

# Shaken Baby Syndrome Education: A Hospital Initiative

Dina Bailey BSN, RN

Cassandra Trummel MSN, RN, TCRN

# Objectives

- At the conclusion of this presentation, the learner will:
  - Discuss health disparities commonly seen at their facility
  - Identify both internal and external collaborative opportunities
  - Recognize the importance of facility data and research to guide evidence based-practice
  - Describe techniques for program implementation and evaluation in their facility

# Clark County and Children's Hospital of Nevada

- Approximately 500,000 Children in Clark County, ages 0-17 (healthysouthernnevada.org)
- Children's Hospital of Nevada
  - Only ACS Verified Level 2 Pediatric Trauma Center
  - Only Verified Pediatric Burn Care Center
  - Pediatric Transplant Center
  - Roughly 400 pediatric trauma patients admitted each year
  - **NAT is the leading cause of death in pediatric patients at UMC**

# Concerning NAT Statistics at UMC

## 2016 (January 1-December 31)

- 18 NAT cases
- 3 deaths
- 5 born at UMC
- 27 days to 5 years
- 5 were positive for bilateral retinal hemorrhages (consistent with shaken baby syndrome)

## 2017 (January 1-July 31)

- 14 NAT cases
- 4 deaths
- 3 born at UMC
- 16 days to 3 years
- 3 were positive for bilateral retinal hemorrhages (consistent with shaken baby syndrome)

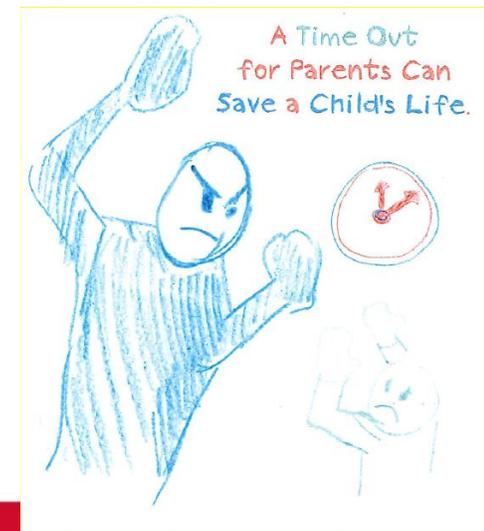
# NAT Meeting at UMC

- Invitations to internal and external stakeholders
  - Pediatrics, PICU, Peds ER nursing managers
  - NICU, Perinatal Unit nursing managers
  - Healthy Living Institute nurse manager
  - Trauma Program Manager
  - Maternal Child Services ACNO
  - Social Services and Case Management
  - Medical Director of Pediatric Emergency Medicine
  - UMC Marketing Team
  - Prevent Child Abuse Nevada

# First NAT Meeting at UMC

- Discussion

- Should this become a Taskforce that meets quarterly?
- Mission and Goals
- What discharge education is currently being provided regarding child abuse prevention?
- UMC's child abuse prevention pamphlet-recommendations for change
- Pediatric NAT education for hospital staff?
- Marketing and PCANV-posters, PSA's, press conferences?



# NAT Taskforce at UMC

- Mission/Goals

- Mission: Decrease the incidence of child abuse seen at UMC through education and collaboration with internal and external resources.
- Goals
  - Collaborate with UMC pediatric healthcare providers (physicians and nurses) to provide education regarding child abuse prevention prior to discharge from the hospital
  - Implement a hospital wide discharge protocol to new parents, to include written and visual media methods, regarding the crying that occurs in the baby's first few months of life and coping mechanisms to handle this.
  - Partner with Prevent Child Abuse Nevada for research and continuity of education throughout Southern Nevada

# Discharge Initiative-Research

## Literature review conducted by Prevent Child Abuse Nevada (Period of PURPLE Crying versus The Diaz Model):

“Evaluation of Period of PURPLE Crying, an Abusive Head Trauma Prevention Program”

Laura Schwab Reese, Erin O. Heiden, Kimberly Q. Kim, Jingzhen Yang (<http://onlinelibrary.wiley.com/doi/10.1111/1552-6909.12495/full>)

This study used a non-experimental, posttest-only design to study the Period of PURPLE Crying Program in 12 Midwest Hospitals. The study looked at an education session provided by a trained nurse, 11-page booklet, and a 10-minute DVD to watch. During the education session, nurses educated mothers about the dangers of SBS, how to soothe an infant when it cries, and the different characteristics of crying. After the education session, parents had the option to watch the DVD in the hospital or watch it at home. The results indicated that the Period of Purple Crying program was practical. Nurses felt comfortable educating parents about preventing AHT, and all birthing mothers (both first-time and multiparous mothers) found the program to be very beneficial. However, only 41% of mothers shared the program with the infant’s care provider; one of the reasons for not sharing information to care providers was because there was a low perceived risk for their child to be affected by these people (either being another parent, “family,” or “qualified day care provider”).

- NOTES: Iowa, 2011. Iowa was recognized as the fifth state in the nation to use the Period of PURPLE program. They used a “statewide model to implement a Period of PURPLE Crying program in hospitals, reinforced key messages in the community, created cultural change with public education campaigns, and sustained a statewide prevention program.” ([http://wcfcourier.com/news/local/govt-and-politics/iowa-s-efforts-to-prevent-shaken-baby-syndrome-recognized/article\\_8d4ccfd0-0106-11e1-bb9a-001cc4c002e0.html](http://wcfcourier.com/news/local/govt-and-politics/iowa-s-efforts-to-prevent-shaken-baby-syndrome-recognized/article_8d4ccfd0-0106-11e1-bb9a-001cc4c002e0.html))

# Discharge Initiative-Research

Effectiveness of Educational Materials Designed to Change Knowledge and Behaviors Regarding Crying and Shaken-Baby Syndrome in Mothers of Newborns: A Randomized, Controlled Trial

Ronald G. Barr, Frederick P. Rivara, Marilyn Barr, Peter Cummings, James Taylor, Liliana J. Lengua, Emily Meredith-Benitz  
(<http://pediatrics.aappublications.org/content/123/3/972>)

This study was a randomized, controlled trial that looked at if The Period of PURPLE Crying materials had a change on maternal knowledge and behavior in regards to SBS. The participants were recruited from in 10 prenatal classes, 3 hospital maternity wards, and 11 pediatric office in Washington between December 9, 2004 and October 9, 2006. Of the recruited, eligible, and consented mothers, 1374 were assigned to the PURPLE intervention (11-page booklet and 12-minute DVD), and 1365 were controls with injury-prevention materials (2 brochures and a DVD on infant safety). During the study, participants were sent their respective materials (PURPLE or control), a diary with written instructions, a sample diary page, and a practice page to the mother's home; materials were not viewed at the time if they were provided at hospitals or pediatric offices. During the infant's fifth week, mothers were telephoned to remind them to complete the diary. Two months after the birth of the child, the mother had to complete a telephone interview. The study found that infant crying knowledge and infant shaking scores were greater in the intervention group as compared to the control group, meaning that SBS prevention materials helped to produce some difference in knowledge to reduce SBS. The study also found that behaviors of information sharing to warn others about dangers of shaking and mothers reporting sharing advice to walk away if frustrated by crying were higher among the intervention group as compared to the control group. This meant that behaviors were increased with exposure to PURPLE materials; however, recorded minutes of distress were higher in this group, therefore mothers may have reported more distress or contact time with distress and should require more attention in future research.

# Discharge Initiative-Research

## Preventing Shaken Baby Syndrome: A Multidisciplinary Response to Six Tragedies

Lola Meskauskas RN, BSN, MSN, MEd; Karen Beaton RNC, BSN, MS; Marybeth Meservey RNC, MS WHNP-BC

([http://qm3ut3ze6e.search.serialssolutions.com/?ctx\\_ver=Z39.88-2004&ctx\\_enc=info%3Aofi%2Fenc%3AUTF-8&rft\\_id=info%3Aasid%2Fsummon.serialssolutions.com&rft\\_val\\_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&rft.genre=article&rft.atitle=Preventing+shaken+baby+syndrome%3A+A+multidisciplinary+response+to+six+tragedies&rft.jtitle=Nursing+for+Women%27s+Health&rft.au=Meskauskas%2C+Lola&rft.au=Beaton%2C+Karen&rft.au=Meservey%2C+Marybeth&rft.date=2009&rft.issn=1751-4851&rft.eissn=1751-486X&rft.volume=13&rft.issue=4&rft.spage=325&rft.epage=330&rft\\_id=info:doi/10.1111%2Fj.1751-486X.2009.01442.x&rft.externalDBID=n%2Fa&rft.externalDocID=355076943&paramdict=en-US](http://qm3ut3ze6e.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rft_id=info%3Aasid%2Fsummon.serialssolutions.com&rft_val_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&rft.genre=article&rft.atitle=Preventing+shaken+baby+syndrome%3A+A+multidisciplinary+response+to+six+tragedies&rft.jtitle=Nursing+for+Women%27s+Health&rft.au=Meskauskas%2C+Lola&rft.au=Beaton%2C+Karen&rft.au=Meservey%2C+Marybeth&rft.date=2009&rft.issn=1751-4851&rft.eissn=1751-486X&rft.volume=13&rft.issue=4&rft.spage=325&rft.epage=330&rft_id=info:doi/10.1111%2Fj.1751-486X.2009.01442.x&rft.externalDBID=n%2Fa&rft.externalDocID=355076943&paramdict=en-US))

A SBS prevention program was created by pediatrician Mark Dias in Buffalo, NY; the training was provided to parents of newborns in the immediate postpartum period, because this was considered as the most optimal time to offer education to new parents, since they are educated by nurses. SBS professionals from a variety of disciplines came together to create a group that developed the eight-point plan to reduce the incidence of SBS. The hospital-based SBS prevention program utilized a nurse-training curriculum that trained nurses on pathophysiology of SBS, developmental aspects of infant crying, resources for parents, education strategies for nurses. They also utilized a training DVD to conduct the training on its own time to nurses. They found that a very important component of training nurses is to train them on how to approach the uncomfortable subject of SBS. Nurses were told to first let the patients know that “the hospital is part of the Central Massachusetts Campaign to Prevent SBS,” and then go on to explain that they would be presenting information about SBS, prevention of SBS, and asking parents to share the information to infant care takers. The program uses 4 components: (1) one-on-one instruction provided by trained nurses to discuss newborn crying and soothing techniques; (2) video entitled “A Portrait of Promise,” which features three families affected by SBS; (3) a brochure on SBS prevention, reviewed with the nurse, which gives reasons a baby cries, soothing tips, and self-coping suggestions and Parental Stress Line number; and (4) sign an “Acknowledgement of Receipt of Shaken Baby Syndrome Information” form so parents acknowledge that they received the brochure, viewed the video, and received techniques from the nurse on what to do what a baby cries. “One of the key strengths of the education program is that it utilizes multiple approaches to meet the varied learning styles of the child-bearing population- written materials, audio-visual media, and nurse-to-parent teaching.” The effectiveness of the program was evaluated through follow-up phone calls; majority of patients recalled the nurses’ discussion of shaking the baby, reading the brochure, and sharing information with care givers. The SBS Prevention Campaign also implemented a “Training-of-Trainers” program to provide staff with a one-day seminar by Jaycee Showers, who is a recognized expert on SBS and its prevention.

- Penn State Health Children’s Hospital uses “The Shaken Baby Syndrome Prevention and Awareness Program” by Mark Dias (described in #3). In October 2007, the CDC granted the program a \$2.8 million dollar grant to expand the education to pediatric and family practices. **They did this through “booster” education at the 2 month, 4 month, and 6 month immunization visits;** it does not duplicate the education at birth, but rather complements it by focusing more on infant crying and coping techniques for parents. [Note: Could not find information on effectiveness of “booster” education.] (<http://childrens.pennstatehealth.org/shaken-baby>)

# Discharge Initiative-Research

“Shaken Baby Syndrome: A hospital-based education and prevention program in the intermediate care and the newborn intensive care nurseries”

Kathy Lopez-Bushnell APRN, EdD, MPH, MSN (Director of Nursing Research), Desiree Torrez BS (Mathematician & Research Assistant, Jayme V .Robertson RN, MSN, RNC-NICC (Research Assistant), Christopher Torrez MD (Pediatric Resident Physician, PGY3), Leslie Strickler DO (Medical Director, Child Abuse Pediatrician)

(<http://www.sciencedirect.com/science/article/pii/S1355184116301132?via%3Dihub>)

This study utilized the Dias’ hospital-based parental educational program on SBS to provide educational materials, educate parents on SBS and assess their comprehension, track the impact of the program, and to evaluate the program’s effectiveness. The program used nurses that provided patients with a 1-page brochure about preventing SBS, an 11-minute video, and an interactive simulation doll that shows what types of brain injuries can occur when an infant is shaken. Seven months after the program, participants were followed up through telephone surveys. The study found that the SBS program in New Mexico can help to improve parents’ knowledge about SBS through a short intervention. Of the initial 802 parent participants, 20% participated in the telephone follow-up survey; a majority of these parents had remembered the nurse that educated them, the video they watched, the interactive doll, and the information that was received. Overall, participants of the follow-up survey felt that the program was helpful and recommended that the information should be given to all parents, and about 65% of parents shared the information with other care givers. The study is believed to have targeted the most at-risk population, which are “socioeconomically disadvantaged families with children less than one year of age;” these participants lived in rural areas of New Mexico, and nearly 73% of participants received Medicaid or another form of government support.

# Discharge Initiative-Research

Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital-Based, Parent Education Program”

Mark S. Dias, Kim Smith, Kathy deGuehery, Paula Mazur, Veetai Li, Michele L. Shaffer  
<http://pediatrics.aappublications.org/content/115/4/e470>

This study was a hospital-based, primary prevention program that took place in 13 hospitals around western New York. The goals of the program were to: (1) provide universal and consistent education to all parents of newborn infants in the region, (2) assess the parents’ knowledge of dangers from shaking a child, (3) track information dissemination through signed commitment statements (CSs), and (4) assess the impact of the program on AHT incidence. The program utilized nurses to educate parents about violently shaking newborn infants through a 1-page informational brochure (*Prevent Shaken Baby Syndrome*; American Academy of Pediatrics), an 11-minute video about SBS (*Portrait of Promise: Preventing Shaken Baby Syndrome*; Midwest Children’s Resource Center, St Paul, MN), and other information about how to handle crying infants, such as through education posters that were displayed on the wards. Principal investigator trained nurse managers in a 1-hour session, who then trained nurses on how to administer the program to their patients. Parents were also asked to sign a commitment statement (CS) confirming that they understand the materials. A random selection of participants were followed up 7 months after the study through a telephone survey to see what they recalled about the program information. The study found that majority of the parents remembered receiving information, but many had not watched the video. Many parent participants had either remembered the written material (98%), the CS (92%), the conversations with the nurse (89%), or the posters (60%); only 23% remembered seeing the video (suggesting it might not have been shown). Many parents also reported that they were previously aware of the dangers of violently shaking an infant; therefore, upon new child birth, parents may only need to be reminded. They also found that over the first 5.5 years of the program, after prospectively tracking the regional incidence of AHT in infants, the incidence of AHT decreased by 47%. Overall, this type of education program to target parents with newborn infants and a life-changing event can help to reduce the incidence of SBS and AHT.

- Notes: The program detailed in #4 is now called “Safe Babies New York” as of 2016, and now includes information about safe sleeping environments, the dangers of co-sleeping, and Sudden Unexplained Deaths in Infancy (SUDI) (<http://www.cebc4cw.org/program/the-upstate-new-york-shaken-baby-syndrome-education-program/detailed>)

# Discharge Initiative-Research

## Preventing Shaken Baby Syndrome: Evaluation of a Multiple-Setting Program

Heidi E. Stolz, Denise J. Brandon, Heather S. Wallace, Emily A. Tucker  
(<http://journals.sagepub.com/doi/full/10.1177/0192513X16647985>)

The Shaken Baby Prevention Project (SBPP) is similar to the Dias Model and Love Me... Never Shake Me programs in that they were delivered in hospital settings. The program was administered from 2009 to 2012 in central Tennessee, and was a multiple-setting program meaning that educational materials were also run by trained home visitors, along with the hospital professionals. The program included a training to the home visitors and hospital professionals, and the intervention itself included an educational brochure, a video, a conversation with a professional, a helpline number, and a commitment statement. The study found that 95% of mothers in the hospital setting and 99% of mothers in the home-visit setting found the SBPP information to be useful/helpful. Similarly, the majority of participants would recommend that all parents receive the SBPP information. The study also found that SBPP training was helpful to increase SBS knowledge of hospital staff and home visitors. Both online training (for home visitors) and in-person training (for hospital staff) were effective in increasing knowledge; therefore, online training might be the most cost effective way to train professionals on this topic. DVD's were less likely to be viewed in the home-visit setting, because professionals were not equipped with DVD players; therefore, in the hospital setting, professionals need to actively encourage video viewing. It is also noted that fathers were more likely to participate in the hospital setting as compared to the home-visit setting.

- \*See pages 43-48 to see State Initiatives on SBS (just program descriptions; no information about effectiveness):  
<https://www.cdc.gov/violenceprevention/pdf/preventingpbs.pdf>

# Discharge Initiative-Research

Secondary analysis of the “Love Me...Never Shake Me” SBS education program

Grace Deyo, Theresa Skybo, AlisaCarroll ([http://qm3ut3ze6e.search.serialssolutions.com/?ctx\\_ver=Z39.88-2004&ctx\\_enc=info%3Aofi%2Fenc%3AUTF-8&rft\\_id=info%3Asid%2Fsummon.serialssolutions.com&rft\\_val\\_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&rft.genre=article&rft.atitle=Secondary+analysis+of+the+%22Love+Me...Never+Shake+Me%22+SBS+education+program&rft.jtitle=Child+Abuse+and+Neglect&rft.au=Deyo%2C+Grace&rft.au=Skybo%2C+Theresa&rft.au=Carroll%2C+Alisa&rft.date=2008-11-01&rft.issn=0145-2134&rft.eissn=1873-7757&rft.volume=32&rft.issue=11&rft.spage=1017&rft.epage=1025&rft\\_id=info:doi/10.1016%2Fj.chiabu.2008.02.006&rft.externalDocID=50343251&paramdict=en-US](http://qm3ut3ze6e.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info%3Aofi%2Fenc%3AUTF-8&rft_id=info%3Asid%2Fsummon.serialssolutions.com&rft_val_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&rft.genre=article&rft.atitle=Secondary+analysis+of+the+%22Love+Me...Never+Shake+Me%22+SBS+education+program&rft.jtitle=Child+Abuse+and+Neglect&rft.au=Deyo%2C+Grace&rft.au=Skybo%2C+Theresa&rft.au=Carroll%2C+Alisa&rft.date=2008-11-01&rft.issn=0145-2134&rft.eissn=1873-7757&rft.volume=32&rft.issue=11&rft.spage=1017&rft.epage=1025&rft_id=info:doi/10.1016%2Fj.chiabu.2008.02.006&rft.externalDocID=50343251&paramdict=en-US))

This study was a secondary data analysis of the SBS education program called “Love Me... Never Shake Me” from Prevent Child Abuse Ohio. The researchers used a pre and post-test, commitment statement, and a follow up survey 3-4 months after the program to gather data. They looked at the knowledge received in regards to SBS from the program in the pre- and post-tests. The study included 7,051 participants who were mothers and fathers of newborns, prison-inmates, and high school students, and was completed in one of five hospitals in central Ohio. Nurses were trained to deliver the SBS prevention education to parents. Mothers were asked by nurses to voluntarily participate in the program and initially provided a verbal consent. Participants performed the pre-test, watched a short video, reviewed educational materials with the nurse, performed the post-test, and signed the commitment statement (CS). Participants left with copy of their signed CS and a gift bag with educational brochures about SBS and crying, an infant bib, and a magnet saying “Love Me... Never Shake Me.” A follow-up phone call was made 3-4 months after program participation. More than 98% of participants responded to five questions on the pre- and post-tests correctly, and there was a significant increase in the knowledge on one question from pre- to post-test. While the program was helpful for parents and many participants recalled learning about SBS, it was suggested that postpartum SBS programs should continue to be provided but also focus on other content, such as information about infant crying and soothing, the importance of parental support and parent mental health, and more information about self-coping techniques and services. It also suggests that males should be educated about SBS. A third suggestion advises to continue using this primary approach universally to all parents, not just targeting high-risk patients, because there is not difference in participant scores.

# Discharge Initiative-Research

“Don't shake the baby”: The effectiveness of a prevention program☆

Jacy Showers (<http://www.sciencedirect.com/science/article/pii/S014521349290004B>)

“Don't Shake the Baby” project was created to increase the knowledge of dangers of shaking an infant among parents of newborns, to educate parents about infant crying behavior, to provide information about how to cope with the behavior, and to decrease the actions of shaking babies. The study took place in Franklin County, Ohio from August 1989 through July 1990. Packets were given to new mothers when birth certificate information was collected, and hospitals encouraged the mother to read the materials. Packets contained an envelope congratulations the parent(s) on their newborns and encouraging them to read the material, a “Crying: What Should I Do” Card, and a postcard to respond to materials (which was color coded by race). The hospital with the lowest response rate had given mothers other materials along with the program packet upon release. More than 75% of participants had found the information helpful, and more than half of participants had learned more about the dangers of shaking a baby; however, the study was not effective in proving if the materials helped to improve knowledge of SBS. Approximately 91% of participants believed that other parents should read the material as well. The study suggests that a larger effort must be made to distribute information to male parents/care providers, since material was directly delivered to and completed by mothers.

# Discharge Initiative-Research

## Dissertations describing different programs & effectiveness:

- Is a school-based educational program effective in changing knowledge regarding the prevention of shaken baby syndrome? (Margaret K Stelzel, Ph.D.) <https://search.proquest.com/docview/304924083?pq-origsite=summon&accountid=3611>
- Preventing Shaken Baby Syndrome: A Comparison of Two Parent Education Programs (Jill Marie Bradshaw, Ph.D.) (Uses Dias model and PPC) <https://search.proquest.com/docview/619244981/fulltextPDF/D97FA176AEC541A0PQ/1?accountid=3611>

# Hospital Steps

- Presented the NAT Taskforce with recommendations and literature review to hospital Quality Council and Research and Education Council for approval to proceed with NAT Discharge Initiative
- Updated pamphlets based on suggestions from the Taskforce
  - Provided in-service education
- Continued collaboration with stakeholders
  - UNLV Medicine Pediatric Clinic
  - FirstMed Health and Wellness Center
  - UMC Foundation
- Video production begins
  - Script written in collaboration with PCANV

# NAT Statistics 2016 and 2017

## 2016

- 18 NAT cases
- 3 deaths
- 5 born at UMC
- 27 days to 5 years
- 5 were positive for bilateral retinal hemorrhages

## 2017

- 29 NAT Cases
- 7 deaths
- 3 born at UMC
- 16 days to 3 years
- 12 were positive for bilateral retinal hemorrhages

# Shaken Baby Syndrome Discharge Education

- Formal guideline approved
  - Guideline able to be accessed under Hospital Policies and Procedures tab
  - Mandatory education for all patients/families under the age of 3 prior to discharge
  - Hard stop in the electronic health record prior to printing discharge instructions
- Required education for nursing staff on affected units was put out through online learning management system
- In-service education was provided to all affected units
- Burn Care Center was added as a designated unit requiring education

# Shaken Baby Syndrome Discharge Education Video

- Entitled “The Dangers of Shaken Baby Syndrome,” this 8 minute 30 second video is available on DVD and the hospital intranet in both English and Spanish
- We ask that the nurse stay in the room while the video is being watched in order to answer questions and promote discussion
- Links to the videos:  
<https://www.umcsn.com/videos/shakenbaby/english/default.html>  
<https://www.umcsn.com/videos/shakenbaby/spanish/default.html>

# Shaken Baby Syndrome Discharge Education Pamphlet

- Entitled “A Time Out for Adults Can Save a Child’s Life,” this pamphlet provides education and resources for parents/caregivers to take home
- Parents get the pamphlet after the video
- Link to pamphlet:  
<http://www.chnv.org/Documents/ChildAbusePreventionBooklet.pdf>

# Shaken Baby Syndrome Discharge Education Social Contract

- Document to be read and signed by the parents/caregivers after completion of the video
- 2 copies, one to be kept with the medical record and one to go home with the parents/caregivers
- Statements from the educational video reinforced in writing:
  - I know crying is normal
  - I know shaking can seriously injure or kill my baby
  - I know crying can be frustrating
  - I promise if I become stressed out, I will place my baby in a safe place and call a friend (asks for friends name and phone number)
  - I promise I will choose my baby's caregivers wisely
  - Hotline number

# Shaken Baby Syndrome Discharge Education Outreach

- We have provided outreach education and materials regarding this program to the following organizations:
  - Baby's Bounty
  - Southern Nevada Health District Nurse Family Partnership
  - Boys Town Nevada
  - Adelson Clinic for Drug Abuse
  - MedicWest Ambulance Company
  - PACT Coalition
  - Children's Mental Health Summit

# Shaken Baby Syndrome Discharge Education Program Evaluation

- Reports are run monthly to document program compliance
  - Program information and updates are shared with the unit managers, directors and ACNO
  - Data collection now includes abuse, neglect and intentional burns, which is reported as stated above
- In partnership with PCANV and the UNLV School of Medicine, a study is being conducted on this program
  - Families being discharged from the Perinatal unit will receive a survey directly after watching the video
  - They can opt in to receive a follow up phone survey 3 months after discharge
  - This survey looks at what information families can recall from the video, as well as their perceptions and planned behaviors after discharge.

# NAT Statistics

## 2018

- 31 abuse/neglect/burn cases
- 9 deaths
- 1 born at UMC (prior to the inception of the program)
- 18 days to 12 years
- 13 were positive for bilateral retinal hemorrhages

## 2019 (5/31)

- 13 abuse/neglect/burn cases
- 3 deaths
- Per EHR, none were born at UMC
- 18 months to 8 years
- 0 were positive for bilateral retinal hemorrhages (awaiting coroner reports)

# Summary

- Year to date, we have educated 3408 families through our Shaken Baby Syndrome Discharge Education Program.
- Year to date, no babies that have been born at UMC, or seen at UMC, since April 2018 (when the program started) have returned as abuse cases.
- The feedback from staff has been positive
- Overall, families have been receptive to receiving the education
- Research study in progress

# Questions



Nevada's **ONLY** Level I Trauma Center