crucial
- Misconceptions about what constitutes a caring sleep environment for infants and concerns about aspiration as it relates to sleep positioning contribute to non-compliance with infant safe sleep practice in the hospital and at home (Moon, 2016; Patton, 2015; Salm, 2016; Shafer, 2010)
- Establishing or changing safe sleep hospital policy is recommended by the AAP Task Force on SIDS (Moon, 2016); however, improvement can be achieved prior to policy updates

Results

SAFE SLEEP STAFF EDUCATION

Huddle Education: Poster Board  Percent Trained at Annual Review

N Obviously, there is a need for education on this topic.
N Effective education is necessary to improve compliance.
N Crib audits are the gold standard for assessing compliance.

Conclusions

- Crib audit results improved to 50% compliance within two months
- Sustainability dependent on supportive culture including ongoing nurse education, parent education, crib audits, and EBP infant safe sleep hospital policy
- Potential for development of maternal-child health multi-unit safe sleep task force
- NEXT STEPS
  - Push for infant safe sleep policy updates
  - Revisit multiple gestation co-bedding policy (current policy allows co-bedding)
  - Develop safe sleep nurse champion team
  - Consider post-discharge safe sleep parent reminder call
- Limitations of project: questionnaires to measure nurse and parent attitudes and knowledge not completed pre-intervention

Resources