

Charter

Safe Sleep and Naps Using Guidelines to Lead and Educate (SSNUGLE) American Academy of Pediatrics Quality Improvement Learning Collaborative Pilot

Problem Statement

Sudden Infant Death Syndrome (SIDS) is the diagnosis applied to any death of an infant that died suddenly and was unexplained after a death scene investigation and an autopsy. In the first year of life, SIDS is the third-leading cause of death overall, and suffocation comprises over 81% of all unintentional injury deaths. Further, racial and ethnic disparities are strongly associated with sleep-related deaths – non-Hispanic Black and American Indian and Alaskan Native infants experience a rate 2 times that of non-Hispanic white infants. Poverty is associated with a disproportionately high risk of suffocation-related deaths.

Epidemiological studies have helped researchers identify modifiable risk factors that may contribute to sudden unexpected infant death (SUID), and in response, public health advocates have developed prevention recommendations. Unfortunately, these messages may be delivered inconsistently and incompletely among physicians and other healthcare professionals, and recommendations do not reach all parents and infant caregivers equally. Physicians across specialties have demonstrated knowledge of safe infant sleep recommendations; however, disparities remain in the consistency and thoroughness of safe sleep recommendation delivery.

Purpose and Structure

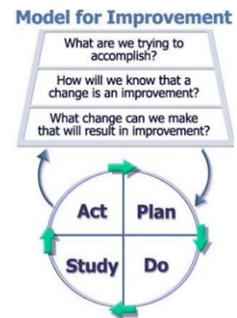
The American Academy of Pediatrics (AAP), with support from the Tomorrow's Children Endowment and in collaboration with the Eunice Kennedy Shriver National Institute of Child Health and Human Development, will engage pediatric primary care health care teams to improve their delivery and consistency of safe infant sleep recommendations to families. The Safe Sleep and Naps Using Guidelines to Lead and Educate Quality Improvement Learning Collaborative (SSNUGLE QI) is a pilot program designed to support the provision of safe sleep guidance to families and infant caregivers in pediatric healthcare settings. SSNUGLE QI is a 6-month Learning Collaborative (January 2021-June 2021).



SSNUGLE QI will utilize established best practices and clinical recommendations to support pediatric practices in enhancing the skills needed for family-centered, strength-based conversations with caregivers of infants ages birth to 6 months while improving office-based mechanisms for tracking and delivering consistent and accurate safe sleep recommendations. SSNUGLE aims to increase the consistent delivery of safe sleep recommendations with approaches responsive to family and cultural perspectives.

SSNUGLE QI will recruit ≤ 12 pediatric primary care practice leadership teams, including a pediatrician champion and up to 3 additional non-physician team members. Practices selected

to participate will be supported by a faculty with clinical and QI expertise using a modified version of The [Institute of Healthcare Improvement's Breakthrough Series™](#) (BTS) model and the evidence-based [Model for Improvement](#)¹. Originally developed in 1995, the BTS was designed to close the gap between *what we know and what we do*. BTS Collaboratives typically include multi-role teams focusing collaboratively on a single topic for 6 to 12 months, gathering and studying the latest scientific information available on improving specific clinical or operational areas, and learning effective means to put that knowledge into practice.



Learning Collaborative Expectations

Participating pediatric practice teams

- Identify a practice QI Leadership Team of 3 to 4 members. Led by a pediatrician champion, additional team members will depend on the structure of the participating practice but could include other clinicians (ie, nurse practitioner, physician's assistant), nursing staff, office staff, or family services staff (ie, social worker, family educator).
Practice QI Leadership Teams should NOT be comprised of physicians only.
- Participate in a 90-minute welcome/onboarding webinar
- Participate in 2 virtual (online) learning sessions with other pediatric practice teams and SSNUGLE faculty.
 - Complete pre-work activities to prepare for learning sessions.
- Participate in monthly action period webinars (3 1-hour webinars) with other pediatric practice teams and SSNUGLE faculty.
- Select and test changes to improve practice rates of safe infant sleep recommendations emphasizing safe environment, product safety, and family engagement.
- Utilize the AAP's Quality Improvement Data Aggregator (QIDA) data system to enter chart review data monthly to track progress toward aims. Review data with the practice team and faculty.
- Engage in individualized practice coaching with SSNUGLE faculty, as needed.
- Submit monthly progress reports to facilitate faculty coaching and support.
- Participate in Learning Collaborative communications and listserv.

Collaborative faculty and staff

- Support learning and application of the Model for Improvement.
- Provide participant teams with a set of change concepts and implementation resources.
- Provide expertise and coaching for learning sessions and webinars.
- Provide mechanisms to keep each team connected to faculty and other teams.

¹ Langley GJ, Moen RD, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2nd edition. 2009. Jossey-Bass. San Francisco, CA