

The Health Care Governance Group of the institute of Health Policy & Management organizes:

Conference: 'Safety II and beyond—resilience meets regulation'

Date: Thursday 4 June, 2015

Place: Erasmus University Rotterdam, van der Goot Building (M)

Room: Tokyo&Rochester

Introduction:

Healthcare organizations are more than structures and guidelines; they are complex adaptive systems, full of self-organizing, rich relationships. Healthcare practices cannot exist without improvising. Nonetheless, health policy and regulation seem to be predicated on a linear perspective where regulation is based on work as it is imagined (WAI) and not how it is done (WAD). Moreover, regulation focuses on what goes wrong in healthcare practices, instead of looking at what goes right and why.

Recognizing the limitations of this linear perspective, an important change has emerged in coping with safety in healthcare: a shift from safety-I to safety-II. Whereas safety-I is reactive, technocratic and focusses on adverse events and errors, safety-II is proactive and focusses on actions, relations and things that go right. Safety-II downplays the emphasis on standards, and evidence-based systems and tries to understand safety as it is performed in everyday healthcare practices where healthcare workers create adaptive practical knowledge, a kind of knowledge that Aristotle framed long ago as 'phronesis'.

In this seminar, we want to explore the new ways of thinking that Safety-II has introduced, and go one step beyond, by focusing on what this new way of conceptualizing patient safety means for healthcare organizations and regulation. We explore the following questions:

- How can we enact safety-II in healthcare organizations and systems?
- How can we design regulatory practices that take safety-II seriously?
- What role is there to play for the main actors in healthcare—professionals, organizations, patients, insurers and policy-makers?
- Can we redesign the whole system and the roles of the stakeholders so they are focused on things that go right as well as the things that go wrong?

The seminar is targeted at both academic researchers and practitioners working in the fields of quality and safety in healthcare and the regulation of healthcare practices.

Key Text: Resilient Health Care, Volume 1&2

Hollnagel E, Braithwaite J, Wears R (editors) (2013). *Resilient Health Care*. London: Ashgate. 978-1-4094-6978-0

Wears R, Hollnagel E, Braithwaite J (editors) (2015). *Resilient Health Care Vol. 2: The resilience of everyday clinical work*. London: Ashgate. 978-1-4724-3782-2.

Program

9.30 Registration&coffee

Plenary sessions take place in room: Tokyo

10:00 **Roland Bal:** Welcome

In his opening presentation, Roland Bal will set the agenda of the meeting by discussing the development of the patient safety discourse, from 'safety I' to 'safety II' and beyond and linking this discussion to the problem of regulation. If a focus on the complexities and ongoing accomplishment of safety leads us to bottom-up approaches looking for safety as an emergent property of complex systems, then how should external regulators approach healthcare organizations and practices? Several models that will be discussed later during the day will be introduced, including system-based regulation and experimentalist governance. The prospects of such model will however be greatly influenced by the possibilities of external regulators to reflexively organize regulation and supervision—a condition that might be difficult to maintain given current media and political pressures.

10.30 **Plenary session 1:**

Jeffrey Braithwaite: Fixing problems that never happened: how to enact safety-II?

Healthcare as a multifaceted system differs significantly from most traditional industries. Solutions based on linear thinking in engineered systems do not always work well in complicated, multi-stakeholder non-engineered systems, of which healthcare is a leading example. A prerequisite for improving healthcare and making it more resilient is that the nature of everyday clinical work be well understood. Despite the common focus on deviations, errors and failures, it is undeniable that clinical work goes right far more often than it goes wrong, and that we only can make it better if we understand how this happens.

Jessica Mesman: Exnovation: about ways of knowing and doing within real-life complexity in health Care

Jessica Mesman will reflect critically on the dominant understanding of patient safety. Improvement of patient safety should not only be based on error-reducing activities, but also on a sophisticated understanding of the vigor of health care practices. In the presentation she will focus in particular on the exnovation of the competencies of frontline clinicians to preserve adequate levels of safety within real-life complexities in health care. Taking the full range of these competencies serious requires another conceptualization of safety: one that goes beyond a binary understanding of health care reality.

12:00 **Lunch**

13.00- 13.50 **Workshop round 1 (workshop A in Dutch, B in English)**

Workshops take place in rooms Tokyo and Rochester

A. New forms of regulation (the inspection of things that go right)

Renate Verkaik, Annemiek Stoopendaal, Chair Paul Robben

Renate Verkaik (NIVEL) evaluated the pilot with the Short Observational Framework for Inspection (SOFI), a new inspection instrument, developed in the United Kingdom, and introduced last year to the Dutch Healthcare Inspectorate. It offers inspectors a framework to observe caregiver-client interactions and the experience of care by clients who have limited communication skills.

Annemiek Stoopendaal (iBMG) evaluated the pilot projects System Based Regulation and Mystery Guests in the regulatory practices of the Dutch Healthcare Inspectorate. What do care providers, and inspectors think about these new regulatory practices? Do they provide opportunities for introducing more pluriformity in the notion of quality and safety in healthcare inspections?

B. Narrative & generative accountability

Gerdienke Ubels, Sonja Jerak- Zuiderent

Sonja Jerak-Zuiderent challenges the taken for grantedness of our understanding of accountability. She shows that accountability and care are both highly circumstantial, emerging and relational notions, and that it is not clear-cut who or what cares or accounts for what, whom, where, and how. Taking this on-the-ground finding theoretically seriously she suggests the notion of generative accountability instead. She shows how paying due attention to the generative interweaving of accounting and caring, that is, to the narrative work of care professionals to creatively reconnect care experiences, observations, records and relations generates accountability with care. Generative accountability requires thereby attention to narrative work taking place within ecologies of safety 1, 2, 3 or X.

Gerdienke Ubels shows from a historical perspective how the ActiZ program 'Renewed Quality Awareness' (2012-2014) was developed. With roots both in narrative gerontology and generative accountability (Sonja Jerak), the program was designed to combine the practice of care organizations with scientific research and policy-making. With the program, ActiZ actively wanted to serve a qualitative turn in eldercare and find ways for a renewed story of accountability and quality with a more "story-conscious" way of engaging with the realities of both life and care.

14.-14.50 Workshops round 2 (workshop A in Dutch, B in English)

Workshops take place in rooms Tokyo and Rochester

A. New practices and technology to enact resilience in governance

Yolande Witman, Julianne Meijers

A member of the supervisory board and the board of the Siza Zorggroep show new ways to combine governance and resilience in the care for mentally and physically handicapped people. They elaborate on some specific 'tools', which Siza has introduced in the last few years. Learning is the main purpose of these instruments; accounting follows the improvement of care. Some tools give patients a greater say, e.g. 'this is what I think about it' ('Dit vind ik ervan') and 'dialogue' ('tweespraak'). Other tools aim more specifically at professional development, for instance 'internal auditing'. They explore the consequences for governance, and address the dilemmas and questions. How to transfer individual learning to the organization / the system and vice versa? How to create time and space for reflection and sharing experiences in daily practice? Is there a need for a different role of employee participation, the supervisory board and the way of reporting?

B. 'Everyday life' accountability

Suzanne Rutz, Hester van de Bovenkamp, Antoinette de Bont, Ian Leistikow

This workshop focuses on the issue of patient/client participation based on amongst others research into the participation of young people in the work of the joint Inspectorate for Youth. We will further explore the issue of how to do justice to the experience of clients/patients in inspection work, that workshop 1A already touched upon. Here we focus on the active participation of patients in the work of Inspectorates. Inspectorates have developed several methods aiming to actively involve patients/clients of health care services. The assumption is that active citizenship empowers people to voice their opinion on matters that influence their lives. In addition, it is assumed that active citizenship will increase effectiveness and quality of services provided to them.

Yet, it proves difficult for inspectors to incorporate the input of users in assessments which leads them to put the issues users raise aside. If participation is taken seriously, inspectorate should be willing to discuss their own criteria and frameworks. The question is if they are willing to and if so how this should be done.

15.00

tea

15:30

Plenary session 2:

Kieran Walshe: The regulatory response: how regulation might help or hinder organisational innovation, resilience, safety and improvement?

Healthcare regulation is often characterised by regulated entities as a burdensome, bureaucratic straitjacket which limits or constrains their abilities to innovate and particularly to improve quality and safety. Little empirical evidence is offered to support these assertions but they have widespread intuitive appeal to healthcare providers in particular. Regulators have been slow to build a research base for their regulatory regimes and to evaluate their impacts.

This presentation will explore how regulators can build and use logic models of their regulatory regime both to improve regulatory design and to serve as the basis for ongoing regulatory evaluation. It will examine how regulators seek to influence organisational behaviour through their regulatory interventions and will argue that external oversight by regulators is an important tool for improving safety and quality, not a barrier to such improvement.

16.30

Wrap up and interactive discussion with participants

Roland Bal, Paul Robben/Ian Leistikow, Jessica Mesman, Kieran Walshe and Jeffrey Braithwaite: How to cope with messy details? Do we need Safety III? How to DO it?

17:00

Drinks