



Application of a Risk Management Framework to Kangaroo Care in the NICU



[J Obstet Gynecol Neonatal Nurs. 2022 May; 51\(3\): 336–348.](#)

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Application of a Risk Management Framework to Parent Sleep during Skin-to-Skin Care in the NICU

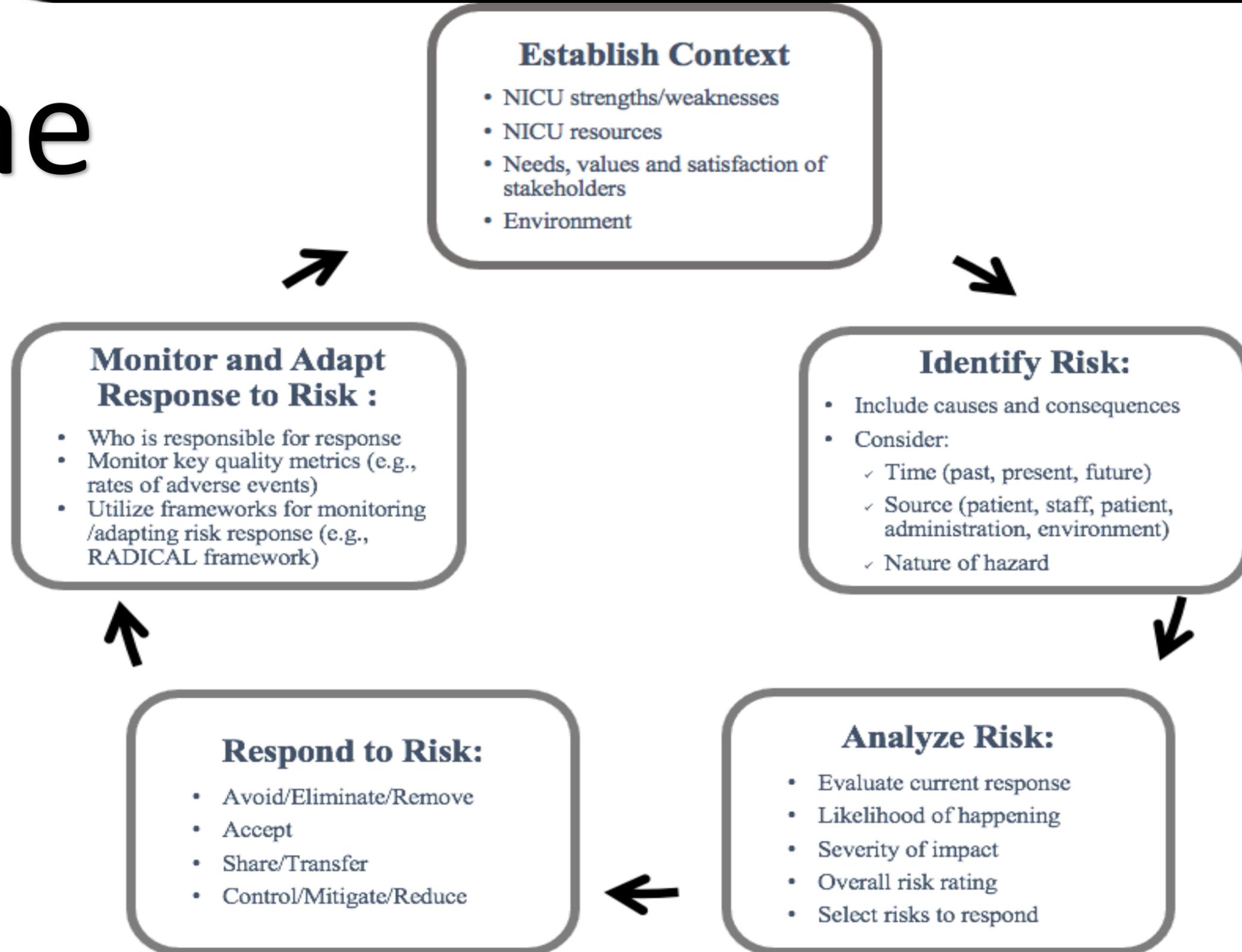
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Outline



Establish Context

Challenges/benefits

Your unit's strengths/weaknesses

Resources

Environment

Needs, values, satisfaction of stakeholders

Multidisciplinary commitment to KC





KMC is different from the routine skin-to-skin contact recommended for all newborns in the first hour after birth. KMC refers to skin-to-skin contact that is:

- **for preterm or LBW infants, both well and sick**
- **continuous and prolonged (at least 8 hours per day)**



Global position paper

Kangaroo mother care

A transformative innovation in health care

What's
your frame
of
reference?

Context

- **Environment/equipment:**
 - What beds/chairs do you have?
 - What KC devices do you provide?
 - Who determines eligibility for KC?
- **Resources (e.g., training, staff)**
 - What training is provided, to whom?
 - Knowledge/skill level of staff?
- **Stakeholders' values, needs**
 - Leadership, physician, nursing support?
 - What data do you analyze?
 - Past injuries or events during KC



Risks

- Event/condition with a given likelihood of happening **that has a potential negative impact**
- Two components:
 - An event
 - Probability/ likelihood of occurring
- **Identify context, causes, and consequences**



Identify Risks

context, causes, consequences

Unplanned extubations, line dislodgement, infant falls..

Example (specifics!):

- Unplanned extubation **at 1.5 hrs in KC**
 - r/t infant sliding, lost containment, parent tired
 - Need KC device
- Unplanned extubation **during KC transfer**
 - r/t infant thrashing, RT wasn't holding ETT properly
 - Need training in transfers
- Unplanned extubation **end of KC transfer**
 - r/t ETT securement bar adhesive off
 - ETT securement checks



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Analyze Risks

- Analyze current response
 - Environment
 - Equipment
 - Training, etc.
- Likelihood
- Severity of Impact
- Overall Risk Rating
- What risks to tackle first?

Risk Assessment Matrix				
Impact of Risk (Consequence)	Major	Medium	High	Extreme
	Moderate	Medium	Medium	High
	Minor	Low	Medium	Medium
Seriousness of Risk = Probability x Impact		Unlikely (0-33%)	Moderately Likely (33%-66%)	Highly Likely (66%-100%)
		Probability of Risk (Likelihood)		

Available Risk Response Options:

Risk Response

Risk Avoidance/Elimination/Removal

Eliminate the threat

(i.e., do not allow parents to sleep during skin-to-skin care).

Risk Acceptance

Acknowledge the risk and take no action unless an event occurs

(i.e., allow parents to sleep without controls in place).

Risk Sharing/Transfer

Allocate ownership of the activity to a third party.

Third party captures the opportunity or absorbs impact of the threat
(e.g., safety contract, purchase insurance, or enter into partnerships).

Risk Control/Mitigation/Reduction

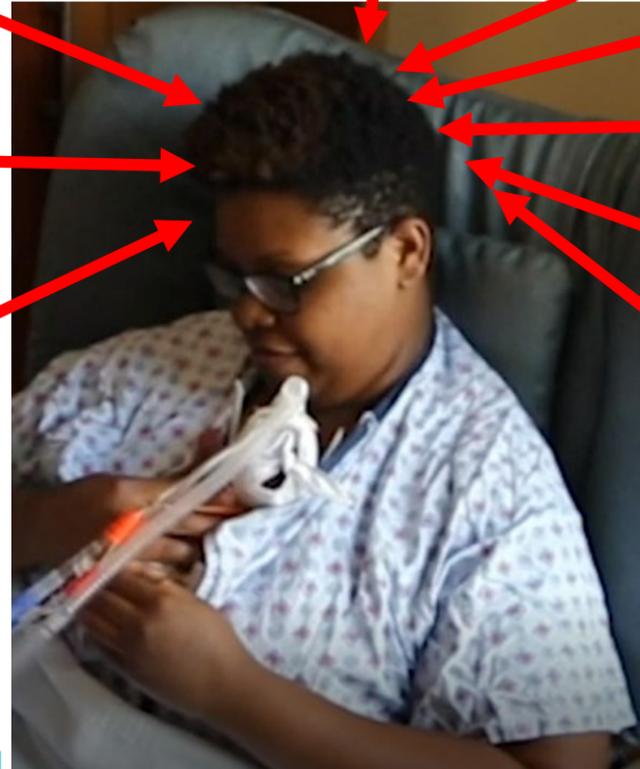
Decrease the probability of impact or impact of a threat

(i.e., allow parents to sleep with proper controls in place).

What's your current response?

Parents should not be solely responsible for the safety of the infant while in KC.

- *Make sure the airway is unobstructed!*
 - *Make sure the baby is warm and covered!*
 - *Do you have the OG secure?*
 - *Keep baby midline!*
 - *Don't let the baby slip!*
 - *Watch the PICC!*
 - *You can't use your phone!*
 - *Be sure to stay awake, etc., etc., etc.*
- Now...relax!**



> Adv Neonatal Care. 2021 Jun 1;21(3):232-241. doi: 10.1097/ANC.0000000000000790.

A Survey of Neonatal Clinicians' Use, Needs, and Preferences for Kangaroo Care Devices

Ashley Weber¹, Yamile Jackson

Best response option for KC: Control!



Observational Study > Pediatrics. 2020 Jun;145(6):e20192819. doi: 10.1542/peds.2019-2819.

Epub 2020 May 6.

Outcomes, Resource Use, and Financial Costs of Unplanned Extubations in Preterm Infants

L Dupree Hatch 3rd ^{1 2 3}, Theresa A Scott ^{4 2}, James C Slaughter ⁵, Meng Xu ⁵, Andrew H Smith ⁶,
Ann R Stark ⁷, Stephen W Patrick ^{4 2}, E Wesley Ely ^{3 8 9}



Respond: Control!

- **Systematic, standardized approach**
- **Training: benefits, positioning, transfers, interventions**
 - At orientation, yearly simulation, huddles
 - Educators--preceptors--staff--parents
 - For MDs, RNs, RTs, OT/PTs, PCAs, etc.
- **Provide KC Champions to help**
- **Culture of teamwork: this is EBP**
- **Once you've mastered the basics, take on more challenging cases.**



KC has so many benefits for both parent and baby. Make sure the parent does KC today. Good luck!

Respond: Control!



<https://www.youtube.com/watch?v=uag8NkVnbwk>

Monitor & Adapt

- Think about staff turnover yearly.
- A strong KC program builds infrastructure.
- Collect KC performance data to understand events & progress
- Regular Risk Management workshops to evaluate risks, responses, adapt as needed.



Questions?

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