Delivering Resilient Health Care: The 2018 Australian Masterclass

Macquarie Graduate School of Management (MGSM)
December 7, 2018
Resilience
Resilience Assessment Grid
Resilience Assessment Grid

- Potential
- Actual
- Factual
- Critical

- Ability to respond
- Ability to monitor
- Ability to learn
- Ability to anticipate
Anticipate

Knowing what to expect, or being able to anticipate developments further into the future, such as potential disruptions, novel demands or constraints, new opportunities, or changing operating conditions.

Knowing what to look for, or being able to monitor that which is or could seriously affect the system’s performance in the near term – positively or negatively. The monitoring must cover the system’s own performance as well as what happens in the environment.

Knowing what to do, or being able to respond to regular and irregular changes, disturbances, and opportunities by activating prepared actions or by adjusting current mode of functioning.

Learn

Knowing what has happened, or being able to learn from experience, in particular to learn the right lessons from the right experience.

Case study “B”: Handling the unexpected
“Virtually all accounts of resilience begin with a disturbance: some perturbation of the system that generates a threat of failure”

Case study “B” Part 1: Stockholm blizzard

• Exploring homecare under ordinary conditions to learn about how safe care is created

• Foci: sense-making and communications between clinicians and managers in the specialised palliative homecare team

• Ethnological perspective on team member’s accounts and lived experiences as social practices

Case study “B” Part 1: Stockholm blizzard

• Data were captured from observations and interviews during two work shifts with exceptional conditions—a blizzard

• December 5, 2012 Stockholm was hit by major snowfall. Road travel was near impossible. Commuter rail was paralysed as rail switches froze. People were advised to stay indoors

Case study “B” Part 1: Stockholm blizzard

• The blizzard affected “work as planned” in the morning, almost all care visits had been delayed and several morning care patients had not yet received care by the 13:30 afternoon shift

• Nurses were given authority and autonomy to develop workarounds to achieve the best possible care to patients under difficult conditions

The case described identified system features that contribute to resilience: the practitioners reconfigured the work schedule; used resources differently and chose to pursue some goals while sacrificing others.
Case study “B” Part 2: Christchurch earthquake 2011

The magnitude 6.3 earthquake killed 182 people in the first 24 hours, injured 6500, wiped out electricity and communication lines, while also damaging the city's only emergency department.

Despite the horrendous working conditions faced by frontline staff and influx of casualties, the emergency health system response was very effective.

[Ardagh et al. 2012. health-system response to the earthquake in Christchurch. The Lancet]
Initial medical response by Christchurch Hospital highlights how careful preparation for such a disaster helped to reduce death rates and the burden of injury

[Ardagh et al. 2012. health-system response to the earthquake in Christchurch. The Lancet]
Over two days in November 2016, nearly 10,000 people presented at hospital EDs with breathing difficulties, and nine people died.

• Despite thunderstorm forecast, no anticipation of impending emergency
• Clinicians recognised as ‘thunderstorm-induced asthma’ but no way to communicate widely
• State communication systems not suited to rapid-onset problems

During the thunderstorm asthma event, there were leading indicators, such as a surge in demand for telecommunications, ambulance and hospital services.

Despite rapid onset of events, the Emergency Services Telecommunications Authority (ESTA), Ambulance Victoria (AV) and Victorian hospitals responded quickly and increased the scale of their respective operations.

• State government review created 16 recommendations (10 related to improving data integration and/or information systems).
• Interagency working group established to share knowledge and improve procedures for detecting and anticipating the severity of future events.

1. What are your plans to handle the unexpected?
2. Are you sure that you are sufficiently resilient to respond as the cases did?
3. How fragile or brittle is your workforce?
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<tr>
<td>2018</td>
<td>Healthcare Systems: Future Predictions for Global Care</td>
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<td>Health Systems Improvement Across the Globe: Success Stories from 60 Countries</td>
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<td>Reconciling Work-as-imagined and work-as-done</td>
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<td>The Sociology of Healthcare Safety and Quality</td>
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<td>Healthcare Reform, Quality and Safety: Perspectives, Participants, Partnerships and Prospects in 30 Countries</td>
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<td>The Resilience of Everyday Clinical Work</td>
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<td>Resilient Health Care</td>
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<td>2010</td>
<td>Culture and Climate in Health Care Organizations</td>
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Forthcoming books

Gaps: the Surprising Truth
Hiding in the In-between

Surviving the Anthropocene

Counterintuitivity: How your brain defies logic
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