

**SAFE IN THE STORM OR MAKING WAVES?
SAFE HARBOR & HIGH-STAKES
COMMUNICATION**

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Disclosure Information


The speaker has no relevant financial relationships to disclose.



Objectives

- Define Texas Safe Harbor Nursing Peer Review Law
- Discuss gap in utilization of Safe Harbor
- Discuss interventions to improve communication effectiveness during a high-stakes conversation


Background




WHAT EXCEPTIONS

Process

- Made in good faith
- Must be invoked before accepting assignment / engaging in conduct requested
- Must notify supervisor in writing
- If nurse unable to leave bedside due to immediate patient care needs, may invoke verbally
- If the supervisor remedies the situation, either before or after Safe Harbor is invoked, the nurse may withdraw or continue the request. *It is their choice!*



Problem



- Knowledge gap about Safe Harbor
- Negative perception, punitive
- Fear of retaliation
- Nurses told they cannot invoke
- Reflect negatively on leaders

Purpose

Improve the quality of communication by individual nurse leaders responding to a simulation of a direct care nurse invoking Safe Harbor

Determine if an educational intervention enhanced the nurse leaders' knowledge of Safe Harbor and their communication skills in managing a high-stakes conversation

Just culture = environment of trust (Korkis et al., 2019)

High-trust organizations = healthier & happier (Zak, 2017)

Peer review supports nurse accountability (Whitney et al., 2016)

Correlation of just culture & effective peer review (Edwards, 2018)

Nurses = integral to safety culture (Webster & Wocial, 2020)

Literature Synthesis

Design

Innovation and Evaluation Project



Sample Question from Knowledge Survey:

I am confident I can acknowledge when a nurse may legally invoke Safe Harbor Nursing Peer Review.

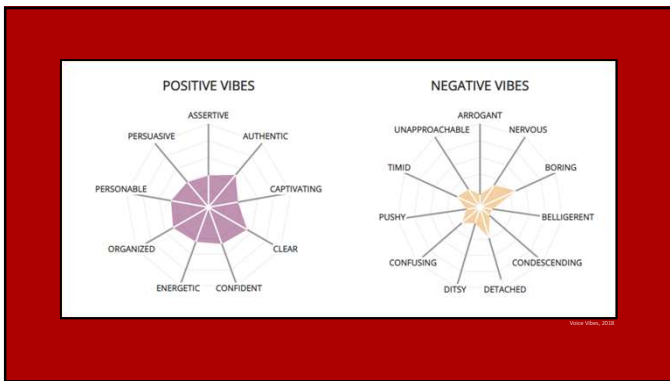
- o Strongly agree
- o Agree
- o Neither agree nor disagree
- o Disagree
- o Strongly disagree

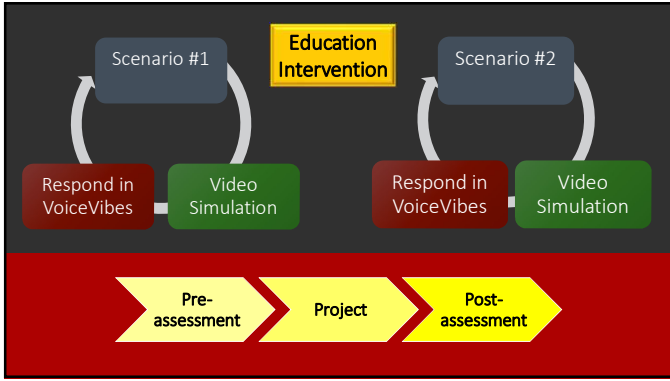
Methods

- Created new survey tool
- Piloted using face validity process
- Distributed to nurse managers in one organization

VoiceVibes®

- Helps people sound natural & relevant
- Improves message reception
- Built by speech & linguistic experts
- Improve communication effectiveness
- Immediate personalized feedback





Participants

- Nurse Managers
- Teams meeting & email
- 12 of 30 interested
- Step-by-step process
- Confidentiality, benefits, risks

Scenario #1

- 8-BED ICU
- 1:2 INCREASED TO 1:3
- HIGH-ACUITY PATIENTS
- SAFE HARBOR INVOKED



How would you feel?

- Anxiety?
- Frustration?
- Defensive?
- Did you catch that?

Education Intervention

- Safe Harbor Nursing Peer Review handout
- Efficient Tips for Conflict Engagement for Challenging Conversations handout
- Link to TED Talk, *How to Have Constructive Conversations*
- Organization's Nursing Peer Review policy
- Individualized feedback from project lead



Results

Demographics

- N = 9
- 89% female
- Average age 41.2
- 100% White/Caucasian
- Average experience 18.1 years
- 5 Bachelor of Science in Nursing
- 4 Master of Science in Nursing
- 1 prior experience nursing peer review

Knowledge Assessment Survey

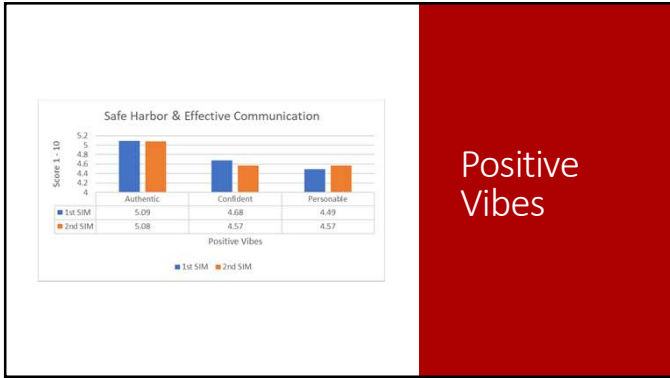
Confidence knowledge of Safe Harbor

Competence communicating effectively

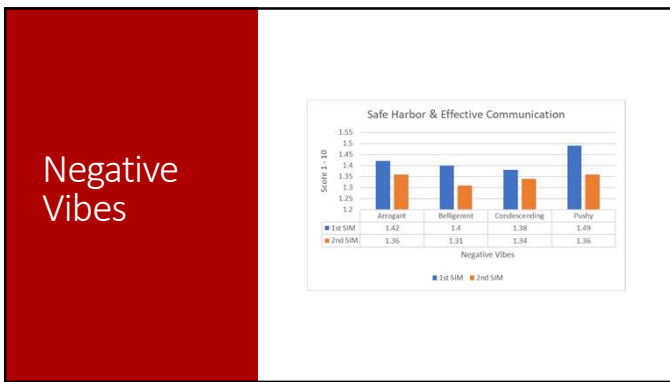
Opinion of work environment

Assessment	Score
Pre	31.2
Post	38.7

Statistically significant mean increase of 7.4 points



Positive Vibes



Negative Vibes

Qualitative Feedback

- Awareness tone of voice
- Word usage
- Perception of response
- *How* something is said





Limitations

- Small sample size
- Homogenized sample pool
- Participants' previous experience
- Only one intervention
- Holiday season between Covid surges
- Comfort with technology
- AI-coaching platform confusing

Implications

- Under-utilization by nurses
- Unsafe dialogue by nurse leaders
- Trusting & supportive healthcare environment



Conclusion
