Improved potentials for resilient performance in a setting of specialized paediatric care

- The applicability of the ”Resilience Assessment Grid”
- A qualitative case study
Aim

Systematically improve the potential for resilient performance on a paediatric ward by developing and using a context-specific RAG

Evaluate the applicability of RAG
Resilience Assessment Grid - RAG

From generic to context specific

• Assess the potential for resilient performance
• Improve the potential for resilient performance and thereby improve patient safety
Why did we start?
Paediatric ward at a County hospital
Patients are from 0 to 18 years old
Multiple disciplines
Bed turnover is high
Cooperation with university hospitals, home health care...
Need for new safety strategies developed for complex adaptive systems

Need for improved potentials for resilient performance

Need for Safety II approaches
What did we do?
Combine

- Everyday clinical work
- Theories - RE and QI
- RE (concepts and thoughts)
- QI (tools)
Adapt RAG

Workshop Sunday 13th August
The potentials to:
- Respond
- Monitor
- Learn
- Anticipate

RAG

Diagnostic
Specific
Practical
Formative
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act

Plan

Study

Do
Apply RAG

Assessing the system
Likert scale - written comments

- “We often measure but we don’t use the results”
- “We listen to patients and families, but we don’t do so much of it”
- “We need to get better at reflecting more in everyday work”
- ”It would be good to notice what is good and what we do well”
Apply RAG

Improving the system
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<td>Improved use of &quot;care workload measurement&quot;</td>
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<td>Improved use of a multi-professional reflection space</td>
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What did we find?
Evaluate RAG

Evaluate the applicability of RAG in a setting of specialized paediatric care

Research question:

• How can the development and use of RAG support the potential for resilient performance on a paediatric ward?
A qualitative case study

Focus groups
Document analysis

Qualitative content analysis
The development and use of RAG supported the employees' potential for resilient performance by helping them come up with, and prioritize, strategic improvement interventions.
The overall process increased the awareness and knowledge about patient safety and resilience, as well as increased the understanding of the system.
We do not provide a “ready to use” tool

Our experiences:

• The journey was an important part
• Multiprofessional project group
• Action, not just talking, facilitated learning
• Conceptual language is a problem
Conclusion

It appears feasible to apply theories from Resilience Engineering, with the support of tools from Quality Improvement, to enhance patient safety in the setting of a pediatric ward.
Respond

• At BVE we have knowledge that unexpected things can happen.
• At BVE we practice that what we need to cope with the work.
• At BVE we have access to the information we need to manage work.
• At BVE we adapt our work when required.
• Our cooperation in BVE is good.
• At BVE, we have good cooperation with patients and families.
• At BVE, we have good cooperation with other health care organizations.
Monitor

• At BVE we have procedures in place to detect changes in workload.

• 13. At BVE we are good at taking advantage of information from patients and families.

• 14. At BVE, we have systems that support us in the assessment of patients' health and care needs.

• 15. At BVE we are good at detecting changes outside BVE that affects us.

• 16. At BVE we capture signals that we are nearing the breaking point.

• 17. At BVE we are good at following up on results.
Learn

• At BVE we take advantage of all employees experience without regard to hierarchy
• BVE management creates the conditions for learning in everyday life.
• At BVE learning is based on both successful events and failures.
• At BVE we draw lessons in close connection with the events.
• At BVE we collaborate with patients and families to learn meaningful things.
• At BVE we prioritize the right areas when we deepen our learning.
• At BVE we spread lessons learned to each other.
Anticipate

• At BVE we have a shared image of what the future could bring.
• At BVE we have a good ability to anticipate future opportunities.
• At BVE we have a good ability to anticipate future threats.
• What is predicted about the future is communicated in BVE.
• At BVE we prepare for possible future events.
• BVE we have a risk-awareness culture.