Strengthening a culture of safety for children: Developing hospital and community collaborations

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Safe States Alliance Annual Meeting
4/30/2015
Population Health Approach to Injury Prevention

- Data
- Using a Collective Impact model to accelerate progress in reducing childhood morbidity and mortality
- Reducing disparities by removing social, economic, and language barriers
- PSE approach
Collective Impact model

- Common agenda
- Shared measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support
Safe Kids Coalition

Community-based, multi-faceted approach focused on preventing unintentional injuries to children 19 and under due to:

- Motor vehicle, pedestrian and bicycle crashes,
- Drowning
- Fires and burns
- Poisonings and choking
- Falls
Safe Kids Coalition

- Child Passenger Safety: weekly car seat clinics
- Safety Town: week-long day camp for pre-K
- Safe Sleep Task Force
- Nurse-Family Partnership Project
Kohl’s Safety Center at AFCH

- 1600+ visitors monthly
- 1300+ safety products sold at low cost monthly
Kohl’s Safety Center at AFCH
Child Protection Program

- Prevent, diagnose, report and treat cases of suspected child abuse and neglect
- Collaborate with community partners
Collective Impact example: Safe Sleep

- Inpatient
- Community Task Force
- Social Marketing Campaign
- Evaluation
- Public Policy/Legislation
Dane County 2011-2014

Infant Deaths (N=116)

SUID 18% (N=21)
SUID Data points

- 2011-14 nearly one in 5 infant deaths were SUID
- 24% (n=5) of infants were prone/sleeping on stomach
- Over half (n=11) were sharing sleep environment with someone else
- 10% (n=2) were at a child care center
Collective Impact example: Safe Sleep

- Inpatient
- Community Task Force
- Social Marketing Campaign
- Evaluation
- Public Policy/Legislation
Inpatient Infant Sleep QI Project

Baseline
- Data collected from random room audits
- Infants less than 12 months of age, general care floor
- Develop multidisciplinary task force (RN, MD, MA)

Education
- Educational module completed during RN annual review
- Recruitment of RN and MA champions to do audits

Assess
- Random audits using standardized web based tool
- Monthly results shared with identified focus to improve
- Champions give feedback during audits
Inpatient infant sleep QI: Key points

• Education is important to start the conversation
• Multi-disciplinary team is helpful to identify work flow barriers for clear cribs
• Ongoing assessment of progress using audits and data review is crucial for continued success
Safe Sleep Community Task Force

- AFCH, Public Health and the Medical Examiners Office provided leadership to the Dane County Task Force on Safe Sleep in response to local FIMR data

- Goal: Improve infant health and decrease infant deaths from unsafe sleep

- Strategy: Develop an evidence-based, consistent, county-wide infant safe sleep message for all to use with an evaluation component
Safe Sleep Community Task Force

- Surveyed Task Force members on what programs were available in the community and what were the needs of our local agencies
- Build on existing efforts and engaged stakeholders
- Focus groups: parent and provider feedback
- Resources: Web-site, in-person training, social marketing campaign, CME, educational materials
- Cribs/sheets/sleep sacks
Campaign Launch: May 5th Mount Zion Baptist Church

- Collective impact of many partners to improve infant health
- Key message: Sleep Safe, Sleep Well
- Sub messages (follow AAP):
  - Behavioral: share the room, not the bed
  - Environmental: just me, on my back
Social marketing: Bus signs

Share the room, not the bed.
Both you and your baby will sleep better.
Social Marketing: Bus signs
Safe Sleep Community Task Force

- Website: resources for educators and parents; crib programs
- Training: for parents & organizations wanting to learn more about developing a safe sleep policy, or effectively educating parents on a safe sleep environment.
- WIC Project
- Social Marketing Campaign
- Provider trainings: Dr. Rachel Moon; Pediatric Pathways
Safe Sleep Community Task Force

Other components of the Campaign:

- FAQ on how to talk with families and caregivers
- Door hangers with safe sleep messaging
- PSA’s
- Safe Sleep display
- Books
- Newsletter template
- Provider packet of safe sleep materials
Phase II small group work: Outreach

- Faith-based approach
- Foster parents/Relative Care
- Childcare
- Home visitor programs
Evaluation

- WIC Staff training evaluation (knowledge, attitudes, behaviors)
- Social Marketing Campaign evaluation
  - Survey
  - Process measures
- Death Data
- Where appropriate, compare pre-program baseline data from PRAMS
PHMDC WIC Safe Sleep Initiative Logic Model

**INPUTS**

- **Staff**
  - American Family Children’s Hospital—Nan, Rishelle
  - PHMDC—Daniel, Sue, Mamadou
  - DHS—Tim, Molly

- **Partners**
  - Safe Kids, Safe Cribs

**OUTPUTS**

- **Activities**
  - Develop client-centered safe sleep training curriculum for WIC staff
    - Includes:
      - Script for talking with clients
      - Resources for clients
      - Materials for display in office
  - Deliver client-centered safe sleep training for WIC staff

- **Participation**

**OUTCOMES**

**Short-term**

- Increased knowledge about safe sleep practices among WIC staff
- Increased desired attitudes about safe sleep practices among WIC staff
- Increased self-efficacy to deliver safe sleep messages among WIC staff

**Intermediate**

- Increased self-efficacy to engage in safe sleep practices among WIC clients
- Increased desired attitudes about safe sleep practices among WIC clients

**Long-term**

- Increased knowledge about safe sleep practices among WIC clients
- Increased self-efficacy to engage in safe sleep practices among WIC clients

**KEY EVALUATION QUESTIONS**

- Were the inputs sufficient?
- Was curriculum developed? Was training delivered?
- Who attended the training?
- To what extent did WIC staff’s knowledge, attitudes, and self-efficacy increase?
- Did WIC staff deliver client-centered counseling?
- To what extent did WIC clients’ knowledge, attitudes, and self-efficacy increase?
- Did WIC clients increase their safe sleep practices?
- Did safe sleep environments increase among WIC clients? Did SIDS/SUIDs reduce among WIC clients?

**INDICATORS**

- # of staff
- # of partners
- Curriculum
- #, % of WIC staff attended
- #, % of WIC staff with increased knowledge, attitudes, and self-efficacy
- #, % of WIC staff who delivered client-centered counseling
- #, % of WIC clients who report increased knowledge, attitudes, and self-efficacy
- #, % of WIC clients who report increased safe sleep practices
- #, % of WIC clients with safe sleep environments
- #, % of SIDS/SUIDs among WIC clients
WIC Project: Staff Self-confidence

I feel confident speaking with clients about the risks associated with sleep related infant deaths.

![Bar chart showing confidence levels before and after the WIC project.]

- **Strongly agree**: Pre = 0, Post = 17
- **Agree**: Pre = 39, Post = 58
- **Neutral**: Pre = 31, Post = 25
- **Disagree**: Pre = 31, Post = 0
- **Strongly disagree**: Pre = 0, Post = 0
WIC Project

- Training increased WIC staff’s knowledge and desired self-reported attitudes and self-confidence around safe sleep
- WIC is a promising venue for safe sleep education
- Limitations:
  - Does this mean they have a greater ability to educate participants about safe sleep?
  - Will it translate into safe sleep practices among participants?
2015 ASSEMBLY BILL 94

March 12, 2015 - Introduced by Representatives Kerkman, Edmings, Kleefisch, Knodl, Kremer, Kulp, T. Larson, Murphy, Thiesfeldt, Tittel and Weatherston, cosponsored by Senators Darling, Vukmir and Wanggaard. Referred to Committee on Children and Families.

AN ACT to create 253.155 and 948.215 of the statutes; relating to: causing harm to a child by cosleeping while intoxicated, providing information about safe sleep, and providing a penalty.

Analysis by the Legislative Reference Bureau

Under this bill, no person may injure or kill a child under 12 months of age by cosleeping, while the person is intoxicated, with the child. Under the bill, if the child suffers bodily harm as a consequence, the person is guilty of a Class H felony, if the child suffers great bodily harm as a consequence, the person is guilty of a Class F felony, and if the child dies as a consequence, the person is guilty of a Class D felony.

The bill requires the Child Abuse and Neglect Prevention Board (board) to purchase, prepare, or arrange with a nonprofit organization to prepare printed and audiovisual materials relating to cosleeping while intoxicated. The materials must include information regarding safe sleep and the dangers of cosleeping while intoxicated. The materials must be available on the board's website.
Thanks to.....
Contact Information

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