

April 2026



Safe Sleep Initiative

Driver Diagram and

Process Measure Specifications



Safe Sleep
Driver Diagram

Aims

Global Aim:
Reduce infant deaths in PA related to unsafe sleep practices.

1. Healthcare professionals understand, endorse, and model safe sleep practices.
2. Infant caregivers have knowledge, skills, and feel empowered to implement safe sleep practices.
3. Community champions promote safe sleep.
4. Policies support and facilitate safe sleep practices.

Drivers

Standardize education and training for healthcare professionals on current AAP guidelines

Remove barriers to best practices in healthcare setting

Caregivers receive education and supportive services that are individualized and culturally responsive

Safe sleep messaging is reinforced in community settings

Reduction of economic barriers to support safe sleep

Safe sleep policies are consistent with AAP guidelines and addresses the need for consistent caregiver education and staff training/behavior modeling

Key Interventions

- Education for all staff (clinical and non-clinical) in both inpatient and outpatient obstetric and pediatric settings (i.e. AAP guidelines for safe sleep, implicit bias training, cultural humility)
- Train and support healthcare professionals in using motivational interviewing
- Identify barriers through environmental & practice audit
- Standardize and revise policies, procedures, environment, EHR, etc. to ensure best practice

- Involve caregivers in the development of culturally sensitive, respectful, and non-judgmental educational materials
- Survey caregivers to evaluate effectiveness of caregiver education and materials
- Referral to supportive services (i.e. early intervention, nurse-family partnership, Cribs for kids, smoking cessation, home visiting nurse, postpartum doula, etc.)
- All physicians, nurses, and other clinicians, especially those who care for pregnant or lactating people and infants, should screen for and recommend safe sleep practices at each visit for infants, beginning at prenatal visits and up to age 1 year.

- Display safe sleep materials in multiple languages in obstetric and pediatric outpatient clinical settings
- Standardize safe sleep messaging across the continuum of care that addresses all facets of safe sleep behaviors by partnering with outpatient clinics, community organizations, home visiting nurse programs, and community health workers
- Provide or partner with organizations to provide safe sleep surfaces and/or infant sleep sacks

- Review, edit, and approve inpatient safe sleep policy
- Review, edit, and approve outpatient safe sleep policy for OBGYN, Pediatric, and/or Family Practice clinics which include frequency and timing of education
- Make written policies and procedures available and easily accessible to staff

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Safe Sleep

Process Measures and Specifications

Metric	Numerator (among the denominator)	Denominator	Data Source	Guidance and FAQs
<p>Proportion of inpatient staff educated on safe sleep in the previous year</p>	<p>At the end of this reporting period, what cumulative proportion of inpatient staff (clinical and non-clinical staff who come into direct contact with pregnant or postpartum patients and infants) educated on safe sleep in the previous year?</p> <p>Rounding to the nearest 10%ile (0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%)</p>			<p>Report on a quarterly basis</p> <p>In LifeQI, please enter the quarterly data in the last month of the quarter.</p>
<p>Proportion of outpatient staff educated on safe sleep in the previous year</p>	<p>At the end of this reporting period, what cumulative proportion of outpatient staff (clinical and non-clinical staff who come into direct contact with pregnant or postpartum patients and infants) have received the same safe sleep education as inpatient staff in the previous year?</p> <p>Rounding to the nearest 10%ile (0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%)</p>			<p>Report on a quarterly basis</p> <p>The education provided to outpatient staff should be consistent with education provided to inpatient staff to maintain a consistent message across the continuum of care.</p> <p>In LifeQI, please enter the quarterly data in the last month of the quarter.</p>

<p>Proportion of clinical staff educated on motivational interviewing in the previous year</p>	<p>At the end of this reporting period, what cumulative proportion of clinical staff that care for patients is trained in motivational interviewing? Rounding to the nearest 10%ile (0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%)</p>			<p>Report on a quarterly basis</p> <p>In LifeQI, please enter the quarterly data in the last month of the quarter.</p>
<p>Percentage of patients with a delivery in the month that received safe sleep education prenatally</p>	<p>Number of patients who received safe sleep education during at least one prenatal visit</p>	<p>Number of postpartum individuals who received prenatal care at a system clinic and delivered at Healthcare Teams birthing site</p>	<p>EHR</p>	<p>Report on a quarterly basis</p> <p>Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other). When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.</p> <p>In LifeQI, please enter the quarterly data in the last month of the quarter.</p>