Quality and Productivity Commission

27th Annual Productivity and Quality Awards Program

"Saluting County Excellence"

2013 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: PREVENTING INFANT DEATH THRU SAFE SLEEP PROMOTION

DATE OF IMPLEMENTATION/ADOPTION: SEPTEMBER 26, 2011
(Must have been implemented at least one year - on or before June 30, 2012)

PROJECT STATUS: x__Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner

This program attempts to reduce infant mortality from unsafe sleeping practices and deaths and or disabilities from infants being shaken. Currently there are, on average, 70 Sudden Unexpected Infant Deaths per year in LA County. These deaths are all reviewed are due to unsafe sleep practices. This two year pilot program's aim was to decrease the number of infants that die as a result of unsafe sleep practices and decrease the number of babies that die or become disabled from being forcibly shaken. It was determined in order to educate the parents we had to first educate the Nurses. All Nurses who care for newborns and infants under one year were educated. Attestation forms were created that parents sign acknowledging that they have been informed regarding safe sleep and shaken baby. All parents of infants under 1 year were educated and given a safe sleep brochure and parental education is documented. Next steps are data collection and education of pediatric staff in the outlying county clinics. Clinic providers will complete and return to Harbor-UCLA a survey of sleep practices for infants seen who are under 6 months of age.

(1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE	(2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS	(3) ESTIMATED/ACTUAL ANNUAL REVENUE	(1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT	SERVICE ENHANCEMENT PROJECT
	$	$	$	X

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Harbor-UCLA Medical Center Nursing, Pediatrics and Mother/Baby Departments 1000 W Carson St, Torrance, CA 90509	TELEPHONE NUMBER 310-222-3389
PROGRAM MANAGER'S NAME Harbor-UCLA : Carol Berkowitz MD, Thresia Nayagam RN, Jeanne Clarke RN, Martee King RN, Patricia Strayer RN, Kay Campbell RN, Jenelle Zambrano RN, Theresa Carnes RN	TELEPHONE NUMBER (310) 222-2135 EMAIL pstrayer@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo DATE 6-17-13	TELEPHONE NUMBER (213) 240-8104
DEPARTMENT HEAD'S NAME AND SIGNATURE MITCHELL H. KATZ, MD DATE 6-18-13	TELEPHONE NUMBER (213) 240-8101

We Support Plain Language

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FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project, written in plain language. Include a discussion of the technology and linkage to the County Strategic Plan. The description should identify Performance Measures.

CHALLENGE:

The Hospital faced the challenge of changing the pediatric and maternity care policies and practices to implement a service model that is evidence based, client centered and family-focused.

Despite Federal "Back to Sleep" programs the SIDS death rate in Los Angeles County remains at about 70 per year. Additionally many babies die and or are permanently damaged due to being forcibly shaken. At Harbor-UCLA there were many challenges to educate staff and parents regarding Safe Sleep Practices and Risks of Shaken Baby Syndrome.

1. One challenge was changing the perception for parents of what a safe sleep environment for newborns and infants less than one year of age looks like. The parents of many infants born and cared for at Harbor-UCLA perceived that the more padding around the newborn the safer he is. So typically many blankets, bumpers, stuffed animals and pillows are kept in the cribs of newborns.
2. Another sleep risk for newborns is sleeping in the bed with their parents. Parents believed it is safe to have the baby sleeping beside or between them when this is putting the newborn or infant at risk of suffocation.
3. The Nursing Staff required education so they in turn could be the educators of the parents.
4. Once discharge the challenge was to find a way to continue to maintain the education that was provided to the patients while in the Hospital.

SOLUTION:

Carol Berkowitz MD, applied for a grant to start a pilot project looking at Safe Sleep and Shaken Baby Syndrome. A multidisciplinary Pediatric and Mother Baby task force was convened consisting of Carol Berkowitz MD, Thresia Nayagam RN, Jeanne Clarke RN (Level 2 Nursery, NICU & PICU), Martee King RN (Peds Ward, Peds ED), Kay Campbell RN (Peds Ward), Theresa Carnes RN (L&D and Mother Baby), Patricia Strayer RN (L&D and Mother Baby), Robin Watson RN (NICU, PICU), & Jenelle Zambrano (Level 2 Nursery, NICU, PICU, Peds Ward).

In collaboration with the LA County Department of the Coroner, Department of Public Health, and First 5 LA, Harbor-UCLA Medical Center conducted live presentations on Safe Sleep for the Nurses caring for newborns and infants less than one year, Social Workers and Physicians. All Nurses caring for newborns and or infants less than one year of age attended a live class or watched a video of the presentation and completed a post test. The same Nursing staff completed a validation post-test one year later.

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These trained nurses educate all parents of newborns and infants under one year of age on safe sleep practices and the dangers of shaken baby.

Forms for documentation of patient education were updated to include the documentation of the education given to the parents.

Educational materials on Safe Sleep Practices and Shaken Baby were ordered or printed out to be given to all the parents.

Attestation forms were created , and translated into Spanish, for the parents to be educated on and sign, committing to placing their babies in a safe sleep environment and not leave their infants with anyone who would potentially shake them.

The solution to reinforce and provide on-going education to these parents was to reach out to the outlying community clinics in the surrounding area by providing education to the providers who care for pediatric patients. These providers will be educated and can follow up and reinforce the message of safe sleep. These providers are given a survey to complete and mail back to Harbor-UCLA with the information on how the babies are sleeping and how well was the education received by the parents of these babies.

BENEFITS:

LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): Our project utilized several core Plan Values: We used a team/collaborative approach to accomplish our primary objective of serving customers (patients) by enriching their lives through effective service (fewer HAIs) which required operational effectiveness.

If all parents of newborns were aware, and placed their babies in a safe environment for sleep, which is on their back, alone in a crib without bumpers, pillows, blankets or toys we could eliminate the death of 70 infants a year in Los Angeles County.

If all parents were educated about the risks of shaken baby syndrome and ensured their baby was cared for by people who would not shake him potentially millions of dollars could be saved in costs to provide life time care to children damaged by shaking. Not to mention the lives of infants that could be saved every year.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation.

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **ANNUAL** REVENUE	(1) + (2) + (3) TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
	$	$	$	☒

ANNUAL= 12 MONTHS ONLY

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