RHC Lab

Patient involvement

Carolyn – patient group – recommendations – how to do something about patient involvement – 3 suggestions – 2017 – 1. Lets have patients in the audience. Carolyn can use her network for participants – maybe introducing through a preconference 2. Take the suggested topic for next year – Gap WAI and WAD –putting emphasis upon patient perspective, helping understanding the patient experience, 3. To encourage present company involved in the meeting to expand work to include considering the patient contribution and participation in RHC – particularly looking at the use of FRAM for patients

Erik argues that in our group - a large part has been patients at one time

Paul Lane – agreed – is it time in our development to put the word patient into our definition.

Bob – expanding the idea of using patients for FRAM – as sources for data

They are also sources of Resilience

Callum – should we formalize projects at the end of this meeting?

Spread RHC without it being bureaucratic

Sam - How do we make sure that RE does not become too bureaucratised?

Christian – a by-product by WAI by managers. That can be influenced by managers need for having new solutions.

Measurement/tools/approaches/frames

Erik A. L. - Many of these are out there – maybe we should put some of them on the website like a library. Could also help make the concepts more visible for people looking. List of subject matter experts on the website which interested people could contact if they are interested in resilience or resilient health care

Erik – I am doing the website at the moment – but if we should use it more we should have webmasters taking charge

Relationships between concepts: WAI-WAD, RE-QI

Matt – discussing what wad is like – we think we get it – but it changes always – it is like capturing one moment in time. Understanding it best in using multiple perspectives – observations should be used from both inside and outside perspectives – gives a deeper understanding. WAD understanding who can we move that on, this perspective is a good way for developing sustainable methods.

Mary – having clinicians in the system partnering with researchers with another focus with different backgrounds, maybe scientific to capture it. They can complement each other. Clinical subject matter expert and scientific subject matter expert.

Ellen & Robyn - Aligning with measures of value for the organisation – there can be value that is not measurable – but trying to align these could help – maybe measuring the patient perspective as well.

Mary – staff satisfaction and moral – gives value to the organisation – align these with things that are more important to leadership so we can reach our goal 'easier' – allows us more freedom to pursue our goals.

Sam – interesting to explore to what extent aligning WAD and WAI for managers is of importance. Issues surrounding leadership should be addressed. David – 2000 issue of Quality and safety in healthcare.

Jeffrey – we are sitting on lots of examples of resilience in the books. Books contain good examples of cases of resilience. Maybe we should go back considering our own cases. Lots of stuff we should remind ourselves of.

Ellen – maybe management site should express what they value and ask them how we should explain this so they understand

Jeffrey – everyone think they are the sharp end

Bob – Everyone is the blunt end to somebody else's sharp end.

How does lean or Safety-I actually fit in?

Marit – revealing wad can be convincing for managers too. The strengths of showing reality to managers and this can still support safety-I systems. WAD is a central concept in all these questions.

Karl - Is resilience an approach or a viewpoint?

Erik – it is not well defined like many other concepts – we need to agree amongst ourselves. Speaking the same language.

Peter – limits from the patient perspective – but we should consider our own relatives as patients and what our perspective is in this case.

Marlene – It is different to be a patient. Remember the patient perspective. What is the perspective of resilience that is inherited that resilience is always good? Is it always good – are there situations where it is not good? Do we want to promote people not to comply with procedures? Should we encourage WAD if it is not aligning with rules and regulations?

Karl – it is also about understanding context depended behaviour. Aligning a more efficient way and would that not make the system safer? Otherwise, it maybe is not efficient?

Bob – Resilience is a way of acting. The value is what is produced. HealthCare's reaction to patient safety – started with a challenge and a large focus – patient safety tried to take the resilience out of healthcare (not sure I got that right – Caroline)

Kikki – throughout the years there has been talked about WAD vs. WAI, Safety-I and Safety-II. Looking more on WAD on different levels in the system, so we don't only focus on WAI of managers. Also considered WAI in a change-culture – change makes you imagining the future and maybe that can help align WAI with WAD.

Just in time – just in time are adaptations that we do – just in time means anticipation and designing buffers/slack.

Lean and RE – read article between RE and Lean – mentioned that they understanding human behaviour both of them – Toyota understand human behaviour. Message we need to understand and use human behaviour to support in our work.

Limits of the RE approach

Shawna – frustrations come from we do not really know where to put our approach with all the other tools. We are applicable to some problems but not all. Where does it really apply – will help us find out where to roll it out. We do not want to be an additional method for mitigating risks because it does not solve people's problems. Help to make more research – if we know where our boundaries are

Erik – we should not oversell it we should know where it is applicable and not. There is no well-defined bar. A discussion about where is I not appropriate. Essential problem in all kinds of work.

Shawna – just being aware of a limit is important. Awareness is important

Getting management and policy-makers involved

Methods – how do we research this?

General comments

Paul Lane - There is a chance/risk that teams working resilient are pressed to the limit, and if the resilient system snaps – results will be worse than if they were complying rules.

Callum – Patient safety – we have learned about patient safety risks but we haven't really changes these.

Christian – talked about slack in organizations but also as an existential element. Dichotomies are good for understanding the different concepts and perspectives. Like clapping with one or two hands.

Jeffrey – must read – Design and Devotion: Surges of Rational and Normative Ideologies of Control in Managerial Discourse