The Resilient Health Care Network (RHCN)

www.resilienthealthcare.net

Reflections on the results from the second survey (Winter 2012)

Since the first questionnaire in the fall of 2011, the RHCN has grown to more than 100 supporters. In order to get their input about how they will like to see the RHCN develop, how they think that the RHCN can help you in your work, and which contribution they can offer to further the development of RHCN's activities and program, a second brief questionnaire was developed and distributed.

In order for the participants in the RHCN to get an idea of who they are and what they want, a Survey Monkey questionnaire was sent to everyone who were on the list at the time. Since then, the communication with RHCN participants has relied on the Resilient Health Care Net on LinkedIn. Most of the people who had shown an interest for the RHCN have signed up for that as well, although not all. On the other hand, the LinkedIn group is slowly growing. Take a look at it, and also check whether you are missing someone there. If so, please give them a gentle hint.

The second questionnaire included a variety of requests in the form of 12 questions, which received a total of 47 responses. Some respondents did not answer all questions. Some questions were open-ended, inviting written responses and those varied from 12 to 44 responses.

This little note summarises the answers for most of the questions. It is followed by a couple of pages that contain the answers to the open-ended questions.

We hope you will take a little time to read this note and to reflect on the information it provides. The next step is really up to you! The answers can give you an idea both about what the RHCN can do and how it can go about it. But something will only be done if you make an active contribution! Your fellow participants therefore look forward to hear from you. The Core Group will be happy to help whenever and wherever it is possible, but don't expect them to take the initiative on everything. It is not that we wouldn't like to do it, it is rather the competition from the ever-present demands of the day jobs.

And don't forget the second symposium of the RHCN, which will be held at the Hindsgavl Castle in Middelfart, Denmark. The dates are August 26-28. You can find more information on www.resilienthealthcare.net

Acknowledgement

The survey came about thanks to the efforts of Elaine Pelletier and Rob Robson. It is thus in itself a good example of how the RHCN can work. We truly hope that many of you will be inspired by this and carry on in the same spirit.

Symposium Survey for the Resilient Health Care Net (RCHN)

SurveyMonkey

1. Since the number of RHCN participants has almost doubled, please let us know the nature of your involvement with healthcare, at the present time. If more than one area applies please rank the top three, where 1 = principal area of involvement, 2 = secondary involvement, 3 = tertiary area):

	Response Average	Response Total	Response Count
Research	**4.25**	**153**	36
Academic	1.63	39	24
Healthcare Administration/Management	2.22	20	9
Healthcare Planner	2.67	8	3
Accreditation Surveyor	2.00	6	3
Quality/Safety Manager	1.71	12	7
Healthcare Change Management/Consulting	2.08	27	13
Clinical Provider	2.25	18	8
Patient/Healthcare Service Consumer	2.67	16	6
		answered question	**48**
		skipped question	**0**

2. Which of the following options do you think we should consider (over and above the LinkedIn Group) as a means of promoting optimal routine communication?

	Response Percent	Response Count
Wiki Group	20.8%	10
Web-based blog or forum	**64.6%**	**31**
Skype audio conferences	41.7%	20
Full-time staff to manage traditional email	12.5%	6
Other (please comment)	20.8%	10
	answered question	**48**
	skipped question	**0**

3. Please rank the following in order of importance or greatest relevance to your work in the healthcare field:

	Most Relevant	Relevant	Somewhat Relevant	Least Relevant	Response Count
Annual Symposia	**47.8% (22)**	34.8% (16)	10.9% (5)	6.5% (3)	46
Collaborative research projects	**41.3% (19)**	39.1% (18)	15.2% (7)	4.3% (2)	46
Access to a pool of colleagues with similar interests	**47.8% (22)**	37.0% (17)	13.0% (6)	2.2% (1)	46
Publication of articles/books	28.3% (13)	**47.8% (22)**	17.4% (8)	6.5% (3)	46
“Moral” support in trying to improve healthcare practices	19.6% (9)	**32.6% (15)**	30.4% (14)	17.4% (8)	46
	Do you have comments regarding the relevance of RHCN to your work?				9
				answered question	**46**
				skipped question	**2**

4. Do you think that the external “environment” (either locally or globally) has changed enough to consider modifying this approach? Rank the following options in order of importance, with 1=most preferred:

	Most Preferred	Acceptable	Adequate	Least Preferred	Response Count
Nurture the development of RHCN through collaboration and contacts	**72.7% (32)**	20.5% (9)	6.8% (3)	0.0% (0)	44
Seek similar organizations and propose joint activities	15.9% (7)	**52.3% (23)**	22.7% (10)	9.1% (4)	44
Approach leading organizations [IHI, ISQua, AIHI] to promote RHCN	18.2% (8)	**47.7% (21)**	18.2% (8)	15.9% (7)	44
Seek secure funding and then hire staff	7.0% (3)	**34.9% (15)**	30.2% (13)	27.9% (12)	43
			Please share any ideas you may have about about funding.		9
				answered question	**44**
				skipped question	**4**

5. Please add your comments or thoughts on the development of RHCN.

	Response Count
	10
answered question	**10**
skipped question	**38**

6. Please check any that might apply (and add others!):

	Response Percent	Response Count
Help manage the LinkedIn Group site	11.4%	5
Populating a website/managing a blog	9.1%	4
Host colleagues from other parts of the world to make presentations or for shorter or longer exchanges	38.6%	17
Logistics and planning for the 2nd Symposium	18.2%	8
Organize joint collaborative research projects	40.9%	18
Recruit colleagues to participate in RHCN	45.5%	20
Make presentation(s) at upcoming Symposium	52.3%	23
Promote RHCN within healthcare facilities and organizations	**75.0%**	**33**
	Please add any other ideas:	6
	answered question	**44**
	skipped question	**4**

7. Please indicate your topic preferences in the comment box:

	Response Count
	31
answered question	**31**
skipped question	**17**

8. Please also indicate the general approach you feel the symposium should adopt:

		Response Percent	Response Count
Eclectic presentations [whatever RHCN supporters are working on]		**47.7%**	**21**
Structured around one or two main topics with all presentations related		18.2%	8
Structured, with an option for poster presentations of topics that fall outside the main topics		34.1%	15
		answered question	**44**
		skipped question	**4**

9. Please answer the following questions related to venue planning:

	Yes	No	Response Count
Do you think that 60 participants is a realistic target?	**88.6% (39)**	11.4% (5)	44
Should we maintain the registration fee at a minimum to cover the cost of food and logistics?	**97.7% (43)**	2.3% (1)	44
Should we consider a differential fee for those who have been supporters in RHCN?	40.9% (18)	**59.1% (26)**	44
		answered question	**44**
		skipped question	**4**

10. Is it useful to consider a pre-symposium workshop (on the same or a different topic) for 2013?

	Response Percent	Response Count
Yes	**90.9%**	**40**
No	9.1%	4
	answered question	**44**
	skipped question	**4**

11. What topic might be of interest for such a pre-symposium workshop?

	Response Percent	Response Count
Complex adaptive systems and where healthcare fits	**59.1%**	**26**
The advantages and challenges of various research methodologies for resilience research (quantitative/qualitative)	52.3%	23
The link between individual and organizational resilience	50.0%	22
Resilience Engineering concepts	40.9%	18
Other topic (please specify)	18.2%	8
	answered question	**44**
	skipped question	**4**

12. Are you coming to the next Symposium?

		Response Percent	Response Count
Yes, I will absolutely be there		25.0%	11
I definitely want to come, contingent on whether I can arrange funding		**50.0%**	**22**
I am ambivalent		4.5%	2
I know now that I have a conflict and cannot attend		9.1%	4
Other (please comment)		11.4%	5
		answered question	**44**
		skipped question	**4**

Comments to question #2. Which of the following options do you think we should consider (over and above the LinkedIn Group) as a means of promoting optimal routine communication?

- Regular email
- Consider part-time staff, to manage email and to organize meetings
- No real preference
- In 2012 I joined the annual symposia for the first time. It was very valuable for me and I look forward to contribute to the symposia in 2013. We should give the recently established LinkedIN RHCN group a chance before taking new initiatives.
- To be honest, I'm not sure how a blog would differ from our linked-in group - or a wiki group, for that matter. I think it is good to have one, but probably not more than one so we don't get dispersed.
- In order to realize the potential of RHCN I think we need to review all options for the hiring of part-time staff to look after logistical and basic with-in group communications issues.
- Webinares are great especially if they can be recorded so as to account for time zone differences. Webinares associated with linkedIn /Skype/forum discussions would be especially great
- I am happy with LinkedIn - there might be disadvantage in opening up more channels and we won't know where to look.
- A wiki would be wonderful, if someone would volunteer to do it.
- Webinars

Commentary: The RHCN on LinkedIn will be the preferred means of communication, mainly because it eliminates the need of maintaining a separate mailing list.
Several good suggestions, and if anyone feels motivated enough to do something about them, I am sure that others will be ready to help.

Comments to question #3. Please rank the following in order of importance or greatest relevance to your work in the healthcare field:

- RHCN provides a way for me to keep up with the state of the art.
- I am interested in RHCN because I want the MSc(HQ) to be using the most relevant and up to date research and publications in teaching.
- It is very helpful re our efforts to maintain a linked groups in NA to keep the resilience conversation alive.
- I need to start using the RHCN more to figure out methods to incorporate and link the principles into healthcare operations.
- Yes, I'm interested in resilience from a 1:1 clinician / patient perspective re: communication at transitions. From the engineering perspective, the UHN Toronto HF group is conducting research to find an e- technical solution to multi-mode communication challenges
  <http://humanfactors.ca/projects/patientcentered-perspective-of-hospital-communication-and-handover/http://vimeo.com/28864976>
  Effective communication among clinicians is critical for patient safety. This multi-site observational study analyses inter-clinician communication and clinician interaction with information technology, with a focus on the critical process of patient transfer from the Emergency Department to General Internal Medicine. The study provides insight into clinician work flow, evaluates current hospital communication systems, and identifies key issues affecting clinician communication. It suggests opportunities for improvement:
  • extending the role of the electronic patient record,

• rendering it available on a mobile platform,
• developing an improved smart paging system. It also identifies key design trade-offs to be negotiated:
• synchronous communication vs. reducing interruptions,
• notification of patient status vs. reducing interruptions,
• portability vs. screen size of mobile devices,
• speed vs. quality of handovers.
The results inform the potential development of an intervention that meets seven principles: 1. interconnectivity, 2. context awareness, 3. accessibility, 4. redundancy, 5. user customization, 6. security, 7. and intuitive user interfaces.

- Hard to do collaborative research, but it may come
- Its highly relevant to my work, but difficult to access colleagues. Funding makes travel difficult and lack of focal points (events, discussions) make it difficult to collaborate. I often feel isolated
- Is RHCN formerly part of REA? Should it's symposia be co-located with the REA conference?

Commentary: The intention of the RHCN clearly matches the needs – and hopes – of some participants. This may become even more pronounced when the first book on Resilient Health Care is published later this year. You can find details at:
<http://www.ashgatepublishing.com/default.aspx?page=637&calcTitle=1&title_id=19380&edition_id=1209346905>
The RHCN forum has also been used to initiate a few discussions, which have received many interesting comments. Please feel free to use this facility – it is always a comfort to know that others share your concerns, and you might even get some ideas for possible solutions.

Comments to question #4. Do you think that the external “environment” (either locally or globally) has changed enough to consider modifying the present approach? Rank the following options in order of importance, with 1=most preferred:

- WHO.
- Resilience search requires probably more boutique funding sources as opposed to traditional clinical trial centric studies. Organizing joint projects and presentations at professional organizations is probably very effective, which in a sense do not rely on research funding. One model may be those research projects or case studies in business administration.
- I would assume we could apply for international grants related to knowledge translation or meeting grants.
- Possible sources of funding for conferences:, the AHRQ (Agency for Healthcare Research and Quality; US government) or the Josiah Macy Jr Foundation?
- Core funding for the Network would be helpful but may be a hard sell, that said, worth trying.
- Given this is an international network, would the WHO be a possible source of funding. Perhaps if we had partnerships with leading organizations first this might assist with efforts to secure funding.
- Difficult.
- There will be foundations that promote and support the development of new ideas and their application to everyday problems - the example of the Annenberg Centre in the USA that provided the first three years of funding that led to the creation of the National Patient Safety Foundation in the US.

- EU Network of Excellence type of funding could be useful for development of the network and to fund meetings.

Commentary: The problem of funding is always there. Some of us have already experienced the problems in getting funding for project proposals that do not fit the traditional clinical trial centric studies paradigm. To overcome that will probably require a change of culture, and that will be hard work.

Comments to question #5, Please add your comments or thoughts on the development of RHCN.

- Regular email is needed for people like me. It is difficult for me to go to website actively. Perhaps email highlights plus linkage to web update are the best way.
- It is in early development and will evolve - obviously financing from an external source would greatly assist the development but it is tough in these economic times
- 1. Part of the great value of RHCN is that it crosses many boundaries, such as healthcare specialities, fields of expertise, etc. That said, our structure should include consideration that, for most members, RHCN is likely a secondary, rather than a primary, affiliation; so it would help our members if we could keep our overhead and expenses low. That doesn't mean, however, that our goals have to be constrained. 2. Consider a discussion of organizational strategy during the next meeting in Middelfart.
- Interactions and linkage with other organization might be helpful but we need, in this process, to maintain our identity. IHI is a very large o and prosperous organization that conflates quality and safety, so we have to be a bit wary. The High Reliability folks at least recognize resilience as key but also involve a variety of other risk critical organizations..so linkage and exchange would be fine but must be done with care.
- Local supporters could take local actions to develop RHCN, through for example articles, books, training courses, small tests at the hospitals. Write abstracts to the international conferences like IHI in Orlando, International Forum (in London in 2013), ISQua (Edinburgh in 2013)
- I still need to join LinkedIn but perhaps the network could focus on operational tools that could be utilized by those 'doing the work'. The research is important but I think we need to figure out how to translate this work into usable tools at the 'frontline' or in the healthcare organizations.
- Share more practical projects implemented by RHCN members with other international organizations.
- A relatively small pool of RHCN thinkers internationally. Resilience in communication; anticipatory thinking , monitoring, responding & learning seems to resonate.
- Research and development do need resources and I do agree on that. What I strongly reject is the tendency to focus all attention on Money as if this was the only resource. Man-power, time, instruments, logistic etc are valuable resources too and often far less expensive to secure by cooperation. Unfortunately this requires the ability to spot the overlap interest area between different organizations and to accept slight detour and/or restrictions just as it occurs when hitch-hiking. I wonder if researchers are ready to adapt or are complaining because they don't get a free first-class ride?
- We should try to make this initiative more visible at international events. Everyone should / could do their bit.

Commentary: There are many good ideas here. Trying to make the RHCN more visible during other events is a good idea. Many of you participate in these events already, so dropping a

hint would probably be a cost-effective way of spreading the news. Would anyone volunteer to make a one-page hand-out about the RHCN, which we then all could benefit from?

Comments to question #6. Please check any that might apply (and add others!):

- Would like Queen's University to be in research collaborations but as an administrator my role would be to facilitate and not necessarily lead research.
- Could help with co-managing the linked in site or cc-organizing of collaborative projects … my day job makes it hard to commit to solo management of anything.
- My primary interest is to explore how the ideas, nurtured by the network, might eventually enrich accreditation.
- Work on projects to translate research into practice.
- I am too overloaded with projects outside HC during 2013 to make a good job for RHCN. Also younger people are better. I would be glad to see a co-operation between Region Skåne, corresponding organisation in the Region of southern Denmark, university researchers at our department and researchers from University of Southern Denmark. Also I would like to see an EU project on patient safety with an RE touch.
- I try to promote RHCN in my country and get more people to know what activities and goals the RHCN is going to achieve

Commentary: Any offer of assistance will gladly be accepted. Just send me a mail :-)

Comments to question #7. Please indicate your topic preferences in the comment box:

- Putting resilience into practice knowledge translation to the public and media as well as senior management and board.
- Health care communities are often resistant to change. Exploring alternative approaches to this issue would be of interest to me.
- Complexity and resilience, learning for safety in healthcare, design of resilient processes, design of resilient organisations.
- Relationship of core concepts of resilience engineering with other concepts, and how people experienced with those concepts can learn from resilience engineering.
- The advancements in the field and the impact on Quality, Risk and Safety
- How can accreditation help to promote the aims of RHCN
- Translation of activities into concrete actions in health care - need lots of examples including the how to as well as theory development and scholarly activity.
- Application of Rasmussen's is a safe working envelope to the healthcare environment given the context of increasing demand and flat or declining financial resources.
- Although I have marked the eclectic presentations below--I believe there should be a required pre-conference for new comers or as a refresher for some of the intermediate / "middle schoolers" in resilience engineering to ensure that common ground is maintained as the organization grows...at some point could turn into a web based introduction wit be completed before arrival with assigned readings and the Pre-conference an opportunity to discuss and flesh out participants understanding.
- I see the early efforts around RE as somewhat similar to the efforts in the 80's and early 90's seeking to (a) define safety culture and safety climate, (b) to develop and validate measures of safety culture/climate and (c) develop and validate means of strengthening safety culture/climate. I think we are now going from phase a to phase b and c with respect to Resilience, and would therefore welcome discussion / projects that address the operational aspects. How do we assess and measure the various dimension of Resilience, and are we agreed on roughly which dimensions are involved?

- At the last meeting, I found the pre-conference explanation of the principles of Safety-II very helpful; I'd love to hear that again, with whatever updates are relevant. As I'm relatively new to this field, a combination of lectures (theories and applications of cognitive systems engineering and human factors), panels, and presentations of actual projects and examples (how people or organizations have implemented projects aligned with Safety-II principles) would be helpful to me.
- Evaluation of methods presently used to improve patient safety.
- Further discussion of Lean thinking and potential conflicts with the need to develop resilience; how to get healthcare personnel to understand and be will to invest time in Safety-II.
- As an accreditor, I am interested not only in enhancing my understanding, but also in, how this might translate into improved organisational practices.
- The relationships between resilient healthcare and the design of the physical environment The relationship between Lean/Six Sigma and reslilient healthcare strategies.
- The practical use of RCHN.
- Translating research into practice.
- I am interest to learn about the progress of RE in HC.
- How to integrate quality improvement methods and resilience engineering to create adaptive recommendations toward being resilient systems.
- Current thinking/research. Practical applications.
- The biggest challenge for RHCN is to move from theory to relevant actionable products Resilience in the design of handover communication.
- Practice and research.
- Implementation science meets resilience health care: what will this mean? Is care becoming more bureaucratic and unnecessarily complex? Theorising about gaps and resilience.
- Standardization (and rutines) vs flexibility and how it affects capability for resilience - Safety routine compliance and its relation to understanding.
- 1. Serious discussion of healthcare as a complex adaptive system (CAS) and the characteristics of CAS that influence the level of organizational resilience that might be possible. 2. Research methodologies with an emphasis on qualitative research methods that may be most appropriate for CAS. 3. The link between individual (patient, provider, managers, others) and organizational resilience.
- Observations of resilience practices in healthcare Methods for engaging with resilience in healthcare Theoretical development.
- Practical examples - and practical problems in using the RHCN ideas.
- Unfortunately it's difficult for me to justify a trip to Europe to attend this symposium.
- Lean production and healthcare Complexity theory and healthcare.
- The measurement / assessment / description of resilient capacity of a system Practical improvement case studies + their evaluation.
- Measurement of safety in healthcare.

Commentary: There is clearly a strong need to demonstrate what RHC means in practice. Fortunately, examples of that are forthcoming. The book on Resilient Health Care will contain some, but more are coming. This commentary is probably not the right place to list them, but keep an eye on the RHCN in LinkedIn.

Comments to question #11. What topic might be of interest for such a pre-symposium workshop?

- If you have specified themes for the symposium then I would include them in here as well.
- The advantages and challenges choice above would be good for intermediate resilience members.
- Please see previous remark
- Each of those topics is great! As for conference structure - I find presentations, with opportunities for discussion, much more valuable than posters, although I recognize that an option for posters can make the meeting more inclusive.
- As noted above, Resilience and Lean, and how to get healthcare folks to buy Safety-II, or why it is important to reflect on success when the general feeling is that success must emerge from professional standards and good policies and procedures (some might admit to luck), but most healthcare folks don't really understand why it is important to reflect on success,,,why bother re #10 above I am indifferent, but don't really feel it is necessary and would add cost
- Translating concepts into practice and change management principles to assist with the transition.
- It would be good to give newcomers an intro to RE concepts
- Should it be the links and differences between individual and organizational resilience?

Commentary: There will be a pre-symposium workshop this year as well, free of charge, of course. Topic will depend on the expressions of interest and volunteers to organise the workshop. Don’t be shy.

Comments to question #12. Are you coming to the next Symposium?

- I cannot attend these dates but I would like to come. Are these dates able to be moved. I would be able to attend in September or the week of the 19th of August. If not I will try to attend the next one. Do you have the dates for 2014 so I could save it now?
- I really want to attend but do not yet know if I am going to be able to get to Europe in August.
- Very likely I will come, but am co-arranger/co-responsible for a summer course / summer school in August, so need to unload duties on unsuspecting colleagues.
- I definitely want to come, but I am certain that my firm will not pay for me to travel internationally unless they see a very tangible benefit. I don't think I can justify the cost, although I see how important it is to become an active member of this group.
- Yes I want to come and I hope it will be so. I am a little afraid of problem with my time.

Commentary: Unfortunately the dates for 2013 cannot be changed. As far as 2014 is concerned, there are no plans at present, although there are some ideas. We also have an offer to organise the symposium in another country. Other suggestions are welcome, of course, and any decisions will be made in a cool and rational manner – like all decisions pertaining to health care.
Please note that we try to make this symposium as inexpensive as possible. There is therefore no registration fee, except to cover the actual costs of renting the rooms, meals, etc. The only profit we get from this is an increase in intellectual capital, where dividends will be freely shared.