

Experiences from a Quality Improvement Effort

Julia Donovan and Emily Spraggs

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**Nurse Practitioner & Post-Doctoral
Training Programs**



Background

- Sudden infant death syndrome (SIDS) is the leading cause of infant mortality between one month and one year of age in the United States (Corwin, 2024).
- Although SIDS is uncommon, it is important to note that the risk of a child dying from SIDS during the first year of life is more than 20-fold higher than the risk of death during any of the subsequent 17 years of life due to any other cause, including motor vehicle traffic accidents, firearms, drugs and overdose, and suicide (Corwin, 2024).
- In the United States, the incidence of SIDS has declined by more than 50 percent since the mid-1980s (Corwin, 2024).



Aim Statement

- To provide safe sleep resources to infants between May 10th and June 7th, 2024 by distributing safe sleep pamphlets and cribs to families in need.



The Problem

- Safe sleep resources were not being provided at CHC, Inc. in Hartford, CT.
- Factors contributing to the problem included a lack of:
 - Formal workflow/process
 - Time
 - Resources available to provide



Stakeholders

- Stakeholders
 - Chief of pediatrics, RN Manager, Operations Manager, Social workers, Providers, PSAs, MAs, RNs, Charlie's Kids, Cribs for Kids.
- Social Workers: Had insight into how to help coordinate dispersal or identify potential families in need.
- Leaders in clinic: Discussed roles for different team members in this project.
- In general, all team members seemed happy to help!



Approach to Change

- Ideas for change: Safe sleep book, safe sleep pamphlet, crib, or other resource distribution.
- PDSA Cycle:
 - Plan: Collect data, create workflow to distribute resources.
 - Do: Distribute pamphlets and cribs when needed.
 - Study: Monitor distribution of resources and language of resources.
 - Act: To be decided per discussion with team.



Outcome measures

- Number of safe sleep resources provided including:
 - Cribs
 - Safe Sleep Pamphlets



Data Collected Prior to Implementation

- Number of well visits, over a 3 month period, of newborn to 1 year olds at Hartford
- Preferred language of families (English/Spanish)

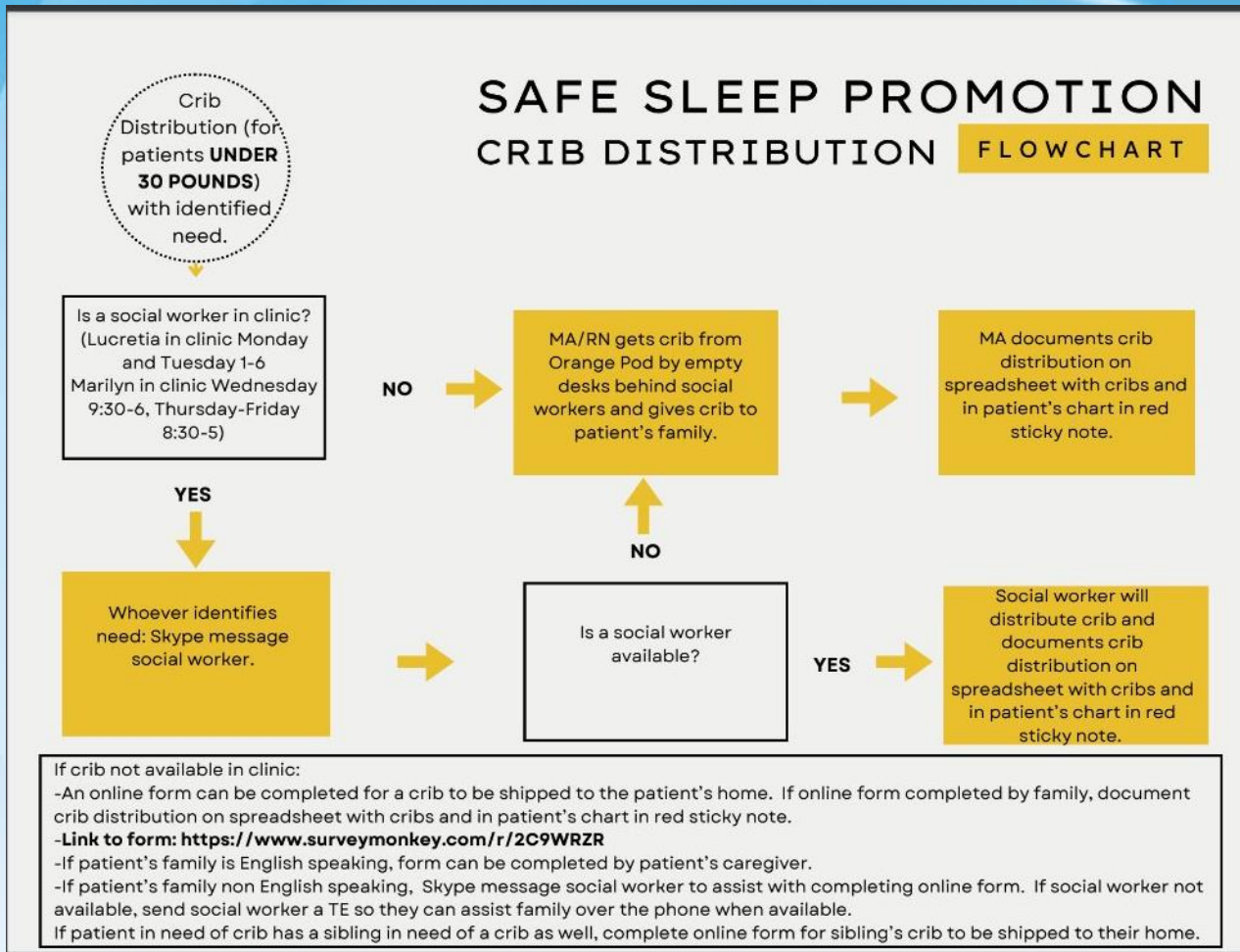


Process

- Education:
 - Safe Sleep pamphlet given at each newborn visit, distributed in the newborn packet by PSAs. Dispersal recorded by PSAs on chart at PSA desk.
 - Pamphlets were available in each pod with other handouts so if a family is identified in need of safe sleep information, they can be given a pamphlet. Dispersal recorded by person distributing resource on chart with pamphlets in folder.
- Resource provision:
 - Crib distribution flow chart.



Crib Distribution



Safe Sleep Pamphlets Provided

Date (MM/DD/YYYY)	Account Number	Age	Language
			English / Spanish
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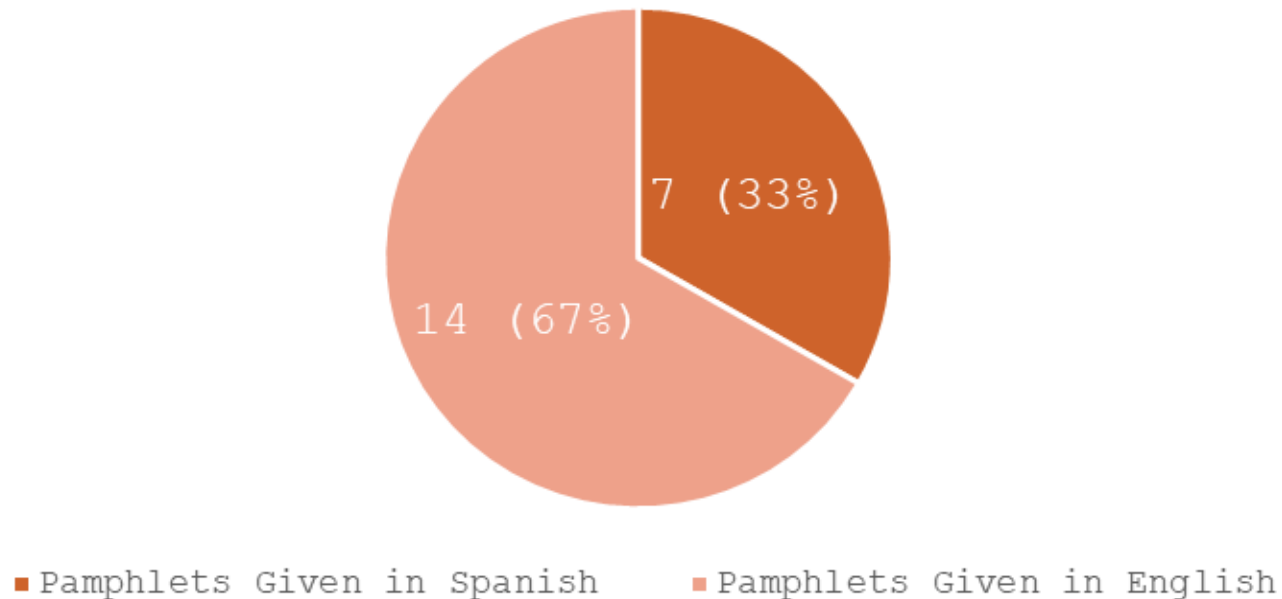
Cribs Provided

Date (MM/DD/YYYY)	Account Number	Age	Language
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Results

Safe Sleep Pamphlet Distribution by Language



Results (cont.)

- Challenges:
 - Time
 - Communication amongst leadership
 - Delegation of roles
- Limitations:
 - Small sample size
 - Collecting data through paper sheets



Key Takeaways

- Dispersal of safe sleep resources is possible when a workflow is implemented.
- Team members were eager to help and hear about the project.
- Figuring out the process for acquiring resources is time consuming, but beneficial long term.



Conclusions/Implications

- Next steps: Apply again for Safe Sleep book grant.
- Next time: Set aside more time to speak with others in clinic about the project, small end goals.
- Advice for future QI projects in Hartford: Provider meetings are an opportunity to hear concerns for workflow/processes in clinic to help identify project topic.



References

Corwin, M. J. (2024). *Sudden infant death syndrome: Risk factors and risk reduction strategies*. UpToDate, Inc.

https://www.uptodate.com/contents/sudden-infant-death-syndrome-risk-factors-and-risk-reduction-strategies?search=safe%20sleep&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1

