Delivering resilient health care

A workshop with Professor Erik Hollnagel

Thursday, 13 December 2018
Te Papa, Wellington

PROGRAMME

Time	Session
8:15am	Registration opens
9:00am	**Mihi whakatau** Peter Jackson, Te Āti Awa
9:10am	**Welcome from the Commission** Dr Janice Wilson, chief executive, Health Quality & Safety Commission
9:20am	**The springboard from Safety I to Safety II** Dr David Hughes, clinical lead, adverse events learning programme, Health Quality & Safety Commission
9:40am	**Delivering resilient health care** Professor Erik Hollnagel, Ph.D., University of Southern Denmark and chief consultant at the Centre for Quality Improvement, Region of Southern Denmark *Rather than trying to prevent malfunctioning by eliminating the causes of specific events, resilient health care tries to improve the quality and safety of everyday clinical work. One way to do this is to manage the four potentials for resilient performance using the Resilience Assessment Grid (RAG).*
10:30am	**Morning tea**
11:00am	**Safety II - Translating theory into practice** Dr Carl Horsley, intensive care consultant, Countis Manukau Health *"There is nothing so practical as a good theory" Kurt Lewin (1943)* *While there is an increasing interest and understanding of the concepts of Safety-II, the common questions remain: What does this mean for how we work?* *This session seeks to explore the practical implications that arise from this change of understanding about how safety is created.* *In summary, it changes everything: how we view staff and patients, how we design our work, how we explore incidents, and how we build and lead teams. This change in view helps us to understand so many of the problems we face in healthcare and suggests new ways forward to help resolve them.*

11:30am	**Weaving safety into the fabric of your organisation** Jo Wailling, senior adviser organisational development, Capital & Coast DHB and adjunct research fellow, Victoria University of Wellington *Safety-II recognises that humans are an important resource for flexible, resilient safety systems. In complex adaptive systems, like healthcare organisations, people stratify and mitigate risk every day. How diverse groups of healthcare professionals prioritise, define and enact safety is influenced by their values, choices and actions, as well as their everyday work context. When we focus on nurturing people and culture, safety is woven into everything healthcare organisations do.* *Organisations can build beyond a deficit only approach by appreciating there are multiple perspectives of safety. Weaving Safety-II into organisational frameworks and approaches aims to help us move towards a proactive safety system and learn from excellence. Core components of our safety framework include a culture of collaboration, support and appreciation, and a just, restorative culture.* *We are at the beginning of our journey and this session will discuss practical examples of our 'work as imagined' and 'work as done' and what we have learned from the gap in between.*
12:00pm	**Lunch**
	Real cases of Safety II in practice - *How to make the system safer and better*
12:45pm	**Designing incident reporting for transitioning to Safety-II** Brian Robinson, senior lecturer, Victoria University of Wellington
1:05pm	**ACE Awards – a learning from excellence initiative** Presenter TBA, Capital & Coast DHB
1:25pm	**Reconciling work as-imagined and work-as-done to improveve hand hygiene** Presenter TBA, Counties Manukau Health
1:45pm	**Safe Medicine Administration: An approach that goes beyond policy content** Helen Costello, Capital & Coast DHB
2:05pm	**Making Safety-II clinician Safety-Too. Medicolegal considerations -** Whatever improves patient safety improves clinician safety. They are mutually inclusive. Dr Denys Court, adverse events expert advisory group, Health Quality & Safety Commission *Safety-II is in its early years and to many clinicians is an undiscovered mystery. Though what makes patients safer should also make clinicians safer, it is yet to be seen how they will perceive it as impacting on accountability. Accountability can be confused by the existence on one hand of the legal-accountability "standard of care" and on the other, our aspirations toward "best practice".* *Many an expert witness has confused these. It is essential that Safety-II is seen as a mechanism to encourage, support, and measure the improvement of care (because it examines what goes right and why) and that it relates more closely to best practice than the legal standard of care.* *For Safety-II to reach tipping point in clinical practice, becoming an every-day every-clinician system, it will necessitate ensuring that it is seen as supportive of the care clinicians provide rather than increasing their accountability.*
2:45pm	**Afternoon tea**

3:15pm	**From preventable harm and assignable causes to resilient health care** Professor Erik Hollnagel, Ph.D. *The pursuit of excellence in health care has traditionally focused on eliminating the unwanted. Resilient health care – and Safety-II – argues for an alternative approach, namely to look for ways to ensure that which is wanted.*
4:00pm	**Wrap up** **Poroporoaki**
4:15pm	***Workshop ends***