

A reflective process for analysing organisational resilience to improve the quality of care



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Organisational resilience

- Resilience is the ability to **adapt** safely to pressures
 - “the intrinsic ability of an ... organisation to **adjust its functioning** prior to, during, or following **changes and disturbances**, so that it can sustain required operations under both **expected and unexpected conditions**” (Hollnagel, 2011, p. xxxvi)



Studying resilience

- In a system such as healthcare, the ability to perform in a resilient manner is distributed across a variety of roles and processes, such that it cannot be fully explained by a single role or process (Anderson et al, 2016)
- Studying resilience requires a deep, nuanced understanding of how clinical work is performed
- Healthcare professionals have the best understanding of how clinical work is performed and so should be involved in studying resilience and deciding on priorities for quality improvement, but for this they need appropriate tools and knowledge



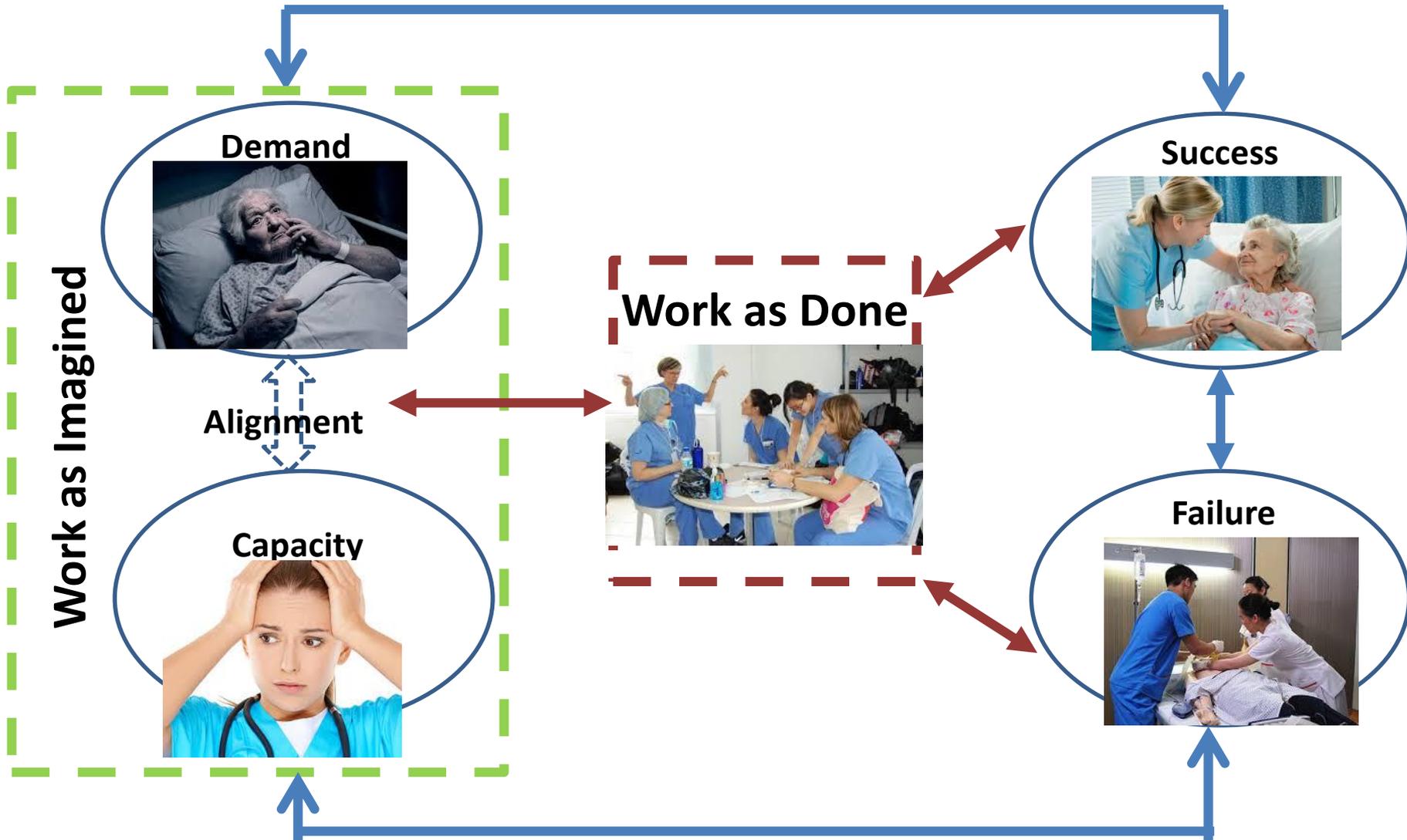
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Developing the RAG

- Needs to involve healthcare professionals
- Needs to be useful for healthcare professionals
- Reflective process for quality (safety) improvement

Resilience Model





Study Aim

The overall aim of this study is to develop a tool to analyse organisational resilience which will inform a process for enabling nursing teams to reflect on and improve their adaptive capacity in order to improve the quality of care.



Study Objectives

1. Develop a replicable and robust process for nursing teams to analyse and improve their adaptive capacity based on the RAG and the CARE model. This will involve:
 - a. Working with an expert group to develop questions relevant to the study setting
 - b. Using the questions in a survey to investigate nursing staff's views of adaptive capacity
 - c. Working with the expert group to identify improvements required based on analysis of the survey results

2. Evaluate the process for analysing and improving organisational resilience in healthcare. This will involve examining its ease of use, the group interaction and assessing the usefulness of the outputs.



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Phase One – Development of Questionnaire

- The formation of an expert group representing the range of nursing staff on the Acute Admissions Ward to inform the development of the questionnaire and group reflection
- Facilitated group reflection using the CARE model to identify misalignments between demand and capacity, adaptations and outcomes for each of the four resilience abilities
- A Nominal Group Technique to reach consensus and develop the final set of questions about the four resilience abilities
- Following this process with the expert group, the researcher will translate the questions into a format suitable for a questionnaire

Example

Demand	Capacity	Adaptations	Positive Outcomes	Negative Outcomes
Number of patients Acuity of patients Dependency of patients Discharges Admissions Transfers Communicating with patients Communicating with relatives Communicating with other members of MDT Medicine Administration Deteriorating patients Monitoring/Observations	Staff numbers Staff training Skill mix Team orientation – delegation, prioritisation NIC role ‘Flex Nurse’ role (nightshift) Equipment Teams to facilitate early discharge – STAT, @home team, community services Transfer/discharge to manage bed occupancy	Equipment – broken or missing/not trained to use/login not working/in use - Use of emergency login/borrow from another location/borrow someone else’s login Male/Female staff divide. Some patients will only accept personal care from female staff, if allocated a male nurse this requires additional reallocation of tasks ‘Swinging a bay’. Anticipating needs of future patients in ED (male/female demand) by rearranging beds on the ward so that an empty bay can be created to accept male beds (when there are 4 female beds ready on the ward in other bays).	No harm comes to patient, relatives or staff Safety maintained Individualised patient care delivered in a timely manner Patient condition improves Patient condition stays the same Effective escalation Effective diagnosis and treatment	Patient, relatives or staff come to harm Care not delivered in time Patient/relatives do not have a good experience Delayed diagnosis Failed discharge Staff burnout



Phase Two – Application and Analysis of questionnaire

- Apply the questionnaire across the Acute Admissions Ward – questionnaire will be designed so that it can be filled out online (paper options for staff without regular access to emails or prefer to fill it out on paper)
- Analyse results – this will show nursing staff's perceptions about how well Responding, Monitoring, Learning and Anticipating are carried out
- Disseminate findings to nursing staff across the ward – email, posters, ward meetings



Phase Three – Reflective process for improvement

- Expert group will meet and the facilitator will guide them to reflect on the results of the analysis to identify ways to improve the Acute Admission Ward's ability to respond, monitor, learn or anticipate



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