ESSI – Frequently Asked Questions and Getting Started

- *What is the ESSI Bundle?*
  - *The ESSI Bundle consists of three components.*
    - **Awareness:** Parents or caregivers report an understanding of a safe sleep environment.
    - **Readiness:** Social Determinants of Health screening and linkage to appropriate resources complete.
    - **Transfer of Care:** Communication to primary care provider completed.
- *Why does the ESSI Bundle need to be documented in the newborn discharge summary?*
  - This is to ensure that the ESSI bundle components (safe sleep education and plan, and SDOH screening/linkage) are in a central document that can easily be given to the infant's pediatrician / other health care providers after discharge.
- *How do I get started on my first ESSI Team Meeting? Any ideas for agenda items?*
  - Yes, here are a few ideas of agenda items that have been shared by other team leads:
    - Go through 10 Steps to Getting Started with ESSI
      - Review each step in depth, develop a timeline, etc.
    - Review current data collection, create a report for baseline, and submit requests for changes to your hospital's EMR system based on data gaps.
    - Discuss a routine for meetings and look at what resources your hospital currently offers for safe sleep
    - Go over structure measures, the items asked by teams to implement, and ideas from the team on how to accomplish them.
- *What does "Documentation of a conversation with parents or caregivers about adjustment to life with a newborn AND safe sleep outside of the hospital" consist of?*
  - A big strategy for this initiative is changing the way healthcare providers educate parents on safe sleep. There are many factors involved when parents decide how to put their baby to bed. Although it's important that health care professionals provide education, creating a conversation around safe sleep plans (i.e. potential barriers, work schedule) is a *key component* of providing the support families need to implement and **sustain** safe sleep practices. *Some examples include:*
    - Asking open-ended questions on sleeping arrangements
      - What will your baby's sleep environment look like?
      - How might your baby sleep in unexpected situations (e.g. traveling, when visiting friends and family)?
    - Discussion of family traditions and practices that may impact sleeping practices
  - Having a conversation with the family and creating a Safe Sleep Plan is highly recommended. Templates for Safe Sleep Plans can be found on the ILPQC Website under **Parent and Caregiver Empowerment.**
- *Documentation in the infant chart of social determinants of health screening complete*
  - We want to ensure that the SDOH screening is available in the infant's chart, not just the birthing person's chart. This documentation is important so that the provider is aware

of any needs identified and can continue that conversation/support once the baby is in their care.

- *What can outpatient pediatricians do for the ESSI initiative?*
    - In addition to SDOH screening, it can be beneficial to make sure safe sleep messaging is consistent between the hospital and outpatient settings. Sharing current educational materials that your team is using, as well as involving providers in respectful care and safe sleep education plans, could be useful if that is possible.
- *If teams have completed an e-module for a previous initiative, would that count towards the educational component of ESSI?*
    - If teams have completed an e-modules or education plan within the last 2 years, that can count towards the educational component of ESSI. However, we would encourage teams to share their education strategies with ILPQC so that we can ensure they align with the ESSI Aims.
    - In general, if picking an e-module that is not highlighted by ILPQC,
        - Must be perinatal focused
        - Must include a reflection/discussion exercise
        - Supplemental to your hospital's DEI training
        - Separate from your hospital's annual required training
- *How often should my team complete educational training around safe sleep?*
    - All health care providers and staff caring for infants less than one year old should **receive initial and ongoing training on both secondary drivers of Healthcare Professional Commitment**. It is required for everyone to complete an implicit bias e-module once, but we have included other activities (film screening, facilitating a discussion) that we believe are integral to include on a yearly (and more frequent) basis to facilitate respectful care and learning.
- How is "Communication to Primary Care Provider" documented?
    - Currently our suggestion is that either of those options, the after-visit summary or the discharge summary, would be sufficient. The discharge summary is ideal since that goes to the pediatrician.

ESSI Data Questions:

1. *How many data forms do we need to complete?*
    a. There are two data forms: the Hospital Level Data Form and the Patient Level Data Form. The hospital level data form is completed once a month and has **3 sections: Structure Measures, Sleep Environment Audit, and Education Measures**. Only one Hospital Level Data form needs to be filled out for baseline and since this data is retrospective, the sleep audit cannot be done for baseline, so it does not need to be

filled out. Moving forward, we are asking that a sleep environment audit is done on 20 babies on the unit. This a tool that can be used for audits, but does not need to be submitted to us. **You only have to enter the # of infants audited and the # of infants in a safe sleep environment.**

2. *How many crib audits are we completing each month?*
    a. 20 per month
    b. If you have both a newborn nursery and a NICU/Special care, you will complete 20 audits for each unit
    c. You will audit 20 babies at any point over the month and assess whether they are in a safe sleep environment at the time of the audit. Audits should be done across day and night shift.
    d. If you do not have 20 discharges, then you will just fill out the Patient Level data form for however many discharges you have that month
3. *What do these insurance categories indicate?*
    a. **Private Insurance**
        - Health coverage provided by a **private company**, often through an employer or purchased individually.
        - Examples: Blue Cross Blue Shield, UnitedHealthcare, Aetna.
    b. **Public Insurance (Medicaid)**
        - Government-funded insurance, primarily for **low-income individuals or families**.
        - Medicaid eligibility varies by state and may cover children, pregnant women, people with disabilities, etc.
    c. Self-Pay
        - The patient is **responsible for paying** for their healthcare **out of pocket**, without insurance.
        - Sometimes used when a person chooses not to use insurance for a particular service.
    d. Uninsured
        - The patient does **not have any form of health insurance** coverage at the time of care.
        - This is different from self-pay in that the person may not intend or be able to pay for services.
    e. **Unknown**
        - The person's insurance status is **not currently known** or has not been recorded at the time of data collection.