National Safe Sleep Hospital Certification Program
A Step-by-Step Guide

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Acknowledgment

Thanks to Janice Freedman and The North Carolina Healthy Start Foundation
Objectives

I. Provide education on developing a hospital-based safe sleep program

II. Provide a step-by-step review of the National Hospital Certification Program
The Problem: IMR NY and US, 2003-2013

Rate per 1,000 live births

- New York
- US


The Problem: SIDS rates NY and US, 2003-2013

NY Sleep-Related Sudden Unexpected Infant Deaths, 2008-2012
The Problem

• 3,500 SUID per year
• Lack of consistent messaging
  – - Verbal
  – - Visual
• Where do you even begin?
  – - Inertia
  – - Helplessness
  – - Disbelief
Not Following the Evidence

- IOM study: How long for HCP’s to incorporate new EBM into practice?

- 2006: 52% routinely provide discharge instructions that promote supine sleep at home

- 2015: 53% strongly agreed recommendations make a difference in preventing SIDS

- 20% strongly agreed that parents would model nurses’ behaviors at home.

Transtheoretical or Stages of Change Model

- New knowledge/innovations pass through predictable stages:
  - Knowledge
  - Persuasion
  - Decision
  - Implementation
  - Confirmation

http://batonrougecounseling.net/stages-change/
Diffusion of Innovation Theory

- Key players:
  - Opinion leaders
  - Change agents
  - Change aids
Diffusion of Innovation Theory

• People respond differently to change:
  – Innovators
  – Early adopters
  – Early majority
  – Late majority
  – Laggards
Patient Safety Issue

• Premise: Do no harm
• Harm in the hospital:
  – Hospital Associated Infections
    • CLABSI, UTI’s
  – “Never events” (wrong site surgery, retained foreign bodies)
  – Falls and fall-related injuries
  – Readmissions
Organizational Chart for an Infant Sleep Safety Program

Hospital Based Infant Safe Sleep Program

Program Acceptance
- Hospital Administration
- Physicians
- Nursing Staff
- Other Staff (RT, LC, Aides)

Curriculum Development
- Initial Staff Education
- Maintenance of Education
- Family Education

Community Support
- Local Health Bureaus
- Safe Kids Coalition
- Cribs for Kids Programs
- Child Death Review Teams
- First Responders
Presentation for Administration

- Support from physicians already knowledgeable about SIDS/SUID (Opinion Leaders)
- Scope of problem
  - national and local statistics
- Logistics of program- focusing on a successful program model that has produced excellent public health care results
- Cost-effectiveness
Staff Acceptance “Buy-In”

- Pediatric and NBN nurses with knowledge about SIDS make quick allies (change agents)
- Resistance to “another program” is easily overcome by:
  - Concept of a program to reduce local infant mortality
  - Use of Statistics
  - Use of Evidence-Based Medicine
Nursing Buy-In:
Initial Discussions

• Nurse Managers (Change Agents)
• Discussions at staff organizational levels (Change Aids):
  – Multidisciplinary committees
  – Nursing counsels
  – Nurse leaders: support dissemination of program concept to general staff
• Follow-up discussions
• Timing is important!
Challenge Your Staff!

Why are our babies dying???
Staff Education

• Intensive education to develop expertise to talk to families
• Nurses are reluctant sleep safety advocates because:
  – Lack of formal training
  – Lack of time to review research
  – Disbelief that changing their behavior will make a difference
  – Discomfort with back to sleep (fear of aspiration)
Healthcare Provider Education

• Develop an infant sleep safety policy for the hospital:
  – Set the standard of care at the institution
  – Sample policies in the Hospital Initiative Toolkit
  – Finalized through newborn and pediatric hospital committees
Hospital Nursing Education

- In-service lectures vs. computer-based training
- Lecture compliance may be difficult if not mandatory
- Computer-based easier to do, but teaching may be less effective
- Provided CME credits
Avoiding Potential Pitfalls

• Fear of Aspiration
• Claims made against the program:
  – Anti-bonding
  – Anti-breastfeeding
Safe sleep toolkit at nurses’ stations
  - Hospital safe sleep policy
  - Review of appropriate practices
  - Discussion points to review with families

Informational flip charts

Computer-based review course with test as part of yearly competencies
Healthcare Provider Education: In the Community

• Went into local physician offices to lecture during staff meetings
  – Pediatric and obstetrical
    • OB offices focused on prenatal educators
  – Provided posters and teaching materials
  – Discussed bad information in free magazines
• Family Practice Grand Rounds
• Emergency Department Education
• VNA
• Red Cross Educators
• Prenatal Class Educators
A Model Program

- Replicate Shaken Baby Program (now called abusive head trauma)

- 50% reduction in shaken baby injuries reported by Dr. Dias (Peds April 2005)

- Program Components:
  - DVD presentation on infant sleep safety
  - Face to face review with nursing staff
  - Sign voluntary acknowledgement statement
Infant Safe Sleep DVDs
# Hospital Initiative Components

www.cribsforkids.org/HospitalInitiativeToolkit/

- **INTRODUCTORY LETTER**
- **HOSPITAL INITIATIVE TOOL KIT INSTRUCTIONS**
- **ORGANIZATIONAL CHART**
- **HOSPITAL POLICY**
- **ACKNOWLEDGMENT FORM** (Engl. & Span.)
- **SAFE SLEEP EDUCATIONAL IFLIP CHART**
- **NONCOMPLIANCE WAIVER** (Engl. & Span.)
- **NURSING EDUCATION MODULE**
- **SAFE SLEEP POSTERS**
- **DOOR HANGERS** (Engl. & Span.)
- **GRADUATION CERTIFICATE**
- **SAMPLE LETTER TO HOSPITALS**
- **SAMPLE LETTER TO PROVIDERS**
- **INFANT SAFE SLEEP BROCHURES** (Engl. & Span.)
- **PRESS KIT**
Infant Safe Sleep Program: Supplemental Components

- Place posters prominently in every labor, maternity, and pediatric room, offered to all OB, Peds, and FP offices.
- Have wearable blankets available for purchase at discount at gift shop and lactation center.
- Display nursery at entrance to maternity.
- Hospital phone service (on-hold message).
Voluntary Acknowledgement Statement

By signing this statement I agree that I have received this information and understand that:

“My baby should sleep on the back; sleeping on the side or tummy is dangerous.”

“Sleeping with my baby increases the risk of my baby dying from suffocation or SIDS.”
An acknowledgement form only
Focuses family on the importance of the information
Not for legal purposes
Protects the hospital from potential legal action in event of a later SUID event at home
Model Nursery/Infant Sleep Safety Center
Qualitative Study Results  
(n = 17)

- Overall 94% of sites were pleased with their progress on safe sleep:
  - 11/17 very well
  - 5/17 relatively successful, helped significantly, making progress, fairly well
  - 1 hospital failed to maintain the program
Achieving Cultural Change

• “Nurses hold each other accountable”
• “Rarely find things in the crib”
• “Nurses come to report incidents of unsafe sleep”
• “We have convinced both nursing staff and the patients that this is an important topic.”
• “The sustainability of this initiative is remarkable.”
Five Themes to Successful Culture Change: Infant Sleep Safety

- LEADERSHIP
- EDUCATION
- PERSISTENCE
- PERSONALIZE
- INSTITUTIONALIZE
Reasons for Success

- Leadership: people to promote and sustain the program; multidisciplinary
  - “the nurses know that physicians will back them in discussions around safe sleep”

- Education
  - “a lot of the educational support we received from the program promoted buy-in”
  - “what has made this program work is education, continued education of staff… and education of patients and community”
Reasons for Success

• Persistence
  – “It took patience and consistency to make the change happen”
    • Takes more than one time education
    • Maintenance of competency
    • Changing personnel

• Personalize
  – “making SIDS a personal issue for us and convincing us of the need to get serious about patient education has been the key”
Reasons for Success

• Institutionalize
  – Ownership/internalization
  – Standard of care
  – Expectations
  – Repercussions

• Moral Imperative
  – “the numbers speak for themselves”
  – “sharing with staff the number of babies that die per year… was alarming to people and they pay attention”
Roadblocks

• Nurses
  – Fear of choking
    • Overcome with education and time

• Parents
  – Bed sharing and attachment parenting
  – Need for patient satisfaction

• Cultural barriers

• Time and commitment
Results of HCP Education

- Understanding of the AAP guidelines increased from 75% to 99% (p < 0.01)
- Agreement with all of the AAP guidelines increased from 88% to 94% (p = 0.049)
- Staff education on ISS increased from 47% to 99% (p < 0.01)
- Staff adequately trained about ISS increased from 43% to 99% (p < 0.01)
Quarterly Control Chart

Sleep-Related Deaths/1000 Births
ISS Study: Phase 1 Results

- After education with the ISS program:
  - Intention to always sleep the baby supine increased from 82% to 97% (p < 0.01)
  - Intention to always place the baby in the crib or bassinet increased from 81% to 92% (p < 0.01)
Conclusions from Other Health Systems

- Hospital based safe sleep is a practical, cost-effective and reproducible model
- The program has positive impact on providers and families
- Successful implementation requires:
  - Leadership (identify champions)
  - Education and reinforcement
  - Sweat equity (time and effort)
- Experience of each hospital may vary, but common process can be used
- Long term cultural change is achievable
Coordinated Education Efforts Work!

- TN - 17% reduction in infant sleep-related deaths in 1 year
- S. Carolina Department of Health and Environmental Control (DHEC) 2013 data: 41% drop in accidental sleep-related deaths
Coordinated Education Efforts Work!

- Baltimore B’more for Healthy Babies:
  - 2012 lowest infant mortality rate ever recorded
  - decreased 28% to 9.7 per 1000.
  - Racial disparity decreased almost 40%.
  - Biggest contributor was decrease in number of sleep-related deaths.
The National Safe Sleep Hospital Certification Program: WHY?

- Systematic way to promote consistent messaging and modeling
- Provide a road map for success
- Develop and maintain a culture of sleep safety
- Monitor progress
- Reward for achieving goals
The National Safe Sleep Hospital Certification Program

- Recognize hospitals with commitment to community leadership
  - Best practices
  - Education

- Flexibility to individualize to specific local needs

- 3 Levels = Step-wise goals
  - Achievable
  - Expand at your own pace
The National Safe Sleep Hospital Certification Program

- All materials available on-line
  - No major costs to the hospital
- Easy on-line access for documentation
- NO FEE FOR PARTICIPATION
How It Works

The National Certification process has three levels:

- Safe Sleep Hospital Certified
- Safe Sleep Leader Certified
- Safe Sleep Champion Certified

http://www.cribsforkids.org/safesleephospitalcertification/applicationform/
Leadership Requirement

• Two people identified as responsible for the program (Opinion Leaders)
• At least one person listed must be:
  – Physician
  – Nurse manager
  – Nurse educator
Safe Sleep Hospital
Bronze Certification Level

Requirements:

• Develop a safe sleep policy statement incorporating the AAP’s Infant Safe Sleep guidelines.

• Train staff on safe sleep guidelines, your hospital’s safe sleep policy, and the importance of modeling safe sleep for parents.

• Educate parents on the importance of safe sleep practices, and implement these practices in the hospital setting.
Policy

- Should cover all hospital areas with infant care

- Samples available at:
  - Cribs for Kids®
  - Central Ohio Hospital Council
  - Other

- What about harm reduction messaging?
Safe Sleep Hospital
Bronze Certification Level

• Staff Education
  – NICHD Curriculum for Nurses on SIDS Risk Reduction (CEU)
  – Cribs for Kids learning module
  – Maintenance of skills

• Parent Education
  – DVD
  – Modeling
  – Not just handing out a brochure
Safe Sleep Leader
Silver Certification Level

Requirements:

• Develop a safe sleep policy statement
• Train staff
• Educate parents

• Replace regular receiving blankets in nursery and/or NICU with wearable blankets to model no loose bedding in the crib.

• Audit - Record your progress and report your successes to Cribs for Kids®
• Use of wearable blankets
  – Will not completely replace receiving blankets
  – Blankets needed in the delivery room
  – Transition after first bath
  – Any brand is allowable
  – **NEW**: alternative gift program
• Appropriate swaddling is acceptable
Safe Sleep Leader
Silver Certification Level

• Audits
  – Numerous tools available
  – Cribs for Kids (thanks to UAMS)
  – Can be used as part of a PDSA cycle
# Safe Sleep Audit Tool

**Auditor:** ____________________________________________  | **Date:** __________________________

<table>
<thead>
<tr>
<th>Patient #</th>
<th>Head of bed Flat? Y or Degree of elevation</th>
<th>Patient Asleep Supine? Y or N</th>
<th>Multiple Blankets to Crib? Y or N</th>
<th>Stuffed Animals in Crib? Y or N</th>
<th>Large or Fluffy Blankets Around Pt.? Y or N</th>
<th>Patient in Nest Y or N</th>
<th>Patient Bundled? Y or N</th>
<th>Patient Able to Move Legs? Y or N</th>
<th>Positioning Device used? Y or N</th>
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*developed by UAMS*
# Safe Sleep Audit

<table>
<thead>
<tr>
<th>Y = Yes</th>
<th>N = N</th>
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</thead>
<tbody>
<tr>
<td>Patient</td>
<td>MRN</td>
</tr>
<tr>
<td>Head of bed flat?</td>
<td></td>
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<tr>
<td>Pt sleeping supine?</td>
<td></td>
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<tr>
<td>Multiple blankets?</td>
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<tr>
<td>Stuffed Animals?</td>
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<tr>
<td>Fluffy large blankets?</td>
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<td>Bundled in DUDU method?</td>
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<tr>
<td>Bulb suction in bed?</td>
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<tr>
<td>Loose hat in crib?</td>
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<td>Loose burp cloth under head?</td>
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<td>Loose booties in crib?</td>
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<td>Clothing in crib?</td>
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<tr>
<td>Asleep in/on caregivers bed?</td>
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<tr>
<td>Care giver asleep with baby?</td>
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<td>Sleep sac in use?</td>
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</table>

Auditor: _______________  Date: ___________  Time of audit: ___________
Measuring Improvement

- Pre- and Post- Tests
- Competencies
- Follow-up Surveys
- Unannounced Audits
Measuring Improvement: Sample Survey

1. It is safest for a baby to sleep:
   - On his stomach
   - On his back
   - On his side
   - On his side or back
   - Does not matter

2. It is safest for a baby to sleep:
   - In a crib or bassinet in the parents’ room
   - In a side car or “co-sleeper”
   - In bed with the parents
   - In a crib or bassinet in a separate room
   - Does not matter

3. Which of the following are safe to have in the baby’s sleep area: (you may fill in more than one answer)
   - Pillows
   - Stuffed animals and/or plush toys
   - Comforters
   - Positioners
   - Bumpers
   - None of the above

4. Which of the following statements is correct: (choose 1)
   - It is best to bundle the baby with lots of blankets to keep him warm.
   - Sleeping with the baby is the best way to keep him warm.
   - Keeping the room temperature comfortable for a lightly dressed adult is safest for the baby.
   - It is safest to bundle the baby up to the chin with a thick blanket to stay warm.

5. The only way for breastfeeding to be successful is by having the mother and baby sleep together.
   - True
   - False

6. Pacifiers are useful for reducing the risk of SIDS.
   - True
   - False
Safe Sleep Champion
Gold Certification Level

• Requirements:
  – Develop a safe sleep policy statement
  – Train staff
  – Educate parents
  – Replace regular receiving blankets
  – Audit: Record your progress and report your successes to Cribs for Kids®
Affiliate with or become a local Cribs for Kids® partner and provide safe sleep education and safe sleep environments to parents in your community

www.cribsforkids.org/become-a-partner/
Safe Sleep Champion
Gold Certification Level

- Provide community and media outreach:
  - Write an editorial
  - Provide education at health fairs
  - Work with a Girl Scout Troop
  - Host a community day at your hospital
  - Have a PSA air on local media outlets
  - Ask local businesses to put up safe sleep posters (esp. those catering to young children)
  - Work with religious groups (i.e., safe sleep Sunday)
Community Outreach
Community Outreach
Review Process

Once your application has been submitted:

1. An automated email will be sent to confirm submission of the application.

2. Once the application has entered the review process, you will be notified by email.

3. While in review, if the committee has any questions regarding the information provided or needs more information, a request will be sent.

4. Once the review is complete, the status of the application will be sent via email.

5. A certificate and official letter of acceptance will be sent via USPS.
Certification Complete!

BRONZE SAFE SLEEP HOSPITAL

SILVER SAFE SLEEP LEADER

GOLD SAFE SLEEP CHAMPION
Website Information

- www.cribsforkids.org
- www.cribsforkids.org/safesleephospitalcertification/

For help with developing your program
- Contact Tiffany Price: tprice@cribsforkids.org or 412-322-5680 x112
Using the Website

Hospital Initiative

Dear Healthcare Provider:

Thank you for accessing our site for information on how to implement a hospital-based infant safe sleep program. We have tried to make the site comprehensive and have included all of the documents that are currently being used to promote a successful initiative. The program was established in 2008 and includes research that supports its usefulness for educating both staff and new families.

To get started, follow the link below to view an outline of the Hospital Safe Sleep Initiative program and links to view the toolkit documents:

Get Started!
Hospital Initiative Toolkit

Once you are on your way toward implementing your infant safe sleep hospital initiative, learn how your hospital can earn a National Safe Sleep Hospital Certification.
Using the Website

Get Started – Hospital Registration

**ALREADY HAVE A SAFE SLEEP PROGRAM IN PLACE?**

If your hospital already has a safe sleep program established, please choose the certification level below that best fits your current program; click on the “Apply Now” link and present the information required for that certification level. Detailed information on certification requirements are linked below and on the left sidebar. If you are just starting a safe sleep program in your hospital, please skip down to “Want to Start a Safe Sleep Program in Your Hospital” below:

- If applying to become a Bronze – Certified Safe Sleep Hospital*, please be able to demonstrate the following:
  - Develop and maintain a Safe Sleep Policy (see Policy);
  - Provide staff working on the units serving infants and children under the age of 1 with training on infant safe sleep (see Staff Training);
  - Provide infant safe sleep education to the parents of infants prior to discharge (see Parent Education).

- If applying to become a Silver – Certified Safe Sleep Leader*, in addition to all of the above criteria, please be able to demonstrate the following:
  - Make use of wearable blankets in the Well-Baby Nursery and Neonatal Intensive Care Unit, as applicable. (see Wearable Blanket Program);
  - Record your progress and report your successes with the use of our PDSA tool. (See Audit).

[APPLY NOW]

[APPLY NOW]
Every Component…

- Criteria
- Documentation
- Resources (parent education)
  - http://www.nichd.nih.gov/sts/Pages/default.aspx
  - www.cribsforkids.org/hospital-initiative-toolkit/
  - http://www.mchlibrary.org/
Sample Documentation

• Please indicate which materials are used for parent education. If the material used is not on the checklist, please select ‘other’ and list materials for approval:
  – Cribs for Kids®
  – The American Academy of Pediatrics
  – National Institute of Child Health and Human Development Safe to Sleep® Public Campaign
  – HALO® Innovations
  – Other
Cribs for Kids® provides a robust suite of comprehensive support materials and tools to aid you in implementing this certification program in your hospital, including:

- sample policy statements;
- training materials;
- posters, door hangers, certificates, brochures;
- a public relations kit, and more.

Visit [www.CribsforKids.org/HospitalInitiative](http://www.CribsforKids.org/HospitalInitiative)
Endorsements
The Reality of Achieving Success

- What people think it looks like
- What it really looks like
Achieving a Cultural Shift on ISS

Inconsistency of message.
Lack of HCP education.
Wrong advice from family and friends.
Unsafe sleep images.
Inappropriate sleep products.

National campaign with consistency of message.
Improved HCP education.
Partnership: Religious Leaders.
Safe sleep images.
Social marketing.
Legislation?

Safe Sleep
Contact Information

- mgoodstein@wellspan.org
- tprice@cribsforkids.org
  412.322.5680 x112
THANK YOU!

National Safe Sleep Hospital Certification Program

http://www.cribsforkids.org/safesleephospitalcertification/