




Building your Dream Team: Creating a Culture of Care for Best Outcomes

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Acknowledgement & Perspective Disclosure

- CEO
- CPQCC NEOBrain QI Collaborative
- VON All Care is Brain Care Collaborative



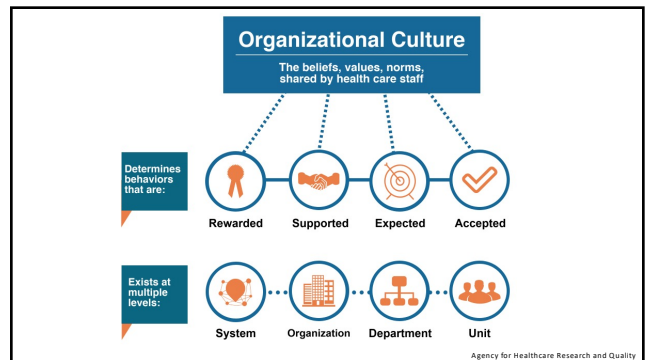

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Goals



- Provide an overview of neuroprotective care culture
- Understand how culture may impact equitable quality of care
- Discuss three critical aspects of culture:
 - Teamwork
 - Families as Partners
 - Caring for Caregivers
- Understanding the strengths of your team members will help build your dream team

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FIXED MINDSET VS GROWTH MINDSET

FIXED MINDSET

- Avoids challenges
- Shy away from things you don't know
- Unable to handle criticism or feedback
- Gives up easily
- Believes failure is the limit of ability
- My abilities are unchanging
- When frustrated, gives up




GROWTH MINDSET

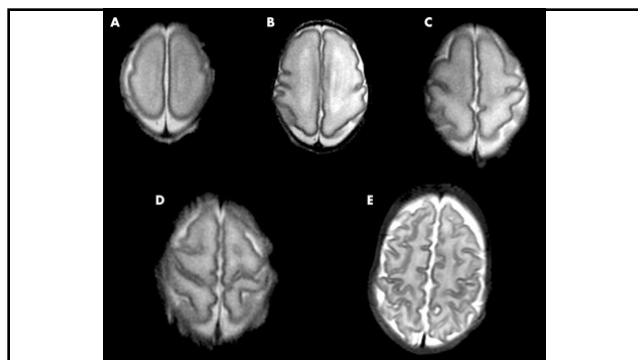
- Challenges help me grow
- I can learn anything I want to do
- Views feedback and criticism as an opportunity for growth
- Resilient to adversity and strong mental fortitude
- My abilities can develop and grow
- Looks for the positive in every situation

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All Care is Brain Care



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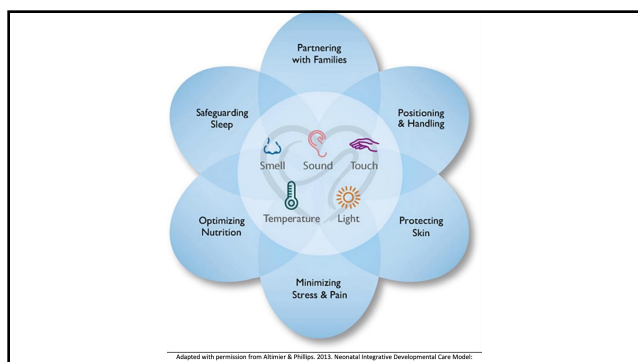


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Survive and Thrive

Every interaction with an infant and their family in the neonatal intensive care setting is an opportunity to be brain-focused and have a direct impact on the developing brain.

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Neuroprotective Care to Optimize Brain Health and Outcomes

Protect Prevent Promote Prepare

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Protect

Invasive procedures and pain associated with neonatal critical care provision impact brain maturation and development as well as cognitive and motor outcomes in early childhood.

Vinall et al. Pediatrics, 2014.
Duerden et al. The Journal of Neuroscience, 2018.

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The Petal Study

Inclusion Criteria

- Born at the John Hopkins Hospital, Outlets or the Bayview and Coker Hospital, Baltimore
- Born at or after 34(0) weeks' gestation with a gestational age ≥ 7 days
- Require a clinical head scan as part of clinical care
- Parents/guardians have given written informed consent for inclusion in the trial

Exclusion Criteria

- Hippocampal Encephalopathy (HE) grade 4
- Inclusion and/or angioplasty/arteries in the last 24 hours
- Born with a congenital malformation or genetic condition known to affect neurological development
- Born to a mother with a history of substance abuse

Primary Outcome measures

- 1) Magnitude of meso-and-limbic brain activity evoked by heel lance

Secondary Outcome measures

- 1) Premature Infant Pain Profile - Revised (PIPP-R) score during the 30-second period after the heel lance
- 2) Percentage of neonates who develop tachycardia in the 30 seconds post heel lance
- 3) Parental satisfaction regarding severity

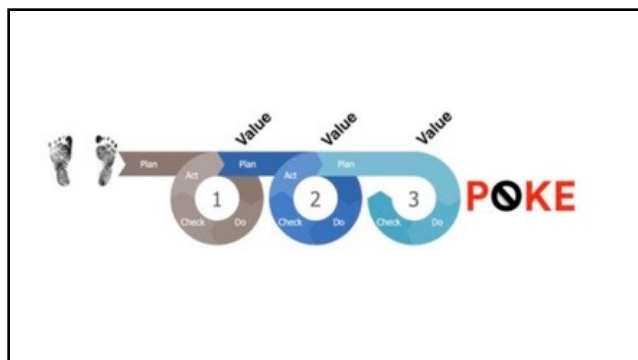
Exploratory Outcome measures

- 1) Changes in background brain activity during the touch intervention
- 2) Time taken for heart rate to return to baseline post heel lance
- 3) Postoperative respiratory assessments and incidence of apneas
- 4) Parental perceptions regarding parental anxiety, distress, and experience of research

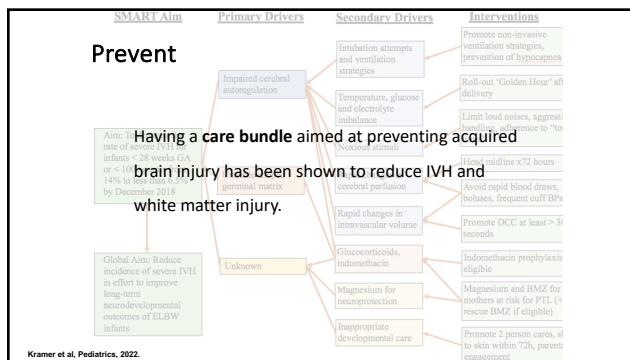
Figure 2. Trial procedures. EEG, electroencephalography; PIPP-R, Premature Infant Pain Profile Revised.

Cobo et al, Petal Study.

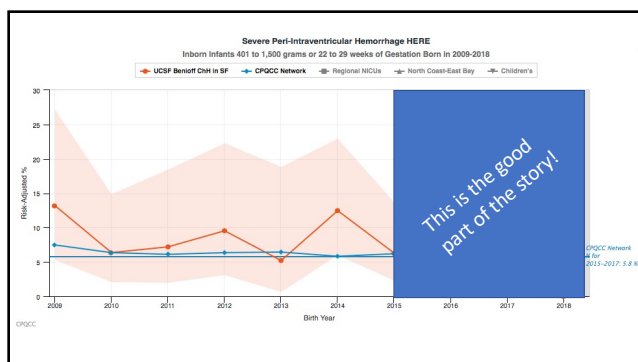
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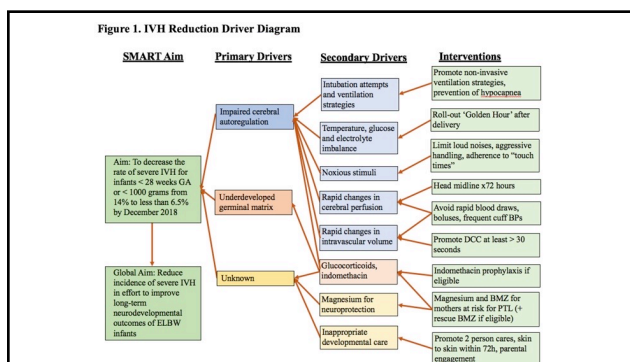
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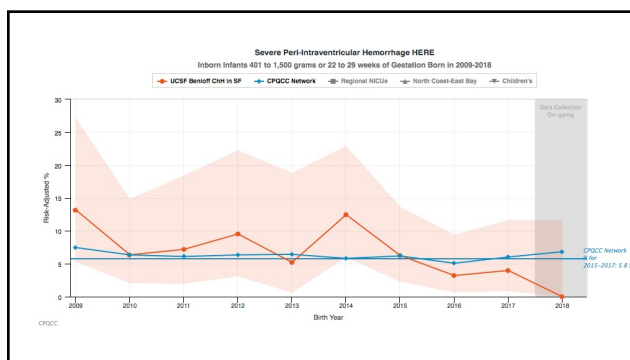


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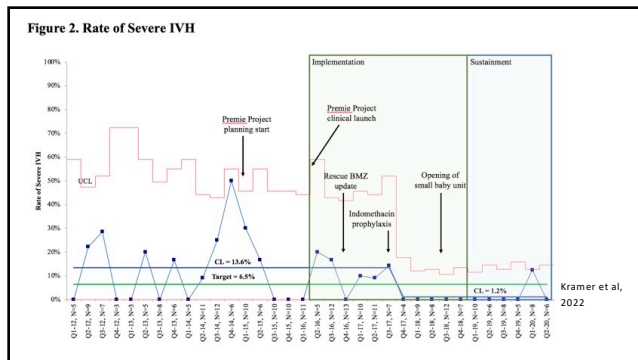
Premie Project Success!

- Severe IVH rate 2014 → 12.5%
- Severe IVH rate 2019 → 0%

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Promote

Skin to skin care is one of the most evidence-based therapies in neonatal care, impacting feeding, growth, need for respiratory support, pain, parent-infant attachment and bonding, stress responses, infection, microbiome development, and neurodevelopment.

National Geographic, June, 2022.

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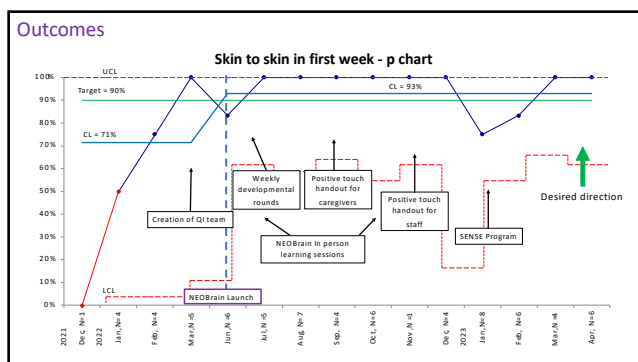
ICN BCH-SF Multidisciplinary QI Team

Megan Brown, RN	Jay Paulusa, RN
Jeannie Chan, CNS	Laurel Pershall, NNP
Rachelle Elul, RN	Mary Jo Potts, PT
Tanya Hatfield, RN	Elizabeth Rogers, MD
Katie Kramer, MD	Diana Rogosa,
Tiana Nguyen, OT	Parent Liaison
Taylor Park, CCLS	Sam Wynn, RN

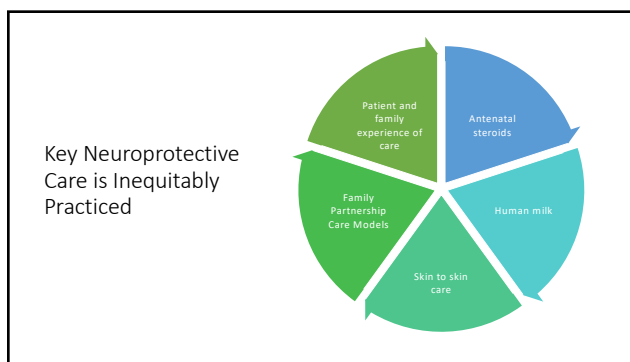
Example QI metrics:

- Early skin to skin care (SSC)
- Family centered rounds
- 2 person cares/touch times

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FAIR

All Care is Brain Care means:

- **Families as Partners:** Families as partners in care from admission through discharge and beyond
- **Anti-racist:** Breaking down structural barriers to equity
- **Individualized:** Based on each baby's needs, precision and strength-focused
- **Rigorous:** Intentional and difficult, backed by evidence and supported by a growth mindset culture




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Culture of Care: Families as partners



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Culture of Care: Caring for Caregivers



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Culture of Care: Teamwork



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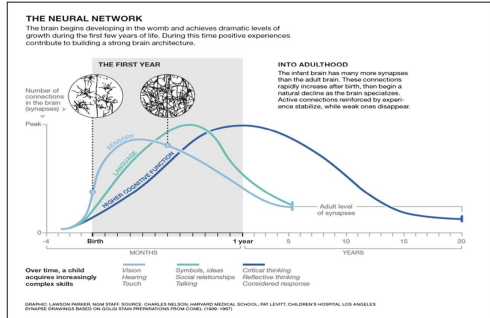
Culture of Care: Families as partners



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THE NEURAL NETWORK

The brain begins developing in the womb and achieves dramatic levels of growth during the first few years of life. During this time positive experiences contribute to building a strong brain architecture.



THE FIRST YEAR

Number of connections in the brain (synapses) = Peak

Birth MONTHS 1 year 5 10 15 20 YEARS

Adult level of synapses

INTO ADULTHOOD

The infant brain has many more synapses than the adult brain. These connections rapidly increase after birth, then begin a natural decline as the brain specializes. Active connections reinforced by experience stabilize, while weak ones disappear.

Over time, a child acquires increasingly complex skills

- Vision
- Hearing
- Touch
- Symbols, ideas
- Social relationships
- Feeling
- Critical thinking
- Reflective thinking
- Considered responses

SOURCE: LINDSEY FRIDMAN, MD, FAAP. SOURCE: CHARLES HELLER, MD, FAAP. MEDICAL SCHOOL, PEY LITTLE CHILDREN'S HOSPITAL, LOS ANGELES. SYNAPSE DYNAMICS BASED ON EEG-GRAVEYAN PREPARATION FROM SOBEL, USAB, 1987.

Bhutta, *Pediatrics*, 2017

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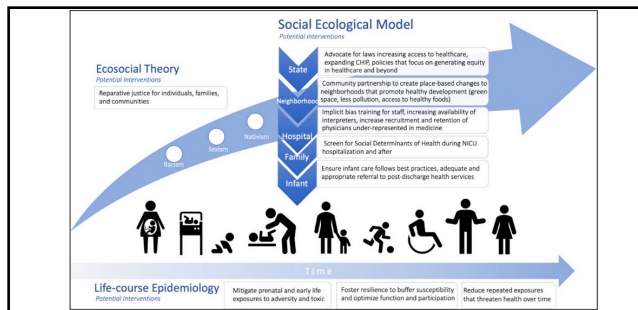


Fig. 1 - Using epidemiologic theory to identify drivers of inequities in long-term outcomes of preterm infants and develop strategies to reduce their impact over time. Fraiman, et al. Seminars in Perinatology, 2022.

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Culture of Care: Caring for Caregivers

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Modern practice environment makes professional satisfaction more challenging

- Decreased autonomy
- Reduced time at the bedside
- Increasing barriers to balancing work and personal responsibilities

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What is burnout?

- The most well-known inverse metric of wellness
- Defined as a response to prolonged exposure to occupational stress encompassing feelings of emotional exhaustion, depersonalization, and reduced professional efficacy
- Some define as the moral injury of being unable to provide high-quality care with available resources

Maslach et al. *Annu Rev Psychol*, 2001 DSM-5 and ICD-11, Code QD85 Kopacz et al. *The Lancet*, 2019

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Neonatal Medicine is ripe for burnout

- Demanding work schedules
- Intense interpersonal interactions
- Frequent complex and high-stakes decisions in the face of uncertainty
- Rapidly developing new technologies
- Experiencing suffering and death

D Tawfik, Provider burnout: Implications for our perinatal patients, *Seminars in Perinatology*, 2020.

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Clinician, patient, and organizational consequences of burnout

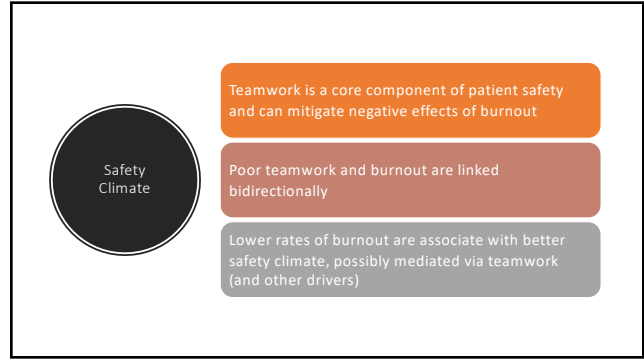
Linked to suicidality, alcohol abuse, poor relationships

Poor retention, high turnover, contributes to cycle of workforce shortages, increased work-home conflict among those remaining

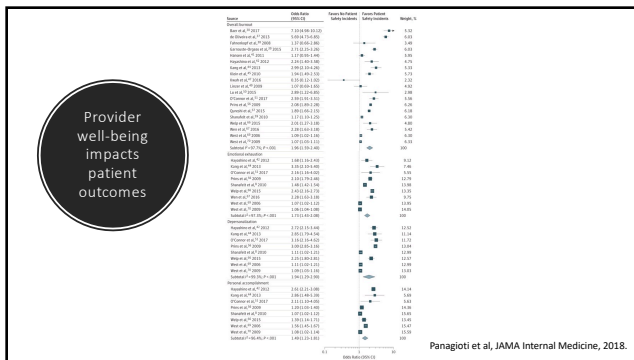
Unprofessional behavior, impaired quality of care

Increased medical errors, poor patient outcomes, reduced patient satisfaction

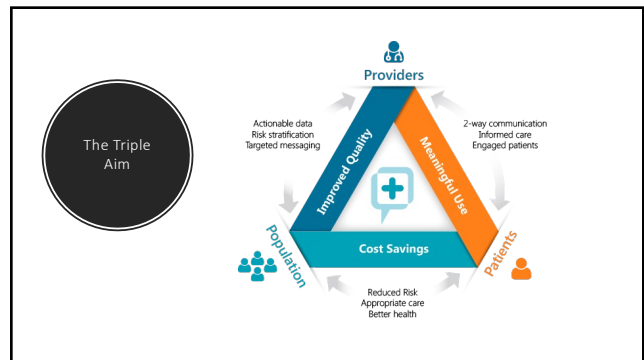
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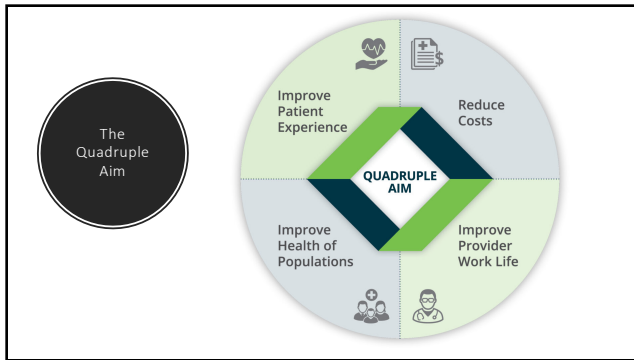
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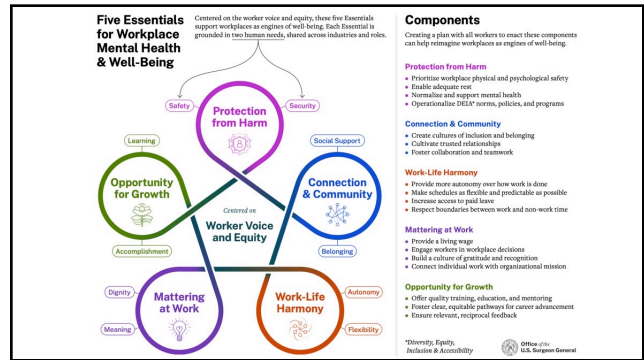
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Culture of Care: Teamwork



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ORIGINAL ARTICLE

Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors

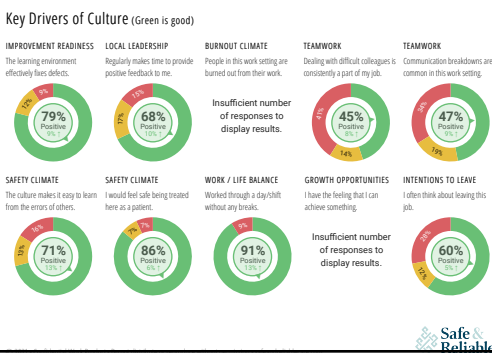
David C. Mohr

Background: Interpersonal relationships are increasingly recognized as an important determinant for care performance and quality in the health care context. An unexamined issue in health care research is whether and which latent provider perceptions of their work relationships are associated with their interactions with patient work in busy patient experience outcomes.

An Ethnography of Parents' Perceptions of Patient Safety in the Neonatal Intensive Care Unit

Abstract: Parents of neonates are a major component of patient safety in the neonatal intensive care unit (NICU), yet their voices are often not considered. The understanding for parents' perceptions of patient safety in the NICU context can identify opportunities to address their perceptions and improve patient safety in the NICU. This study explored the perceptions of neonatal intensive care unit (NICU) parents regarding their perceptions of patient safety in the NICU. We conducted 20 semi-structured interviews with 20 English-speaking parents of neonates from the NICU and analyzed the data using grounded theory. Our study explored the perceptions of parents regarding their perceptions of patient safety in the NICU. We identified parents who were concerned for their infants and babies and how they were ensuring that parents, who had a child in the NICU, were safe. We also identified parents who were not concerned for their infants and babies and how they were ensuring that parents, who had a child in the NICU, were safe. We also identified parents who were not concerned for their infants and babies and how they were ensuring that parents, who had a child in the NICU, were safe.

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Core Values Exercise

my SELF

VALUES EXERCISE ADAPTED FROM TAPROOT (http://www.taproot.com/archives/27771)

1. Determine your core values. From the list below, choose and write down every core value that resonates with you. Do not overthink your selections. As you read through the list, simply write down the words that feel like a core value to you personally. If you think of a value you possess that is not on the list, be sure to write it down as well.

Abundance	Daring	Intuition	Preparedness
Acceptance	Decisiveness	Joy	Proactivity
Accountability	Dedication	Kindness	Professionalism
Advancement	Dependability	Knowledge	Punctuality
Adventure	Diversity	Leadership	Recognition
Advocacy	Empathy	Learning	Relationships
Amplification	Encouragement	Love	Reliability
Appreciation	Enthusiasm	Loyalty	Resilience
Attractiveness	Ethics	Making a Difference	Resourcefulness
Autonomy	Excellence	Mindfulness	Responsibility
	Expressiveness	Motivation	Responsiveness

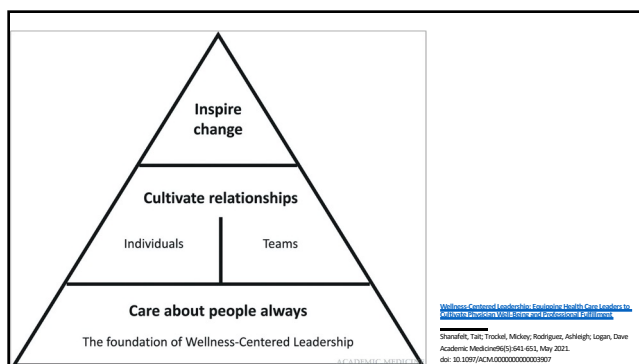
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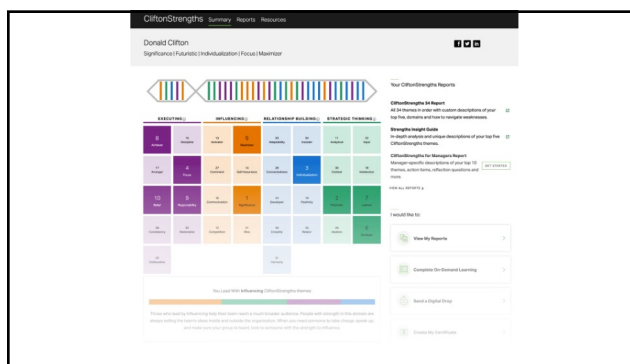
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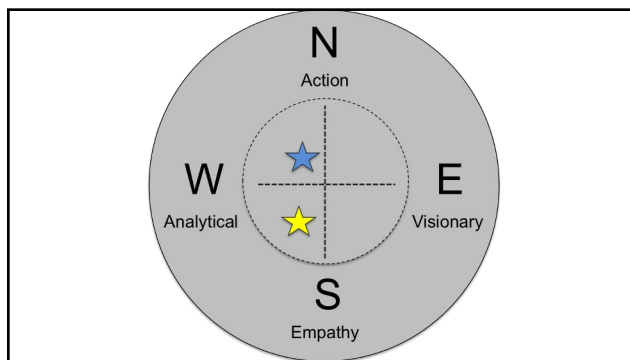
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4 DOMAINS OF TEAM STRENGTHS			
EXECUTING 执行力	INFLUENCING 影响力	RELATIONSHIP BUILDING 关系建立	STRATEGIC THINKING 战略思维
People with dominant Executing themes know how to make things happen .	People with dominant Influencing themes know how to take charge, speak up, and make sure the team is heard .	People with dominant Relationship Building themes have the ability to build strong relationships that can hold a team together and make the team greater than the sum of its parts .	People with dominant Strategic Thinking themes help teams consider what could be. They absorb and analyze information that can inform better decisions .
Achiever Arranger Belief Consistency Deliberative Discipline Focus Responsibility Restorative	Activator Command Communication Competition Maximizer Self-Assurance Significance Woo	Adaptability Connectedness Developer Empathy Harmony Includer Individualization Positivity Relator	Analytical Context Futuristic Ideation Input Intellection Learner Strategic

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LEADERSHIP COMPASS Approaches to Work/Work Style

NORTH—ACTION

- Assertive, active, and decisive
- Likes to determine the course of events and be in control of professional relationships
- Quick to act; expresses a sense of urgency for others to act
- Enjoys challenges presented by difficult situations and people
- Thinks in terms of the bottom line
- Likes to save space and the fast track
- Persistent; not stopped by hearing "No"; probes and presses to get at hidden resources
- Likes variety, novelty, and new projects
- Comfortable being in front of a crowd
- Value-oriented phrases include "Do it now!", "I'll do it!", and "What's the bottom line?"

EAST—VISION

- Visionary who sees the big picture
- Generative and creative thinker; able to think outside the box
- Very idea-oriented; focuses on future thought
- Makes decisions by thinking in the future
- Insight into mission and purpose
- Looks for overarching themes and ideas
- Adapt at problem-solving
- Likes to experiment and explore
- Appreciates a lot of information
- Value-oriented words are "vision," "possibility," and "imagine"

WEST—ANALYTICAL

- Understands what information is needed to assist in decision-making
- Seen as practical, dependable, and thorough in task situations
- Helpful to others by providing planning and resources; comes through for the team
- Moves carefully and follows procedures and guidelines
- Uses data analysis and logic in their decisions
- Weighs all sides of an issue, balanced
- Introspective and self-analytical
- Careful, thoroughly examines people's needs in situations
- Maximizes existing resources; gets the most out of what has been done in the past
- Skilled at finding real flaws in an idea or project
- Value-oriented word is "objective"

SOUTH—EMPATHY

- Understands how people need to receive information in order to act; open it
- Integrates others' input in determining direction of what's happening
- Value-driven regarding aspects of professional life
- Uses professional relationships to accomplish tasks; interaction is primary
- Supportive of colleagues and peers
- Displays a willingness to take others' statements at face value
- Feeling-based; touch on emotions and intuition as truth
- Receptive of others' ideas; team player; builds on ideas of others; non-competitive
- Able to focus on the present moment
- Value-oriented words are "right" and "fair"

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LEADERSHIP COMPASS Styles Taken to Excess

NORTH—ACTION

- May easily overlook process and comprehensive strategic planning when driven by need to act and decide
- May get defensive quickly, argue, and try to "not support" you
- May lose patience; pushes for decisions before its time; avoids discussion
- May be narcissistic; want things their way; has difficulty being a team member
- Sees things in terms of black and white; little tolerance for ambiguity
- May go beyond limits; gets impulsive; disregards practical issues
- No heed of others' feelings; may be perceived as cold
- Has trouble relinquishing control; finds it difficult to delegate responsibilities
- Value-oriented phrase is "If you want something done, do it yourself!"

EAST—VISION

- May put too much emphasis on vision at the expense of action
- May lose focus on tasks
- Poor follow-through on projects; can develop a reputation for lack of dependability or attention to detail
- Not time-focused; may lose track of time
- Tends to be highly enthusiastic early on, but burns out over the long haul
- Will not work on projects that do not have a comprehensive vision
- Easily frustrated and overwhelmed when outcomes are not in line with vision

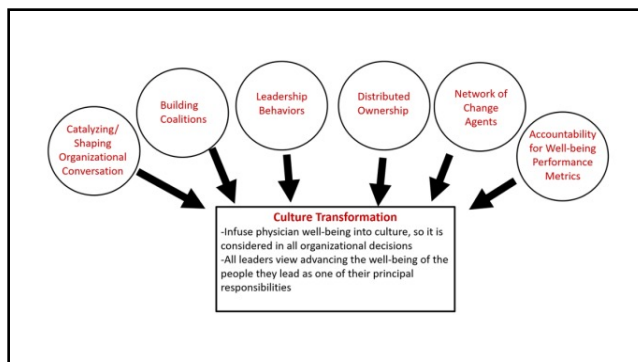
WEST—ANALYTICAL

- May be bogged down by information or analysis process at the expense of moving forward
- May become isolation and entrenched in position
- May be indecisive; collect unnecessary data, become mired in details, or suffer from "analysis paralysis"
- May appear cold or withdrawn in respect to others' working styles
- May have a tendency towards watchfulness or observation
- May remain withdrawn and distant
- May resist emotional pleas and change

SOUTH—EMPATHY

- May lose focus on goals when they believe relationships and/or needs of people are being compromised
- Has trouble saying "No" to requests
- Internalizes difficulty and assumes blame
- Prone to disappointment when relationship is seen as secondary to task
- Has difficulty consulting, confronting, and dealing with anger; may be manipulated by anger
- May over-compromise to avoid conflict
- Interested in the "how"; loses track of time; may not see long-range view
- May become mired in the process at the expense of accomplishing goals

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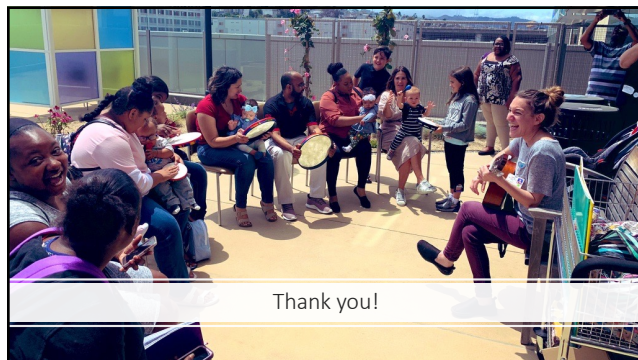


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Summary

- An overview of neuroprotective care culture
- Culture impacts equitable quality of care
- Three critical aspects of culture:
 - Teamwork
 - Families as Partners
 - Caring for Caregivers
- Understanding the strengths of your team members will help build your dream team

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