

# Risk Management/ Understanding and Supporting Staff

Jennifer Johnson, DNP  
Advent Health, Merriam Kansas  
Forensic Assessment Consultation and Treatment (FACT) Program

Patty Davis, LSCSW, LCSW, IMH-E(III)  
Children's Mercy Kansas City  
Program Manager Trauma-Informed Care | Dept of Social Work  
Child and Family Therapy Provider

Seth Sonnevile, MDiv, MS, BCC  
Children's Mercy Kansas City  
Senior Staff Chaplain



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## Objectives

- Discuss roles of risk management to minimize the potential negative consequences of risks in the health care setting.
- Recognize key psychosocial factors for ethical decision-making for optimal care and outcomes.
- Identify methods of facilitating staff support which promote optimal ethical care while minimizing exposure to stressors and optimize patient care outcomes during NICU hospitalization.

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## What is the Role of Risk Management?

- Risk Management exists to:
  - Identification of the risk
  - Quantify & Prioritization of the Risk
  - Investigate and Reporting of Sentinel Events
  - Perform Compliance Reporting
  - Prevent Risk
    - Near Misses and Good Catches
    - Uncovering Latent Failures

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## 8 Risk Domains

- Operational
- Clinical and patient safety
- Strategic
- Financial
- Human capital
- Legal and Regulatory
- Technological
- Environmental & Infrastructure Based Hazards

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## Developing Risk Management Plans

- The ongoing analysis should include:
  - What could possibly happen?
  - How likely is something to happen?
  - How severe will the outcome be if something did happen?
  - How can the likelihood something happen be mitigated early or before it happens and to what degree?
  - What is the potential for exposure and what cannot be prevented?

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## The Ultimate Benefits

- Facilitate patient safety initiatives
- Reduction of readmissions
- Benefit overall patient satisfaction

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## Ethical Dilemma

- “An ethical dilemma exists when some evidence indicates that an act is morally right and some evidence indicates that the same act is morally wrong, but the evidence on both sides is inconclusive.”

Monterosso L et al, 2005

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## History of Clinical Decisions in NICU

- 1960s - physician controlled and often had mother-infant separation
- 1970s - advances in resuscitation, risks of survivors in the forefront
- 1982 - President's Commission recommendations for informed consent.
- Today - decision opportunities continue to grow.
  - Little time to consider potential for life-long consequences

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## Shared Decision Making (SDM)

- Provider/patient (parent) together to make healthcare decisions
- Physician provides medical information, shares recommendations
  - Clear, accurate, unbiased
  - Clinician expertise in communication and tailoring medical info to patient
  - Based on patient values, goals, concerns, informed preferences
- Communicative process is key!

Sullivan & Cummings, 2020

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## Framework for SDM → Communication Strategies

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Prepare and Assess Situation</li> <li>• Logistics and Etiquette</li> <li>• Working Toward SDM</li> </ul> | <ul style="list-style-type: none"> <li>• Assess understanding of parent</li> <li>• Examine value system</li> <li>• Sharing information</li> <li>• Determine parental decision-making style</li> <li>• Validate emotions</li> <li>• Provide support and follow-up</li> </ul> |
|---|---|

Lantos, 2018; Sullivan & Cummings, 2020; Payot, Gendron, Lefebvre & Doucet 2006

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## Challenges for SDM in NICU

- Emotional toll
- Parents more tolerable of risks, pain, long-term consequences, disability
- Neonatal physicians endorse SDM, but are not doing this consistently
- Bias
  - Counters – Balanced data (+/-)
  - EB research
  - Second opinions (family, colleagues, ethics committee)
  - Listen

Sullivan & Cummings, 2020

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## Improving Communication and SDM process

- Interdisciplinary care conferences nursing (RT, SW, chaplain)
- Unit-based education
- Consultation of medical providers and Sr. Nursing staff with direct care nursing
- Recognition contribution of nurses in ethical decision-making

Monterosso L et al, 2005

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## Moral Case Deliberation (MCD)

- SDM brings together the providers and family
- MCD brings together interdisciplinary provider
- SDM goal is to foster collaborative decision-making
- MCD goal is to foster exchange of perspective and values
- SDM is about communicating facts and recommendations
- MCD is about establishing a deeper understanding

Inguaggiato G, 2019

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## Teamwork is the dreamwork in NICU

- Increasing complexity of the patients increase challenges
- Ideal care - collaborative team working toward same goals
- Team intelligence = *“the active capacity of individual members of a team to learn, teach, communicate, reason, and think together, irrespective of position in any hierarchy, in the service of realizing shared goals and a shared mission.”*
- Effective teams = “clarity of roles, shared mission, effective communication, conflict resolution, accountability, collaboration, and mutual respect.”

Gordon et al, 2013; Masten M et al, 2019

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## Team intelligence

- Awareness of each other's values, goals, roles
- Work toward synergy, common ground, expanding understanding
- "Intelligent teams":
  1. Navigate toxic power dynamics
  2. Provide psychologically safe environments
  3. Acknowledge each team member's contributions
  4. Respect direct care decisions

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## What do we mean by "toxic stress"?

### Positive Stress

- Brief increases in heart rate, mild elevations in stress hormone levels.
- Normal part of healthy development
- Result of briefly distressing experiences



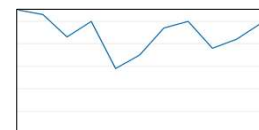
### Tolerable Stress

- Serious, temporary stress responses, buffered by supportive relationships
- Result of more severe, longer-lasting difficulty



### Toxic Stress

- Prolonged activation of stress response systems in the absence of protective relationships
- Result of strong, frequent and/or prolonged adversity



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Center on the Developing Child; Harvard University



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## How to buffer toxic stress for patients/families in the NICU

- Parents are best defense
- Nurses play the key role in making stress of the NICU tolerable
- Nursing unable to fulfill the most vital role, how can we ensure the infants get what they need?
- Support public policy which benefits children:
  - paid family leave
  - universal healthcare
  - increased welfare programs
  - affordable childcare

Weber A & Harrison T, 2019

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## How to buffer toxic stress of working in the NICU

- Improved teamwork – Improved team intelligence, psychological safety
- Inclusion of parents as team
- Respite
- Recognize what you do. When a child dies, we may feel defeated, or when a child leaves the unit, we may feel forgotten...
  - But what are YOUR contributions?

Masten M et al, 2019

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## Conclusion: Clinical Scenario

Final Thoughts  
Questions