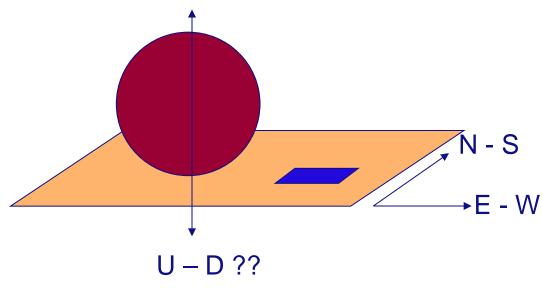
Resilience through Consilience Towards a Culture Change in Patient Safety TNO | Knowledge for business Raphaël Gallis Heigh Ho ...

2d - 3D



 1884: Flatland, a Romance Of Many Dimensions







Structure



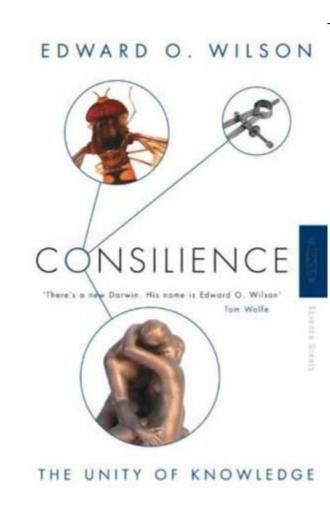
- Intro:
 - Consilience
 - Resilience
 - Safety culture
- Body
 - What do we see
 - And where to improve?
- Dream



Consilience

Heigh Ho...

- Unity of knowledge
- Advance through combinations of existing knowledge e.g.: psychology with biology, neurology
- Look for surprising combinations: safety and music? (composition, orchestra's)
- There is a lot of knowledge out therefind it & use it

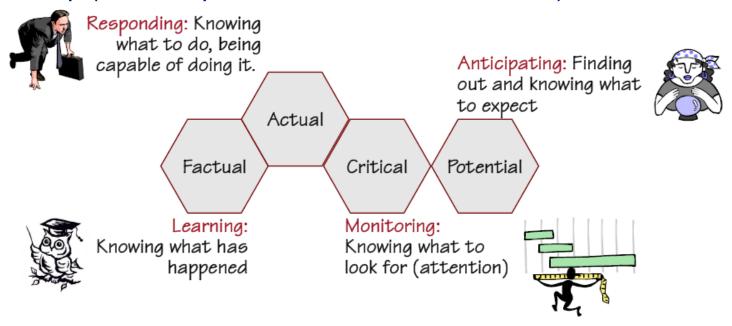




Resilience



"Resilience is the intrinsic ability of a system to adjust its functioning prior to, during, or following changes and disturbances, so that it can sustain required operations even after a major mishap (or in the presence of continuous stress)"

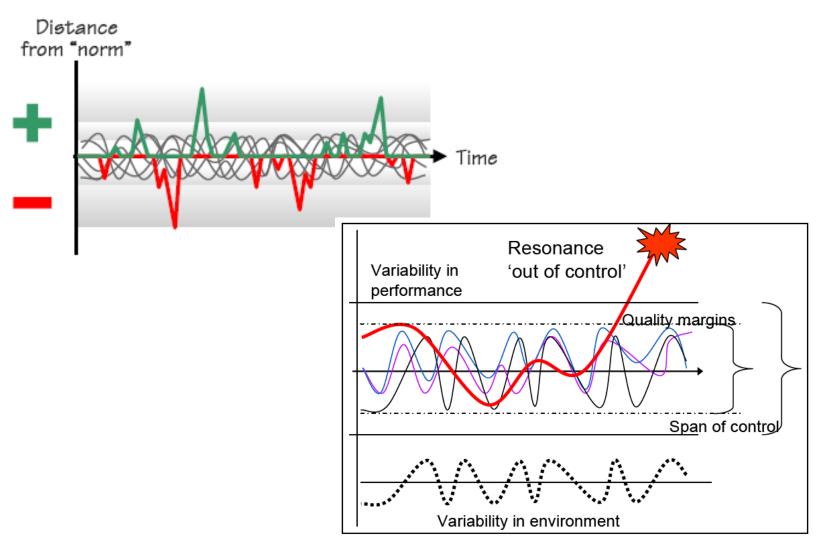


Resilience engineering measures how safe a system is by what it is able to do, hence measures of the positive rather than the negative.



Resilience





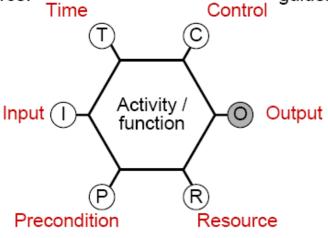
FRAM

Heigh Ho ...

functional resonance analysis model

Time available: This can be a constraint but can also be considered as a special kind of resource. That which supervises or adjusts a function. Can be plans, procedures, guidelines or other functions.

That which is used or transformed to produce the output. Constitutes the link to previous functions.



That which is produced by function. Constitute links to subsequent functions.

System conditions that must be fulfilled before a function can be carried out.

That which is needed or consumed by function to process input (e.g., matter, energy, hardware, software, manpower).

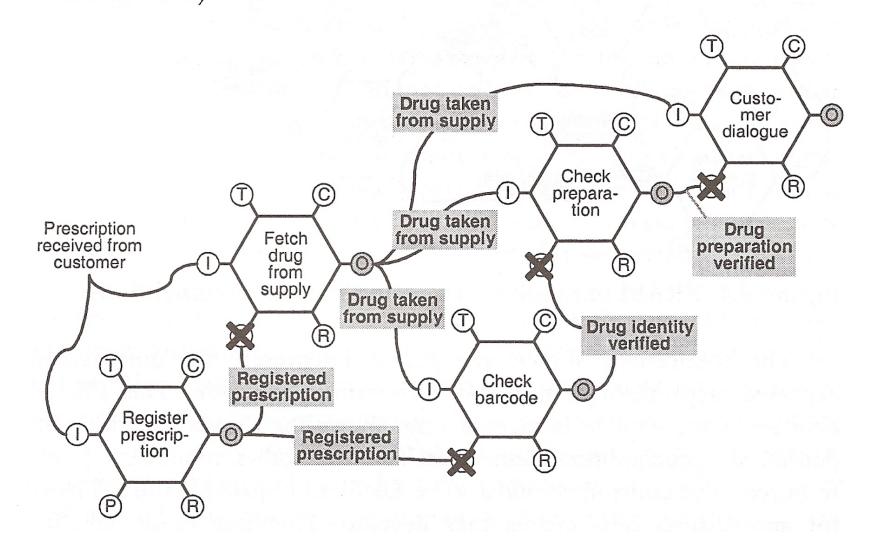




FRAM



Heigh Ho ...



Safety culture, history:



1930

accident prone theory

1950/60

focus on technology

1970/80

focus on organisation

•1990- now

focus on safety culture

•2010-

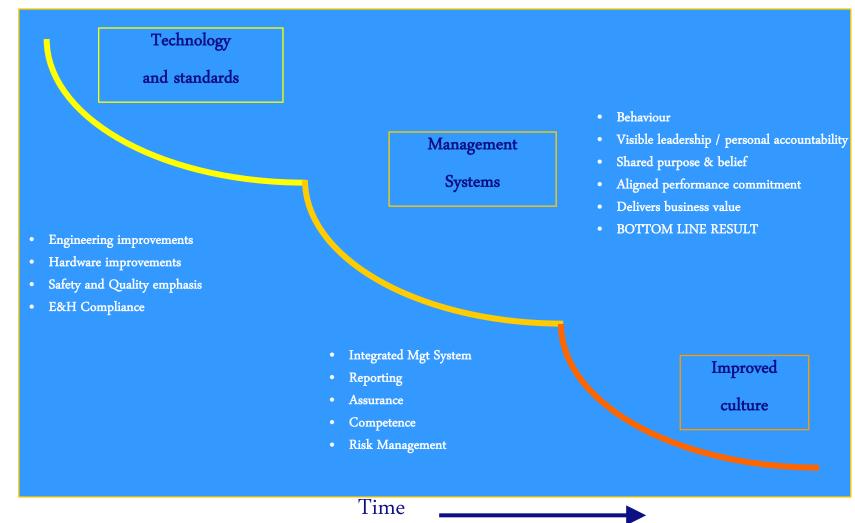
resilience?



History



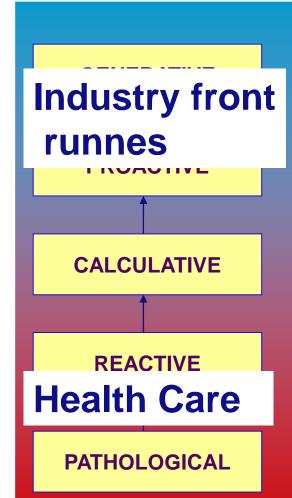
Heigh Ho ...





Organisational maturity Ladder





chronic unease safety seen as a profit centre new ideas are welcomed

resources are available to fix things before an accident management is open but still obsessed with statistics procedures are "owned" by the workforce

we cracked it!
lots and lots of audits
HSE advisers chasing statistics

we are serious, but why don't they do what they're told? endless discussions to re-classify accidents
Safety is high on the agenda after an accident

the lawyers said it was OK of course we have accidents, it's a dangerous business sack the idiot who had the accident



What do I see?



- Not enough diligence
- 'Not invented here' syndrome
- Safety standards lagging 20 years behind industry
- Technology based on stand alone, not platform philosophy
- Incompatibilities built into the system
- Attitude: 'I know best' versus constant unease
- Outside pressure: guilt, blame
- Drift to 'private gain, public pain'

Result: 10 years after 'to err' no real improvement



Diligence



- No diligence for what is agreed upon
 - Hand hygiene
 - OR infection prevention
- Sluggish compliance of established routines / guidelines

 Find ways to help organize and design HC in such a way that HC professionals cán be diligent



13

Not invented here



- Only doctors are allowed to comment / critique
- No consensus on 'best practises'
- The urge to feel unique, different
- The wish to adjust all standard solutions
- Individuals allowed to follow their own routines

Find out where this need for uniqueness comes from, if safety culture/organisations mature this need will dissapear?



Systems integration



Heigh Ho...





Systems integration



Heigh Ho ...



Lets start from scratch and work together to establish new platforms





Safety lags behind



- Rudimentary incident investigations
- From blame to 'fair blame' not 'blame free'
- SHE management systems still not into place
- Immature safety culture
- Safety has a low standing
- Now that pressure is on: copy without intelligence
- Patchwork:
 - surpass welcomed
 - OR team no compliance



What do I see?



- not enough diligence
- Not invented here syndrome
- Technology based on stand alone, not platform philosophy
- Safety standards lagging 20 years behind industry
- Incompatibilities built into the system
- Attitude: 'I know best' versus constant unease
- Outside pressure: guilt, blame
- Drift to 'private gain, public pain'

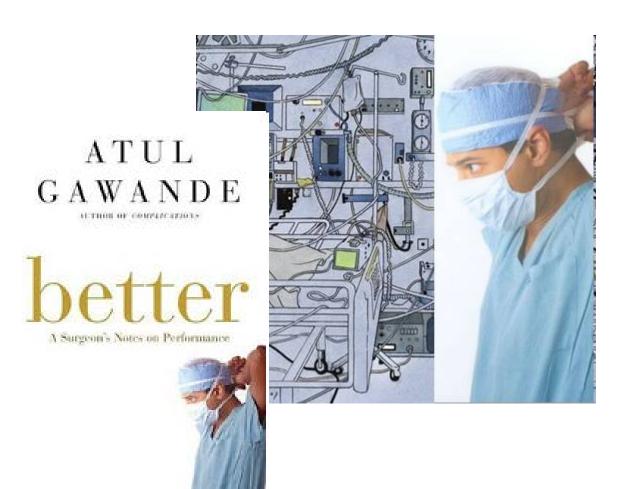


Is it just me?



Diligence

Change!





Is it all that bad?



- A lot of things do go well
- Intrinsically, motivated people
- A high degree of technical sophistication
- Emerging resilience (OR teams)
- Mostly a not for profit setting, competition is on quality

Only: why do things go well? We do not know... (exnovation needed)



20

Wrap up...

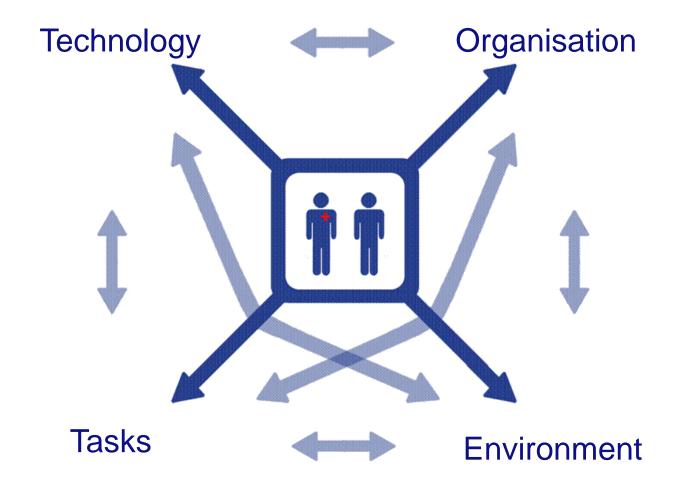


- Education (skills, cooperation, safety knowledge)
- Attitude (unease, empathy, learn)
- Technology (platforms)
- Finance (insurance, payments)
- Organisation (structure, leadership, responsibility, accountability, governance)
- Surroundings (healing environment)
- Find a solution for private clinics (spill)
- Adjust the legal framework (no blame)



In other words: Integrate





The road ahead: Parallel tracks



- Bridge the gap: Rapid evolution (Hegel)
 - Education
 - Technology
 - Culture
 - Diligence
 - Compliance
 - Legal framework
- Incorporate the new: Resilience

Meanwhile: cultivate and improve on that what is good! (exnovate)



Result: Healthcare as a HRO



- Preoccupation with failure
- Reluctance to simplify
- Sensitive to operations
- Commitment to resilience
- Deference to expertise



Dream





