

Here are the topics and comments from my session.

1. Concerns about the impact of *Lean*
  - a. Need to develop negotiation skills to ‘win’ during *Lean* implementation efforts.
  - b. Present disaster preparedness as a contrast to the pursuit of narrow efficiency
    - i. absorbing disruptive impact of disaster
    - ii. presence of buffering capacity
2. What makes notions like *Lean* so attractive to management?
  - a. We can’t explain *Lean*’s success but note that it is not done consistently and is a buzzword....?
3. Why is management consulting so popular?
  - a. We recognize a kind of “rapid cycling” of management consulting in an institution. This seems expensive and useless. It also suggests that the indigenous management is incompetent.
    - i. Management is strongly criticized because of its frequent preference for short term goals, susceptibility to political whiplash, and satisfaction with the immediate gains management receives for mostly illusory progress.
    - ii. Critique of this critique as an unproductive “us vs. them” dichotomy that does not match the complexity of the real world. Management is defended by Hollnagel who claims that every person is a ‘sharp ender’. [This is nonsense. RIC]
  - b. A hypothesis for reliance on consulting is: management is a series of unpalatable decisions and consulting allows management to lodge some part of the responsibility for these decisions in outsiders.
  - c. We recognize the large influence of IHI in this field. There seems to be growing dissatisfaction with it because the investment required is not matched by the benefit received.
4. The paucity of evidential support for *Safety I*
  - a. Literature review of system-wide improvement efforts reveals only a handful (~6) that have pre- and post-intervention measures, some type of control group.
5. The role of information technology (IT) as a mechanism for forcing system change along prescribed lines remains relatively understudied.
6. The interaction between *individual* and *systemic* resilience
  - a. Empirically, systemic resilience can sometimes be obtained at the cost of a reduction in the resilience of one or more individuals. Unclear if individual resilience can be obtained at the cost of systemic resilience (is the restoration of a patient to health an example?).
  - b. Agreement that this is an important area for further investigation, albeit one that is difficult to study.
7. Concerns for research on resilience

- a. Common to have difficulty with institutional review boards (IRBs) when planning projects involving observations that involve staff and patients.
- b. Effort needed to obtain approval is out of proportion with the real risks that such research produces.
- c. Many IRBs are heavily vested in a bio-medical model of research that doesn't match research on work in systems.
- d. Might develop a common collection text and references that community of researchers could use to authorize direct observation research that does not involve an intervention.
- e. Need to gather multiple perspectives on work, not just that of sharp end operators, in order to understand organizational aspects of resilience.

Respectfully submitted,

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