New York State Infant Mortality Collaborative Improvement & Innovation Network (NYS IM-CollIN) Statewide Meeting

June 20, 2016
Before we begin, a few notes:

• All participants will be muted upon entry

• Please do not place this call on hold, as we will be able to hear your hold music

• Use the Chat Box to the right of your screen for questions or comments

• This webinar will be recorded
If you have a question during the call you can:

- Raise your hand and we will unmute you to ask your question
  - If you have a logistics question, please send it in through the chat

- Use the chat box in the bottom right corner of your screen
  - We ask that you send your questions to “All Participants” so attendees can view all questions throughout the call
Welcome & Roll Call

Marilyn Kacica, MD, MPH
Kristen Lawless, MS

Division of Family Health
New York State Department of Health
## Agenda

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<tr>
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<th>Topic</th>
<th>Speaker</th>
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<td>10:00 AM – 10:10 AM</td>
<td>Welcome and Roll Call</td>
<td>Marilyn Kacica, MD, MPH</td>
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<td></td>
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<td>Kristen Lawless, MS</td>
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<tr>
<td>10:10 AM – 10:15 AM</td>
<td>Overview of Meeting Goals</td>
<td>Marilyn Kacica, MD, MPH</td>
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<td>10:15 AM – 10:20 AM</td>
<td>IM-CoILIN Data Overview</td>
<td>Marilyn Kacica, MD, MPH</td>
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<td>Brian Gallagher</td>
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<td>10:20 AM – 10:50 AM</td>
<td>Pre / Interconception Care</td>
<td>Theresa Nichols</td>
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<td>Meaghan Carroll</td>
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| 10:50 AM – 10:55 AM | New York State Perinatal Quality Collaborative Hospital-based Safe Sleep Project | Kristen Lawless, MS }
# Agenda

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<th>Time</th>
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<td>10:55 AM – 11:00 AM</td>
<td>Community-based Safe Sleep Project</td>
<td>Katharine Harris, MBA</td>
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<td>11:00 AM – 11:15 AM</td>
<td>Other State Agency Work</td>
<td>Mari Sepowski, RN</td>
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<td>Joanne Ruppel</td>
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<td>11:15 AM – 11:25 AM</td>
<td>Open Discussion</td>
<td>Facilitated by</td>
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<td></td>
<td></td>
<td>Pat Heinrich, RN, MSN</td>
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<tr>
<td>11:25 AM – 11:30 AM</td>
<td>Next Steps</td>
<td>Marilyn Kacica, MD, MPH</td>
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Meeting Goals

Marilyn Kacica, MD, MPH
Division of Family Health
New York State Department of Health
Meeting Goals

• Gather all NYS IM-CollIN stakeholders to:
  • Provide updates on initiative progress to date
  • Discuss successes, challenges, and suggestions for continued collaboration
Statewide Measure Update

Marilyn Kacica, MD, MPH
Division of Family Health
New York State Department of Health

Brian Gallagher
Office of Quality and Patient Safety
New York State Department of Health

- Use of provisional data-innovative approach
- Great opportunity to collaborate with NYSDOH professionals and others
  - NYS Office of Children and Family Services (OCFS)
  - NYSDOH Vital Statistics
  - NYSDOH Office of Quality and Patient Safety (OQPS)
  - NYSDOH Office of Health Insurance Programs (OHIP)
Measurement Strategy

• CoIN Wide Measures
  • Infant mortality
  • Neonatal mortality
  • Post neonatal mortality
  • Preterm birth
  • SUID mortality (also a State Outcome measure)
  • Source: Vital Statistics

• State Outcome Measures
  • Most and moderately effective contraceptive usage
  • Source: Medicaid

• Pilot Site Process Measures
COLLABORATION WITH
MEDICAID COLLEAGUES
BRIAN GALLAGHER
Collaboration AIMS

• Provide Technical Assistance to interpret the Measure Specifications which use Medicaid data
• Provide context for existing Measure Specification approaches using Medicaid data
• Suggest changes to proposed Measure Specifications
• Generate counts of events for Measures
Overview of Activities

- CoIIN measure specifications examined, significant deficiencies identified
- Suggestions for changes provided to NICHQ and partners, repeatedly
- Coordinated CMS contraception measure development activities with CoIIN measure development
- Generated preliminary counts of events
Progress to Date

- Technical assistance provided to NICHQ and partners to revise and improve CoIN Medicaid Measures
- Proposed NYS CoIN Medicaid Measure specifications are now consistent with other NYS DOH and CMS specification approach
- Preliminary results have been shared with NYS CoIN project
Progress to Date

• Report Period January 2015
• Annual Rate calculated, period ends in January 2015
• Denominator: All Women Eligible for Medicaid from 2/2014 – 1/2015
• Numerator: Most or Moderately effective Contraception at any time between 2/2014 – 1/2015
• \( \frac{264,000}{947,428} = 27.9\% \)
Successes

- NYS was able to contribute to the improvement of the proposed Medicaid measures
- NYS has adopted an approach which is robust and consistent with other Medicaid measure approaches
- NYS is invited to present the developed methodology at a national learning session in July 2016
Challenges

• Data completeness concerns with 2015 Medicaid data have delayed generation of counts
• Any measure based on administrative data may not be able to capture marginal, real time changes in contraception administration practice
Pre/Interconception Care Update
Theresa Nichols
Meaghan Carroll
*Bureau of Women, Infant & Adolescent Health*
*Division of Family Health*
*New York State Department of Health*
Initiative AIM

Improve life course care for women related to pre and interconception care by:

• Improving birth intention, including use of most and moderately effective contraception, by 10% relative to state baseline among women seeking reproductive health services
• Improving the percentage of postpartum women in the state who are using LARC relative to state baseline
• Improving the integration of evidence-based preconception messages into routine preventive care services
FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROJECT

THERESA NICHOLS
Improve birth intention, including most and moderately effective contraception

- To assess the impact of asking women age 15 - 44 their intention of becoming pregnant within the next year (One Key Question®) on the increased use of effective contraception, particularly LARC.

- Goal - reduce the number of unintended pregnancies by increasing knowledge of and access to effective methods of contraception, especially LARC.
Participating Organizations

• Community Health Center
  • Buffalo - non-grant (Title X) funded family planning clinic

• Community Health Care Network
  • Queens (Jamaica) – walk-in pregnancy testing setting

• Morris Heights
  • Bronx (Burnside and Walton) – two pediatric clinic settings; mothers bringing their children in as well as teen moms themselves coming in for a pediatric visit are the population for the pilot data collection
Overview of Activities

The FQHCs ask women the One Key Question®—“Do you want to become pregnant in the next year?” and document the responses.

- The question is asked by the following types of service staff:
  - Buffalo – Nurse Practitioner
  - Queens – Nurse/Health Educator/Medical Assistant
  - Bronx – Health Educators
Overview of Activities

The pilot sites will also document the contraceptive services provided to women by the pilot site service center including:

• # of patients who were given a prescription for contraception
• # of patients who received OC, injectable, patch, ring or diaphragm
• # of patients who received a LARC method
• # of patients who were referred to/made an appointment with the FQHC’s family planning program for contraception
FQHC Pilot Project Pregnancy Intention, All Sites (Oct. 2015-Apr. 2016)

OKQ (One Key Question): Number of patients with documentation they were asked if they would like to become pregnant in the next year

<table>
<thead>
<tr>
<th>Sample size (Q2):</th>
<th>Oct (n=222)</th>
<th>Nov (n=195)</th>
<th>Dec (n=143)</th>
<th>Jan (n=209)</th>
<th>Feb (n=134)</th>
<th>Mar (n=149)</th>
<th>Apr (n=190)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Yes to OKQ (Q3a)</td>
<td>21%</td>
<td>21%</td>
<td>18%</td>
<td>18%</td>
<td>10%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>% No to OKQ (Q3b)</td>
<td>51%</td>
<td>45%</td>
<td>67%</td>
<td>62%</td>
<td>87%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>% Unsure to OKQ (Q3c)</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>% No reply to OKQ (Q3d)</td>
<td>1%</td>
<td>7%</td>
<td>12%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>% Not asked the OKQ (Q2-Q3)</td>
<td>25%</td>
<td>25%</td>
<td>0%</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

# Question:
1. Total number of female patients age 15-44 years served during this reporting month from question #1 above OR from a sample size of at least 20 female patients aged 15-44 years (if there are less than 20 patients, then report on 100% of patients who were served)
2. Number of patients with documentation they were asked if they would like to become pregnant in the next year
3. Number of patients who responded that they would like to become pregnant in the next year
3a. Number of patients who responded that they would like to become pregnant in the next year
3b. Number of patients who responded that they would NOT like to become pregnant in the next year
3c. Number of patients who responded that they are unsure if they would like to become pregnant in the next year
3d. Number of patients who declined to respond to the question
FQHC Pilot Project Contraceptive Method, All Sites (Oct. 2015-Apr. 2016)

Sample size (Q2):

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<tr>
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</thead>
<tbody>
<tr>
<td>% Prescribed effective (Q4)</td>
<td>9%</td>
<td>11%</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>% Received effective (Q5)</td>
<td>31%</td>
<td>33%</td>
<td>44%</td>
<td>26%</td>
<td>42%</td>
<td>49%</td>
<td>36%</td>
</tr>
<tr>
<td>% Received LARC (Q6)</td>
<td>1%</td>
<td>7%</td>
<td>1%</td>
<td>3%</td>
<td>11%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>% Referred for effective (Q7a)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>% Referred for LARC (Q7b)</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
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# Question:

1. Total number of female patients age 15-44 years served during this reporting month from question #1 above OR from a sample size of at least 20 female patients aged 15-44 years (if there are less than 20 patients, then report on 100% of patients who were served)
2. Number of patients who were given a prescription from the pilot site for a contraceptive method
3. Number of patients who received one of the following contraceptive methods from the pilot site – pill, injectable, patch, ring, diaphragm
4. Number of patients who received a long acting reversible contraceptive (LARC) method from the pilot site (LARC includes IUD and implant)
5. Number of patients who were referred to/made an appointment with your FQHC’s family planning clinic for an effective method on a different day from their pilot site visit date.
6. Number of patients who were referred to/made an appointment with your FQHC’s family planning clinic for a LARC method on a different day from their pilot site visit date.
# Question:

<table>
<thead>
<tr>
<th></th>
<th>Total number of female patients age 15-44 years served during this reporting month from question #1 above OR from a sample size of at least 20 female patients aged 15-44 years (if there are less than 20 patients, then report on 100% of patients who were served)</th>
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<tbody>
<tr>
<td>2</td>
<td>Number of patients with documentation they were asked if they would like to become pregnant in the next year</td>
</tr>
<tr>
<td>3</td>
<td>Number of patients who were given a prescription from the pilot site for a contraceptive method</td>
</tr>
<tr>
<td>4</td>
<td>Number of patients who received one of the following contraceptive methods from the pilot site – pill, injectable, patch, ring, diaphragm</td>
</tr>
<tr>
<td>5</td>
<td>Number of patients who received a long acting reversible contraceptive (LARC) method from the pilot site (LARC includes IUD and implant)</td>
</tr>
<tr>
<td>6</td>
<td>Number of patients who were referred to/made an appointment with your FQHC’s family planning clinic for an effective method on a different day from their pilot site visit date.</td>
</tr>
<tr>
<td>7A</td>
<td>Number of patients who were referred to/made an appointment with your FQHC’s family planning clinic for a LARC method on a different day from their pilot site visit date.</td>
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</table>

## Sample size (Q2):

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</thead>
<tbody>
<tr>
<td>% Asked OKQ (Q3)</td>
<td>75.2%</td>
<td>75.4%</td>
<td>100.0%</td>
<td>82.8%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% Effective method (Q: 4,5,6,7a+7b)</td>
<td>43.7%</td>
<td>53.8%</td>
<td>53.1%</td>
<td>37.8%</td>
<td>59.7%</td>
<td>61.7%</td>
<td>52.6%</td>
</tr>
<tr>
<td>% Highly effective method (Q: 6+7b)</td>
<td>3.2%</td>
<td>9.2%</td>
<td>2.1%</td>
<td>4.8%</td>
<td>13.4%</td>
<td>9.4%</td>
<td>11.6%</td>
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Successes (from October 2015 to April 2016)

• 100% of clients were asked the One Key Question® in December, February, March, and April; this is up from 75.2% of clients being asked the One Key Question® in October (a 33% increase).

• 52.6% of clients were either given a prescription, received or were referred for an effective or highly effective contraceptive method in April; this is up from 43.7% of clients in October (a 20% increase).

• As a subset of the previous group, 11.6% clients received or were referred for a highly effective/LARC method in April; this is up from 3.2% of clients in October (a 262.5% increase).
Challenges

• Staff turnover/vacancies in organizations conducting the pilot disrupts the collection and reporting of the data.
MATERNAL & INFANT COMMUNITY HEALTH COLLABORATIVE (MICHC) PROJECT

MEAGHAN CARROLL
Maternal & Infant Community Health Collaboratives (MICHC)

1. Community Health Worker (CHW) Promotion of Effective Contraception & Promotion of the Importance of the Postpartum Visit

2. Promotion of Integration of Pre/Interconception Messages into Routine Preventive care services
Initiative AIM #1

Community Health Worker (CHW) Promotion of Effective Contraception & Promotion of the Importance of the Postpartum Visit

- Improve birth spacing/intention, including use of most and moderately effective contraception
  - Increase adherence to the post-partum visit
  - Increase selection and use of an effective contraceptive method
Participating Organizations

Maternal & Infant Community Health Collaboratives:

- Buffalo Prenatal Perinatal Network (Erie County)
- Urban Health Plan (Bronx County)
- Public Health Solutions (Queens County)
Overview of Activities

Data collection began 10/1/15. Each month the MICHC pilot projects report on the following activities:

- Offering information to prenatal and postpartum women on proper birth spacing, effective contraception, the importance of the postpartum visit and what to expect during the visit.
- Follow-up with clients to ensure a postpartum visit is scheduled to occur within 21 to 56 days after giving birth, provide assistance with scheduling the appointment if needed, and follow up to ensure the client attended the postpartum visit.
- Follow up with clients after delivery to assess selection and use of an effective contraceptive method during the period immediately postpartum up to 60 days postpartum.
Progress to Date

IM CoIIN Measures for Prenatal MICHC Clients*

- Importance of Postpartum Visit
- Effective Contraception Information
- Effective Contraception Selection

* Clients counted in denominator if they gave birth during reporting period.
Progress to Date

IM CoIIIN Measures for Postpartum MICHG Clients*

* Clients counted in denominator if reached 57 days postpartum during reporting period.
Successes

• Public Health Solutions – PDSAs

- Identified workflow issues in IT system, working toward improving postpartum visit attendance (text reminders and better documentation by CHWs in case files)

- Data shows clients not always getting information on effective contraception – April PDSA will focus on standardizing CHW practices
Challenges

- Small number of clients – difficult to assess
- IT challenges - data systems not always compatible to easily extract data for reporting
- Increase in women presenting late in prenatal period (includes very recent immigrants)
- Birth Control (esp. LARC) not provided during PPV
  - Providers require 2 visits for LARC insertion
- Some hospital policies prohibit provision of birth control services (Catholic Health System)
- Limited number of providers who offer LARC
Initiative AIM #2

Promotion of Integration of Pre/Interconception Messages into Routine Preventive care services

➤ Improve the integration of evidence-based preconception messages into routine preventive care services

▪ Increase # of primary care providers educated on the use of the Preconception Care Clinical Toolkit from the Before, Between and Beyond Pregnancy website (beforeandbeyond.org/toolkit)

▪ Increase # of providers who have integrated the One Key Question® and/or additional evidence-based practices into delivery of primary care services
Participating Organizations

Maternal & Infant Community Health Collaboratives:

- Lower Hudson Valley Pre/Perinatal Network (Westchester/Rockland Counties)
- Maternal Infant Services Network (Ulster/Sullivan Counties)
- North County Prenatal/Perinatal Council (Jefferson/Lewis/St. Lawrence Counties)
Overview of Activities

Data to be collected quarterly includes:

- # of PC providers who received education on the Pre/Interconception BBB Clinical Care Toolkit
- # of PC providers who completed post-training surveys
- # of PC providers responding “Yes” to “Will you access the BBB Clinical Care Toolkit from beforeandbeyond.org?”
- # of PC providers who have integrated the One Key Question® or other evidence-based practices into their delivery of PC services
Progress to Date/Successes

• Presentations by pilot sites on use of the BBB Toolkit to primary care residents, senior management including physicians at various medical practice settings (including FQHCs, Family Medicine and OB/GYN) and a DSRIP Performing Provider System (PPS).

• Several providers reported already incorporating the One Key Question® into their daily work - most are receptive to using the BBB Toolkit. One site was successful in assisting primary care and OB/GYN at an area hospital to integrate One Key Question® into their EHR as of 7/11/16.

• Technical Assistance (TA) calls held with national experts on 3/18/16 and 6/8/16. Experts will provide continued sharing of best practices and individual TA on site-specific implementation.
Challenges

• Progress is slow - no formal data collected to date.

• Future discussions with national experts will be scheduled around measuring the provision of services to get desired results.

• The BBB Toolkit is meant as a foundational element to get buy-in from providers - missing is a tool to implement it.
  o Challenges exist with how to operationalize/integrate One Key Question® into provider workflow

• To assist with provider buy-in, NICHQ is developing a 1 page fact sheet for physicians on the benefits of using the BBB Toolkit that will be shared.
June 20, 2016

Safe Sleep Project Updates

Kristen Lawless
Katharine Harris
Division of Family Health
New York State Department of Health
HOSPITAL-BASED SAFE SLEEP PROJECT

KRISTEN LAWLESS
Initiative AIMS

• Focus on improving safe sleep practices to reduce infant mortality aligns with national and NYS IM-CollIN efforts

• Improvements in safe sleep practices are being achieved by:
  – Collaborating across hospital teams to share and learn;
  – Implementing policies to support/facilitate safe sleep practices;
  – Educating health care professionals so they understand, actively endorse and model safe sleep practices; and
  – Providing infant caregivers education and opportunities so they have the knowledge, skills and self-efficacy to practice safe sleep for every sleep.
Participating Organizations

- 76 NYS birthing hospitals participating in the initiative:
  - 17 Regional Perinatal Centers (RPCs)
  - 25 Level III birthing hospitals
  - 13 Level II birthing hospitals
  - 21 Level I birthing hospitals
Overview of Activities

• In-person Learning Sessions;
• Monthly Coaching Call webinars;
• Monthly data collection/submission through web-based portal (NYSDOH HCS);
• Access to expert faculty, both clinical and quality improvement;
• Access to project website (www.nyspqc.org);
• Utilization of project e-mail listserv.
Medical Record Review: Percent of medical records with documentation of safe sleep education - by hospital level of perinatal care
Crib Check Audit: Percent of infants, sleeping or awake and unattended in crib, in a safe sleep environment*

*A safe sleep environment is defined as infants who were positioned supine, in safe clothing, with head of crib flat and crib free of objects*
Caregiver Survey: Percent of primary caregivers able to identify alone, on back, in crib
Successes

• Collaborating with 76 NYS birthing facilities to improve infant safe sleep
• Medical record documentation of caregiver safe sleep education has increased to 95%
• Crib check audits have shown a 20% improvement in infants sleeping on their backs, in safe clothing, in a crib free of objects with the head of crib flat
Challenges

• Many questions on appropriate swaddling techniques / use of blankets

• Concerns raised over hospital staff members, such as audiologists, not putting babies back to sleep safely after contact

• Challenges with language and cultural barriers
COMMUNITY-BASED SAFE SLEEP PROJECT

KATHARINE HARRIS, MBA
Initiative AIM:

• Increase the proportion of NYS infants placed on their backs for sleep by 10% from 70% in 2011 to 77% in 2016.
  • The survey data indicate that, on average, 87% of our CBOs’ clients report that they usually place their infants on their backs.
  • But the job is not finished.
Participating Organizations

- 6 Community-based organizations
  - All have Maternal and Infant Community Health Collaborative (MICHC) grants with DOH and volunteered to work on this initiative
  - All employ home visitors who are culturally-similar in language and life experience to work with their clients
- Three County Health Departments (Orange, Onondaga, Suffolk)
- Three nonprofit organizations (Public Health Solutions, Reach CNY, Mothers & Babies Perinatal Network)
Overview of Activities

Their activities regarding this project involve their pre-existing maternal education about parenthood, focusing, in this case, on safe sleep for infants using the message “ABC”:

- Alone (no people, animals, toys, blankets, bumpers)
- baby on his/her Back
- in a Crib (or pack ‘n play, box, drawer)
Overview of Activities

• A follow-up survey is done
  - preferably 30 – 60 days after the first perinatal safe sleep instruction
  - ascertains both the caregiver’s (98% are moms) memory of being told about safe sleep and daily practices of safe sleep.

• When barriers to the practice of safe sleep are identified, develop a PDSA to test a different strategy
Progress to Date

• 8 months of survey data
• 235 surveys submitted
• New data added to existing run charts monthly
• Looking for trends in caregiver understanding and practice
  - But with small numbers each month there really isn’t sufficient information to interpret observed “trends”
Progress to Date

Are caregivers remembering and practicing safe sleep?
Successes

• 90% of caregivers remember they should always place baby on his back to sleep

• 86% remember they should always use a crib or pack ‘n play

• In the last two months 87% remember they should room share at night

• In the last two months 89% remember that baby should always sleep alone.
More Successes

- Room-sharing is almost universal, averaging 93% throughout the survey period, with downstate caregivers reporting 100% room-sharing.
  
  We have learned that homes for the downstate population may consist of a single room within an apartment flat, while upstate it may be a trailer with a bedroom too small to include a crib.

- The percentage of infants usually sleeping on their backs averages 86%, though there was some fall-off in the last month.

- The number of infants wearing one-piece sleepers increased from 31% in October to 65% for March and April, with a bit of a fall-off to 59% in May.
Challenges

- Other surfaces are primarily a car seat/stroller/swing, though bed and couch contribute to unsafe sleep surfaces.
- Blankets are the leading addition to sleep surfaces.
- Graph not shown but only about 81% of the infants are sleeping alone on their own safe surface.
Strategies

• CBOs develop PDSAs and other strategies to better teach safe sleep including:

  – Using stuffed animals for expectant moms to practice creating safe spaces

  – Showing examples of unsafe spaces compared to safe spaces

  – Re-educating home visitors to more effectively explain safe sleep

  – Creating a “Share the Room – not the Bed” flyer for selected populations
Additional Collaborative Work

Mari Sepowski, RN
Bureau of Child Health
Division of Family Health

Joanne Ruppel
Office of Children and Family Services
ADDITIONAL COLLABORATIVE WORK

MARI SEPOWSKI, RN
Additional Collaborative Work

- Public media campaign
- Provider outreach
- Intra-agency collaboration
- Inter-agency collaboration
Safe Sleep Media Campaign

- Materials (brochure, magnet, clings) for all hospitals
- Electronic (Facebook, digital banners)
- Poster for offices/clinics
- Crib card
New: ABCs of Safe Sleep Poster

Safe Sleep For Baby

- This brochure is also available in Portable Document Format in English #0672. Rp
- Safe Sleep For Baby Poster (PDF)

About 50 babies die each year in New York State from sleep-related causes. Right from it!

Keep Your Baby Safe

Follow the ABCs of safe sleep:

A = Alone. Baby should sleep Alone.
B = Back. Put baby on their Back.
C = Crib. Put baby in a safe Crib

Click the following boxes to learn more

- Alone
- Back
- Crib
- General Information

http://www.health.ny.gov/publications/0672/
New: Safe Sleep Crib Card

Follow the ABCs of Safe Sleep

I should sleep

A Alone
On my

B Back
In a safe

C Crib
Right from the start

Baby’s Name __________________________
Mom’s Name __________________________
Mom’s/Our Room is ______________________
Birth Date/Time: ___________ /
Weight: ______ lbs_______ oz/_______ gms
Head Circumference: ______ in/_______ cm
Length: ________________ in/_________ cm
My Doctor is: _________________________

Outreach

• Pediatricians
• Family Physicians
• OB/GYN
• Nurse Midwives
• Nurse Practitioners
• Physician’s Assistants
• Parents
Collaboration

- Posters for WIC offices
- Provide digital/electronic message for display in clinic area
- Send them link to Public Health Live with Dr. Goodstein
- Provide information on barriers to safe sleep identified by their participants
- Hosting a breastfeeding Grand Rounds (opportunity to include safe sleep)
OCFS SAFE SLEEP INITIATIVE

JOANNE RUPPEL
OCFS Safe Sleep Kits and Evaluation

GOALS

- Educate parents of newborns on safe sleep practices
- Determine if safe sleep information has an impact on safe sleep practices at home

INTERVENTION

- Distribute Safe Sleep Kits to new parents before discharge from hospital

EVALUATION

- 1-month follow-up survey with parents
Safe Sleep Kit

A Tote Bag with a Board book, door hanger, DVD, and Sleep Sack garment

Hospitals will add existing DOH safe sleep items to the tote bag (mirror cling, magnet and brochure)
Kit Distribution and Evaluation

Participants
- Two Child Fatality Review Teams
- Four maternity hospitals in Western NY
- OCFS researchers
- Human Services Call Center (HSCC)

Project Status
- IRB approved for new parents age 15 and older
- Survey in English and Spanish is ready
- HSCC staff trained in June
- Start Date will be Summer 2016 after all kit items delivered, tote bags filled, and nurses trained
Hospital Roles

NURSES
- After providing the usual safe sleep education, the nurses:
  - Show and explain purpose of items in the tote bag
  - Explain the follow-up survey and informed consent
  - “Study Info Card” and “Consent to Contact Form” in tote
  - Consent to share some demographic data and phone, text number, and email address
  - No names or identifying information shared with OCFS

ADMINISTRATION
- Type demographics and contact information into a spreadsheet to send to OCFS researcher weekly
SAFE SLEEP KITS PROGRAM AND FOLLOW-UP SURVEY

The New York State Office of Children and Family Services (OCFS) and your local hospital are testing "Safe Sleep" materials.

Before you leave the hospital, you received a Safe Sleep Typo flag. It contained a video and a book about safe sleep practices, plus a "Sleep Jack."

OCFS would like to contact you by email or phone for a follow-up survey about safe sleep. If you provide an email address, you will receive an email with a link to a short survey on the internet. If you provide a phone number, you can be contacted by phone call. The people calling will not have your name, so they will ask to speak with the "mom" or "dad" when they call.

Safe Sleep practices prevent sleep-related injuries and deaths. The purpose of the survey is to find out if the Safe Sleep message affected sleep practices at home.

Your survey answers will not be linked to your name. Your contact information will be destroyed after the survey is complete.

The survey is completely voluntary. You can keep the Safe Sleep Kit even if you don't take the survey.

If you have any questions about the Safe Sleep research project, please email ochos调研@ochos.state.gov or call 518-478-7788.

Turn over to find out more about the purpose of the survey.

Office of Children and Family Services

Please save this page for your records.

Office of Children and Family Services

About Participating in the Survey

You are invited to participate in a research project about the Safe Sleep Kit given to you before you left the hospital with your new baby. The purpose of the survey is to find out if the Safe Sleep message affects sleep practices at home. It should take about 30 minutes to take the survey online or 15 minutes over the phone. If you do not want to take the survey, you do not have to. Your answers will be private and kept separate from your contact information.

If you do not want to answer a question, just choose the "prefer not to answer" option. Completing or not completing this survey will not change the services you receive from the hospital staff who gave you the Safe Sleep Kit. Clicking or saying "Yes" before you start the survey will be understood as your informed consent to participate and that you are at least 11 years of age.

If you have any questions about the research, please contact the researcher at ochos调研@ochos.state.gov. If you have any questions about your rights and responsibilities as a research participant, contact the NYS Department of Health Institutional Review Board at 518-478-8530.
Follow-Up Survey

**Timing**
- Parents contacted by email and/or phone 3 to 4 weeks after discharge
- 400 completed surveys or 6 months

**Topics on Anonymous Survey**
- Baby’s sleep environment and practices
- Use of safe sleep kit items
- Sharing of safe sleep message
- Other sources of advice on sleep practices

**Resource Referral Information at survey end**
Open Discussion

All Stakeholders
Facilitated by Pat Heinrich, RN, MSN
National Institute of Children’s Health Quality (NICHQ)
Next Steps & Closing

Marilyn Kacica, MD, MPH
Division of Family Health
New York State Department of Health
Next Steps

• We will continue to provide updates in the Monthly Newsletter

• If you are not receiving this newsletter, please e-mail NYSIMCollIN@health.ny.gov to be included on this monthly communication
Next Steps

Join the IM CoIIN Collaboratory (CoLab)!

- Join the online community and check-out the resources
- Respond to a post under the Forum tab and/or post a resource
- To be added to the IM CoIIN distribution list and to get CoLab access, please CLICK HERE!

Next Steps

• **June Pre & Interconception Care AP call:**
  - Wednesday, June 29 from 2:30-4 pm ET

• **July Safe Sleep AP call:**
  - Tuesday, July 5 from 2-3:30 pm ET

• **July Pre & Interconception Care AP call:**
  - Wednesday, July 27 from 2:30-4 pm ET
Contact

NYS IM-CoIIIN
Empire State Plaza
Corning Tower, 8th Floor
Albany, NY 12237

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