How to run an Errordiary Workshop: Exploring errors and resilience strategies with patients, professionals and the public

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Funny

Frustrating

Fatal
Switching
Error from @DomFurniss

RT @mpurver: I think you mean Tues 13th… MT @Pat_Healey: DC on Miscommunication on Tues 14th @QMCogSci. 
http://t.co/GAkiGpoZdV
Tweet by @DomFurniss on May 12, 2014
Favourite

Error from @FaintSignals

Rather oddly shaped sink takes the piss #errordiary #affordance #mensurinal http://t.co/nriV5viZRF
Tweet by @FaintSignals on May 10, 2014
Favourite

Error from @FaintSignals

:) RT @mulvar82 #errordiary you might value this: http://t.co/bSDUvPj0Z6 via @Xfm & @ThePoke #Lewisham
Table 1  Resilience strategies with examples for adherence (adapted from Furniss et al/17)

<table>
<thead>
<tr>
<th>Resilience strategy</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cue creation to support prospective memory</td>
<td>A cue is created as a reminder about something in the future</td>
<td>Setting an alarm to remember to take medication at a particular time</td>
</tr>
<tr>
<td>Premature-completion</td>
<td>Action is taken as a reminder about ‘X’ after the main goal has been achieved, where ‘X’ is normally a secondary task</td>
<td>Leaving used and empty medication packaging out, rather than putting it straight into the bin, as a reminder to order more if it is needed</td>
</tr>
<tr>
<td>Pre-emptive separation and disambiguation</td>
<td>Things are separated or differentiated so they are not mixed up</td>
<td>Moving similar looking pills into monitored dosing boxes or labelling them in a different and salient way</td>
</tr>
<tr>
<td>Precommitment check</td>
<td>Things are checked before committing to a course of action</td>
<td>Making sure all the parts for home nebulisation of drugs are present before starting the procedure</td>
</tr>
<tr>
<td>Managing resource availability</td>
<td>Resources are managed so they are available for action</td>
<td>Having medication at work and at home just in case it is forgotten at one location</td>
</tr>
<tr>
<td>Routine adjustment</td>
<td>Routine is adjusted in response to a threat or opportunity</td>
<td>Adjusting time of taking medicines when travelling between time zones</td>
</tr>
<tr>
<td>Safety reinforcement</td>
<td>Where some safety barrier, procedure or practice is reinforced</td>
<td>Double checking blood glucose levels and insulin dosage before injecting</td>
</tr>
</tbody>
</table>

Furniss et al. (2013). Can a spoonful of resilience help the medicine go down? BMJ Q&S.
Errordiary in Healthcare

Pre-Survey & Focus groups → 3 Month Competition → Post-Survey & Focus groups

Unplanned: Tweetchat & Presentations

People with diabetes
Healthcare professionals
Publics
Feedback about sharing online

• Medics cannot share online due to:
  – Legal reasons
  – organisational policy
  – time pressure
  – would it lead to change?
  – threat from press
  – potential to worry patients
Doctors of Reddit, what is the biggest mistake you've made? [Serious]

submitted 8 months ago by WillyWONKA880

Not a big mistake but definitely awkward at the time. I was gluing up a lac on a 14yo girls forehead. Anyone who has used dermabond before knows that stuff can be runny and bonds very quickly. I glued my glove to her face. Her mum was in the room, and I had to turn to her and say "Im sorry, I've just glued my glove to her face"

If that had happened to me/my daughter.. I would laugh so hard. I hope her mother wasn't too upset. Did you have some kind of solution to get your glove off of her head, or will she forever had a glove stuck to her face?

It would be nice if they did, sadly they think too much of us to provide us with such a product.
Better engagement in small groups?

“I will be running a session on error and resilience strategies in my clinical practice, inspired by you!”
**Errordiary in Healthcare**

People with diabetes
Healthcare professionals
Publics
Workshop purpose

To encourage participants to:
• discuss errors and resilience strategies in relation to their everyday experiences and more serious cases.
• share their own errors and resilience strategies with the group.
• reflect on risks, reducing error and blame.
Workshop structure

Errors
• Individual reactions to 10 examples
• Write their own on cards and read to group
• Organise all cards and discuss

Resilience Strategies
• Individual reactions to 10 examples
• Write their own on cards and read to group
• Organise all cards and discuss

BREAK
Success factors

• Individual contemplation for engagement
• Sharing own example with group so there is a more personal connection and buy-in
• Physical cards acted as tokens to facilitate group debate and categorisation
• Picking examples for interest and to challenge
  – Juxtapose funny/serious, everyday/rare
  – Choose examples where links can be inferred
Simple HF: hairspray & bodyspray cans same look. Wife put hairspray on her chest!
Error Example 7

Great Ormond Street patient receives payout after brain injected with glue. A syringe full of dye and a syringe full of glue were confused.
Resilience Example 5

My fast acting insulin is in a silver (bullet) pen (fast) & slow acting in blue pen (chilled -> slow)
Results

• Generated lots of discussion in all groups
  – On normalness of error
  – On accountability, learning and blame
  – On resilience strategies
• Workshop ran itself and needed little intervention
• Allowed us an opportunity to talk about research on error and resilience strategy categorisation
• They ‘got it’ but some would prefer a more intuitive label than resilience strategies
Medical Resilience Strategies

• Putting a blue trolley at the end of a patient’s bed to signify isolation (only nurses language!)
• Encouraging a sliding scale of morphine so nurses have flexibility in what they give
• Wearing reading glasses when signing/reading prescriptions (replacing fax machine too!)
• Storing more dangerous drugs away from the usual drugs, e.g. potassium away from saline
Contribution

• Structure and process for a workshop to encourage reflection on errors and resilience strategies using Errordiary data and ethos.

Limitations

• Need to evaluate learning and value more formally.
• Need to adapt to fit into 45mins.
• Need to explore with groups who know each other and teams who share the same context.
Questions & Discussion

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Error Example 2

Patient skin patch overdose in hot bath. They didn’t know that the slow release medication speeded up by the hot water.
Resilience Example 6

I send all patients copies of clinic letters. About once a month patient corrects errors.