How everyday functioning in acute care really works: the case of nurses’ workarounds

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Background - the Centre

The Centre for Clinical Governance Research undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.

World
The dominant Safety 1 view

**WARNING !!!!!!!!**

*IF YOU ARE ENTERING AS A PATIENT ONE IN TEN OF YOU WILL EXPERIENCE AN ADVERSE EVENT*
Health care occurs in a CAS
Requiring navigation of:
• complex, challenging environments
• heavy workloads
• interruptions
• competing requirements
• time critical pressures
• emotional demands
But health care occurs in a CAS

This is normal

- Exceptions are not exceptional … but routine

[Tucker and Edmondson 2002]
And …

• The ‘systematisers’, ‘anti-variationalists’, ‘quality improvement advocates’ and ‘patient safety solutionists’ are in a Safety 1 paradigm

• With a view that: with a little more effort, a few more resources, a more refined set of recommendations from a knowledgeable inquiry, some new tools, an updated IT system, and better policy, we will ameliorate harm

[Hollnagel, Braithwaite and Wears 2013]
But...

- This assumes an orderly, linear, predicable world
- Not found in the real world of health care

[Hollnagel, Braithwaite and Wears 2013]
Question

How do clinicians navigate workflows and manage the complexity and ubiquitous workflow hindrances to deliver safe and effective care?
Answer

One way is to **work around** them
Workarounds: definition

“Workarounds are observed or described behaviours that may differ from organisationally prescribed or intended procedures. They circumvent or temporarily ‘fix’ an evident or perceived workflow hindrance in order to meet a goal or to achieve it more readily”

[Debono, Greenfield, Travaglia, Long, Black, Johnson, Braithwaite, 2013]
Workarounds: what they look like

Workaround the shortage of gum boots to shower patients

Workaround the shortage of intravenous therapy solution stands
Workarounds: what they look like

- Workaround the shortage of gum boots to shower patients
- Workaround the shortage of intravenous therapy solution stands
- Workaround in a hospital ward to solve the problem of the smoke alarm that kept going off because of nebulisers in a patient's room

Air conditioner covered by a towel as it is too cold.
Workarounds: other terms

- Shortcuts (-)
- Situational violations (-)
- Deviations (-)
- Innovations (+)
- Ready-made fixes (+)
- Problem solving (+)
Workarounds and resilience

Workarounds often examples of ‘first order problem solving’
– *adapting work to cope with basic system inefficiencies*

But this can impair the capacity to engage in ‘second order problem solving’
– *change the system so the problem does not reappear*
Studying workarounds

Studies of workarounds provide an opportunity to examine:

- individual and collective everyday functioning of frontline clinicians
- how informal practices flourish
- what nurses do when they deploy workarounds to contribute to resilient health care
Objective
To examine the empirical evidence on the implementation, propagation, rationalisation, conceptualisation and impact of nurses’ workarounds in acute care settings
Method: a scoping review

[Debono, Greenfield, Travaglia, Long, Black, Johnson and Braithwaite, 2013]
Findings

Nurses’ workarounds are:

• collectively and individually enacted
• a response to a range of workflow barriers including policy, technology or operational “failures”
• perceived to contribute to (+) or to compromise (-) patient care
Findings

Nurses’ workarounds hide:

• how care is otherwise thought to be delivered (WAI vs WAD)
• how policies are actually enacted
• problems and glitches to care delivery
• sometimes, opportunities for improvement
Findings

The development and proliferation of nurses’ workarounds are influenced by:

• workflow issues including policy, technology or operational failures
• patient, clinician, organisational factors
• cultural norms
• notions of professional competency
Findings

Few studies measure the negative impact of workarounds on patient care.

Even fewer studies measure the positive impact of workarounds on patient care.
Discussion

• In everyday practice nurses use workarounds all the time
• Workarounds may facilitate delivery of care and/or destabilise safety mechanisms
Examples of positive effects of workarounds

• Care tailored to a patient’s specific needs
• Batching care so the patient gets a good night’s sleep
• Giving medications early so patients won’t wait four hours
• May lead to better rules, practices
Examples of -ive effects of workarounds

• Fix individual problems but mask underlying systems problems
• Increasing complexity and the potential for new errors
• Make staff vulnerable to retribution
• Challenges what should be taught to new clinicians
Discussion

Workarounds are often not reported or discussed and so may create an illusion that sanctioned or formal processes are seamless and more effective than they actually are.
Conclusion

• Workarounds neatly encapsulate distinctions between WAI (the blunt end) and WAD (the sharp end)
• Relying on resilience (and the workarounds that create it) may be too much of a good thing

[Wears and Vincent, 2013]
Conclusion

• Workarounds can have features of resilience and brittleness
• They often provide rich insights into everyday activities that make care succeed

[Wears and Vincent, 2013]
Reference

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