Weaving safety into the fabric of your organisation

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MA TINI, MA MANO, KA RAPA TE WHAI – BY JOINING TOGETHER WE WILL SUCCEED
“Patient Safety is in everything we do.”
“In the margins, where we do not do well, culture often plays a part. It is seen in the failure to speak up, to raise a question, to make the connection, to listen.”

Anthony Hill, HDC
“All the plants and animals that live in a particular area together with the complex relationship that exists between them and their environment”  Collins dictionary
LEARN FROM EVERYDAY WORK

WE ARE CONNECTED

PSYCHOLOGICAL SAFETY

SHOW HUMILITY

MINDFUL LEADERSHIP

TEAM SKILLS

TRUST

VALUES DISSONANCE

ACKNOWLEDGE & REPAIR HARM

ANTICIPATE & PREPARE

ETHICAL DECISIONS

MY SAFETY

COLLABORATING CENTRES FOR SAFE HEALTH CARE
“DHBs are struggling to develop an ideal safety culture”

Hardy, 2013
“The way ahead lies not in a replacement of Safety I by Safety II but in a combination of the two ways of thinking.”

Hollnagel, Wears and Braithwaite 2015
In unity there is strength

He toa takitini

So’o le fau i le fau

He Ara Oranga: Report of the government inquiry into mental health
Trying to understand safety by only looking at incidents is like trying to understand sharks by only looking at shark attacks

Attributed to Bob Wears

Source: Adrian Plunkett
Birmingham Children's Hospital
Surveillance
Timeliness
Proactive Systems

Anticipation & Vigilance

Safety Capability

Building blocks
Collaboration and trust
Balance

Resilient Culture

Wailling, J (2016)
Proactive safety systems

“Frontline clinicians in complex adaptive systems develop and accept new ideas based on their own logic that are incredibly important innovations that are important for safety.”

Braithwaite 2018

**National Early Warning Score**

<table>
<thead>
<tr>
<th>ZONE</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>YELLOW</td>
<td>Any vital sign in the yellow zone or total EWS 1-5</td>
</tr>
<tr>
<td>ORANGE</td>
<td>Any vital sign in the orange zone or total EWS 6-7</td>
</tr>
<tr>
<td>RED</td>
<td>Any vital sign in the red zone or total EWS 8-9</td>
</tr>
<tr>
<td>BLUE</td>
<td>Any vital sign in the blue zone or total EWS 10 or more</td>
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</tbody>
</table>

*Acute illness or unstable chronic disease*  
*Likely to deteriorate rapidly*  
*Immediately life threatening critical illness*

**Waitemata DHB adult MHS Triage**

<table>
<thead>
<tr>
<th>Triage Code / Description</th>
<th>Response type / face-to-face contact</th>
</tr>
</thead>
</table>
| A Emergency | IMMEDIATE REFERRAL  
Emergency service response |
| B | WITHIN 4 HOURS  
Very high risk of imminent harm to self or others |
| C | WITHIN 24 HOURS  
High risk of harm to self or others and/or high distress, especially in absence of capable support |
| D | WITHIN 72 HOURS  
Moderate risk of harm and/or significant distress |
| E | WITHIN 4 WEEKS  
Low risk of harm in short term or moderate risk with good support/stabilising factors |
| F | Referral or advice to contact alternative service provider  
Referral not requiring face-to-face response from mental health |
| G | Advice, consultation, information  
Advice or information only OR More information needed |
Our People Strategy

Ma Tini, Ma Mano, Ka Rapa Te Whai

By Joining Together We Will Succeed
Supporting Safety Culture

Working with Cognitive Institute to support a strong safety culture at CCDHB.

- The Speaking Up for Safety Programme®, the Safety C.O.D.E.™ and Speaking Up for Safety™, are the property of Cognitive Institute and are used under license.
- For more information please contact It’s about our place [CCDHB] RES-ItsAboutOurPlace@ccdhb.org.nz
Safety is a shared responsibility - we are all accountable for the safety of patients and each other.

Every person is part of the health team, regardless of role or position, and has an equal right and responsibility to speak up for safety.

When anyone raises a concern, we all need to strive to listen and thank them for speaking up.

Managers and leaders take the time to follow up and feedback about concerns raised.

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GRAND ROUN

WHAT IS RESTORATIVE JUSTICE AND HOW MIGHT IT HELP US BUILD A STRONG SAFETY CULTURE?

Come and find out at Grand Round, where we’ll hear from Professor Chris Marshall, the inaugural Chair in Restorative Justice at the School of Government at Victoria University. The approach is based on the concept that individuals and communities thrive in an environment of positive

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- Every person is part of the health team, regardless of role or position, and has an equal right and responsibility to speak up for safety.
- When anyone raises a concern, we all need to strive to listen and thank them for speaking up.
- Managers and leaders take the time to follow up and feedback about concerns raised.
Safety is a shared responsibility - we are all accountable for the safety of patients and each other. This is achieved by staff in organisations where they feel safe and supported.

Every person is part of the health team, regardless of role or position, and has an equal right to feel safe and supported.

All our people feel confident to speak up for support for themselves or others (staff, patients or visitors), are thanked when they do and have confidence that responses will be respectful and action oriented.

Managers and leaders feel confident to support wellbeing and resilience of our people.

Respect and kindness underpin the way we work together.
Key Principles of Speaking Up For Success:

1. **We appreciate each other and the contribution we make.**
   - Every day we all come to work to provide safe, compassionate care to our community.
   - Every person is part of the health team, regardless of role or position, and contributes to our goal of improving the health and wellbeing of our community.
   - We take time to say thank you and to appreciate the time, energy, thought and care that we all put into our work.

2. **We Learn from Excellence.**
   - We notice great work and seek to support and empower excellence.
   - We seek out excellence and share what we have learned.

We celebrate work well done and take pride in the achievements of ourselves and our colleagues.
Are we vigilant to harm?

Mitigating Harm

Are we responding and improving?

Integration & Learning

Are our safety systems reliable?

Reliability

Anticipation & Preparedness

Are we safe right now?

Sensitivity to Operations

Will patients and staff be safe?

Proactive Safety System

Adapted from Vincent, C., Burnett, S. Carthey, J. (2014).
Safety Attitudes Questionnaire

15 Danish General Hospitals

Teamwork Culture
Safety Culture
Job Satisfaction
Stress Recognition
Organisation Management
Unit Management
Working Conditions

0% 20% 40% 60% 80% 100%
Declutter, simplify and nurture that which ensures our ecosystem can thrive.
Declutter

- Bullying & Harassment
- Open disclosure
- Critical Incident response
- Health and Safety
- Wellbeing
- Whistleblowing
- Adverse Events

Source: Nursing Education Network
“If an organisation is convinced that it has achieved a safe culture, it almost certainly has not.

Safety culture, like a state of grace, is a product of continual striving. There are no final victories in the struggle for safety”

Reason 2000