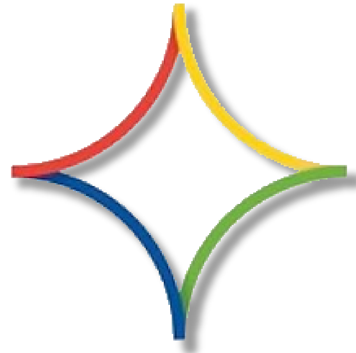
Healthcare System Safety and Accountability Inc.



Are you Feeling Resilient Today?

Thinking Outside the Box in Patient Safety

Moving to Organizational Resilience and Restorative Practices in Healthcare

BCPSQC Q-Cafe Webinar

November 19, 2020

Disclosure Statement: (Dr. Robert Robson)

- ✓ Founding member of Resilient Health Care Network
  (Reconstituted as Resilient Health Care Society – August 12, 2020)
- ✓ Principal of Healthcare System Safety and Accountability, Inc.
- ✓ Designed SPHERE Workshop on systemic nonlinear analysis protocol
- ✓ No financial, scientific or ethical conflict of interest

Resilience in Healthcare

Today's webinar will explore:

1. What the heck is resilience? (and how can you tell whether this is just the latest "flavour of the month")

2. What capabilities make a system more or less resilient?

3. How can you assess the resilience of a system? (with the Resilience Assessment Grid (RAG), of course…)

4. How is this linked with restorative practices in healthcare?

Safety I and Safety II (An Evolving View of Safety)

Safety I:

- Goal is for as few things to go wrong as possible
- Reactive - responding when something goes wrong
- Accidents caused by failures and malfunctions
- Linear link between cause and effect (causality credo)
- Proportionality between cause and effect
- Investigate to identify causes
- Eradicate (or at least modify) causes ("find and fix")
- Human operators are weak link, seen as liabilities
- Human performance variability is bad, to be constrained

Safety I and Safety II (An Evolving View of Safety)

Safety II:

- Goal is for as many things to go right as possible
- Proactive safety management, trying to anticipate
- Systems are increasingly complex and intractable
- Accidents emerge from the interaction of multiple factors
- Causation is often nonlinear, unpredictable
- Lack of proportionality - small causes can produce large effects
- Investigate to understand how things usually go right
- Human operators are an important resource
- Performance variability is inevitable, can be influenced

Polling Question #1

Are you feeling resilient today?

- Yes
- Sort of
- No
- What the heck does “resilient” mean?

(30 seconds to answer – please pick only one of the options)

Dialogue Time:

Please let us know if you are willing to have your microphone unmuted, so you can jump into the webinar with questions, comments, or anything else that will enliven the day!

What is Resilience?

Expression of how well people and organizations cope with everyday situations (large and small) by adjusting their performance to the conditions

A system is resilient if it can adjust its functioning prior to, during, or following events (changes, disturbances, and opportunities), and thereby sustain required operations under both expected and unexpected conditions.

Resilience is something a system does, and not something a system has.

Resilience is reflected in a system's performance (think Tacoma Narrows Bridge)

Differentiate individual vs system resilience

Perspectives on individual resilience

- Initial focus on “individual invulnerability”
- Research examined “internal resiliency factors”
- Present focus examines multiple factors (biological, psychological, social, ecological) that interact to help cultivate mental wellbeing
- “Resilience is both the capacity of individuals to navigate their way to psychological, social, cultural, and physical resources that sustain their wellbeing, AND their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways” **

** Ungar, M., Theron, L. May 2020, Resilience and Mental Health: how multisystemic processes contribute to positive outcomes, *Lancet Psychiatry*, Volume 7

Individual resilience

Examples

- COVID-19
- Patient Safety
- Wild fires

Today's webinar is NOT focusing on individual resilience

Polling Question #2

Is your system (team, unit, facility) feeling/acting resilient?

- Absolutely
- Somewhat
- Not so much
- How can I tell?

(30 seconds to answer – pick only one option)

Dialogue Time:

Please let us know if you are willing to have your microphone unmuted, so you can jump into the webinar with questions, comments, or anything else that will enliven the day!

Organizational Resilience
(A 21st Century Approach to Safety in Healthcare)

Resilience:

The intrinsic ability of an organization to adjust its functioning prior to, during, or following changes or disturbances, so that it can sustain required operations under both expected and unexpected conditions.

Elements or capabilities of a resilient organization:

1. Responding to regular and irregular conditions in a flexible and effective manner
2. Monitoring operations to identify short term developments and threats; revising risk models
3. Anticipating long-term threats and opportunities; imagining the unknowable
4. Learning from past events to understand correctly what happened and why

Organizational Resilience

Examples

- SARS
- Ebola
- COVID-19
- Others

For today's webinar, let's look at COVID-19 and that big system known as Canada

Polling Question #3

Canada's response to COVID-19 has been

- Very good
- Generally, pretty reasonable (compared to you know who)
- Should have been more robust (think of Taiwan and South Korea)
- Too many variables to answer

(30 seconds to answer – please pick only one option)

Dialogue Time:

Please let us know if you are willing to have your microphone unmuted, so you can jump into the webinar with questions, comments, or anything else that will enliven the day!

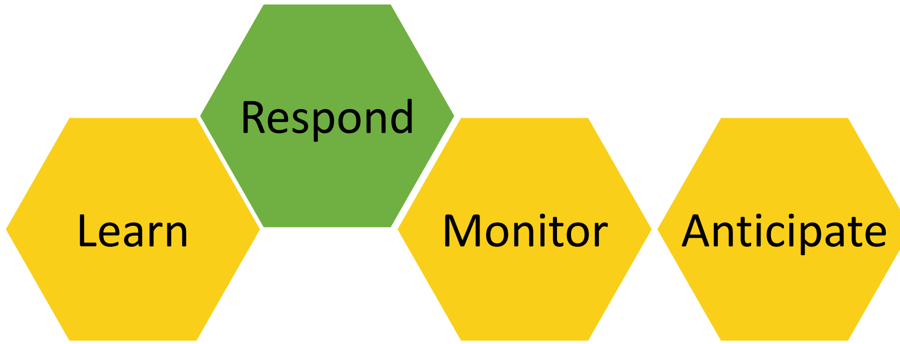
Measuring/Assessing Organizational Resilience

Resilience Assessment Grid (RAG)

- Primarily qualitative assessment
- Measures multiple dimensions of four capabilities
- Repeated at regular intervals

- Applicable for retrospective event analysis
- Also very useful for prospective risk assessment

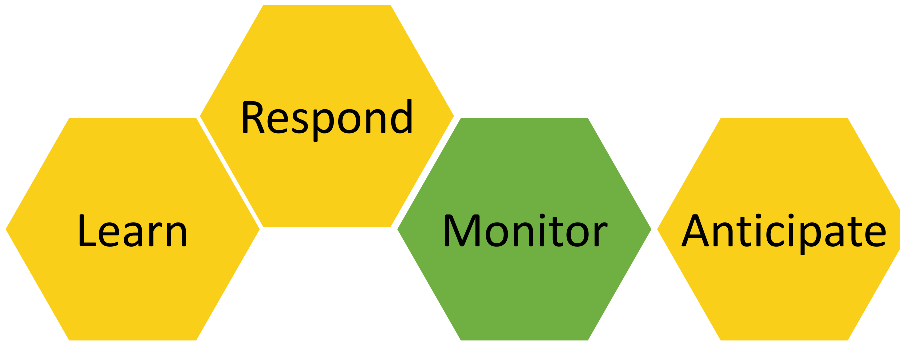
The Potential to Respond



© Erik Hollnagel, 2018

Events	Is there a prepared list of possible events or conditions (internal or external) for which the organisation should be ready to respond?
Relevance	Have the events been verified and/or revised on a regular basis?
Responses	Have responses been planned and prepared for every event considered?
Relevance	Has the organisation ensured that the responses are adequate?
Start and stop	Are the triggering criteria well defined? What is the threshold to respond? Are there clear criteria for ending the response?
Activation & duration	Can an effective response be activated fast enough? Can it be sustained as long as needed?
Response capability	Are there sufficient support and resources to ensure response readiness (people, equipment, materials)?
Verification	Is the readiness to respond verified and maintained?

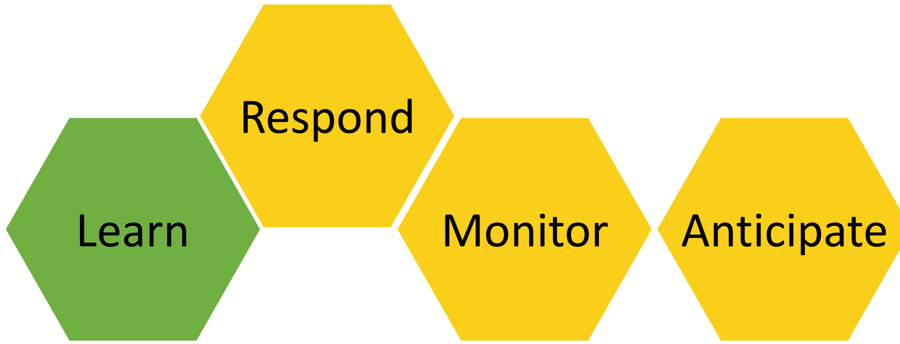
The Potential to Monitor



© Erik Hollnagel, 2018

Indicator list	Does the organisation have a list of regularly used performance indicators? How many are *leading* and how many are *lagging* indicators?
Relevance	Is the list verified and/or revised on a regular basis?
Validity	Has the validity of the indicator been established?
Delay	Is the delay in sampling indicators acceptable?
Sensitivity	Are the indicators sufficiently sensitive?
Frequency	Are the indicators measured or sampled with sufficient frequency?
Analysis	Are the indicators directly meaningful or do they require some kind of analysis? How are they measured (*qualitative* vs *quantitative*)?
Organisation support	Is the RAG properly resourced? Are the results communicated to the right people and put into use?

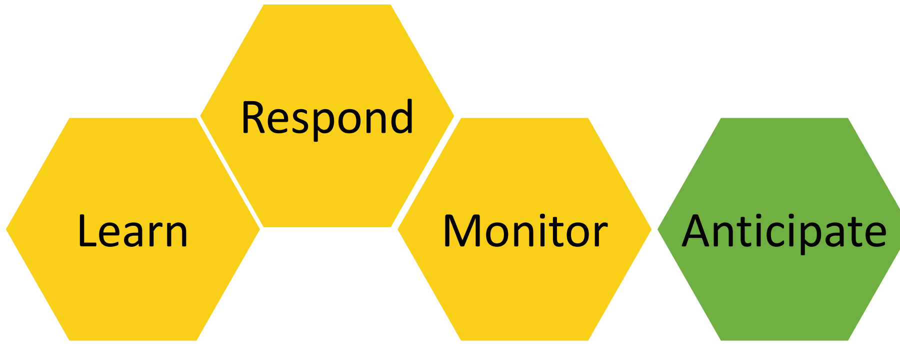
The Potential to Learn



© Erik Hollnagel, 2018

Selection criteria	Does the organisation have a clear plan for which events to learn from (frequency, severity, value, etc.)?
Learning basis	Does the system try to learn from things that go well as well as from failures?
Learning style	Is learning event driven (reactive) or continuous (scheduled)?
Categorisation	Are there any formal procedures for data collection, classification, and analysis?
Responsibility	Is it clear who is responsible for learning? (A common responsibility or assigned to specialists)
Delay	Does learning function smoothly or are there significant delays in the learning process?
Resources	Does the organisation provide adequate support for effective learning?
Implementation	How are 'lessons learned' implemented? (Regulations, procedures, training, instructions, redesign, reorganisation, etc.)

The Potential to Anticipate



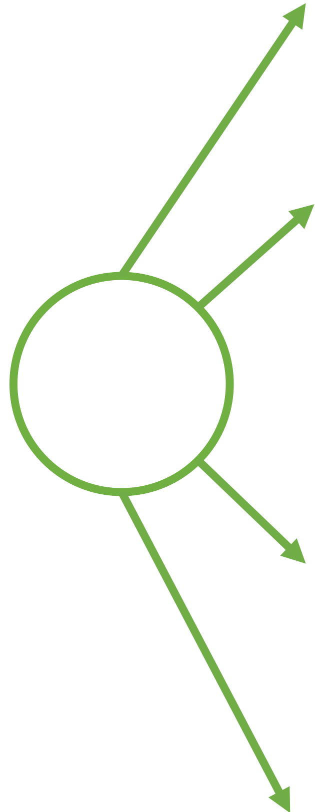
© Erik Hollnagel, 2018

Corporate culture	Does the corporate culture encourage thinking about the future?
Acceptability of uncertainty	Is there an explicit recognition of risks/opportunities as acceptable or unacceptable?
Time horizon	Is the time horizon of the organisation appropriate for the kind of activity it does?
Frequency	How often are future threats and opportunities assessed?
Model	Does the organisation have a recognisable model of the future?
Strategy	Does the organisation have a clear strategic vision? Is it shared'?
Expertise	What kind of expertise is used to look into the future? (In-house, outsourced?)
Communication	Are the expectations about the future known throughout the organisation?

Model of the Future

- The future is a “mirror” image of the past (repetition, extrapolation): Mechanistic view
- The future is described as a (re)-combination of past events and conditions: Probabilistic view
- The future has not been seen before. It involves a combination of known performance variability, that usually is seen as irrelevant for safety: Realistic view

The Resilience Assessment Grid (RAG)



		Target*	Status
Event list	Is there a prepared list of possible and potential events or conditions for which the system should be ready to respond?		
Relevance of event list	Has the list been verified and/or is it revised on a regular basis?		
Response set	Have responses been planned and prepared for every event in the list? Do people know what to do when one of these events occur?		
Relevance of response set	Does the system check that the responses are adequate? How, and how often, is this done?		
Response start and stop	Are the triggering criteria or threshold well defined? Are there clear criteria for when to return to a "normal" state?		
Activation & duration	Can an effective response be activated fast enough? Can it be sustained as long as needed?		
Response capability	Are there sufficient support and resources to ensure response readiness (people, equipment, materials)?		
Verification	Is the readiness to respond (response capability) adequately maintained? Is the readiness to respond verified regularly?		

		Target	Status
Indicator list	Does the organisation have a list of regularly used performance indicators?		
Relevance	Is the list verified and/or revised on a regular basis?		
Validity	Has the validity of indicators been established?		
Delay	Is the delay in sampling indicators acceptable?		
Sensitivity	Are the indicators sufficiently sensitive? Can they detect changes and developments early enough?		
Frequency	Are the indicators measured or sampled with sufficient frequency? (Continuously, regularly, every now and then?)		
Interpretability	Are the indicators / measurements directly meaningful or do they require some kind of analysis?		
Organisational support	Is there a regular inspection scheme or schedule? Is it properly resourced? Are the results communicated and put to use?		

		Target	Status
Selection criteria	Does the organisation have a clear plan for which events to learn from (frequency, severity, value, etc.)?		
Learning basis	Does the organisation try to learn from things that go well or does it only learn from failures?		
Learning style	Is learning event driven (reactive) or continuous (scheduled)?		
Categorisation	Are there any formal procedures for data collection, classification, and analysis?		
Responsibility	Is it clear who is responsible for learning? (Is it a common responsibility or assigned to specialists?)		
Delay	Does learning function smoothly or are there significant delays in the learning process?		
Resources	Does the organisation provide adequate support for effective learning?		
Implementation	How are 'lessons learned' implemented? (Regulations, procedures, training, instructions, redesign, reorganisation, etc.)		

		Target	Status
Corporate culture	Does the corporate culture encourage thinking about the future?		
Acceptability of uncertainty	Is there a policy for when risks / opportunities are considered acceptable or unacceptable?		
Time horizon	Is the time horizon of the organisation appropriate for the kind of activity it does?		
Frequency	How often are future threat and opportunities assessed?		
Model	Does the organisation have a recognisable and articulated model of the future?		
Strategy	Does the organisation have a clear strategic vision? Is it shared'?		
Expertise	What kind of expertise is used to look into the future? (In-house, outsourced?)		
Communication	Are the expectations about the future known throughout the organisation?		

Comprises four sets of questions, one for each potential.

The questions are:

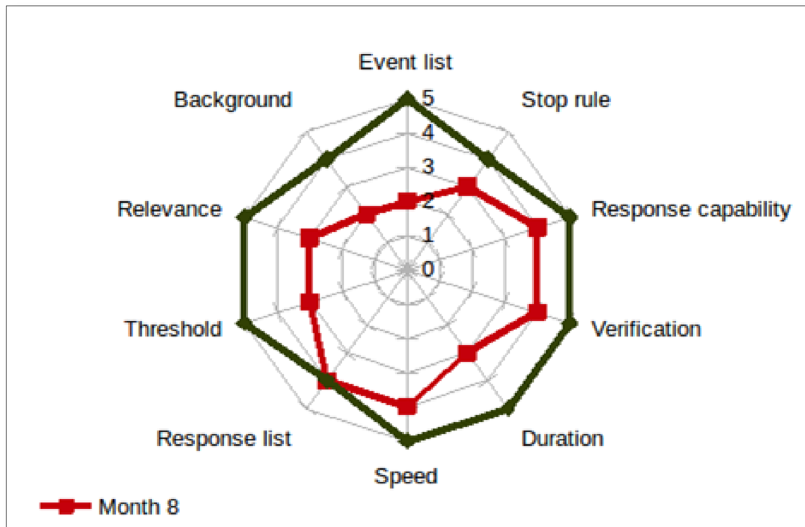
SPECIFIC – address issues that are important for a concrete organisation.

DIAGNOSTIC – point to details of a potential that are meaningful to assess.

FORMATIVE – answers can be used to make decisions about how to improve potentials

The RAG as a Management Tool

The RAG shows the current “position” – the state of the resilience potentials.



The RAG can help with how to “manoeuvre” – by providing a basis for interventions and supporting actions

The RAG can also show the “target” – the desired end state.

Polling Question #4

Selecting one resilience potential, please rate Canada's response to COVID-19, in terms of responding

- Very good
- Not too bad
- Could be much better
- Pandemic is ongoing – can't answer

(30 seconds to answer – please select one option)

Dialogue Time:

Please let us know if you are willing to have your microphone unmuted, so you can jump into the webinar with questions, comments, or anything else that will enliven the day!

Linking Resilience and Restoration in Healthcare

Resilience is about:

- Adjusting performance in the face of disruptions
- Adapting, in order to sustain required operations under both expected and unexpected conditions

Questions to consider:

- How does a resilient system respond to the needs of “customers” or the “consumers of services” after disruptions?
- In healthcare do “required operations” stop with the initial provision of care?
- Is healing the patient after harm from an adverse event an essential part of the service provided by healthcare?
- Is healing after harm a reasonable expectation of patients and families?

Widespread restorative practices are crucial in healthcare

Restorative Practices to Promote Healing

Restorative Just Culture Checklist:

Questions to consider:

1. Who has been harmed?
   - “Who” may include individuals, groups, communities, facilities, systems
2. What do they need?
   - How can things be put right?
3. Whose obligation is it to meet the need?
   - Recognize the role of apology
4. Are the harmed parties ready to forgive?
   - A process that involves truth-telling
5. Have the goals of restorative justice been achieved?
   - Includes moral engagement, emotional healing, reintegration of practitioners, and organizational learning

(from Restorative Just Culture Checklist: in the public domain at sidneydekker.com)

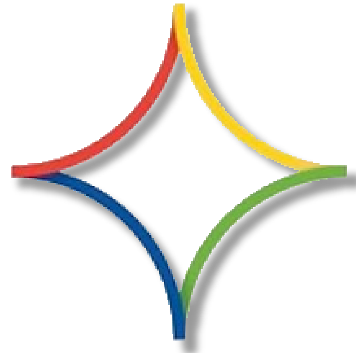
Restorative Practices to Promote Healing

Healing in healthcare – the human response to harm

“ I used to think the problem was errors.

I learned that the problem is harm.”

(Don Berwick, 2002)



Questions?

I will be happy to try to answer them

Contact information:

Dr. Rob Robson, Principal Advisor
Healthcare System Safety and Accountability, Inc.

rrobson@hssa.ca   rrobson@robrobson.ca

www.robrobson.ca