Patient Safety in Everyday Work

Learning from things that go right

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Safety-II

ETTO

FRAM

Resilience Health Care
‘Look at what goes right as well as what goes wrong. Learn from what succeeds as well as from what fails.

Indeed, do not wait for something bad to happen but try to understand what actually takes place in situations where nothing out of the ordinary seems to happen.

Things do not go well because people simply follow the procedures. Things go well because people make sensible adjustments according to the demands of the situation.’

Erik Hollnagel, 2013
Agenda

- Background
- Changing the approach
- The method FRAM
- Adjustments – how do they look like?
- What did we find?
Changing the approach

The ordinary everyday work

- Things that go wrong
- Things that go right

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Changing the approach

ETTO principle = Efficiency-Thoroughness-Trade-Off

Time to think

Time to do

Thoroughness

Efficiency

Adjustments
ETTOing

- ‘Looks fine’
- ‘Normally OK’
- ‘Will be checked by someone else later’
- ‘Has been checked by someone before me’
- ‘This way saves me time’
- ‘No time to do it now’
- ‘We always do it in this way’
- ‘We must be ready in time’

Adjustments to save time
ETTOing

- Procedures and instructions
- Assumptions about how others work
Adjustment – how do they look like?

**Work-as-imagined**
The hospital assume that the GP reads the full text of the CT-scan test result

**Work-as-done**
The GP reads only the headings of the CT-scan test result, saving time for other patients

A habit shown to be effective and giving the wanted result normally
Adjustment – how do they look like?

Work-as-imagined
The GP expects that the heading of the CT-scan test result from the hospital describes all findings, both the main finding related to the suspicion of cancer and incidental findings that need action to be taken.

Work-as-done
The hospital only includes the main finding related to the suspicion of cancer and not incidental findings.

This is normal procedure at the hospital unit.
Adjustment – how do they look like?

Work-as-imagined
The physicians at the Spine Centre assess the CT-scan during pre-admission

Work-as-done
The physicians at the Spine Centre normally only assess the referral of the GP and the age of the patient

A habit shown to be effective and giving the wanted result normally
FRAM is developed to model complex adaptive systems.
FRAM models everyday work using functions ‘To do something’ and describing their dependencies and interactions.
The method FRAM

A FRAM model gives us insight and make us understand how these adjustment can emerge into something unwanted and unexpected.
What did we find?

Differences between work as it is imagined to be carried out and how it is actually done.

Work-as-imagined versus Work-as-done
Example 1 Work-as-imagined
Example 1 Work-as-done
What did we find?

Functions that were started from more than one function. The risk is that it is not known what started the function in the actual situation.
What did we find?

Critical functions where a number of functions were dependent on the output.

To take blood sample
- To transport probe to KIA
- To transport probe to KMA
- To transport probe to KBF
- To transport urgent probe
- To transport project probe
- To transport manually
- To sign for material in BCC

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What did we find?

Habits leading to unwanted systemic consequences

**Work-as-imagined**

Output from the preadmission evaluation:
- "Urgent"
- "Normal"

**Work-as-done**

Output from the preadmission evaluation
- "Urgent"
- "Urgent +"
- "Urgent ++"
- "Urgent +++"
- "Urgent" - and the doctor would personally go to the secretary and say: This is urgent!
- "Normal"
Just an ordinary day…..

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Thank you for your attention!

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FRAM: www.functionalresonance.com