AUSTRALIAN INSTITUTE OF HEALTH INNOVATION
Faculty of Medicine and Health Sciences

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

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Patient safety: the beginning of the end or the end of the beginning?

Final presentation
Auckland, NZ, 14 November 2017

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Changing world of health care

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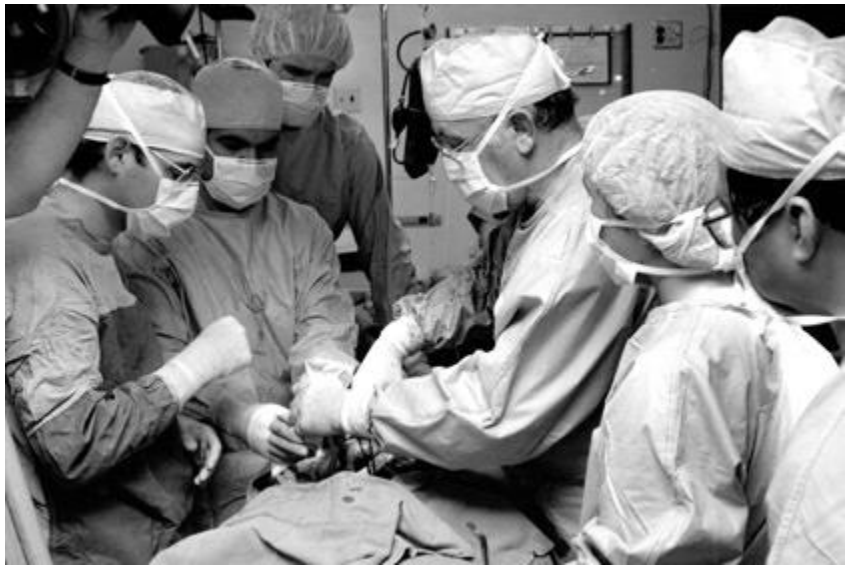
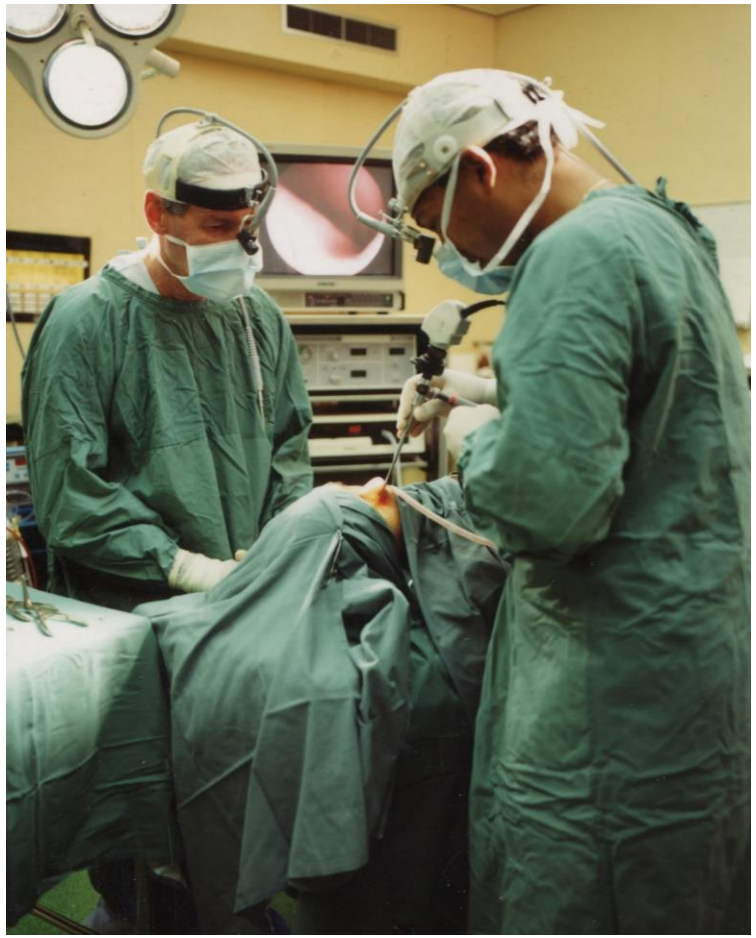


The 1970’s



The 1990’s

Present day

Patient safety

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Is it the end of the beginning or the beginning of the end?

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Int J Health Policy Manag 2017, 6(x), 1–5

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IJHPM
International Journal of Health Policy and Management

Editorial

False Dawns and New Horizons in Patient Safety Research and Practice

Russell Mannion[1*], Jeffrey Braithwaite[2]

Patient safety initiatives

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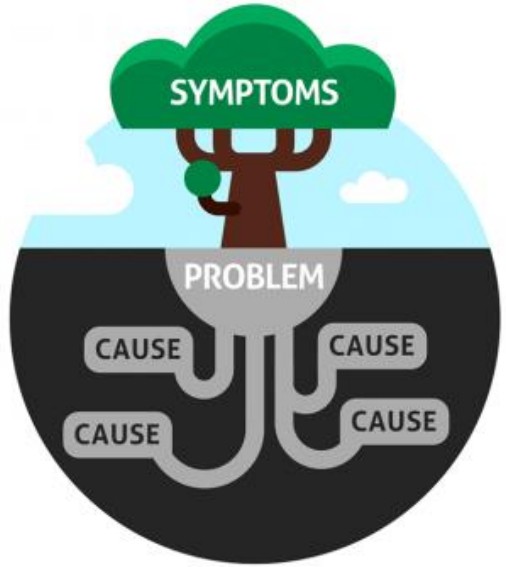
- Root cause analysis
- Hand hygiene
- Medication safety
- Accreditation
- Etc etc …



But the rates of harm haven't reduced far enough

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They seem to have flatlined at 10%

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So we need new ideas and innovations in thinking about patient safety

New ideas and innovations in patient safety

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1. Safety-I and Safety-II
2. WAI and WAD

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1. Safety-I and Safety-II

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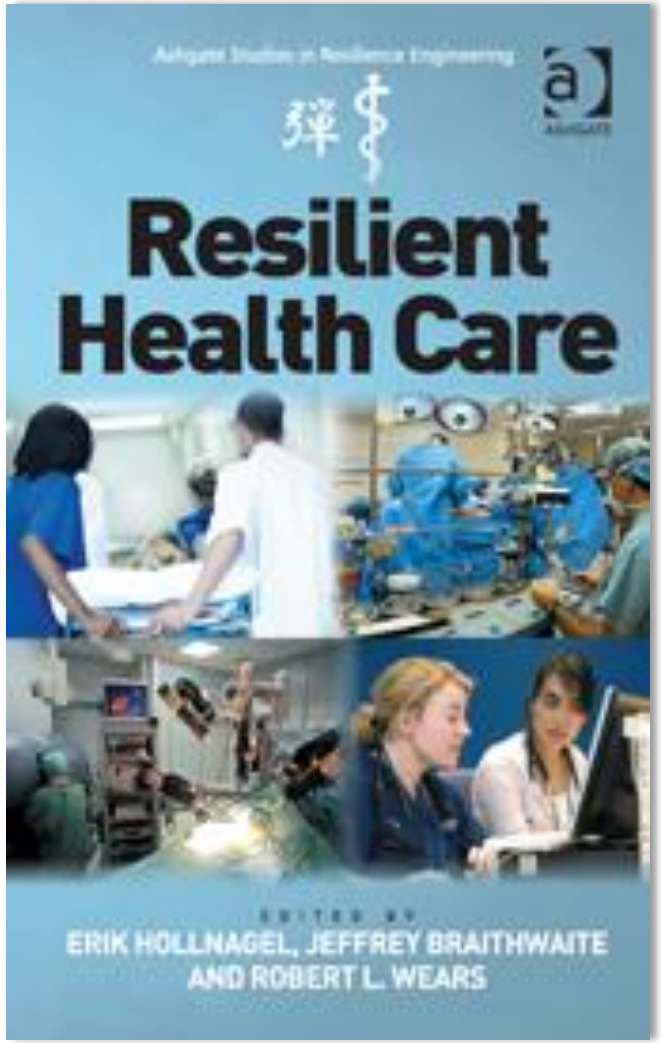

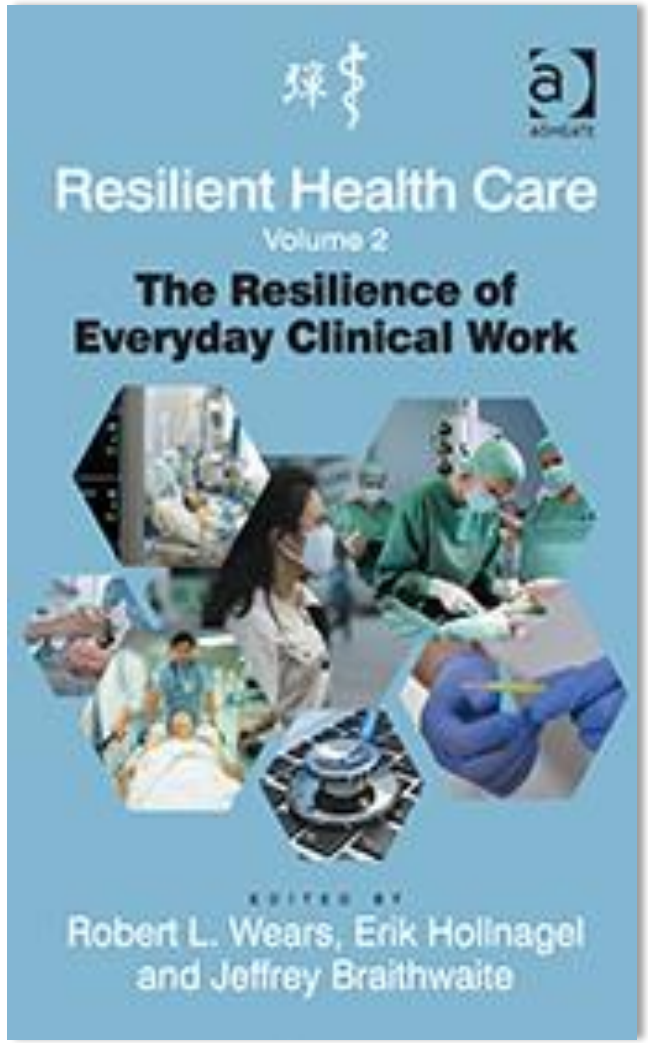

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Safety Perspectives in RHC

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Safety I

- The (relative) absence of adverse events
- Reactive
- Assumes safety can be achieved by finding, and eliminating the causes of adverse events

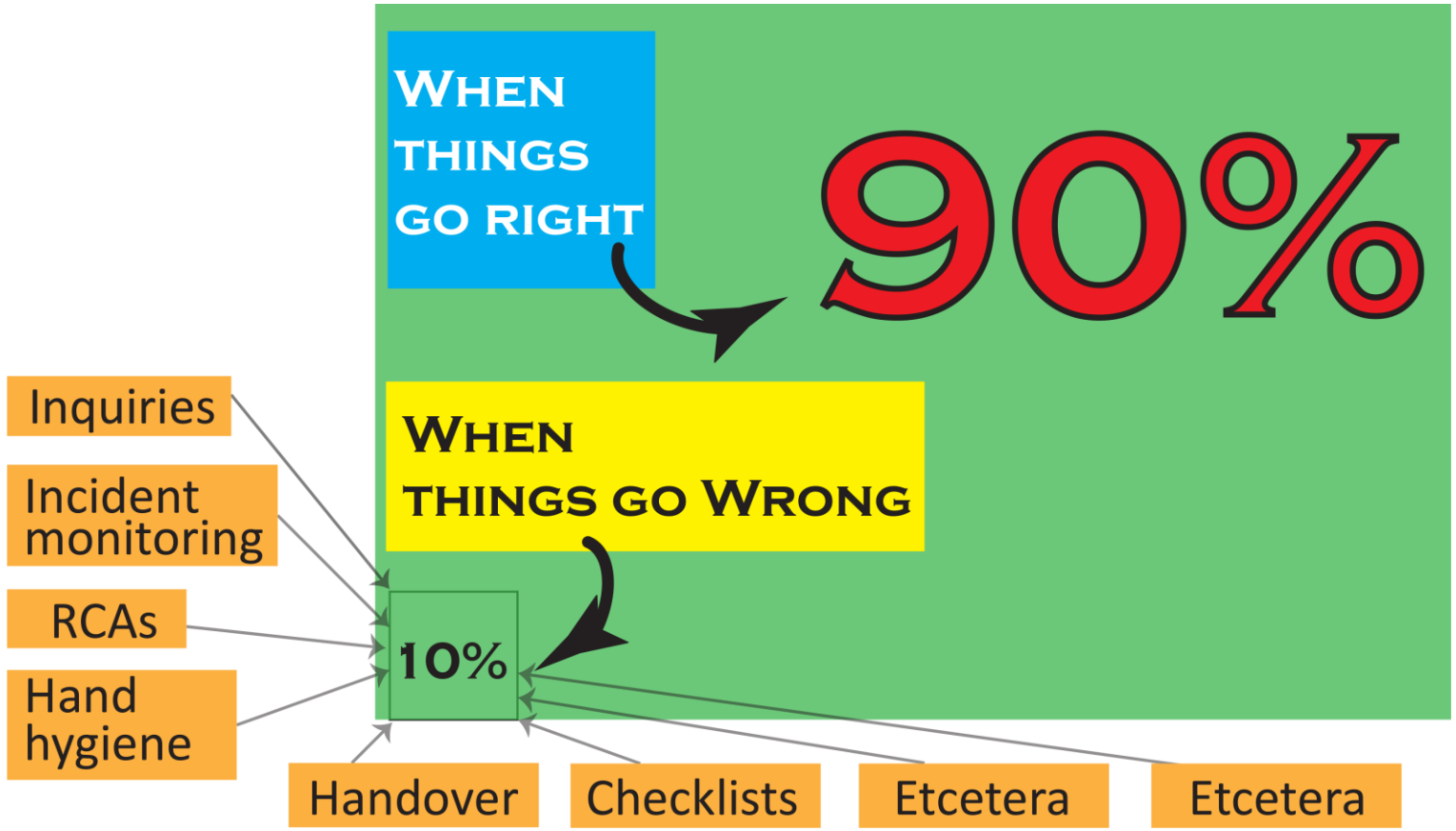
Safety II

- The ability to succeed under varying conditions
- Proactive
- Focuses on what goes right, so that the number of intended and acceptable outcomes is as high as possible every day

[Hollnagel, Braithwaite, Wears. Resilient Health Care, 2013]

Safety-I and Safety-II

The amazing thing about health care isn't that it produces adverse events in 10% of all cases, but that it produces safe care in 90% of cases.



Safety-I – where the number of adverse outcomes is as low as possible

Trying to make sure things don't go wrong

Safety-II – where the number of acceptable outcomes is as high as possible

Trying to make sure things go right

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Few people have ever looked at *why things go right so often*

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2. Work-as-imagined and work-as-done

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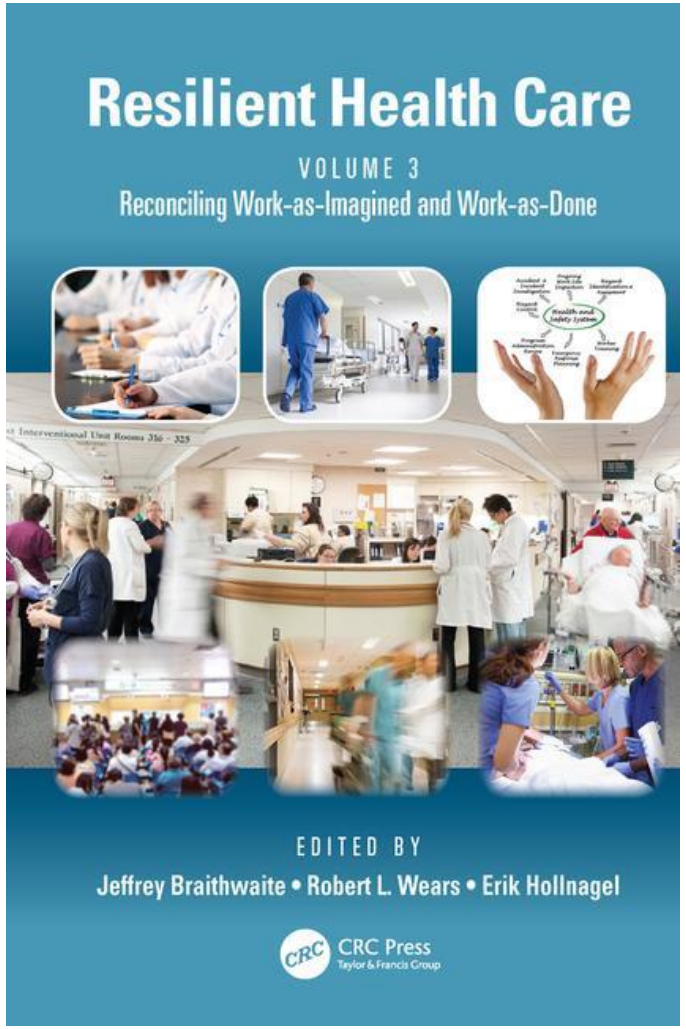

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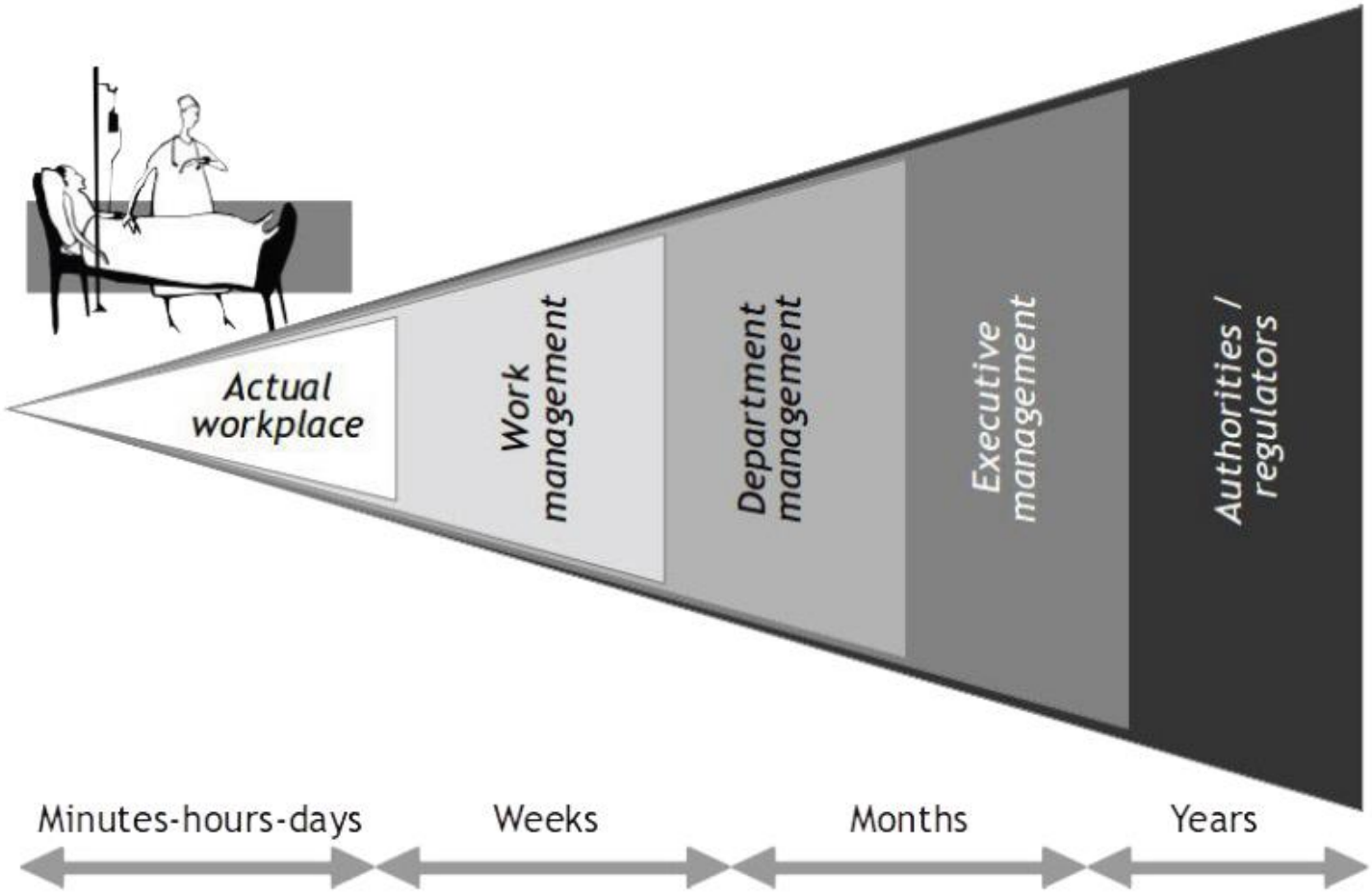
WAI and WAD



[Hollnagel, 2015]

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Are you on this list?

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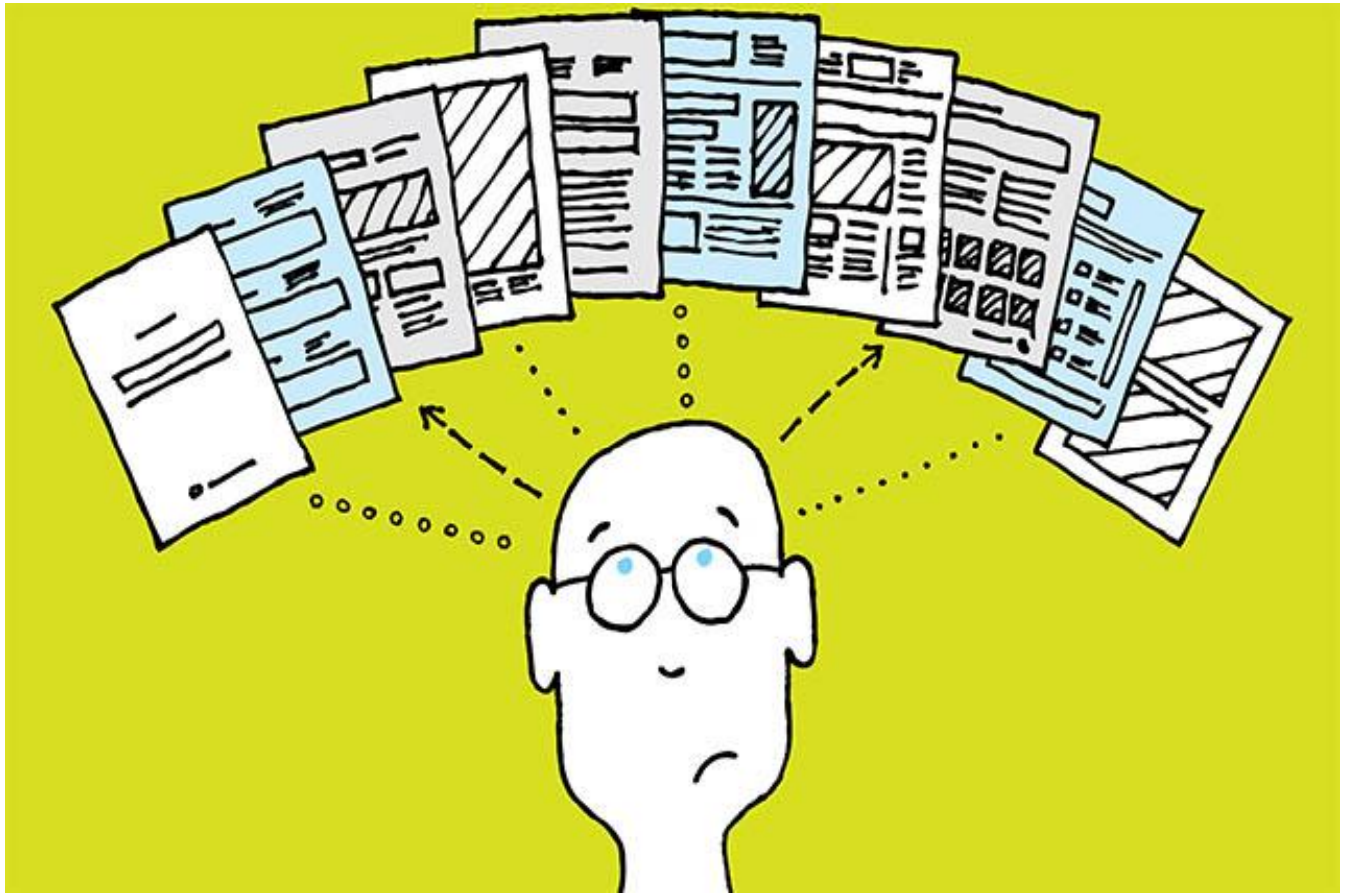
Policy-makers, executives, managers, legislators, governments, boards of directors, software designers, safety regulation agencies, teachers, researchers.

The blunt end tries to …

shape, influence, nudge behaviour.



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What they do seems perfectly logical, obvious and feasible.

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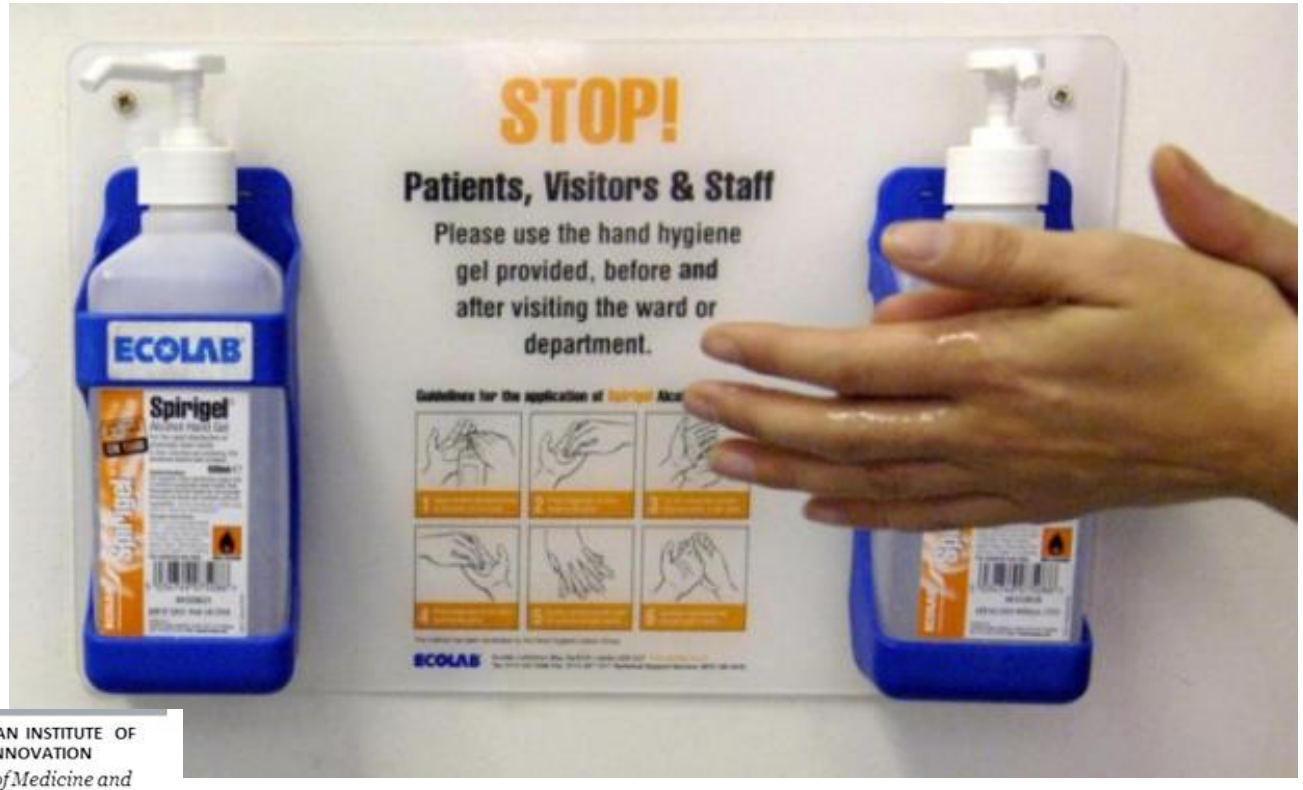
In health care, those doing WAI have designed, mandated or encouraged a bewildering range of tools, techniques and methods, to reduce harm to patients.

E.g., root cause analysis, hand hygiene campaigns, failure modes effects analysis ...

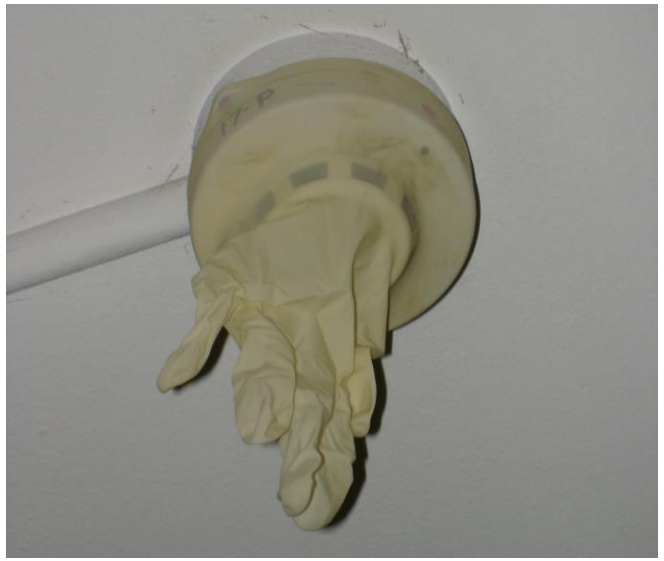


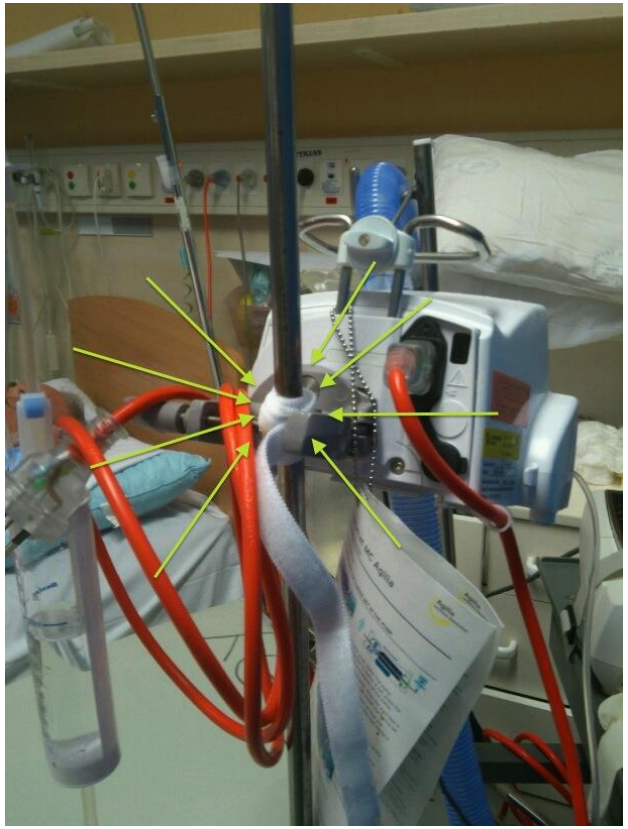
And there's lots of others …

Meanwhile work is getting done, often *despite* all the policies, rules and mandates

WAD—workarounds

Glove placed over a smoke alarm, as it kept going off due to nebulisers in patients' rooms.





A leg strap holding an IV to a pole, as the holding clasp had broken.

Plastic bags placed over shoes to workaround the problem a of gumboot (welly) shortage.

WAD—fragmentation

Doctors in Emergency Departments in a study:

- Were interrupted 6.6 times per hour.
- Were interrupted in 11% of all tasks.
- Multitasked for 12.8% of the time.

[Westbrook et al. (2010). Qual Saf Health Care]

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Doctors in EDs in a study:

- Spent on average 1:26 minutes on any one task.
- When interrupted, spent more time on tasks.
- And … failed to return to approximately 18.5% of interrupted tasks.

[Westbrook et al. (2010). Qual Saf Health Care]

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So work-as-imagined folks often have some sort of linear, mechanistic view of the system.

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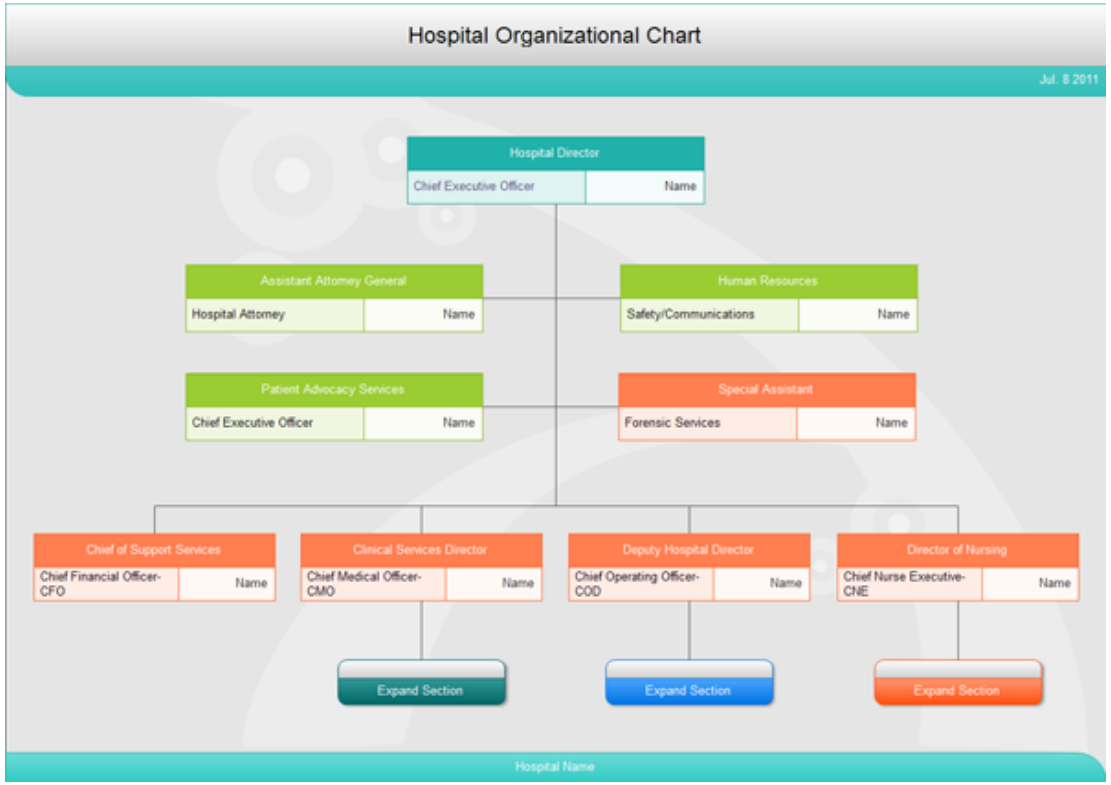
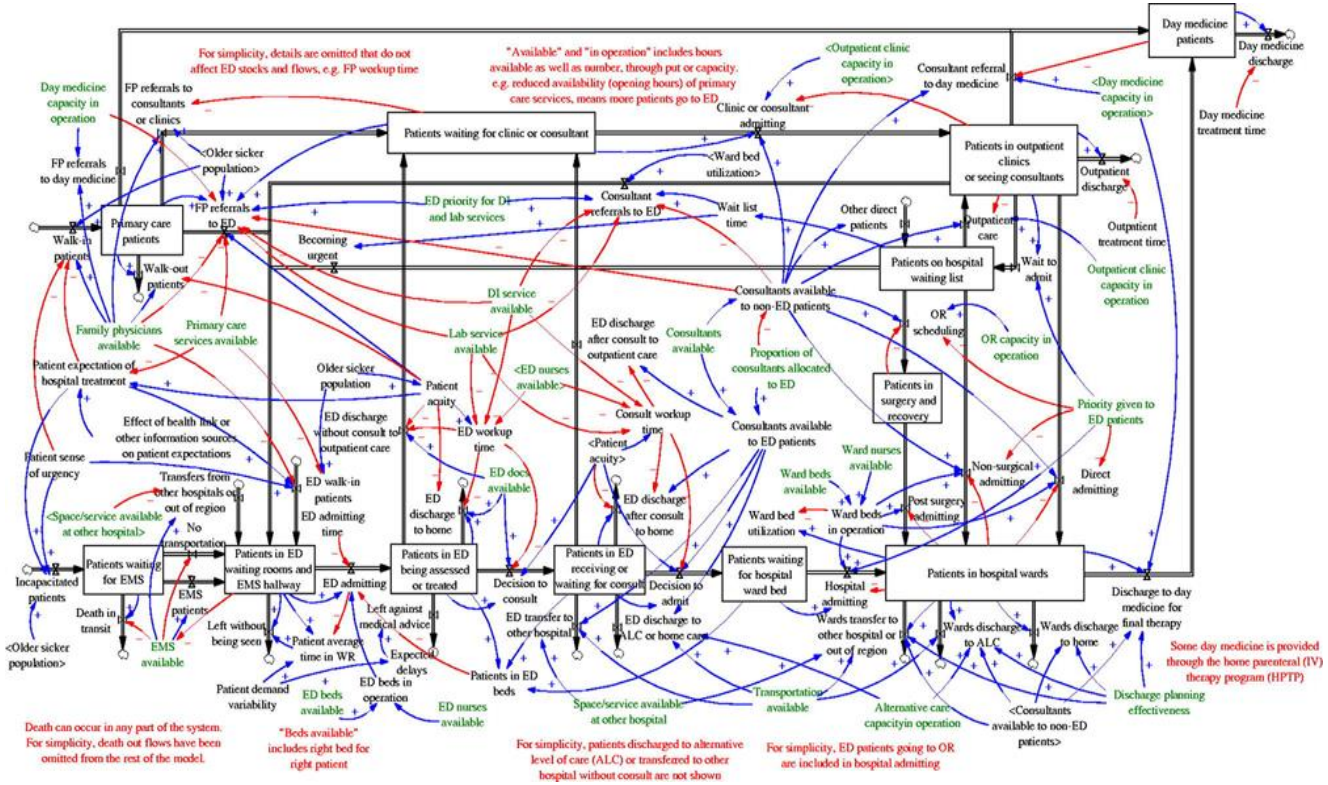
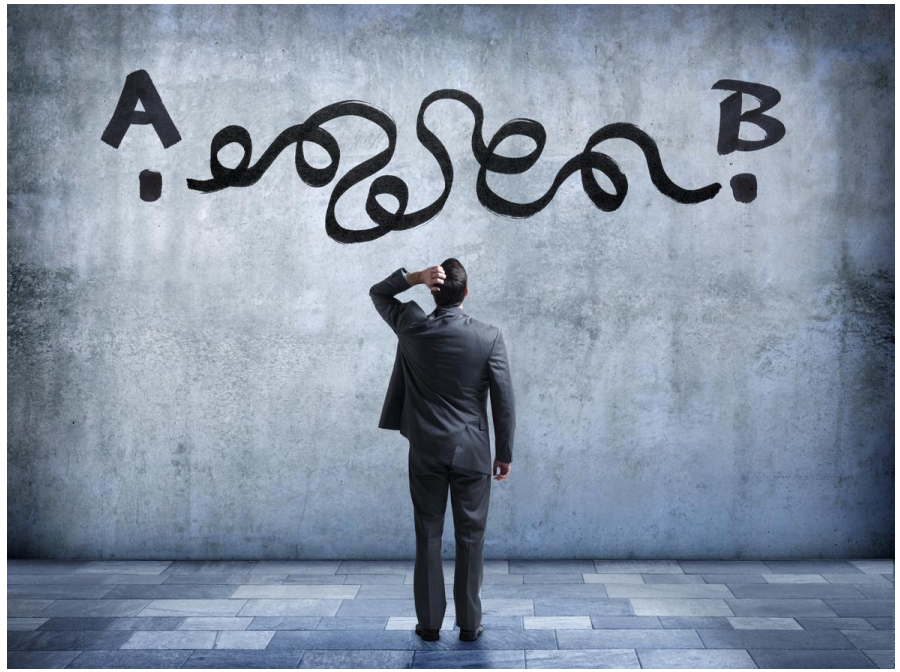
Instead, health care is a complex adaptive system delivered by people on the front line who flex and adjust to the circumstances.

Not like this … like this





And clinicians don’t deliver care in the way blunt end prescriptivists want them to.



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And therefore the only real solution is to try and *reconcile work-as-imagined* and *work-as-done.*

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A message to blunt end people—learn how work actually works.



A message to sharp end people—work more closely with WAI people.



The bottom line?

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In life, in marriage, in affairs of the heart, in friendships, in international relations, and in working environments:

It's always better to engage with your partner.

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Questions or comments?

Recent Published Books

Published

2010 | 2013 | 2015 | 2015 | 2016 | 2017 | 2017

- **Culture and Climate in Health Care Organizations**
- **Resilient Health Care**
- **The Resilience of Everyday Clinical Work**
- **Healthcare Reform, Quality and Safety: Perspectives, Participants, Partnerships and Prospects in 30 Countries**
- **The Sociology of Healthcare Safety and Quality**
- **Reconciling Work-as-imagined and Work-as-done**
- **Health Systems Improvement Across the Globe: Success Stories from 60 Countries**

Forthcoming Books

In Production

- **Health Care Systems: Future Predictions for Global Care**
- **Gaps: the Surprising Truth Hiding in the In-between**
- **Surviving the Anthropocene**
- **Field Guide to Resilient Health Care**
- **Counterintuitivity: How your brain defies logic**

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