A Framework for Better Care

Creating Value—Using the Right Tool for the Job in a Resilient Healthcare System

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Queensland – it’s huuuge

Our bit

Quebec is Tiny
Our Journey
CARE

Clear Ownership
Who is in charge?

Cultural
I should be able to fix this myself.

Challenge/Courage
It's tough when to call for help.

Compliance
"Rule doesn't apply in this circumstance."

Communication

Compliance
Knee deep in attitude

Capture
Not recording

Consideration
Not thinking

Cognitive
Using the Wrong System for the Problem by Hands

Vision/Linear
Climbing
The Ten C’s

- CARE
- CLEAR OWNERSHIP
- CONSTRAINTS
- COMMUNICATION
- COGNITION
- COMPETENCE
- CAPTURE
- COMPLIANCE
- CHALLENGE
- CULTURE

Cohesion
- Person centered
- "Engineering In" success
- Situation Dependant

- Person Agnostic
- "Engineering out" Failure
- Process Dependent

8 March 2017 – Sheraton Hotel New Orleans
Better Care... Choosing the right tool for the job

- **Variability of Inputs/Outputs**
- **Complexity of Processes**

**Reliable**
- Making the right thing easier to do

**Robust**
- Making care better in the real world

**Resilient**
- Dealing with the unexpected

**Sequential**
- Person Agnostic
- Context agnostic
- "Engineering out" Failure
- Process Dependent
- Static Risk – Risk management
- Reducing Unwarranted Variation
- EBM
- Independent variables
- Localised optima
- Certainty
- Humans as points of failure

**Iterative**
- Person centered
- Context specific
- "Engineering In" success
- Situation Dependent
- Risk Homeostasis
- Embracing Adaptation
- Emergence
- Complex Interdependencies
- System performance
- Ambiguity
- Humans as resources

**Deals with the complex**

**Common Underpinnings**
- Leadership and Management
- Use of Data
- Human Factors
- SAFETY CULTURE
- Implementation Science
- ETTO

**Standards**
- PDSA
- Benchmarking
- Redesign
- Risk management
- Lean
- Morbidity and Mortality
- Accreditation

**Principles**
- Complex Adaptive Systems Theory
- FRAM
- Simulation
- Theory of Constraints
- Ten Cs

**Standardisation**
- RCA
- FMEA
- Checklists
- Never / Always
- Six Sigma
- Automation

**Safety I**
- Audit
- VLAD

**Safety II**

**Townsville**
23/04/17
Townsville - Complex and Unpredictable
Townsville - Working the angles
Framework for Better Care
RELIABLE
Making the right thing easier to do

Framework for Better Care

Townsville - find it the easy way
UNPREDICTABILITY

COMPLEXITY

ROBUST
Making care better in everyday work

RELIABLE
Making the right thing easier to do

Framework for Better Care

Townsville - live in the real world
Framework for Better Care

Townsville - expect the unexpected
Framework for Better Care
**Framework for Better Care**

- **Principles**
  - Patient Partnership
  - FRAM
  - Simulation
  - Ten Cs
  - Negotiation
  - Resilience Assessment
  - Grid
  - Consensus Statements

- **Standards**
  - Lean
  - Six Sigma
  - Change Management
  - PDSA
  - Clinical Audit / M&M
  - Benchmarking
  - Redesign
  - Clinical Guidelines

- **Standardisation**
  - Checklists
  - Automation
  - Accreditation
  - RCA / FMEA
  - Protocols
  - Clinical Pathways

- **Tools**
  - Lean
  - Six Sigma
  - Change Management
  - PDSA
  - Clinical Audit / M&M
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  - Clinical Guidelines

- **RESILIENT**
  - Dealing with the unexpected

- **ROBUST**
  - Making care better in everyday work

- **RELIABLE**
  - Making the right thing easier to do

- **Townsville - Filling the Gaps**
### Framework for Better Care

**Productive**
- "Engineering In" success
- Capability Focus
- Person dependent
- Context specific
- Embracing Adaptation and emergence
- Complex Interdependencies
- Humans as resources

**Iterative**
*Deals with the complex*

**Principles**

**Tools:**
- Patient Partnership
- FRAM
- Simulation
- Ten Cs
- Negotiation
- Resilience Assessment
- Grid
- Consensus Statements

**Standards**

**Tools:**
- Lean
- Six Sigma
- Change Management
- PDSA
- Clinical Audit / M&M
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- Clinical Guidelines

**Standardisation**

**Tools:**
- Checklists
- Automation
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**RESILIENT**
*Dealing with the unexpected*

**ROBUST**
*Making care better in everyday work*

**RELIABLE**
*Making the right thing easier to do*

**COMPLEXITY**

**LEGEND**
- **Productive**
- **Iterative**
- **Protective**
- **Sequential**

**UNPREDICTABILITY**
**Framework for Better Care**

**Principles**
- Tools: Patient Partnership, FRAM, Simulation, Ten Cs, Negotiation, Resilience Assessment, Grid, Consensus Statements

**Standards**
- Tools: Lean, Six Sigma, Change Management, PDSA, Clinical Audit/M&M, Benchmarking, Redesign, Clinical Guidelines

**Standardisation**
- Tools: Checklists, Automation, Accreditation, RCA/FMEA, Protocols, Clinical Pathways

**Protective**
- RESILIENT: Dealing with the unexpected
- ROBUST: Making care better in everyday work
- RELIABLE: Making the right thing easier to do

**COMPLEXITY**
- UNPREDICTABILITY

Johnson A, Clay-Williams R, Lane P 2017
It Looks Pretty

But how do you use it?
Can You Help Please

- Difficult resuscitation in Emergency Department
- Multiple Specialties Involved
- Unclear roles and responsibilities
- Dispute
- Allegations
- Felt that it didn’t go well
**Productive**

**RESILIENT**
*Dealing with the unexpected*

**ROBUST**
*Making care better in everyday work*

**RELIABLE**
*Making the right thing easier to do*

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**Frameworks for Better Care**

**Protected**

**Complexity**

**Unpredictability**

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**Protective Standards Tools**: Lean, Six Sigma, Change Management, PDSA, Clinical Audit / M&M, Benchmarking, Redesign, Clinical Guidelines

**Principles Tools**: Patient Partnership, FRAM, Simulation, Ten Cs, Negotiation, Resilience Assessment, Grid, Consensus Statements

**Standards Tools**: Checklists, Automation, Accreditation, RCA / FMEA, Protocols, Clinical Pathways

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Johnson A, Clay-Williams R, Lane P 2017
What Did We Do?

- Standardisation of difficult airway trolley
- Establish multidisciplinary meetings
- Collaboration on protocol for resuscitation of complex patients
- Develop multidisciplinary simulation program
**Productive**

**RESILIENT**
*Dealing with the unexpected*

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**ROBUST**
*Making care better in everyday work*

**RELIABLE**
*Making the right thing easier to do*

**Framework for Better Care**

**Protective**

Johnson A, Clay-Williams R, Lane P 2017
So, What do you reckon?
On Safety

We need a definition (or a description) that we can understand and use from Australia, all the way to the Aase end of the world.
A state of well-being generated as a result of productive and protective efforts to maximize benefits and minimize risks of healthcare.

We achieve safety by working collectively with our patients, their families and the community.
High Reliability Organisations

“We defined a series of incremental changes that hospitals should undertake to progress toward high reliability. These changes involve the leadership's commitment to achieving zero patient harm, a fully functional culture of safety throughout the organization, and the widespread deployment of highly effective process improvement tools.”

Chassin 2013
High Reliability Organisations
Five Principles

1. State of “collective mindfulness” - preoccupied with failure
2. Resist the temptation to simplify their observations
3. Sensitivity to operations and obligation to speak up
4. Commitment to resilience
5. Deference to expertise
Robust Process Improvement Methodologies

1. Lean
2. Six Sigma
3. Change Management
What’s in a word? – Resilience

HRO

Version

HRO - Resilience refers to an organization's capability to recognize errors quickly and contain them, thereby preventing the harm that results when small errors propagate, are compounded, and mushroom into major problems.

Chassin and Loeb 2013
Resilience is an expression of how people, alone or together, cope with everyday situations - large and small – by adjusting their performance to the conditions.

An organisation’s performance is resilient if it can function as required under expected and unexpected conditions alike (changes / disturbances / opportunities).

Erik Hollnagel 2015
Resilience – Aussie Definition

G’day mate: Hello
You little ripper: Words of praise fail me
Rack off: Your presence is no longer required
You Drongo: You rather dimwitted person
Your shout: If you value your well being you should buy the next drink
Give it a go ya mug: Are you perhaps incapable of performing this act?

Fair dinkum: Of course I'm telling the truth
Pull ya head in: You may be correct in your assertion but shut up
Resilience – Aussie Definition

Getting the right outcome for our patients despite s#1t happening along the way
Key Differences

High Reliability Organisations

- “Engineering – out” failure
- Resilience as error detection and correction
- Risk elimination - Zero harm
- Tools established and proven outside Healthcare
- Hierarchical System

Resilient Health Care

- “Engineering – in” success
- Resilience as coping with the unexpected
- Risk expected as part of normal operations
- Tools evolving - opportunity for healthcare to lead
- Complex Adaptive System

Townsville - be the difference
“What your telling me is that reliability is the glass half empty approach to patient safety

And

Resilient Health Care is the glass half full?”

Caitlin Johnson (aged 13) 2013 – only very slightly paraphrased
Common Underpinnings

- Leadership and Management
- Use of Data
- Human Factors
- Safety Culture
- Implementation Science
- Patient care