

**Looking at success vs. looking at
failure:
Is quality safety? Is safety
quality?**

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- Current safety thinking in healthcare
- Relevance of Resilience Engineering to healthcare?
- Will healthcare miss the point of Resilience Engineering?
- Possible solutions

Current safety thinking in healthcare

- Current approaches to safety have had limited impact because they have focused on what has gone wrong with the goal of becoming "error free" -- "never events"
- Safety initiatives follow a diagnosis and treat model
- Thinking about safety is largely linear and ignores the dynamic nature of health care
- Little critical thinking about how and why things go wrong – not understanding the sources of failure in complex adaptive systems, rarely understanding the "second" story

Relevance of Resilience Engineering to healthcare

- Looks at success vs. the current focus on failure
- Considers the four inter-related capabilities: responding, learning, monitoring, anticipating
- Focuses on understanding how everyday work gets done and acknowledges trade-offs as inherent to everyday work
- Liberates us from looking for who did what wrong, violations of procedure, etc.
- Keeps the discussion of risk alive

point of Resilience Engineering?

- Will an emphasis on success be equated with current notions of quality?
 - Will “success” be limited to looking for the component parts that work well – SOPs, Are people competent and skilled?, rather than looking at healthcare as a complex adaptive system?
 - Will performance variation be understood as contributing to success, or seen as a violation?

point of Resilience Engineering?

- A focus on success, as resilience engineering understands it, is likely to be (incorrectly) seen as part of the quality agenda
- Thus health care will indeed miss the point of resilience engineering thinking
- Health care will think that the road it is on to quality improvement, will achieve resilience too

The solution

- The recent conceptualization of safety as Safety 1 AND Safety 2 provides an opportunity to avoid the conflation of safety with quality

The solution

- Safety 1 which emphasizes learning from failure, relying on SOPs and procedures has failed to fully recognize and understand healthcare as a complex adaptive system
- Safety 2 extends our thinking to consider:
 - how every day work gets done/trade-offs inherent in every day work/performance variability
 - the four capabilities of resilience
 - the value of looking at success versus the current pre-occupation with failure

The solution

- Using Safety 1 and Safety 2 as a framework for understanding safety can help us avoid confusing the notion of success as merely fulfilling the quality agenda
- Safety 1 and Safety 2 also support concerns about current highly popular approaches to quality....particularly “Lean” thinking (which can potentially limit and constrain the capacity to respond)

What could go wrong?

A wife asks her husband, "Could you please go shopping for me and buy one carton of milk, and if they have eggs, get 6." A short time later the husband comes back with 6 cartons of milk. The wife asks him, "Why did you buy 6 cartons of milk?" He replied, "They had eggs."