

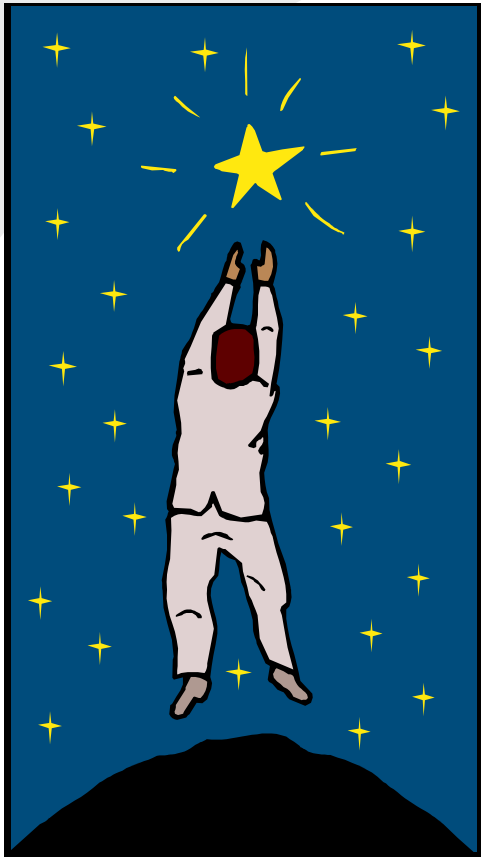
Studying resilience in a pediatric ward

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This is where we work



Vision *Patient Safety*



**Create conditions to
make it right from the
beginning**

Big investments

- Educations:
 - Leadership for Patient Safety
 - Root cause analysis
 - FMEA – risk analysis
- Building concepts
 - Prevention of falls, pressure ulcers and malnutrition
 - Safer care – every time, all the time



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How can we improve our safety work?



A new way of thinking - adding *Safety II*

- Resilience



- FRAM – education – Jönköping, Västra Götaland and SLL

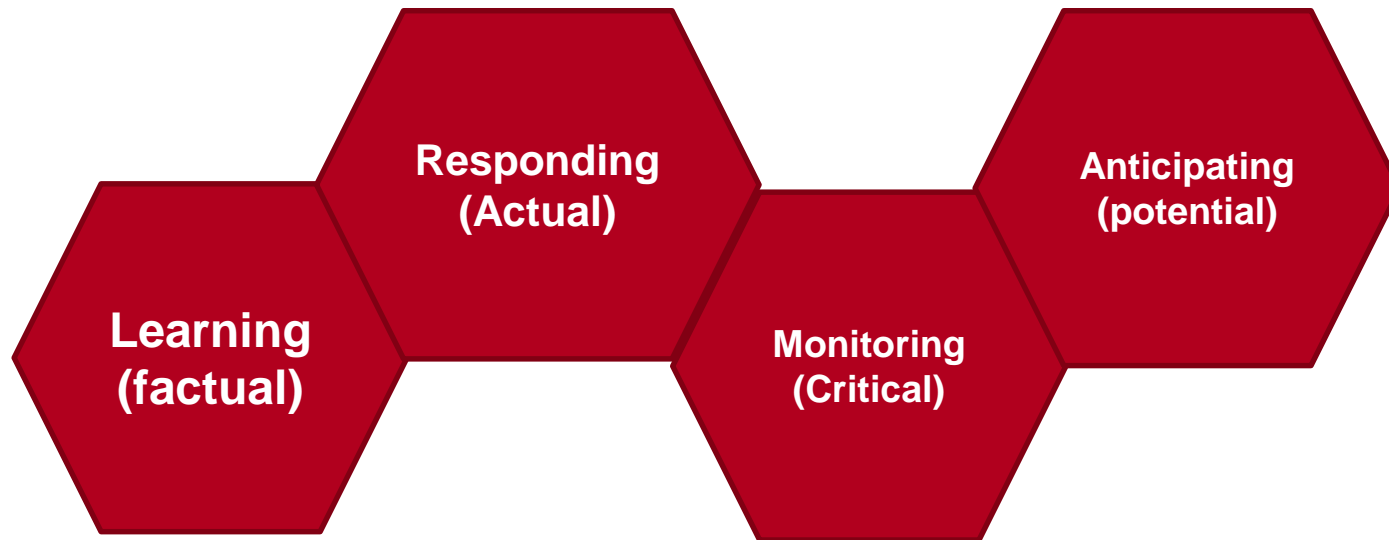
”Cooperation for building knowledge in resilience”

Improvement and research

- Sweden
 - Region Jönköpings Län, Qulturum
 - Högskolan Jönköping / Jönköping Academy
- Denmark
 - Region Syd/Center for kvalitet
- *Others interested*

Potential areas for research

Improvement in patient safety, and our research on that improvement, should be based on the four capacities of resilience



Potential areas for research

- Measurements and indicators
- Learning in resilient systems
- Resilience in different segments of health care users
- Patients' contribution to resilience
- Study of resilience in clinical processes

First projects

- Medications reconciliation in psychiatry (D)
- Medications reconciliation in home care (S)
- Resilience in a pediatric ward (S)

Resilience in a pediatric ward

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A pediatric ward

A small hospital inside a large one

- Children with a multitude of different conditions such as diabetes, infectious disease, fractures, malignancies, concussion or appendicitis are treated
- Care is provided by specialists in pediatrics, surgery, orthopedics, ENT and other disciplines and of different health care professionals
- Admissions are both planned and emergencies
- A general ward at a department of pediatrics seems to be a complex sociotechnical system

a good place to study resilience

Aims

1.

To learn more about what resilient performance is in daily work at the pediatric ward – specific and general

2.

Resilience engineering – to help management and staff at the ward to identify means by which they can enhance resilient performance and improve patient safety.

3.

“Measure resilience” – develop a RAG – Resilience Activity Grid

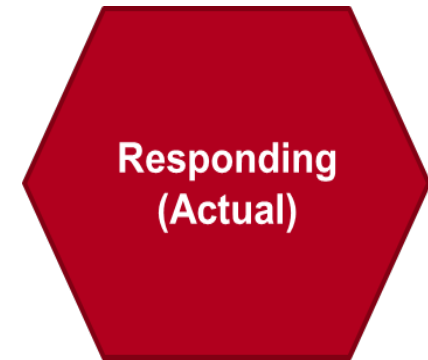
Design and data collection

- A series of workshops where staff from the ward will describe and discuss their practices
- Discussions are based on different scenarios provided by the researchers and the participants
- The first four workshops will be themed by the four basic abilities of resilient performance
- Data provided will be analyzed by content analysis

Analysis

- We hope to be able to describe examples of resilient performance in work practices at the ward.
- We also hope to be able to construct a resilience activity grid (RAG) based on information gathered.
- The RAG questions will be presented to the workshops group in at fifth sessions for confirmation.
- It will also be presented to management in a sixth session for reflection and to be used as a tool for further improvement of patient safety work at the ward.

First workshop



Participants

3 physicians – consultant, specialist, resident

3 nurses – 2 experienced, one recently recruited

2 nurses aids

First workshop

Two cases – fictive but based on reality

1. A patient suddenly deteriorates
2. A situation where the ward is overcrowded and there is high pressure in the ER



**Responding
(Actual)**

Findings 1

- No mention at all of procedures, plans, instructions
- Manage problems at the "coal face", without direct support from managers
- Self-organization
- Multiprofessional formal and informal teams dealing with problems together

Findings 2

- Based on individual and team competence (self-judged) - manage and solve
- Experiencebased competence
- Call for help when needed
- Prioritizing between tasks
- Involve patients parents
- They lean heavenly on communication and their evaluation of it
- Individual strategies to deal with complex situations – create a sense of calm in a chaotic situation

What are we studying?

Work-as-imagined or work-as-done?

A challenge with staff workshops

people talk about work that they do not actually do

Information from direct observation is better
or anyway gives other data

Work-as-imagined or work-as-done?

However we think the discussions reflected work-as-done with some exceptions

- “Validation” – discussion in a multiprofessional group – no space for deliberate lying
- Descriptions were elaborate and alike irrespective of profession and experience
- Two of the interviewers/researcher have knowledge of work at the ward and confirmed descriptions

Resilience in a pediatric ward

- A complex adaptive system
- Competence and cooperation
- Self-organization to deal with problems



Recommendations to management and staff



Possible RAG questions

