

Communication and understanding of system resilience through RAG survey in EDs

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> Taipei Medical University has three hospitals

TMU hospital, 800 beds









Study aims

- 1.Direct communicate with five directors of EDs to understand how they think about system resilience.
- 2. Compare system resilience of EDs across four hospitals
- 3. Try to develop an approach of implementing resilient health care based on the baseline of system resilience through a RAG survey under the QLLM framework.



Background – 1/2

- Almost EDs in medical centers and some regional hospitals are overcrowding
- EDs in Taiwan are requested to plan a event list that has a prepared response.

During Time Period

The event list includes

- Extraordinary events: Multiple Casualty Incident, fire incident, violence, emergency power(air) shutoff,
- Everyday clinical work

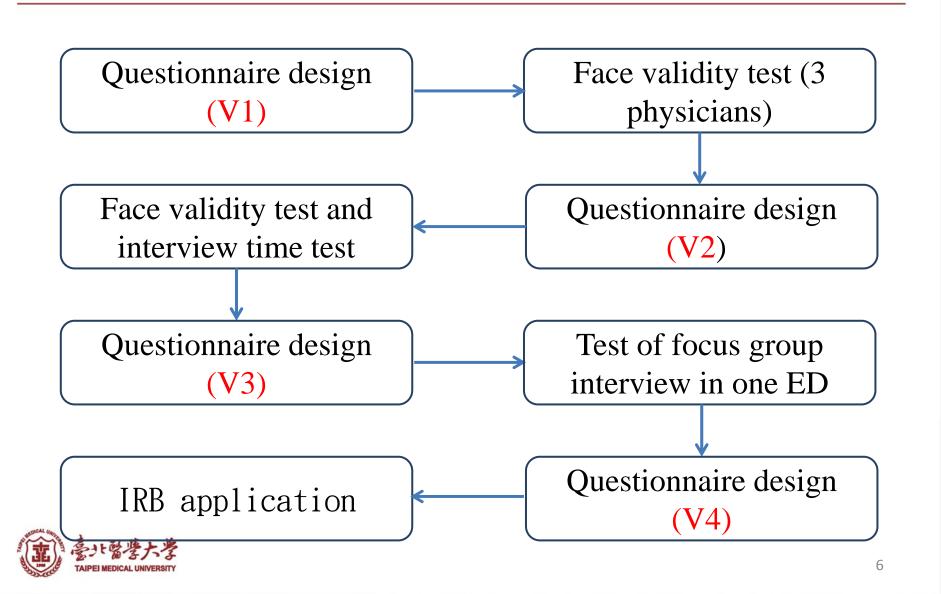


Research Method – Questionnaire design

- > Erik Hollngel's Resilience Analysis Grid
 - Assessment of four abilities of system resilience
 - Ability to respond
 - Ability to monitor
 - Ability to anticipate
 - Ability to learn
- Four versions, the first version was designed according to SOPs



Research Method – Questionnaire design



Research Method – Questionnaire design

The final version has

- Structured questions for analysis of the ability to learn
- Open questions for analysis of the ability to respond, monitor, anticipate with the modification suiting for EDs' context
- maximum two hours of interview time



Hospital characteristics

Hospital	A	В	С	D
Contract - Level	Regional Hospital	Medical Center	Medical Center	Regional Hospital
Public/Private Beds in ED	Public (city government)/ private	Public (city government)/ private	Public (MoD)	Public (MoHW)
Deds III ED	34	20	100	20
Patient visits in 2014	98,213	65,397	65,615	59,873
No. of Health care staff	94	75	135	48

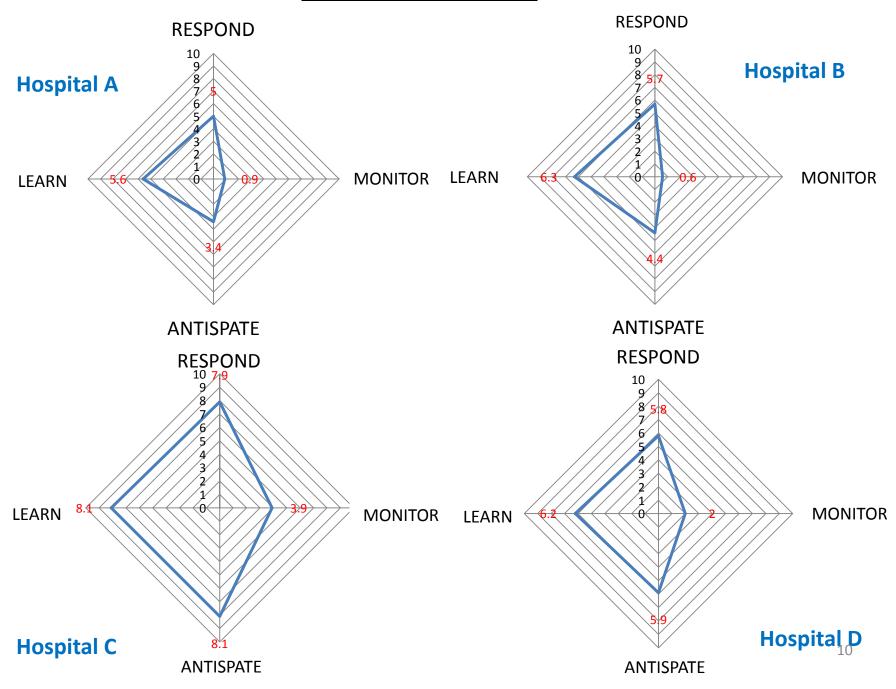


Results – 1/5

- Overall system resilience of EDs in four hospitals
 - ECW work:
 - Four hospitals have similar patter of system resilience
 - strength is in LEARN, weakness is in MONITOR
 - Hospital C has the higher resilience than other hospitals
 - Hospital A, B have less ANTISPATE ability than other



System Resilience - ECW



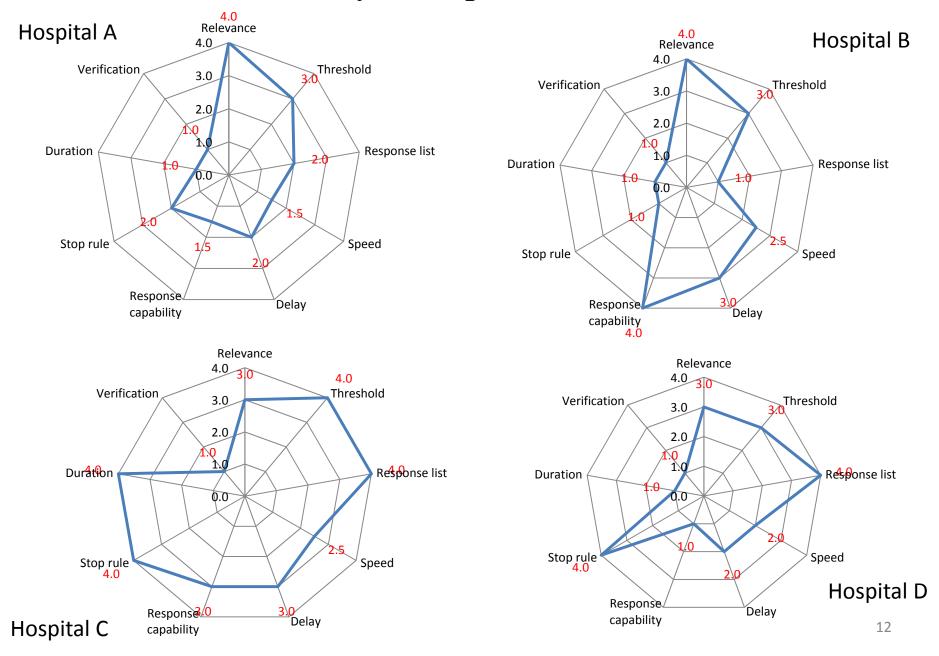
Results – 2/5

Comparison of individual ability in ECW across four EDs

- RESPOND

- 9 domains: Relevance, Threshold, Response list, Speed, Delay, Response capability, Stop rule, Duration, Verification
- Lack of verification is in common
- Every hospital has different pattern of ability to RESPOND

Ability to respond in ECW



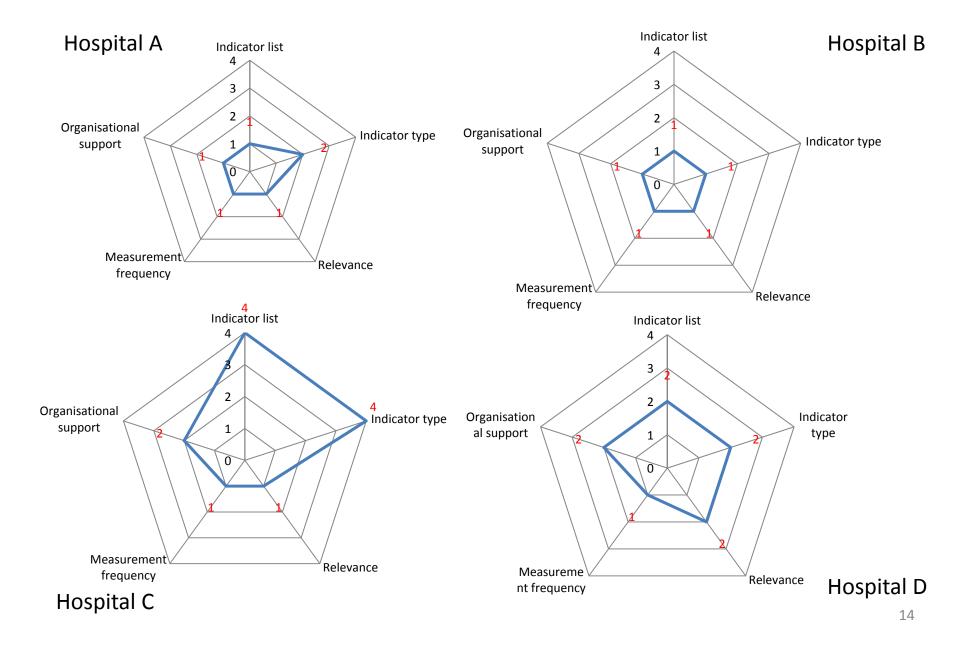
Results – 3/5

 Comparison of individual ability in ECW across four EDs

- MONITOR

- 5 domains: Relevance, Indicator list, Indicator type, Relevance, Measurement frequency, Organisational support
- Lack of monitor frequency in common
- Every hospital has different pattern of ability to MONITOR
- Hospital C performs better monitoring in indicator list and indicator type
- Hospital A and B have less monitoring ability than other two hospitals

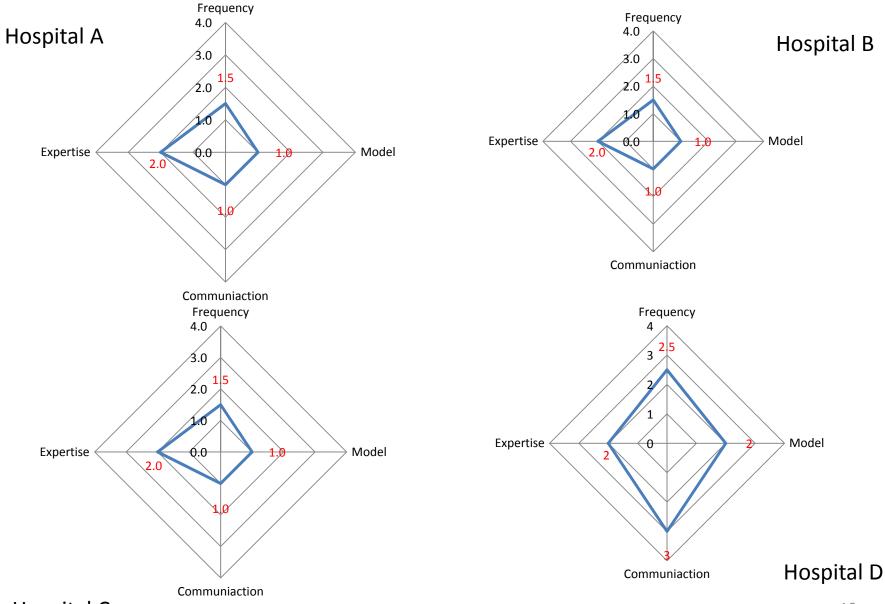
Ability to monitor in ECW



Results – 4/5

- Comparison of individual ability in ECW across four EDs
 - ANTISPATE
 - 4 domains: Relevance, Frequency, Model, Communication, Expertise
 - Hospital D performs better anticipating than other hospitals
 - Hospital A, B and C have similar patter of anticipating ability

Ability to anticipate in ECW



Hospital C

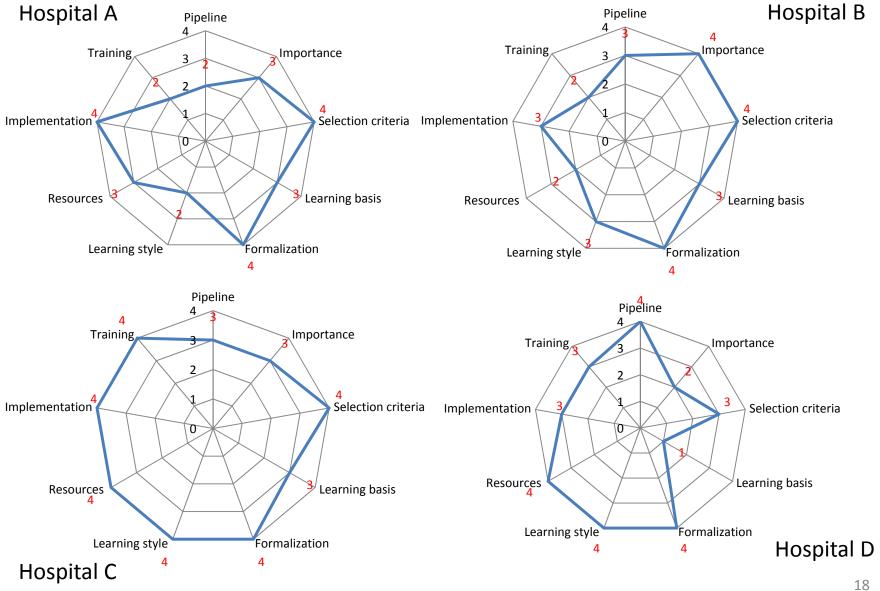
Results – 5/5

 Comparison of individual ability in ECW across four EDs

LEARN

- 9 domains: Selection criteria, Learning basis ,
 Formalization , Training , Learning style, Resources ,
 Pipeline, Importance, Implementation
- Hospital C performs better learning than other hospitals
- Four hospitals have different patter of learning ability

Ability to learn in ECW



Conclusion

- 1. ED has different levels of system resilience between the situation of ECW and extraordinary events.
- 2. Hospital with more responsibilities required by the Central government and IT capacity shows a better resilience in the four abilities.
- 3. The result of RAG survey provides an insight of ED's resilience to the five hospitals (directors of ED) and facilitates a better understanding how ED's current ability structure of resilience.
- 4. It is a good approach of communicating system resilience between researchers and healthcare professionals.



Thank you very much

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