



An innovative approach to excellence in nurse-sensitive outcomes: risk resilience conversations

Objectives

- Describe how risk resilience/adaptation applies to patient care safety
- Explore the use of a tool to evaluate safety surrounding hospital-acquired pressure ulcers

Significance and background

When safety commonly is thought of as the absence of adverse events, the strategy is to:

- Use an analysis tool that finds the cause for the adverse event (RCA)
- Find the latent defect and fix it to prevent future similar events from occurring

The result is

- The system is only changed when it fails and then by adding one more element or check to account for the variability that caused the failure
- A very linear view of safety where every event requires a defense
- A collection of solutions, which may prevent another “one-off” event, but may make the system no less vulnerable to catastrophe

Risk resilience

Risk resilience is defined as the remaining buffer after a threat has been neutralized. Adaptation, escalation, situational awareness and pre-designed defenses are all possible components of risk resilience.

Purpose

The purpose was to test the effect of risk resilience conversations on nursing practice capacity to prevent minor mishaps from developing into major breakdowns e.g. hospital-acquired pressure ulcers. The plan was to Implement risk resilience conversations with hospital-acquired pressure ulcer discovery.

Methods

Risk resilience conversation: 60-minute, six-step approach to uncover and mitigate hazards

1. Identify the event
2. Identify pre-designed defenses and related strengths and weaknesses
3. Identify escalations and related strengths and weaknesses
4. Identify adaptations and related strengths and weaknesses
5. Identify assumptions and related hazards given the conversation
6. Identify actions to eliminate or mitigate hazards

Implications

Shared governance teams can use this tool to initiate conversations by:

- Establishing the event and harm by starting with the outcome
- Creating a list of pre-designed defenses associated with the event and describing the strengths and weaknesses of each defense
- Creating a list of adaptive actions and describing the strengths and weaknesses of each adaptive action
- Using the combinations of pre-designed defenses and adaptive actions to create a description of the organization’s response to the event
- Making recommendations for final action influencing risk resilience and excellence in nurse-sensitive outcomes

Conclusions

- Assess the strengths and weaknesses of the ability to adapt rather than only looking for a unique solution to prevent the event from reoccurring.
- Accept that in a complex organization there will be constant threats.
- Understand that safety success occurs only in organizations that can recognize, adapt to, and absorb variations, changes and disturbances, disruptions and surprises, especially those that fall outside of the set of disturbances the system is specifically designed to handle.

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