

## The Resilient Health Care Net

RHCN Summer Meeting, August 12-14, 2014  
Hindsgavl Castle, Middelfart, Denmark



# Realigning work-as-imagined and work-as-done

Monday, August 11, 2014

14:00 - 17:00 **Tutorial: Capturing the complexity of everyday clinical work.**  
The tutorial is a condensed introduction to how the Functional Resonance Analysis Method (FRAM) can be used to develop a model of everyday clinical work. The tutorial will teach the participants how to develop a basic FRAM model using a concrete example.

19:30 - 21:30 **Dinner**

Tuesday, August 12, 2014

**Session 1: Reports from the Field (Session chair: Sam Sheps)**

08:30 - 09:00 Johnson, A., Lane, P. *Ten Habits of Resilient Health Care, The Townsville Model*

09:00 - 09:30 Righi, A. W., Saurin T. A., Wachs, P. Wears, R. *Characterizing complex socio-technical systems: a comparison between emergency departments in Brazil and USA.*

09:30 - 10:00 Clay-Williams, R., Braithwaite, J. *Understanding resilient clinical practices in Emergency Department ecosystems.*

10:00 - 10:30 Coffee break

10:30 - 11:00 Furniss, D., Iacovides, J., Jennett, C., Gould, S., Cox, A., Blandford, A. *How to run an Error diary Workshop: Exploring resilience strategies with patients, professionals and the public.*

11:00 - 11:30 Sujan, M. *Reporting Hassle - Increasing Resilience Through Staff Feedback and Participation.*

11:30 - 12:00 Session summary and general discussion

12:00 - 13:00 Lunch

13:00 - 16:00 Visit to Kolding Hospital (transportation included)

16:30 - 20:30 Dinner cruise from Kolding harbour to Hindsgavl jetty.

Wednesday, August 13, 2014

**Session 2: Individual and organisational resilience (Session chair: Richard Cook)**

08:30 - 09:00 van Schoten, S. *Compliance with a Time-out Procedure intended to Prevent Wrong Surgery in Hospitals: Results of a National Patient Safety Program.*

09:00 - 09:30 Canfield, C. *Patient Engagement for Resilient Health Care*

09:30 - 10:00 Podtschaske, B. V. *Analysing cancer care as a complex adaptive system using the 6-layer model. A macro-ergonomic case study report.*

10:00 - 10:30 Coffee break

10:30 - 11:00 Nyssen, A. S., Blavier, A. *Impacts of accidents on the mental and physical health of professionals: some data in anaesthesia.*

11:00 - 11:30 Sheps, S., Cardiff, K. *The Jack Spratt problem: The potential down side of Lean application in healthcare - a threat to Safety II.*

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- 11:30 - 12:00 Session summary and general discussion  
12:00 - 13:00 Lunch
- Session 3: Operationalising resilience (Session chair: Alastair Ross)**
- 13:00 - 13:30 Anderson, J., Ross, A., Back, J., Duncan, M. *Operationalising resilience in healthcare: Theory, methods and data.*
- 13:30 - 14:00 Anderson, J., Ross, A., Back, J., Duncan, M. *Individual level resilience: understanding the intelligent agent.*
- 14:00 - 14:30 Anderson, J., Ross, A., Back, J., Duncan, M. *The hidden art of identifying resilience skills and traits.*
- 14:30 - 15:00 Coffee break
- 15:00 - 15:30 Bulumi, E. *Integrating behavioural and systems frameworks from the literature: a novel approach to develop an organisational resilience framework to study unexpected events in healthcare.*
- 15:30 - 16:00 Wears, R. L., Deutsch, E., Fairbanks, R. T., Jacobson, L., Patterson, M. *Using healthcare simulation to explore resilience: A novel approach to patient safety.*
- 16:00 - 17:00 Session summary and general discussion  
19:30 - 21:30 Dinner

Thursday, August 14, 2014

**Session 4: Re-aligning WAI and WAD (Session chair: Rob Robson)**

- 08:30 - 09:00 Hollnagel, E. *Why WAI is different from WAD.*
- 09:00 - 09:30 Clay-Williams, R., Braithwaite, J. *Realigning work-as-imagined and work-as-done: can training help?*
- 09:30 - 10:00 Wears, R. L., Hunte, G. S. *Designing Flexible Procedures to Support Resilience and Reduce the WAI-WAD Gap.*
- 10:00 - 10:30 Coffee break
- 10:30 - 11:00 Chuang, S. *Learning from failures and successes: A dual double-loop learning model.*
- 11:00 - 11:30 Hunte, G. S., Wears, R. L. *Power and resilience in practice: fitting a square peg in a round hole in everyday clinical work.*
- 11:30 - 12:00 Session summary and general discussion  
12:00 - 13:00 Lunch
- 13:00 - 14:00 **RHC Lab** (group work). During the preceding sessions, participants will have the opportunity of writing questions, etc., on prepared forms. In the first hour of the RHC Lab, participants will be split into groups, which each will be given a number of questions to discuss and answer.
- 14:00 - 15:00 **RHC Lab** (discussion). The second part of the RHC Lab will be used for a general reporting of the answers and feedback. This format combines a synthesis of the issues raised during the meeting and a kind of brainstorming, which will be useful for planning the future.
- 15:00 - 15:30 Coffee break  
15:30 - 16:30 Final thematic discussions and future planning

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## About the programme

The programme for this year's RHCN Meeting contains four main sessions plus a final session for group work and discussions. In the four sessions, each presenter (or presenters) is allocated 30 minutes, of which about 15 minutes should be used for the presentation and the remaining 15 minutes for questions and answers related to the presentation. Each session will then be concluded by a discussion period, where the session chairperson will begin by summarising the main points raised during the session and the discussions.

As an innovation, this year's meeting will on the last afternoon include a RHC lab. Throughout the meeting, participants will be encouraged to write down central questions, issues, or concerns relating to resilient health care. During the first part of the RHC Lab, participants will be divided into groups, and each group will discuss a subset of the collected questions, etc. During the second half of the RHC Lab, the groups will present the results from their discussions, as the starting point for a more general discussion and summary.