

Life, Death and Birth: The Complexity of Care in a High-Risk Academic Center



Patricia A Heale, DNP, RNC-OB

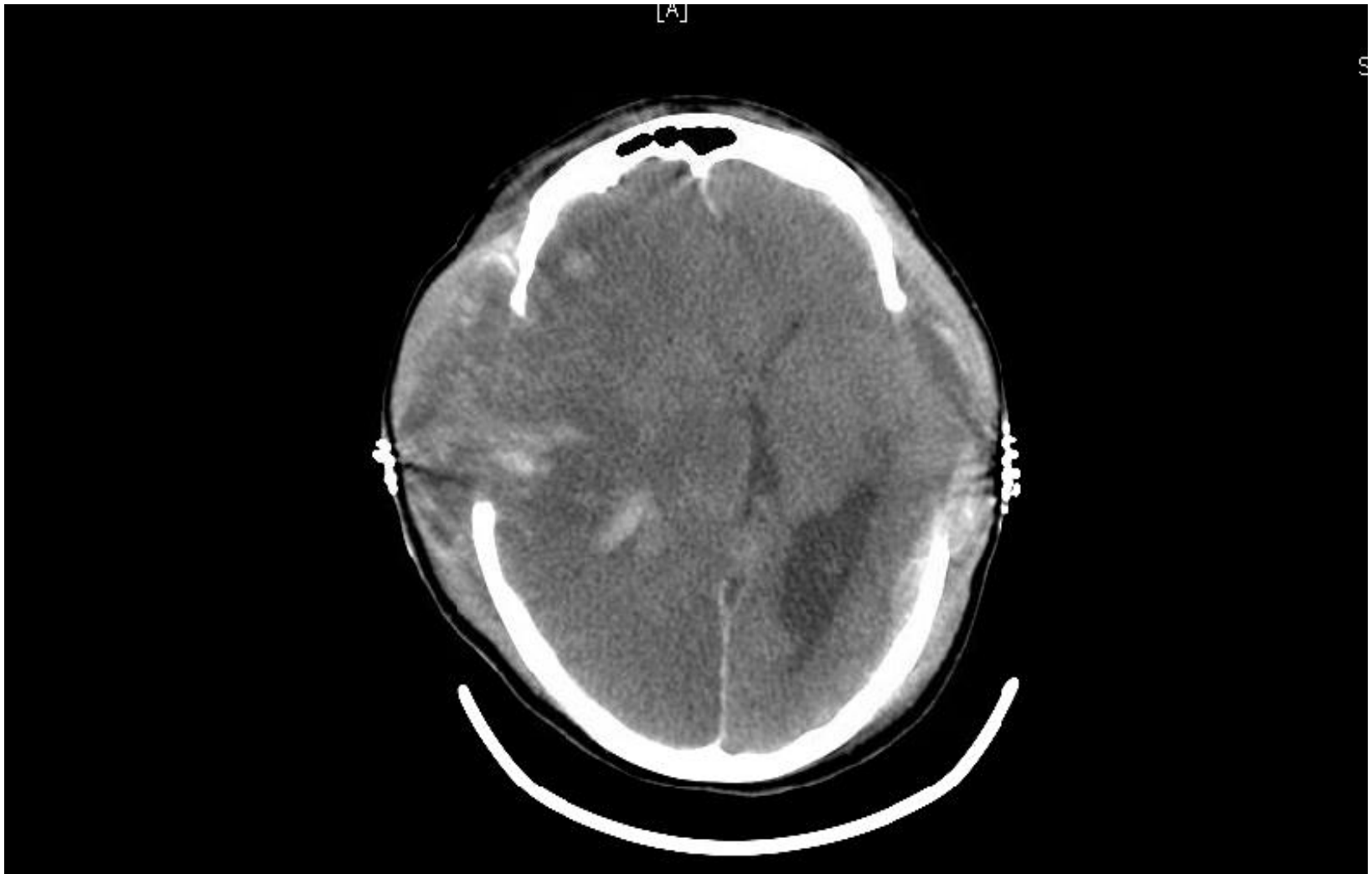
Donna Beecroft, MSN, RN, NE-BC

Leah Blackwell, MSNc, RN, NE-BC

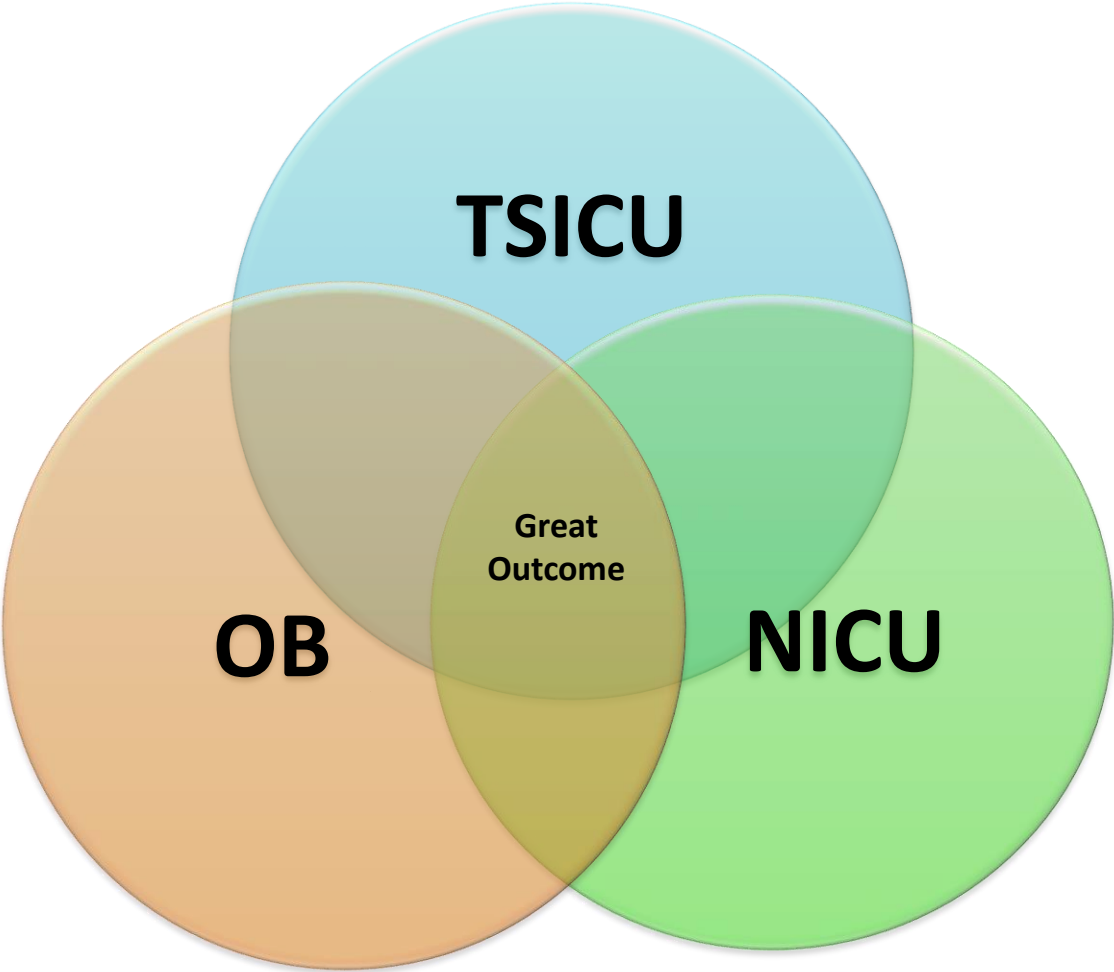
Disclosures

- We have no financial relationships to disclose





Our Ultimate Goal



WHEN PARALLEL WORLDS COLLIDE: A STORY OF HIGH RELIABILITY

Donna Beecroft, MSNc, RN, NE-BC

Objectives for High Reliability Organizations

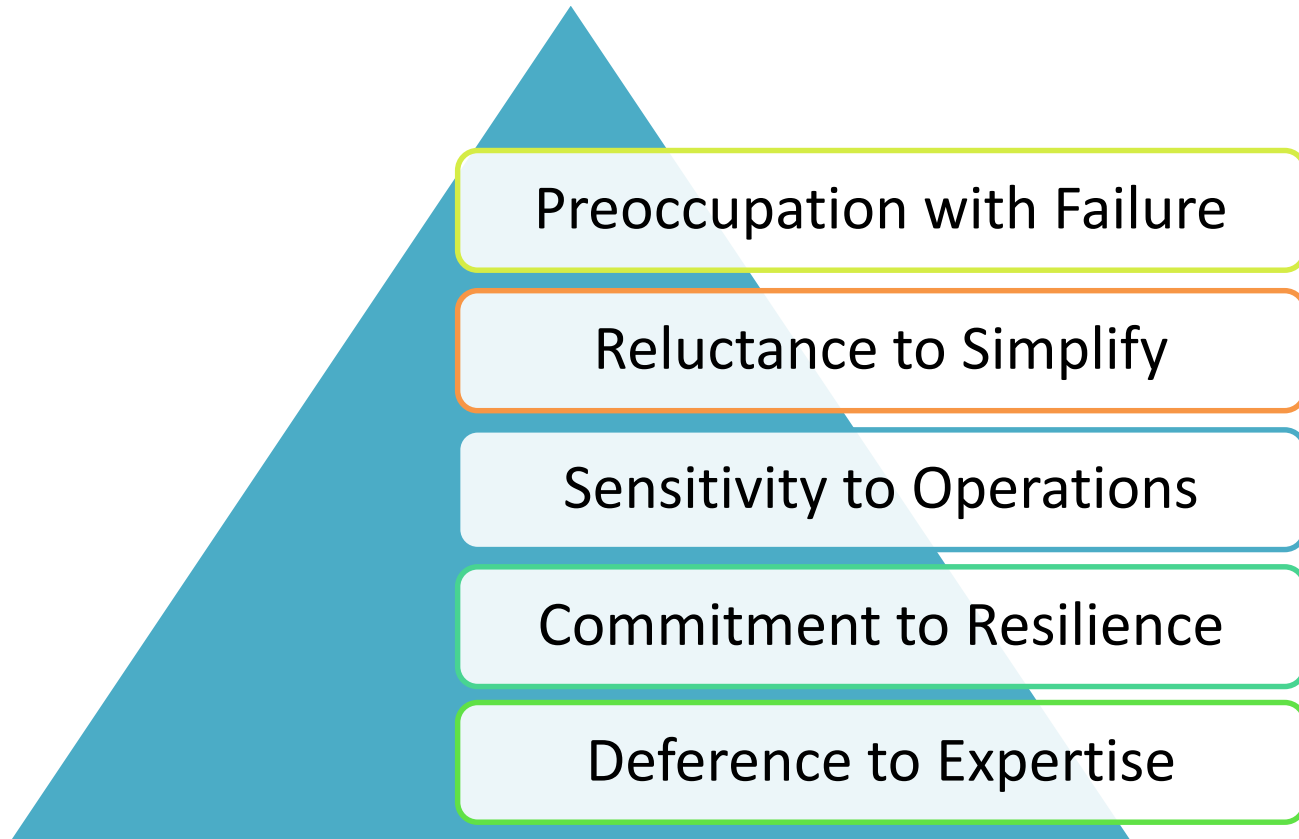
- Identify the five characteristics of a high reliability organization.
- Relate the five characteristics of a high reliability organization to nursing practice.

High Reliability Organization HRO

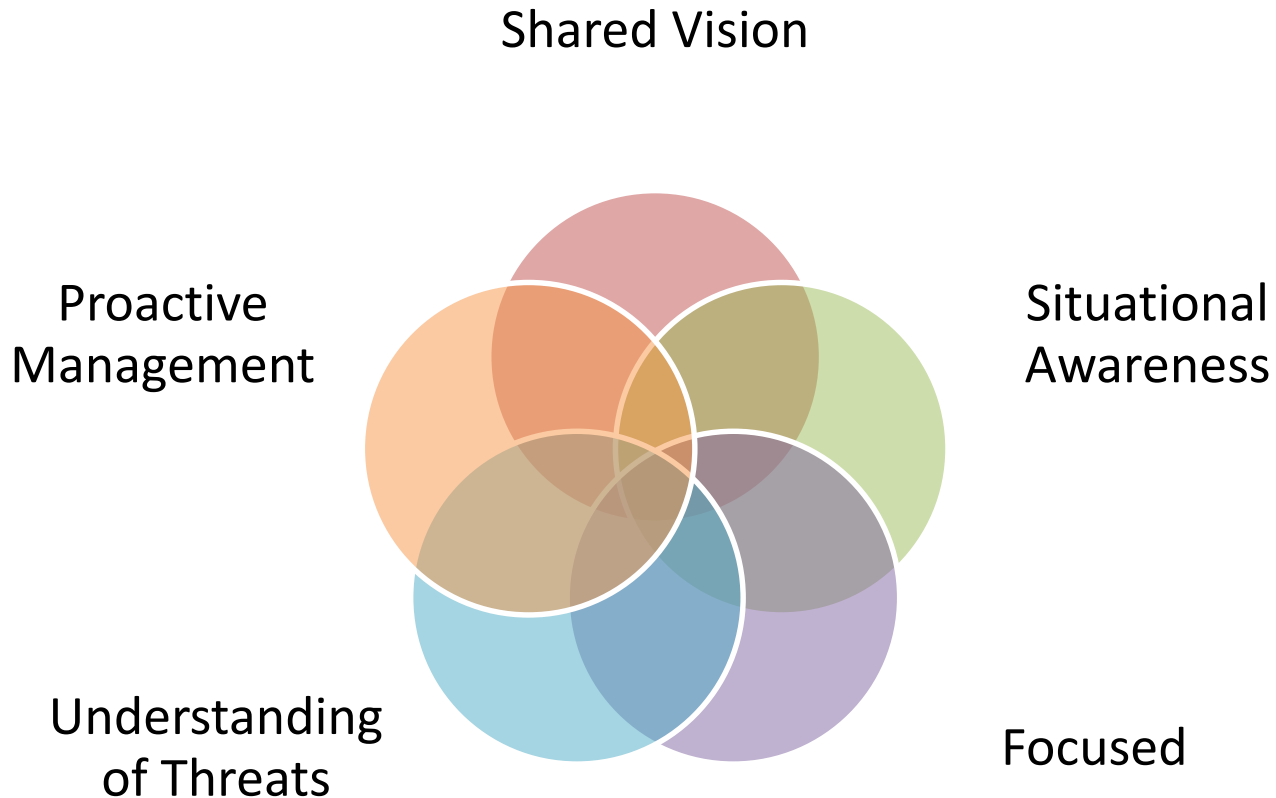


Principles of High Reliability:

Collective Mindfulness



Collective Mindfulness



Leadership

Commitment

All levels of
Management

Physicians

Engagement

Visibility

Organizational Culture



Communication & Teamwork



WHEN PARALLEL WORLDS COLLIDE: A STORY OF ETHICAL PRINCIPLES

Patricia Heale, DNP, RNC-OB

Objectives for Ethics

- Define the six ethical principles and their importance in professional practice.
- Describe how collaboration and communication were achieved across all disciplines.
- Define the importance of an environment that is supportive and just.

The Story

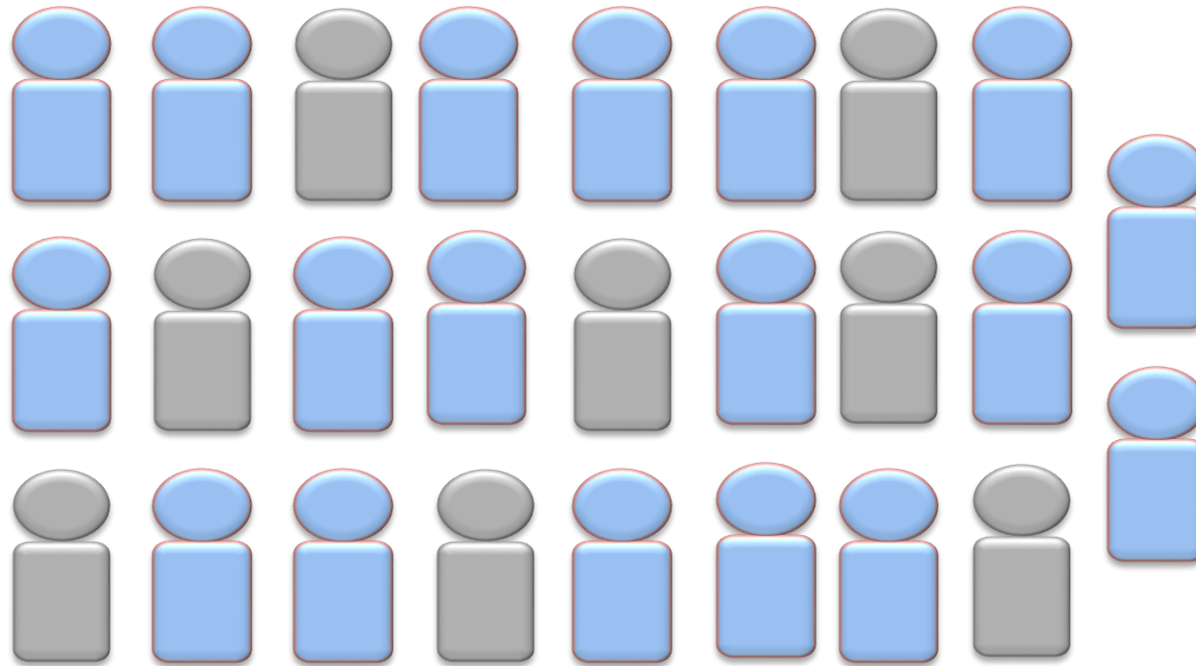


Russell's Poem



The Ethical Dilemma

292 Nurse Interactions



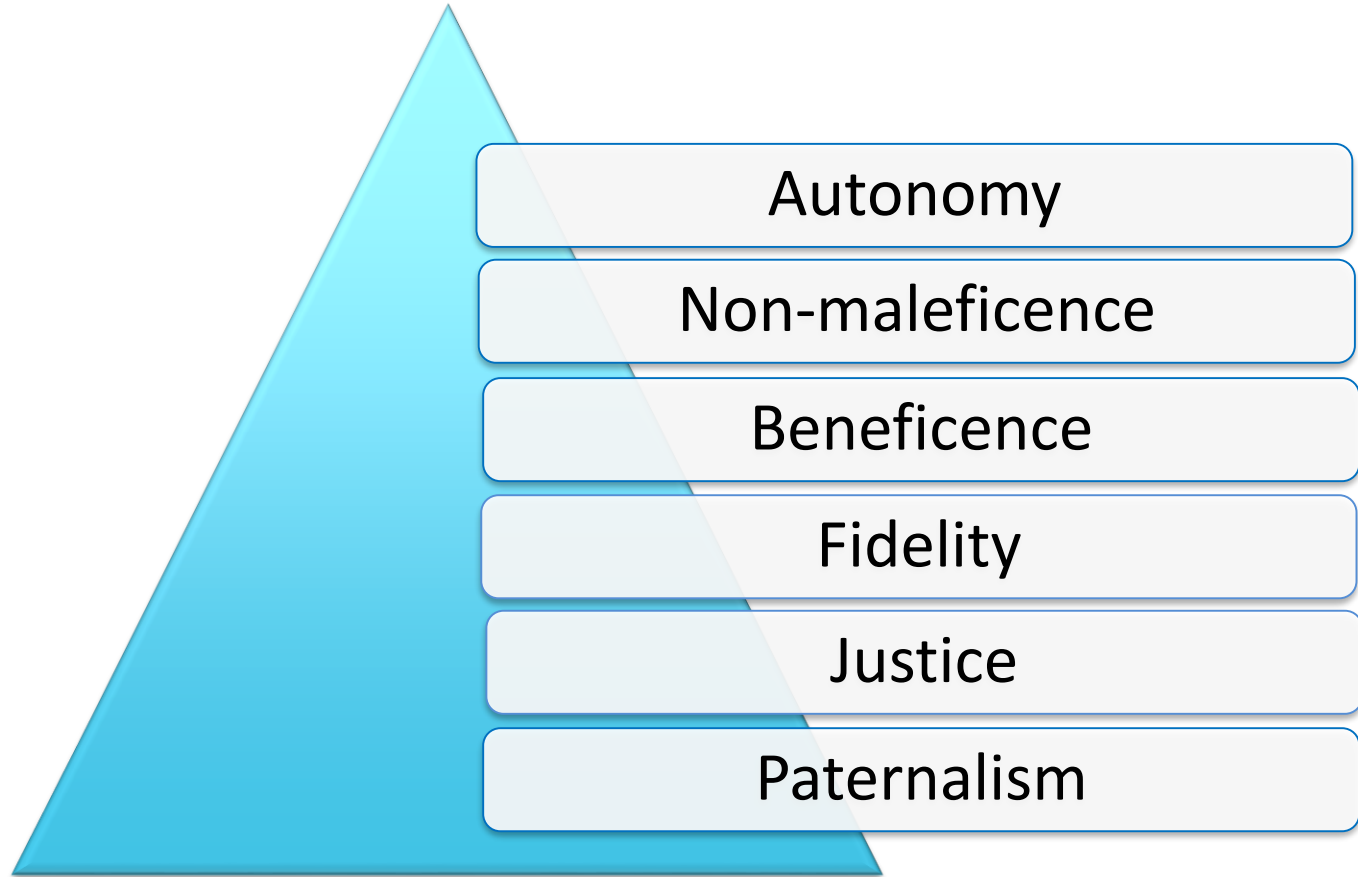
Ethical Issues

- Complex interrelationship of three issues
 - Abortion
 - Withdrawal of treatment
 - Advance care planning
- Withdrawal of treatment versus rights of developing fetus
 - Beneficence vs. non-maleficence

Ethical Justification

- May be ethically justifiable to support both the birth of a child and possible organ donation
- Texas law misinterpreted
- A means to an end

Ethical Principles



Autonomy

- Respect self-determination
- Support independent decision-making
- Grounded in our cognition and is thus lost in vegetative, minimally conscious, and **brain-dead** patients
- Pre-existing wishes to be an organ donor



Non-maleficence

- Core of nursing ethics
- Avoidance of harm
- Texas Law
 - No withdrawal of life support from a pregnant patient
- Extends to making sure you are doing no harm in the beneficent act of using technology



Beneficence

- Compassion
- Helping others
- Core principle of patient advocacy
- Non-maleficence refers to the avoidance of doing harm, and beneficence refers to doing good



Fidelity

- Loyalty, fairness, truthfulness, advocacy, and dedication
- Virtue of caring
- Keeping a commitment
 - We made a commitment to the family that we would see mother and baby through to delivery



Justice

- Equal & Fair distribution of resources
- Implies all citizens have equal rights to goods & services
- Regardless of social status, age, religion, etc.



Paternalism

- Provider decision-making for the patient
 - Diagnosis, treatment, prognosis
- An application of power over the patient

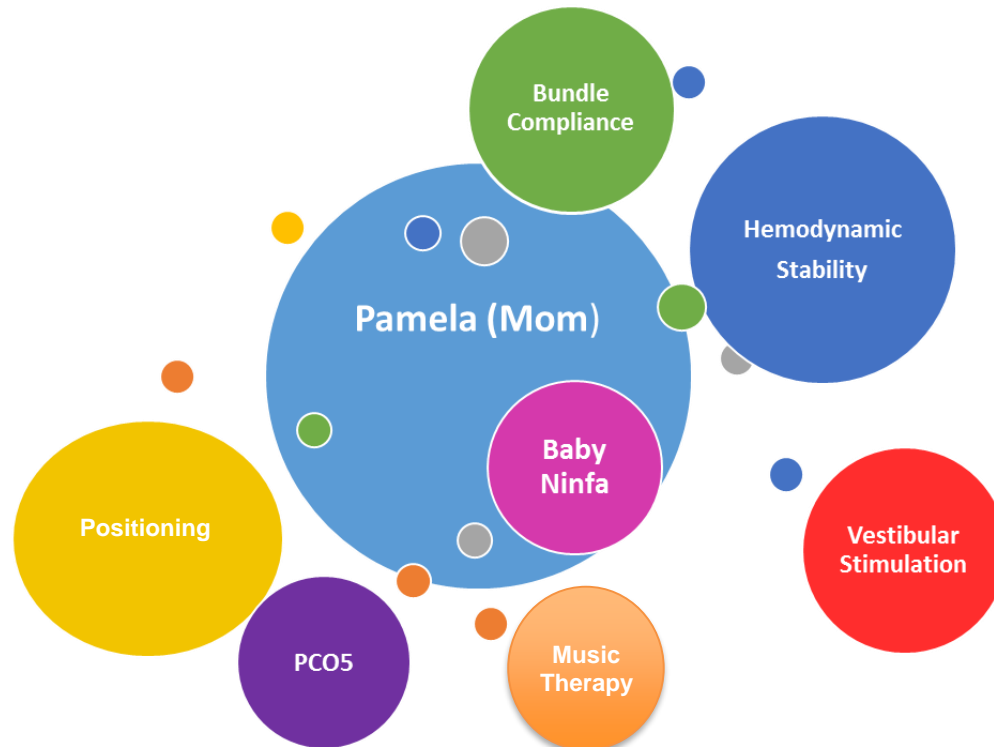
WHEN PARALLEL WORLDS COLLIDE: A STORY OF PROVIDING QUALITY CARE TO ACHIEVE A MOTHER'S WISHES

Leah Blackwell, MSNc, RN, NE-BC

Objectives Quality

- Discuss challenges, collaboration, and communication needed to provide somatic support to prolong the pregnancy in a woman with irreversible brain injury.
- Discuss and understand the clinical interventions and team dynamics required to provide outstanding patient care to two patients simultaneously.
- Discuss lessons learned and opportunities to improve care in such a challenging and complex case.

Ensuring a Great Outcome with Quality Care



Evidence Based Bundles

- Prevention of Hospital Acquired Conditions (HACs)
 - CAUTI - Catheter Associated Urinary Tract Infection
 - CLABSI – Central Line Associated Blood Stream Infection
 - HAPU – Hospital Acquired Pressure Ulcer
 - VAP – Ventilator Associated Pneumonia
- Compliance is audited by Quality Coordinator daily.
- Weekly multidisciplinary infection control rounds.
- Real time follow up and feedback provided to all members of our care team.

TSICU
Bundle
Compliance

NHSN
SIR
CAUTI
0.48

NHSN
SIR
CLABSI
0.552



Ninfá

March 7, 2016

Weight:
4 lbs. 3 oz.

Mother: Pamela

Father: Isaiah

Happy & Healthy: 6 Months & 1 Year



Great Outcomes

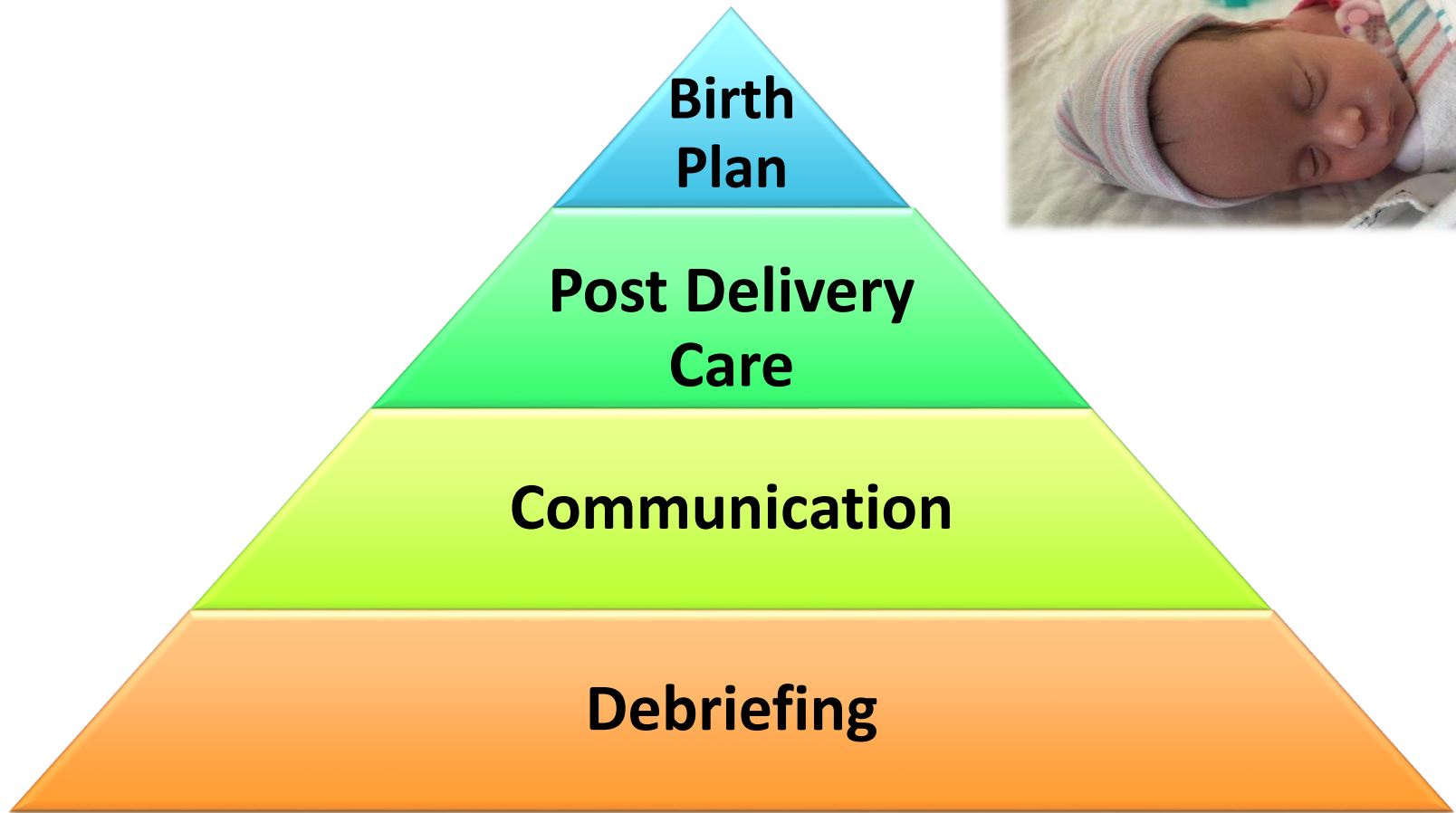
Quality Statistics

- Zero Hospital Acquired Complications

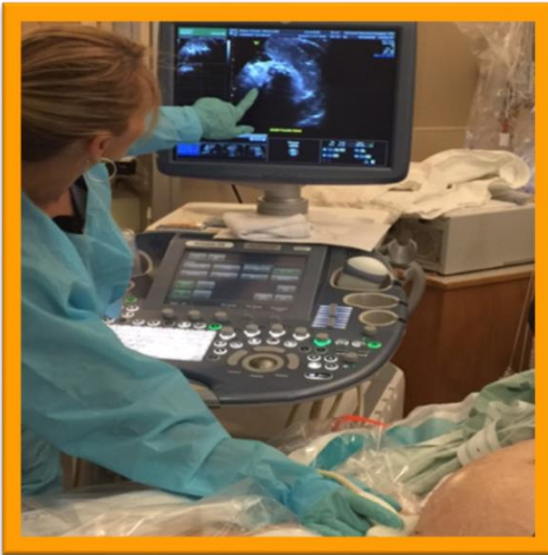
Life Gift Statistics

- Double Lung Transplant - 53yo F - waiting 78 days
- Right Kidney - 43yo M - waiting 1,501 days
- Left Kidney - 39yo M - waiting 2,173 days
- Liver - 43yo M - waiting 7 days
- Heart – recovered for research

Lessons Learned



Questions?



Want more information about our story.....

Email:

Stacey.Dotter@memorialhermann.org

Leah.blackwell@memorialhermann.org

Patricia.heale@memorialhermann.org

Donna.beecroft@memorialhermann.org

References

- Esmaeilzadeh, M., Dictus, C., Kayvanpour, E., Sedeghat-Hamedani, F., Eichbaum, M., Hofer, S., Engelmann, G. et al. (2010). One life ends, another begin: Management of a brain-dead pregnant mother-a systematic review. *BMC Medicine*, 8(74). Retrieved September 3, 2016 from <http://www.biomedcentral.com/1741-7015/7/74>.
- Feldman, D.M., Orgida, A.F., Rodis, J.F., & Campbell, W.A. (2000). Irreversible maternal brain damage during pregnancy: A case report and review of the literature. *Obstetrical & Gynecological Survey*, 55(11), 706-714.
- Hussein, I.Y., Govenden, V., Grant, J.M., & Said, M.R. (2006). Prolongation of pregnancy in a woman who sustained brain death at 26 weeks gestation. *BJOG*, 113, 120-122.
- Kubick, A.S. (2015). Pregnancy and brain death, an extraordinary form of organ donation. *Ethics and Medicine*, 40(4).

References

- Medical Moral Commission. (2014). Somatic support for brain-dead pregnant women.
- Said, A., Amer, A.J., Masood, U.R., Dirar, A., & Farls, C. (2013). A brain-dead pregnant woman with prolonged somatic support and successful neonatal outcome: A grand rounds case with a detailed review of the literature and ethical considerations. *International Journal of Critical Illness and Injury Science*, 3(3), 220-224.
- Souza, J.P., Oliveira-Neto, A., Surita, E.G., Cecatti, J.G., Amaral, E., & Silva, J.L.P. (2006). The prolongation of somatic support in a pregnant woman with brain-death. *Reproductive Health*, 3(3).
- Weick, K. & Sutcliffe, K. (2007). *Managing the unexpected: Resilient performance in the age of uncertainty*, (2nd ed.) John Wiley & Sons: San Francisco.

 **UTHealth**[®] | McGovern
The University of Texas | Medical School
Health Science Center at Houston

MEMORIAL[®]
HERMANN
Texas Medical Center