NYSPQC Safe Sleep Project
Recruitment and Pre-Work Package
July 2015

www.NYSPQC.org
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This document provides details about the New York State Perinatal Quality Collaborative (NYSPQC) Safe Sleep Project.

The package is divided into two sections. The first section includes information related to the Collaborative recruitment process. The second section includes information to help you prepare for the project’s Informational Call and first in-person Learning Session.

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Overview of the Learning Collaborative

Purpose and Goals of the New York State Perinatal Quality Collaborative (NYSPQC) Safe Sleep Project

This Learning Collaborative is designed to enable improvement teams to reduce infant sleep related deaths by improving safe sleep practices. This project will require that teams engage with energy and skill to deliver safe sleep messages to their patients. Together, we can identify and disseminate strategies that will serve as a model of how to improve practice and outcomes.

The Collaborative’s goal of reducing infant sleep related deaths in New York State (NYS) by improving safe sleep practices will be achieved by:

- Implementing policies to support/facilitate safe sleep practices;
- Educating health care professionals so they understand, actively endorse and model safe sleep practices;
- Providing infant caregivers with education and opportunities so they have the knowledge, skills and self-efficacy to practice safe sleep for every sleep; and
- Collaborating across hospital teams to share and learn.

Through this Collaborative, NYS’ Regional Perinatal Centers (RPCs), Level I, II and III hospitals, the New York State Department of Health (NYSDOH) and the National Institute for Children’s Health Quality (NICHQ) will work together for approximately 12 months to implement evidence-based interventions to improve infant outcomes. Participating organizations will learn and apply key principles to improve care and implement the core intervention, and associated measures, as the primary focus of work. These core interventions are based on current available scientific evidence. As part of the improvement process, teams will learn quality improvement strategies, and collect data that is sensitive to the changes they will be testing and implementing, to track performance and results.

Background and Rationale

Deaths from Sudden Infant Death Syndrome have declined dramatically since 1992 when the American Academy of Pediatrics (AAP) recommended that all babies be placed on their backs to sleep. Sleep-related deaths from other causes, however, including suffocation, entrapment and asphyxia, have increased. In 2011, the AAP expanded its guidelines on safe sleep for babies, with additional information for parents on creating a safe environment for their babies to sleep. However, unsafe sleep remains the leading preventable cause of death for healthy infants.¹ There are currently many efforts across NYS to educate and support caregivers to reduce infant sleep-related deaths by improving safe sleep practices. The NYSPQC Safe Sleep Project is well-aligned with all of these efforts and the evidence on which they are based.

Collaborative Design

The Collaborative Improvement and Innovation Network to reduce infant mortality (IM-CoLIN), a national initiative working towards reducing infant mortality and improving birth outcomes, has made safe sleep one of its six key focus areas. New York State has joined 37 states working on promoting safe sleep as a mechanism to reduce infant mortality. This Collaborative will align with the NYS IM-CoLIN team efforts, and participating

hospitals will serve as the CoIIN pilot sites while participating in the Collaborative.

Participating hospitals teams will be required to submit monthly data through the web-based NYSDOH Health Commerce System (HCS) to track progress in achieving their hospital team’s AIM. These include measures related to infant sleep practices and caregiver education. Data collected using the Documentation of Safe Sleep Education Form (Attachment 2), Crib Check Tool (Attachment 3) and Caregiver Survey (Attachment 4) will be submitted monthly through the HCS. Relevant information will be compiled by NYSDOH staff, and analyzed for all participating hospitals. Further details regarding data collection are available in the Data Collection Overview (Attachment 1). Please note: All data collection instructions and tools provided with this Recruitment and Pre-Work Package are in draft format. They will be finalized and re-distributed once the project is underway.

This new initiative will include all interested NYS birthing hospitals. Regional Perinatal Centers are specifically encouraged to join the project, in addition to providing guidance to their affiliate hospitals participating in this initiative.

This Collaborative will use the Institute for Healthcare Improvement’s Breakthrough Series (BTS) learning model (Appendix A) modified to meet the requirements and unique needs of this topic and context, and a quality improvement change model, the Model for Improvement (Appendix B), both of which have demonstrated effectiveness in previous NYSPQC quality improvement projects. The Collaborative will assist participating teams in embedding strategies to measure and address disparities in care and outcomes throughout the process.

A BTS Collaborative is a vehicle for identifying, testing, and spreading changes that are effective for improving care and outcomes for defined populations.

Collaborative Benefits

Facilities participating in the Collaborative will benefit from:

- Support from national and regional faculty, including trained quality improvement, pediatric and neonatology experts;
- Coaching and technical assistance, including in-person Learning Sessions, regular Coaching Call webinars, support to implement and test improvements, and real-time feedback on data to make improvements;
- Access to the project Web site, a virtual learning community that will be used to share resources and engage participants in ongoing discussions;
- Opportunities to connect with other participating hospital teams to share strategies, identify lessons learned, overcome barriers and expedite the implementation of project goals; and
- The opportunity to build quality improvement knowledge and capacity that can be applied beyond the scope of this project.

The Collaborative will provide a unique opportunity to learn and implement practice changes. The experience is expected to improve staff satisfaction. Higher staff morale and retention should be considered one of the cost benefits of the time devoted to the effort.

Collaborative Planning Group

The Collaborative Planning Group and faculty includes: Marilyn Kacica, MD, MPH, Susan Slade, RN, MS, MCHES,

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2 Institute for Healthcare Improvement (IHI), Boston MA
Chris Kus, MD, MPH and Kristen Lawless, MS, from the NYSDOH, and Patricia Heinrich, RN, MSN, NYSPQC Quality Improvement Advisor consulting for NICHQ, the NYSPQC Safe Sleep Work Group, the NYSPQC Neonatal Expert Work Group, and your colleagues from across NYS. This team will work in partnership with members of the NYS IM-CoIIN Team (Appendix H) who are clinical and subject matter experts and will be invited to join the Collaborative team as needed during the project. This planning group will:

- Share evidence-based information and examples of best practice from across the country;
- Create and refine the change package of concepts and ideas for improvement;
- Coach teams on improvement methodology;
- Provide communication strategies to keep participants connected to the faculty and their colleagues during the Learning Collaborative; and
- Share tools, forms and aids to facilitate implementation and spread of effective changes.

A listing of the full Collaborative Planning Group can be found in Appendix H.

**Overall Structure of the Collaborative**

The Collaborative will facilitate the RPC and Level I, II and III hospital teams working together for approximately 12 months. Over the course of the Collaborative, representatives from these hospital teams will participate in two to three one-day in-person Learning Sessions. In addition, NYSDOH staff will facilitate regular contact with participating teams through e-mail, conference calls and webinars. Participants will have access to a private project Web site, which includes journal articles, facility policies and protocols, patient and staff education materials, information on other state initiatives, practice guidelines and quality improvement tools.

**Collaborative Expectations**

**Pre-Work Activities for Hospital Teams**

Prior to the first in-person Learning Session, teams will complete multiple activities to accelerate the start-up of their improvement efforts and equip them to gain the most from the event. These Pre-Work activities include: holding an internal team meeting; submitting their facility’s current safe sleep policies and procedures; developing their own SMART (Specific, Measureable, Achievable, Realistic, Time bounded) AIM aligned with overall project goals and based on a review of baseline data; and preparing a Storyboard to share with other teams at the project’s first Learning Session.

**Informational Call**

All NYS birthing hospital teams are invited to participate in an Informational Call to discuss the Collaborative and review Collaborative activities. **An Informational Call is scheduled for Wednesday, July 29 from 2:00 – 3:00 p.m. EST.** Please e-mail Kristen Lawless at NYSPQC@health.ny.gov, to confirm your attendance on this call and receive call-in information.

**Learning Sessions**

Learning Sessions are the major integrative events of the Collaborative where multidisciplinary teams from each participating hospital come together in-person for focused content and quality improvement learning. Through plenary sessions, small group discussions and team meetings, attendees have the opportunity to:

- Learn from faculty and colleagues;
- Receive individual coaching from faculty members;
- Gather new knowledge on the subject matter and process improvement;
- Share experiences and collaborate on improvement plans; and
- Develop strategies to overcome improvement barriers.
A minimum of two key members from each facility team are expected to attend the Learning Sessions. Please save the date for the first in-person Learning Session, scheduled for **September 9, 2015**, at the SUNY Albany Main Campus. More details information regarding the Learning Sessions will be forthcoming.

*Action Periods*

In between the in-person Learning Sessions—times called Action Periods—hospital teams will be expected to test and implement changes within their organizations to accomplish the overall project goal of improving safe sleep practices to reduce infant mortality. Using the Model for Improvement, teams will begin with small changes, and increase scope and scale based on lessons learned through the process.
## Initial Learning Collaborative Schedule—Regional Perinatal Centers

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Recruitment and Pre-Work Package sent to RPCs</td>
<td>Monday, July 6</td>
</tr>
<tr>
<td>☐ RPCs register for Informational Call by sending an e-mail to Kristen Lawless at <a href="mailto:NYSPQC@health.ny.gov">NYSPQC@health.ny.gov</a></td>
<td>Week of July 6</td>
</tr>
<tr>
<td>☐ Attend RPC Informational Call</td>
<td>Wednesday, July 15 from 12-1pm ET</td>
</tr>
<tr>
<td>☐ Teams will need to complete three steps following the RPC Informational Call:</td>
<td>Week of July 27</td>
</tr>
<tr>
<td>1. Review the project’s Recruitment and Pre-Work Package, including all appendices;</td>
<td></td>
</tr>
<tr>
<td>2. Complete and submit the Participant Form (Attachment 5) electronically to <a href="mailto:NYSPQC@health.ny.gov">NYSPQC@health.ny.gov</a>;</td>
<td></td>
</tr>
<tr>
<td>3. E-mail your facility’s existing safe sleep policies and procedures to <a href="mailto:NYSPQC@health.ny.gov">NYSPQC@health.ny.gov</a>.</td>
<td></td>
</tr>
<tr>
<td>☐ Facilities may choose to submit an application to their IRB</td>
<td>As appropriate</td>
</tr>
<tr>
<td>☐ Receive acknowledgement from NYSDOH of receipt of completed Participant Form</td>
<td>Ongoing</td>
</tr>
<tr>
<td>☐ Storyboard and Pre-Work completed for Learning Session (Appendix E, Attachment 6)</td>
<td>Week of August 31</td>
</tr>
<tr>
<td>☐ Learning Session 1</td>
<td>September 9, 2015 @ SUNY Albany Main Campus</td>
</tr>
</tbody>
</table>

## Initial Learning Collaborative Schedule—RPC - Affiliate Sites

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Recruitment and Pre-Work Package sent to RPC Affiliate Sites</td>
<td>Week of July 13</td>
</tr>
<tr>
<td>☐ Attend Informational Call for RPC-Affiliate Sites</td>
<td>Wednesday, July 29 from 2:00 – 3:00 PM</td>
</tr>
</tbody>
</table>
Teams will need to complete three steps following the RPC-affiliate Informational Call:

1. Review the materials project’s Recruitment Package, including all appendices;
2. Complete and submit the Participant Form ([Attachment 5](#)) electronically to NYSPQC@health.ny.gov;
3. E-mail your facility’s existing safe sleep policies and procedures to NYSPQC@health.ny.gov.

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities may choose to submit an application to their IRB</td>
<td>As appropriate</td>
</tr>
<tr>
<td>Receive acknowledgement from NYSDOH of receipt of completed Participant Form</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Storyboard and Pre-Work completed for Learning Session (<a href="#">Appendix E, Attachment 6</a>)</td>
<td>Week of August 31</td>
</tr>
<tr>
<td>Learning Session 1</td>
<td>September 9, 2015 @ SUNY Albany Main Campus</td>
</tr>
</tbody>
</table>
Part Two: Pre-Work

Pre-Work Checklist

Thank you for your interest in the NYSPQC Safe Sleep Project. We are delighted to have the opportunity to work with your team to make improvement happen together!

This section of the package contains information that will help your team prepare to participate in the Collaborative. This packet includes specific activities that we ask you to complete prior to the first in-person Learning Session, as well as detailed instructions for completing these tasks.

Some technical language used in this packet may be unfamiliar. Please check the Collaborative Glossary (Appendix G) of this document for clarification. More detailed explanations will follow at the first Learning Session.

If you have any questions, please contact Kristen Lawless, NYSPQC Co-Director, at NYSPQC@health.ny.gov, or by calling (518) 473-9883.

Please complete the following activities prior to the first Learning Session. Details on each section can be found in the Appendices and related attachments

<table>
<thead>
<tr>
<th>✓</th>
<th>Pre-Work Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Read the Overview of a Learning Collaborative (Appendix A) to get an understanding of the Collaborative process.</td>
</tr>
<tr>
<td></td>
<td>Formalize your team members, keeping in mind team expectations (Appendix C).</td>
</tr>
<tr>
<td></td>
<td>Review Collaborative goals, structure, and expectations with your hospital team.</td>
</tr>
<tr>
<td></td>
<td>Review the Model for Improvement (Appendix B).</td>
</tr>
<tr>
<td></td>
<td>Complete your team’s AIM Statement (Appendix D).</td>
</tr>
<tr>
<td></td>
<td>Submit existing facility-specific safe sleep policies and procedures by e-mail to <a href="mailto:NYSPQC@health.ny.gov">NYSPQC@health.ny.gov</a> by the week of July 27th for RPCs and the week of August 10th for RPC affiliate sites.</td>
</tr>
<tr>
<td></td>
<td>Develop a Storyboard with your team and submit the final product electronically to Kristen Lawless at <a href="mailto:NYSPQC@health.ny.gov">NYSPQC@health.ny.gov</a> (Appendix E, Attachment 6) the week of August 31st.</td>
</tr>
<tr>
<td></td>
<td>Review NYSPQC - Project Measures (Appendix F)</td>
</tr>
</tbody>
</table>
Appendix A: Overview of a Learning Collaborative

**Learning Collaborative Overview**

A Learning Collaborative is a time-limited effort by multiple organizations that come together with faculty to learn about and create improved processes in a specific topic area. The expectation is that the teams share expertise and data with each other; thus, “everyone learns, everyone teaches”.

A Collaborative provides a systematic approach to healthcare quality improvement. Each hospital team in the Collaborative will learn quality improvement fundamentals to create small tests of change before a broader organizational rollout of successful interventions. At the same time, each team will collect and submit monthly data on safe sleep processes, to track improvements. Learning is accelerated as the Collaborative teams work together and share their experiences through monthly reports, Learning Sessions, conference calls, webinars and e-mail.

The three phases of the Learning Collaborative are: Pre-Work activities, Learning Sessions and Action Periods. See Figure 1 below.

![IHI Breakthrough Series™ Core Model](image)

**Figure 1. Breakthrough Series Model**

**What is Pre-Work?**

Collaborative teams will be involved in Pre-Work from the time they join the Collaborative in Summer 2015 until the first in-person Learning Session (on September 9, 2015). The purpose of the Pre-Work is to prepare the participating teams to launch the improvement initiative at their site and prepare for this first face-to-face meeting. During this time, the hospital teams have several important tasks to accomplish, including: creating an AIM statement, developing a Storyboard, and participating in one of the Informational/Pre-Work calls.

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3 An AIM statement is "a specific statement summarizing what your organization hopes to achieve. It should be time specific and measurable." (Institute for Healthcare Improvement, www.ihi.org)
**What is a Learning Session?**

Learning Sessions bring teams together to become skilled in quality improvement fundamentals through theoretical application with real time coaching. Through plenary addresses, small group discussions and team meetings, attendees have the opportunity to:

- Learn from faculty and colleagues;
- Receive coaching from faculty members;
- Gather new information on the subject matter and process improvement; and
- Share information and create detailed improvement plans.

The Learning Collaborative will include two to three in-person Learning Sessions facilitated by the Collaborative project team and expert faculty. The in-person Learning Sessions will occur at the start of the Collaborative and at the end of the 12-month project period.

**What are Action Periods?**

The time between Learning Sessions is called an Action Period. During Action Periods, Collaborative teams work within their organizations toward major, breakthrough improvements by initiating small tests of change. Although each participant focuses on his/her own organization, continuous contact with other Collaborative participants and faculty is provided.

Monthly Coaching Call webinars and regular e-mails maintain this continuous contact during the Action Period. Each organization collects data to learn if the tests of change are resulting in improvement. Facility-specific data is reviewed by each team and submitted as required to the web-based NYSDOH HCS. Teams are encouraged to include additional staff in Action Period activities as necessary.
Appendix B: Model for Improvement

Model Overview

The Model for Improvement\(^4\) is a simple yet powerful strategy for making improvements in the care you provide to your patients. Developed by Associates in Process Improvement, the application of the model has two components.

First, your team will address three fundamental questions. These questions will guide your team in creating an AIM Statement, measures and specific change ideas.

Secondly, your team will use Plan-Do-Study-Act (PDSA) cycles to easily test these changes in your work environment. Successful tests of change pave the way for full scale implementation within your system. A brief synopsis of the model is presented below. More detail is available on the Institute for Healthcare Improvement (IHI) Web site at: www.ihi.org.

\[\text{Model for Improvement}\]

\[\text{Three Key Questions for Improvement}\]

1. What are we trying to accomplish? [AIM Statement]
   
   When you answer this question, you are creating an AIM Statement – a statement of a specific, intended goal. A strong, clear AIM Statement gives necessary direction to your improvement efforts. Your AIM Statement should include a general description of what your team hopes to accomplish and a specific patient population on which your team will focus. A strong AIM Statement is specific, intentional and unambiguous. It should be aligned with organizational goals and all team members involved in the improvement process should support it.

\(^4\) The Model for Improvement was developed by Associates in Process Improvement.

www.apiweb.org/API_home_page.htm
2. How will we know that a change is an improvement? (Measures)
Your team will use a set of defined measures to determine if the rapid cycle changes in care are working. They can also be used to monitor performance over time. These measures are designed to help you know if the changes you are testing are resulting in improvement. This quality improvement measurement strategy should not be confused with the type of measurement used for research. Where research focuses on one fixed and testable hypothesis, the methods for measuring improvement rely on sequential testing using practical measurement strategies. The measures for this project are based on those used by the National and NYS IM-CollIN projects.

3. What changes can we make that will result in an improvement? (Best Practices and Ideas) As with the measures, the collection of evidence-based changes that we will use in this Collaborative are based on those proposed by the National CoILIN project and used by other states across the country. This collection of changes is called the Change Package and includes multiple opportunities for improving care at your site. More detail on the use of the Change Package, will be provided at the first Learning Session.

PDSA Cycles
The PDSA (Plan-Do-Study-Act) cycle is a method for rapidly testing a change - by planning it, trying it, observing the results, and acting on what is learned. This is a scientific method used for action-oriented learning. After changes are thoroughly tested, PDSA cycles can be used to implement or spread change. The key principle behind the PDSA cycle is to test on a small scale and test quickly. Traditional quality improvement has been anchored in laborious planning that attempts to account for all contingencies at the time of implementation; usually resulting in failed or partial implementation after months or even years of preparation. The PDSA philosophy is to design a small test with a limited impact that can be conducted quickly (days, if not hours!) to work out unanticipated “bugs.” Repeated rapid small tests and the learning gleaned build a process ready for implementation that is far more likely to succeed.
Appendix C: Collaborative and Team Expectations

Form a Team and Review Team Expectations

An appropriate and effective team is a key component of successful improvement efforts. Team members should be selected based on their knowledge of hospital systems and care processes that will be impacted by improvement efforts, and their commitment to make the changes encompassed in the Driver Diagram and Change Package. The complete Driver Diagram and Change Package will be shared at the first Learning Session. Facilities should select a “home” team of at least five people, including one Physician Champion and one Day-to-Day Leader/Key Contact. Other team members should include multidisciplinary staff from appropriate departments who care for infants and will work together to achieve the project goals and be impacted by improvement efforts. Please refer to Attachment 5 for the Project Participant Form.

Team Leaders

Team activities will be guided by a Physician Champion and a Day-to-Day Leader/Key Contact. The individuals in these roles may be members of the “traveling” team who will represent the team at the Learning Sessions and share their learning with other team members. Ideally team leaders should have the following attributes:

Pediatric or Neonatal Physician Champion

- Is a practicing provider who is an opinion leader and is well respected by peers;
- Has authority to allocate the time and resources needed to achieve the team’s improvement efforts;
- Has authority over areas affected by the change;
- Will champion the spread of successful changes;
- Understands the processes of care in all units caring for pregnant women, their newborns and families;
- Has a good working relationship with colleagues and the Day-to-Day Leader; and
- Wants to drive improvements in the hospital system.

Day-to-Day Leader/Key Contact

- Drives the project, ensuring that cycles of change are tested and implemented;
- Coordinates communication between the team, and other Collaborative teams;
- Oversees data collection; and
- Works effectively with the Physician Champion.

The Day-to-Day Leader/Key Contact should understand how changes will affect hospital systems and plan to attend all Learning Sessions.
Selecting Other Team Members
In addition to team leaders, the team should include members from areas potentially affected by system changes. These members might include individuals who represent multiple roles in your delivery of care such as: registered nurses working in Labor and Delivery, Postpartum Unit, Mother-Baby Units, and nurseries. Also consider neonatal nurse practitioners, nurse managers, quality improvement and information technology staff, etc. For this initiative, all teams should designate individuals to fill the following roles:

Data Coordinator
This individual will be the primary contact for data management and will be responsible for assuring the collection and reporting of all necessary data. The Data Coordinator will ensure that timely and complete data collection and submission to the NYSDOH occurs on a monthly basis.

Team Members who should attend the Learning Session
A representative from your hospital’s team is expected to be in attendance at all in-person Learning Sessions. We recommend that the Day-to-Day Leader and Physician Champion attend whenever possible. Additional team members may attend as appropriate. Please select team members who can most effectively work together, learn the methodology and plan for action when returning to their hospital. We encourage physician participation.

Team Expectations
Hospital teams participating in the Learning Collaborative are expected to:

- Engage with newborn and pediatric senior leaders to communicate and collaborate in order to promote change and improve processes;
- Complete Pre-Work activities to prepare for the first Learning Session;
- Create and share a Storyboard at the first in-person Learning Session. The Storyboard will describe your team and your goals. At the Collaborative Summit, the Storyboard will illustrate your team’s efforts and lessons learned (Attachment 6);
- Use rapid change cycles (Plan-Do-Study-Act (PDSA) tests) to implement the Change Package;
- Participate in monthly Coaching Call webinars;
- Regularly communicate with faculty, RPCs and other teams; and
- Report on the achievement of selected measures, including details of changes made and data to support these changes.
Appendix D: AIM Statement

Identify Your Team’s AIM

An AIM Statement answers the question, “What are we trying to accomplish?” It is an explicit statement summarizing what your practice plans to achieve during the project. An AIM Statement will focus your team’s actions, and help keep you on track to achieve your goals. The AIM Statement should be time-specific, population specific, and measurable.

When writing your AIM Statement, state your AIM clearly, and use specific numeric goals. Teams make better progress when they have unambiguous, specific goals. Setting numeric targets clarifies the AIM, helps to focus change efforts, and directs measurement activities.

| EXAMPLE |
| NYSPQC AIM Statement* |
| By September 2016, we aim to reduce infant sleep-related deaths in NYS by improving safe sleep practices for infants. To accomplish this, we will form a multidisciplinary team (with members from our OB and neonatal care units) and work to implement evidence based strategies to reduce infant mortality and achieve our goals, including: |
| (1) Increase in infants placed to sleep in a safe sleep environment during hospitalization (based on crib check review); |
| (2) Document education for > 95% of caregivers prior to discharge; and |
| (3) > 95% of caregivers reporting prior to discharge that they understand safe sleep educational messages (infant to sleep alone, on back, in crib). |

* To be revised once baseline data has been analyzed.

As you begin to develop your team’s AIM Statement, be sure to:

- **Involves the organization’s senior leaders:** Your team should include hospital leadership to ensure the AIM Statement is aligned with the strategic goals of the organization.
- **Base the goals in your AIM Statement on existing data or organizational needs:** Examine available information about perinatal care processes within your organization, and focus on issues that matter most to your patients and families.
- **Revise your original AIM Statement as needed during the first Learning Session.**
Appendix E: Storyboards

In preparation for the first in-person Learning Session, teams are asked to create a Storyboard to organize their team and share information with their peers. This Storyboard is an opportunity for teams to briefly describe their hospital team’s composition and what they plan to accomplish during the Learning Collaborative. Storyboards will also be on display for all participants to review during the first in-person Learning Session. Detailed instructions, a template and a Storyboard example are attached to help guide you in completing your facility’s Storyboard (see Attachment 6). As presented in these attachments, we ask you to create your Storyboard as a PowerPoint presentation, in which the slides can be printed out and hung on a display board during the first Learning Session. The display board and push pins will be provided for you at the Learning Session, so all you need to bring is your printed PowerPoint slides (please print only one slide per page).

In addition to bringing a copy of your team’s Storyboard to the Learning Session, please e-mail an electronic copy of your Storyboard to NYSPQC@health.ny.gov prior to the Learning Session.

Your audience will be other participating hospital teams, Collaborative leadership, observers and faculty. Therefore, the Storyboard should be as clear and concise as possible.

Here is a sample outline for what you might include in your Storyboard:

- Name and location of your organization;
- Brief description of your facility (providers, staff, community characteristics, etc.);
- Improvement team (names, titles, roles);
- Team’s improvement AIM for project;
- Baseline data that shows where you are starting from;
- Initial ideas for improvement; and
- Other relevant information (e.g., current programs/activities targeted to perinatal care).

Storyboard display tips

- Use fewer words and more pictures/graphics;
- Use pictures of real people...at least of your team! (Hint, Hint ☺);
- Make font size as big as possible;
- Don’t worry about making the display fancy;
- Use color to highlight key messages; and
- If no access to a color printer, use bright highlighters.
# Appendices

## Appendix F: Project Measures and Core Project Data Elements (DRAFT)

### NYSPQC Safe Sleep Project

#### Summary of Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Data Collection</th>
<th>Data Collection Tool</th>
<th>Reporting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation of Safe Sleep Education</td>
<td>Number of medical records reviewed for either mothers or infants discharged home following birth hospitalization with documentation of safe sleep education</td>
<td>Number of medical records reviewed for either mothers or infants discharged home following birth hospitalization</td>
<td>Each month the medical records of mothers or infants that were discharged the previous month are checked for documentation of safe sleep education</td>
<td>Documentation of Safe Sleep Education Form and Log</td>
<td></td>
</tr>
<tr>
<td>Hospital Safe Sleep Practices</td>
<td>Number of infants without medical contraindication sleeping or wake and unattended with safe sleep practices</td>
<td>Number of infants sampled</td>
<td>Each month sample at least 20 infants from the NICU, nursery and/or rooming-in using the crib check tool.</td>
<td>Crib Check Tool</td>
<td></td>
</tr>
<tr>
<td>Safe Sleep Knowledge</td>
<td>Number of caregivers that checked understanding of alone, on back, in crib</td>
<td>Number Caregivers Surveyed</td>
<td>Each month a sample of 20 caregivers will be surveyed to check for understanding of safe sleep education</td>
<td>Caregiver Survey</td>
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Appendix G: Collaborative Glossary

**Action Period**
The period of time between Learning Sessions (in-person or virtual) when teams work on improvement in their home organizations. During this time, teams will be supported by the NYSPQC Safe Sleep Project Team and faculty, and are connected to other Safe Sleep team members.

**AIM Statement**
A written, measurable and time-sensitive statement of the expected results of an improvement process.

**Change Package**
The Change Package includes a list of high leverage key change concepts or “ideas” for changes in your hospital system and specific strategies for those changes. These changes come from evidence provided by previous research.

**Coaching Call Webinar**
During the Action Period, teams and faculty participate in monthly webinars called Action Period Calls. These virtual meetings allow teams to share their team’s tests of change and lessons learned. Teams work together problem solving and sharing successful strategies. Faculty provide coaching and additional clinical and technical content.

**Collaborative (Learning)**
A time-limited effort (usually 12 -24 months) by multiple organizations, which come together with faculty to learn about and to create improved processes in a specific topic area. The expectation is that the teams share expertise and data with each other, thus: “Everyone learns, everyone teaches.”

**Cycle or PDSA Cycle**
A structured trial of a process change. Drawn from the Shewhart cycle, this effort includes:
- **Plan**: a specific planning phase;
- **Do**: a time to try the change and observe what happens;
- **Study**: an analysis of the results of the trial; and
- **Act**: devising next steps based on the analysis.
Consecutive PDSA cycles will naturally lead to the plan component of a subsequent cycle.

**High Leverage Change Concepts**
A high leverage change concept will result in significant improvement in the system of care and result in better care, improved outcomes, reduced hospital stays and lower costs.

**Key Changes – Change Package**
The list of essential process changes that will help lead to breakthrough improvement, usually created by the leadership team and chair based on literature and their experiences.

**Learning Session**
An in-person meeting during which participating organizational teams meet with faculty and collaborate to learn key changes in the topic area, including how to implement them, an approach for accelerating improvement and methods for overcoming obstacles to change. Teams leave this meeting with new knowledge, skills and materials that prepare them to make immediate changes.
Measure(s)
Key measures should be focused, clarify the team’s AIM Statement and be reportable. A measure guides the ability to track patients for delivery of proven interventions and to monitor their progress over time.

Model for Improvement
An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes.

Pre-Work Packet
A packet containing a complete description of the Safe Sleep Project and expectations and activities to be completed prior to the first meeting of the Safe Sleep Project.

Pre-Work Period
The time prior to the first Learning Session when teams prepare for their work in the Safe Sleep Project, including: selecting team members; scheduling initial meetings; consulting with senior leaders; preparing their AIM Statement; and initiating data collection.

Physician Champion
The Physician Champion supports the team and controls the resources employed in the processes to be changed. The Physician Champion works to connect the team’s AIM with the organization’s mission, provides resources for the team and promotes the spread of work of the team to others.

Spread
The intentional and methodical expansion of the number and type of people, units or organizations using the improvements. The theory and application comes from the literature on Diffusion of Innovation (Everett Rogers, 1995).

Storyboard
A Storyboard is a display of information to promote sharing across teams at the Learning Sessions. Storyboards usually include demographic information about the hospital team, the team’s AIM Statement, data and lessons learned during the Action Periods.

Test
A small scale trial of a new approach or a new process. A test is designed to learn if the change results in improvement and to then fine-tune the change to fit the organization and patients. Tests are carried out using one or more PDSA cycles.
Appendix H: Collaborative Leadership and Faculty

**NYSPQC Sleep Work Group at the NYSDOH**
- Marilyn Kacica, MD, MPH, Executive Director
- Susan Slade, RN, MS, MCHES, Project Advisor
- Kristen Lawless, MS, Co-Director, NYSPQC
- Wendy Pulver, MS, Co-Director, NYSPQC
- Eileen Shields, Data Systems and Analysis Manager
- Kuangnan Xiong, PhD, Data Systems and Analysis
- Amanda Roy, MPH, Data Systems and Analysis
- Lusine Ghazaryan, MD, MPH, Data Systems and Analysis
- Christopher Kus, MD, MPH, Project Advisor
- Marina Sepowski, RN, BSN, Project Advisor
- Katharine Harris, MBA, Project Advisor
- Mayleen Rivera, Project Assistant

**Quality Improvement Advisor**
- Patricia Heinrich, RN, MSN

**NICHQ Project Management Support**
- Emma Smizik, MPH, Senior Project Manager
- Alma Carver, MS, Project Manager

**NYSPQC Neonatal Expert Work Group**
- Deborah Campbell, MD - Montefiore Medical Center RPC
- Adriann Combs, RNC - Stony Brook University Hospital RPC
- Michael Horgan, MD - Albany Medical Center RPC
- Edmund F. La Gamma, MD - Westchester Medical Center RPC
- Timothy P. Stevens, MD, MPH - University of Rochester/Strong Memorial Hospital RPC

**NYSPQC Neonatal Expert Work Group – Stakeholders External to NYSDOH**

- **Anne Johnson**
  NYS Office of Children and Family Services

- **Christa Christakis, MPP**
  Healthcare Association of NY State (HANYS)

- **Christine Larkin, BA**
  Onondaga County Child Death Review Team

- **Deborah Campbell, MD, FAAP**
  Children's Hospital at Montefiore

- **Emma Smizik, MPH**
  National Institute for Children's Health Quality

- **Jennifer Canter, MD**
  New York Medical College/Westchester Medical Center

- **Jennifer Girner**
  NYS Office of Children and Family Services

- **Jennifer Norton, PhD**
  New York City Dept. of Health and Mental Hygiene

- **John Clinton**
  NYS Office of Children and Family Services

- **Leze (Lisa) Nicaj, MPH**
  NYC Office of Chief Medical Examiner

- **Loretta Willis, RN, BS, CPHQ, CCM**
  Healthcare Association of New York State

- **Lorraine Boyd, MD, MPH**
  New York City Dept. of Health and Mental Hygiene

- **Marie Chandick, LMCSW**
  Sudden Infant & Child Death Resource Center

- **Michael Horgan, MD**
  Bernard & Millie Duker Children's Hospital at AMC

- **Pat Heinrich, RN, MSN**
  Heinrich LLC / National Institute for Children’s Health Quality
For more information, write to:
  Kristen Lawless
  Co-Director, New York State Perinatal Quality Collaborative
  Division of Family Health
  New York State Department of Health
  Empire State Plaza, Corning Tower, Room 984
  Albany, NY 12237
  NYSPQC@health.state.ny.us

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This project is funded by New York State Department of Health and the Centers for Disease Control and Prevention (Grant Number DP005363).
Appendix I: Safe Sleep for Your Baby

Please see below for available resources that your hospital may consider utilizing during the Safe Sleep Collaborative work.

1. New York State Department of Health, Information for a Healthy New York

"Safe Sleep for Your Baby" is also available as a PDF (PDF, 237KB, 2pg.)

This brochure highlights the following information with graphics and simple language.

Each year in New York State, babies die from Sudden Infant Death Syndrome (SIDS) and accidents during sleep. Take care of your baby by following these simple steps:

- Place your baby on his or her back to sleep, for naps and at night.
- Use a safety-approved crib with a firm mattress covered by a fitted sheet.
- Make sure blankets do not cover your baby's head. Use sleep clothing, such as a one-piece sleeper, instead of a blanket.
- Remove pillows, quilts, sheepekskins, bumpers, stuffed toys, and loose bedding from your baby's sleep area.
- Your baby is safest sleeping in a crib or bassinet near your bed. Your baby should not sleep in a bed or on a couch or armchair with adults or other children.
- Don't let your baby get too hot from wearing too many clothes or covers.
- Make sure no one smokes in your home or around your baby.
- Try using a pacifier when placing your infant to sleep but don't force the baby to take it. When breastfeeding, wait one month or until your baby has learned to breastfeed before trying a pacifier.
- Don't forget Tummy Time when your baby is awake and is being watched.
- Tell everyone who cares for your baby about these important safety tips!

For More Information call: 1-800-336-7437
Publication Number 0577
Revision 1/11
New York State Department of Health

2. NICHD Safe to Sleep® Public Education Campaign Video

https://www.nichd.nih.gov/sts/news/videos/Pages/default.aspx

3. New York Office of Children and Family Services


http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx
Attachment 1: NYSPQC Data Collection Overview (DRAFT)

*Please note: All data collection instructions and tools provided with this Recruitment and Pre-Work Package are in draft format. They will be finalized and re-distributed once the project is underway.*

**Data Collection Overview**

Data collection for the NYSPQC Safe Sleep Project consists of three data collection tools:

1. Documentation of Safe Sleep Education Form
   a. Documentation of Safe Sleep Education Log* (optional)
2. Crib Check Tool
3. Caregiver Survey

Data for this project will be submitted using a secure web-based system, the New York State Department of Health’s Health Commerce System (HCS) (https://commerce.health.state.ny.us). Specifically, participating facilities will utilize the New York State Perinatal Quality Collaborative (NYSPQC) data tools within the HCS to enter data for this project. The data collected for the Safe Sleep Project must be submitted to the NYSPQC on a monthly basis, by the 15th of the subsequent month (i.e., data collected for the month of September 2015 will be due October 15, 2015).

1. **Documentation of Safe Sleep Education Form**
   This form will be used to collect data regarding the provision of safe sleep education to the mother and documentation of such education in the medical record. Each month, review medical records of mothers or infants for documentation of safe sleep education for those discharged home during the month. As each hospital has its own way of documenting safe sleep education, you should operationalize data collection as appropriate for your facility (i.e., documentation of the mother’s safe sleep education may be provided in either the mother or infant’s medical record).

   Sampling is allowed for this measure, with a required minimum sample size of at least 20 records. For hospitals with fewer than 20 records per month, hospitals should review 100% of records. For mothers of multiples (i.e., twins, triplets, etc.), only count the mother as one record. If your facility has more than one newborn unit (i.e., well baby nursery, rooming-in, step down unit, NICU), you may want to include records from each.

   **Documentation of Safe Sleep Education Log**
   *A second optional form, the Documentation of Safe Sleep Education Log, is available for your hospital team’s internal use to aid with data collection during the medical record review. Only aggregate data on the Documentation of Safe Sleep Education Form needs to be reported to the NYSDOH.*

2. **Crib Check Tool**
   This tool will be used to assess safe sleep practices within the hospital setting. Each month, staff will review the cribs of infants without medical contraindications for safe sleep. *If the infant is awake and attended, do not perform a crib check.*
Sampling is allowed for this measure, with a required minimum sample size of at least 20 crib checks. For hospitals with fewer than 20 infants per month, hospitals should collect data on 100% of infants. If your facility has more than one newborn unit (i.e., well baby nursery, rooming-in, step down unit, NICU), you may want to perform crib checks in each.

Check each crib for the following and answer yes or no for each:

A. Is the infant asleep?
B. Is infant awake and unattended?
C. If sleeping, is infant in crib? If no, where?
D. Is the head of the crib flat?
E. Is infant supine?
F. Is the crib free of pillows, blankets, toys, loose linens, diapers and supplies?
G. Is the infant in a sleep sack/safe clothing?

For question C., if the infant is asleep and **NOT** in their crib, document where the infant is sleeping (i.e., in the mother’s bed, in a parent’s arms, etc.).

3. Caregiver Survey

This form will be used to assess the primary caregiver’s (i.e., parent, guardian, etc.) knowledge of and feelings about safe sleep after education is provided by hospital staff. Each month, the survey will be administered to the caregiver during the birth hospitalization.

Sampling is allowed for this measure, with a required minimum sample size of at least 20 caregivers. For hospitals with fewer than 20 records per month, hospitals should collect data on 100% of caregivers. If your facility has more than one newborn unit (i.e., well baby nursery, rooming-in, step down unit, NICU), you may want to include caregivers from each.

**Examples of Sampling Methods**

- Simple random sampling: Selecting a sample (n) randomly in such a way that every record has the same chance of being selected.
- Systematic random sampling: A helpful formula to figure out your sampling methodology might be \( N = \frac{X}{Y} \). Where \( N = \) the interval (every ‘nth’ event), \( X = \) total number of mothers and infants expected to be discharged during the month, and \( Y = \) the number of records you will need at the end of the month for your sample.
  - Example: 300 mothers are expected to be discharged during the month (X) and the sample size is 20 (Y), then you would choose every 15\(^{th}\) record (300/20=15).

**Contact Information**

New York State Perinatal Quality Collaborative
New York State Department of Health
Room 984, Corning Tower
Albany, NY 12237
Phone: (518) 473-9883
Fax: (518) 474-1420
Email: NYSPQC@health.ny.gov
NYSPQC Safe Sleep Project
Documentation of Safe Sleep Education Form

**Instructions:** Each month, review medical records of mothers or infants for documentation of safe sleep education for those discharged home during the month.

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<tr>
<th>Month and Year of Discharge:</th>
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<th>Numerator</th>
<th>Number of medical records reviewed for either mothers or infants discharged home following birth hospitalization <strong>with</strong> documentation of safe sleep education</th>
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Questions can be directed to [NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov).
### NYSPQC Safe Sleep Project
**Documentation of Safe Sleep Education Log**

**Instructions:** Each month, review medical records of mothers or infants for documentation of safe sleep education for those discharged home during the month.

For each month of data collection, enter below the medical record number, mark if the record reviewed was from the mother or infant, and if there was documentation of safe sleep education in the medical record.

Once all data is completed, enter the aggregate total into the aggregate data collection tool and submit aggregate totals to the NYSPQC. This data collection tool is optional for internal purposes only, and will not be submitted to the NYSPQC.

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**NYSPQC Safe Sleep Project**

**Documentation of Safe Sleep Education Log**

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Questions can be directed to [NYSPQC@health.ny.gov](mailto:NYSPQC@health.ny.gov).
**NYSPQC Safe Sleep Project**

**Crib Check Tool**

**Instructions:** Each month, review the cribs of at least 20 infants without medical contraindications for safe sleep. Check only those infants who are either asleep or awake and unattended. **Infants who are awake and attended should not be surveyed.**

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<tr>
<th>Month: __________</th>
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<tr>
<td><strong>Unit:</strong> (i.e., NICU, Step Down, Well Baby, Rooming-in, etc.)</td>
<td><strong>A. Infant Sleeping</strong> Y or N</td>
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*For internal purposes only, information will not be collected by the NYSPQC*
Where is the baby being discharged from:
- Well Baby Nursery
- Rooming-in mother’s room
- Step Down Unit
- Neonatal Intensive Care (NICU)
- Other, please specify: ___________________

Who is completing the survey:
- Parent/Caregiver
- Staff Member

Date of Safe Sleep Education: _______________

Date of Survey: _______________

**Caregiver’s Race (Please Select All that Apply):**
- White/Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian or Pacific Islander
- Other

**Caregiver’s Ethnicity:**
- Hispanic
- Not Hispanic

**Caregiver’s Insurance Status:**
- Private health insurance
- Medicaid or other public insurance
- TRICARE or other military health care
- No health insurance
- Other, please specify: ____________________________

Instructions:
This is an anonymous, voluntary survey that is intended to help us improve our hospital’s education for caregivers (parents, guardians, etc.). Please complete to the best of your ability.
Caregiver’s Relation to Infant:
☐ Mother
☐ Father
☐ Grandparent
☐ Aunt/Uncle
☐ Foster Parent
☐ Other, please specify: ____________________

Caregiver’s Age: _____

Caregiver’s Highest Level of Education:
☐ Less than high school
☐ High school graduate
☐ More than high school

Caregiver Safe Sleep Knowledge:
(1) During the infant’s hospital stay did you receive information on how to put your baby to sleep?
☐ Yes ☐ No ☐ I don’t know

(2) How should you put your baby to sleep? (check all that apply)
☐ Alone (not in bed with adults or other children)
☐ On his/her back
☐ In a crib, bassinet or portable crib (pack and play)
☐ Without items in the crib (blanket, toys, bumpers, pillows, sleep positioners)
☐ I don’t know

(3) Are there things that would keep you from practicing safe sleep? (check all that apply)
☐ No, I plan to do it
☐ I don’t have a crib, bassinet or portable crib (pack and play)
☐ I don’t have room in the home for a crib, bassinet or portable crib
☐ I don’t think that it is important
☐ I don’t believe in it
☐ I believe in a family bed
☐ I need more information
☐ Other: _____________________________________________________________
Attachment 5: New York State Perinatal Quality Collaborative—
Safe Sleep Project Participant Form

Please complete one Participant Form per hospital and return it electronically, either by e-mail or fax, to Kristen Lawless at NYSPQC@health.ny.gov, by August 14, 2015.

If you have questions about the project or this form, please contact Kristen Lawless at the e-mail address above, or by calling (518) 473-9883.

1. Hospital Information

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>Zip</th>
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Regional Perinatal Center affiliation: __________________________________________

2. Team Information (Individuals may play more than one role.)

Senior Leadership

Chief of Pediatrics or Neonatology

| Name | Credentials | Email | Phone | Fax |

Director of Nursing

| Name | Credentials | Email | Phone | Fax |

Improvement Team (Each improvement team should consist of at least two members.)

Quality Improvement Lead/Designee

| Name | Credentials | Email | Phone | Fax |

Physician Lead from Pediatrics or Neonatology (Please circle one.)

| Name | Credentials | Email | Phone | Fax |

Nurse Manager Lead for Nursery, Mother Baby Unit or NICU (Please circle one.)

| Name | Credentials | Email | Phone | Fax |

Staff Nurse from L&D, Postpartum or other unit where infants reside even if only for brief periods of time

| Name | Credentials | Email | Phone | Fax |
3. Who will be responsible for each of the following?

Team coordination and primary contact with New York State Department of Health

<table>
<thead>
<tr>
<th>Name</th>
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Data Coordinator - Primary contact for data management

<table>
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<tr>
<th>Name</th>
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4. Please identify at least two team members who will attend both Learning Sessions and all (or most) of the monthly conference calls? We encourage physician participation.

<table>
<thead>
<tr>
<th>Learning Session</th>
<th>Location</th>
<th>Duration</th>
<th>Date</th>
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<tbody>
<tr>
<td>LS 1</td>
<td>TBD</td>
<td>Full Day</td>
<td>TBD</td>
</tr>
<tr>
<td>LS 2</td>
<td>TBD</td>
<td>Full Day</td>
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5. Senior Administrator Endorsement

We wish to participate in the New York State Safe Sleep Project. As the Senior Administrator, I fully understand the project’s objectives and expectations. Furthermore, I agree to support the team and will work with them to remove any barriers and/or provide the resources necessary for them to achieve their improvement goals.

Senior Administrator Signature  
Date

Senior Administrator Name (Printed)

Application Completed By  
Date

The role of the Senior Administrator is as a sponsor and decision-maker. This individual has the authority to make formal decisions, policy changes, system changes and necessary resource allocation. A Senior Administrator from each organization where changes will be made during the Learning Collaborative should sign this form. This will likely pertain to all organizations involved/represented on the Collaborative team. The Senior Administrator is not required to be a team member or travel to Learning Sessions.
Attachment 6: Storyboard Instructions and Template

In preparation for the first in-person Learning Session, teams are asked to create a Storyboard to organize their team and share information with their peers. This Storyboard is an opportunity for teams to briefly describe their hospital team’s composition and what they plan to accomplish during the Learning Collaborative. Storyboards will also be on display for all participants to review during the first in-person Learning Session. A Storyboard example is linked below and attached to help guide you in completing your facility’s Storyboard. We request you create your Storyboard as a PowerPoint presentation, in which the slides can be printed out and hung on a display board during the first Learning Session. The display board and push pins will be provided for you at the Learning Session, so all you need to bring is the paper copy of your PowerPoint slides. Please print only one slide per page.

In addition, to bringing your Storyboard slides to post on a display board at the Learning Session please e-mail an electronic copy of your Storyboard to NYSPQC@health.ny.gov prior to the Learning Session.

Your audience will be other participating hospital teams, Collaborative leadership, observers and faculty. Therefore, the Storyboard should be as clear and concise as possible.

Here is a sample outline for what you might include in your Storyboard:

- Name and location of your organization;
- Brief description of your facility (providers, staff, community characteristics, etc.);
- Improvement team (names, titles, roles);
- Team’s improvement AIM for project;
- Baseline data that shows where you are starting from;
- Initial ideas for improvement; and
- Other relevant information (e.g., current programs/activities targeted to perinatal care).

Storyboard display tips

- Use fewer words and more pictures/graphics;
- Use pictures of real people...at least of your team! (Hint, Hint 😊);
- Make font size as big as possible;
- Don’t worry about making the display fancy;
- Use color to highlight key messages; and
- If no access to a color printer, use bright highlighters.

Storyboard Template

Please see a PowerPoint Storyboard Template located here.