Hospital Quality Improvement Toolkit

Overview

The NEST (Newborn Evidence-based Sleep Teaching) toolkit provides standardized tools and implementation supports to help hospital teams strengthen safe sleep modeling, education, and screening before discharge. Together, these practices support consistent, family-centered care and strengthen hospital-based efforts to reduce sleep-related infant deaths during the transition from hospital to home.

Readiness

Prepare teams, policies, and systems to reliably model and teach safe sleep.

Goals	Interventions	Resources
Establish NEST initiative leadership and hospital champions	Identify a team champion and form a multidisciplinary group to lead NEST implementation (pediatrics, postpartum or nursery RNs, NICU if applicable, lactation, parent or lived experience expert, etc.).	Short role descriptions Brief NEST overview for leaders NEST Logic Model
Prepare staff to model and teach safe sleep from admission to discharge	Educate staff on AAP Safe Sleep guidelines and the importance of consistent modeling. Incorporate scripts for compassionate, nonjudgmental coaching and teach-back conversations with families.	*E-trainings:* Cribs for Kids Safe Sleep Ambassador Training (Free, self-paced online course that provides foundational education on AAP-aligned safe sleep practices and equips staff to share consistent messaging with families) Michigan DHHS Infant Safe Sleep Online Courses (Free, self-paced trainings on sleep-related infant deaths, prevention, and nonjudgmental safe sleep conversations with families. CE available: 1.0-2.0 contact hours) Texas HHS Infant Safe Sleep Training (Free, self-paced module on risk and protective factors for sleep-related infant deaths and partnering with families to support safe sleep. CE available: 1.5 contact hours.) Building on Campaigns with Conversations: An Individualized Approach to Helping Families Embrace Safe Sleep & Breastfeeding (Free learning module series for professionals and community-based providers supporting families around safe sleep and breastfeeding.) AHRQ Use the Teach-Back Method for Patient Education NICHQ Implicit Bias Resource Guide
Embed safe sleep in policy and EHR	Integrate AAP-aligned language on safe sleep into newborn care policies, parent education materials, and discharge checklists. Add EHR prompts or required fields to document caregiver safe sleep education, home sleep environment screening, and referrals placed (when indicated).	Sample hospital safe sleep policy (Cribs for Kids) Badge buddies/computer monitor stickers/bathroom signs
Ready tools for day-to-day use	Implement standardized EHR templates and sample policies to support consistent hospital practice. Ensure caregiver education materials and visual aids are available in multiple languages to promote clear, tailored communication.	EHR documentation template Resource Hub

Recognition & Prevention

Identify caregiver needs and promote consistent modeling of safe sleep practices during the newborn's stay.

Goals	Interventions	Resources
Consistently model AAP-aligned environments	Use crib audits (see *Reporting*) to support consistent modeling. Use nonjudgmental bedside coaching when unsafe practices are observed to support learning and behavior change. Recognize and celebrate "modeling wins" during rounds or huddles to reinforce positive examples and normalize adherence.	[Sample scripting for bedside coaching](#) *Developed in partnership with the Colorado Black Health Collaborative, Dr. Janelle Palacios' Encoded 4 Story, and the multidisciplinary NEST Steering Committee, with appreciation for our community partners.* [Let's Talk - Safe Infant Sleep Toolkit](#) [NICHQ Tactics and Examples to Support Safe Sleep Conversations](#) [Crib card](#)
Provide consistent, multimodal caregiver education	Make safe sleep education accessible to all caregivers through multimodal approaches, including instructional videos, printed handouts, and teach-back sessions to reinforce understanding. Clearly explain the evidence-based reasoning behind safe sleep recommendations and create space for caregivers to ask questions, discuss barriers, and engage in shared decision-making.	[Back Sleep/Choking Risk poster](#) [Resource Hub](#)
Build staff capacity to identify factors affecting safe sleep	Add brief, safe sleep-relevant home environment screen (e.g., smoking, lack of safe sleep space, etc.). Prepare staff to recognize when caregivers' stated plans or home circumstances may make AAP-aligned practices difficult.	[Home sleep environment screen and script](#) [Let's Talk [Texas DSHS] - Safe Sleep Plan for Parents & Caregivers [PDF]](#) (This printable tool supports conversations with parents and caregivers about AAP safe sleep recommendations.) [Cribs for Kids Safe Sleep Education Assessment Tool](#)

Response

Create referral pathways, address support needs, and close the loop at discharge.

Goals	Interventions	Resources
Implement workflows and clear referral pathways when family needs are identified	When caregivers describe intentions or home circumstances that may make AAP-aligned practices difficult, staff offer brief, safety-focused, risk-reducing guidance and identify any needs that warrant referral. Create and maintain a clear map of available safe sleep resources and social services, including cribs, home visiting programs, and WIC, and outline steps for connecting families as partnerships and funding allow. Post the map on units to ensure staff	[Resource mapping template](#)

	can quickly guide families.	
Close the loop at discharge and with outpatient care	Confirm education with teach-back and any needed referrals from home sleep environment screen are documented prior to discharge. Provide families with written safe sleep information in clear, language-appropriate terms as part of discharge paperwork. Include any referrals and a brief safe sleep plan in the discharge summary for the PCP. For families with multiple risk factors for unsafe sleep, include plan (e.g., warm hand-off to PCP) to prompt follow-up and continued support.	[When a Warm Hand-Off Is Indicated](#) [NEST Warm Hand-Off Template (Phone Call & EHR Message)](#) [Safe sleep discharge summary tool](#) [Discharge handout](#)
Coordinate with the Emergency Department (ED)	Provide ED quick guidance for post-discharge infants on safe sleep counseling. Consider tools such as badges or 1-page handouts with discharge paperwork.	[ED algorithm for the infant](#)

Reporting & Systems Learning

Use data to monitor progress, track consistency, and share learning.

Goals	Interventions	Resources
Monitor modeling in-hospital	Conduct visual crib audits monthly in the chosen newborn setting (well-baby or NICU) to assess modeling of safe sleep practices and AAP compliance. Use findings to provide feedback in huddles and coaching to staff.	[NEST Data Collection Plan [PDF]](#) [Safe Sleep Practices Audit [PDF]](#) (NEST-required data collection) [NICU SSP Algorithm](#) (from Hwang SS et al., "Implementation of safe sleep practices in the neonatal intensive care unit")
Verify documentation and education	Review a sample of charts monthly to confirm documented education with teach-back, home sleep environment screening, and referrals when needed. Track trends in completion rates and identify areas needing process improvement.	[Chart Review Tool [PDF]](#) (NEST-required data collection)

Respectful & Equitable Care

Provide family-centered, culturally responsive, and equitable care.

Goals	Interventions	Resources
Family and community partnership	Co-design or adapt materials with families and community partners specific to your hospital's setting. Adopt or develop resources tailored specifically to caregivers' support systems.	[NICHQ Principles for Community-Centered Safe Sleep Campaigns](#) [Patient & Community Partner Engagement Templates](#) [CMS Patient Safety Structural Measure](#)
Culturally responsive education	Ensure caregiver materials and communications reflect diverse	Articles supporting concordant care: [Improving health communication with](#)
	family structures, beliefs, and	[photographic images that increase](#)

	caregiving practices. Provide education in caregivers' preferred languages using accessible, family-centered language and visuals.	identification in three minority populations Considerations in Safe to Sleep® Messaging: Learning from African American Mothers
		A Systematic Review of the Impact of Patient-Physician Non-English Language Concordance on Quality of Care and Outcomes
Use language that builds trust and confidence	Provide plain-language, nonjudgmental scripts and visuals. Validate caregiver goals and questions.	AHRQ Guide to Implementing the Health Literacy Universal Precautions Toolkit [specifically "Spoken Communication" and "Written Communication" sections]
Equity/systems learning	Review data by race/ethnicity, language, and payor to identify disparities in modeling, documentation, or resource access.	Statewide reports highlighting infant sleep-related death data and disparities in Colorado: Child Fatality Prevention System: 2025 Annual Legislative Report Child Fatality Prevention System: Sudden Unexpected Infant Death data, 2016 - 2020

For additional support, contact qi@cpcqc.org or visit cpcqc.org

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