

LESSONS FROM HROS

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GOALS

1. To use High Reliability Organizations (HROs) as a template to discuss safety/cost/efficiency tradeoffs.
2. To argue that safety culture and practices that influence learning are the crucial threads that hold the potential to address these concerns in healthcare.
3. To show how key organizing processes can simultaneously enhance safety and produce efficiency gains.



HIGH RELIABILITY

- Conveys the idea that high risk and high effectiveness can coexist.
- Refers to the fact that these organizations must perform flawlessly under very trying conditions.
- Reflects the intensive effort that some high-risk organizations sustain over time to prevent the occurrence of adverse outcomes.



HIGH RELIABILITY ORGANIZATIONS

A subset of hazardous organizations that:

- have “...operated nearly error-free for very long periods of time....” (Roberts, 1990, pp. 101-102);
- recognize that “safety can never be established ex ante...so they are committed to safety at the highest level...and adopt a special approach to its pursuit” (Schulman, 2006, pp. ii39).





HRO CHARACTERISTICS

- Operate in unforgiving social and political environments
- Use complex processes to manage complex technologies—have potential for surprises and adverse consequences
- Have limited opportunities for learning through experimentation
- Widespread accountability with sanctions for substandard performance



FEATURES THAT CONTRIBUTE TO SAFE/RELIABLE PERFORMANCE

- Wide acceptance of vulnerability
- A social/relational context that encourages trust, respectful interaction, and coordination across functions
- Attention to failure and surfacing of errors/mistakes/mishaps
- Avoidance of simplifying world views; attempts to multiply perspectives (more than diversity)
- Continuous contact with front line employees and resolving small problems before they grow bigger
- Actions to enlarge response repertoires and build resilience
- Flexible decision structures

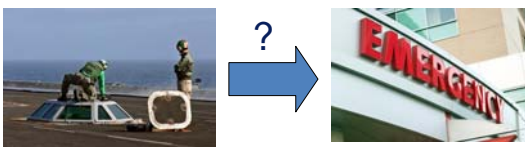


HALLMARK OF HROS

- A well-developed safety culture—safety is presumed to be of a higher priority than other objectives (e.g., cost effectiveness).



HROS AND HEALTHCARE



Reliable and Safe Organizing in Healthcare

- Similarities with other types of HROs
 - Highly hazardous and interdependent work where error has potentially catastrophic consequences
 - Complex and ambiguous tasks
 - Fast-paced environment
- Differences from other types of HROs
 - Medical harm tends to be individualized, distributed, and insidious
 - No social dread surrounding medical reliability
 - No close regulatory attention



IMPLICATIONS

- In healthcare there is more tendency for safety to take back stage; concerns about costs/efficiency can crowd out emphasis on safety.



HROS & SAFETY AND EFFICIENCY

- Popular myth is that high reliability means reliability whatever the cost.
- Not so—high reliability management is often the basis for reducing costs and cost reductions can enhance reliability management.
- This happens through practices that strengthen safety culture and encourage learning (exploitation and exploration).



ENABLING, ENACTING, AND ELABORATING SAFETY

CULTURE

1. Direct attention to safety (safety rounds).
2. Create contexts where practitioners feel safe to speak up and act in ways that improve safety (actively see out bad news).
3. Highlight threats to safety (failure/near miss reporting/operational failures, etc).
4. Mobilize resources to resolve threats.
5. Comprehensively represent safety outcomes.
6. Use feedback to modify practices and processes.



CAN SAFETY AND EFFICIENCY CO-EXIST?



SOME EXAMPLES

1. Creating a context of psychological safety and structured reflective learning leads to effective adoption of new technology for minimally invasive cardiac surgery.
2. Eliminating operational failures and improving relational coordination reduces average length of patient stay and shortens procedure complication times.
3. Pre-surgery collaborative briefings lead to more efficient and safer performance.



CONCLUSION

- Practices associated with high reliability management – especially related to building a strong safety culture and facilitating learning may help to simultaneously improve safety as well as costs/efficiency.



SOME QUESTIONS RE: SAFETY/EFFICIENCY

TRADEOFFS

- How do leaders signal safety/efficiency priorities? What type of visions integrate these two concerns? How can leaders reinforce the integrated message?
- How do employees perceive these signals, and more importantly, how do they make sense of potentially competing priorities in real time?
- Is it possible for healthcare organizations to alter their design, processes, or incentives to balance safety and efficiency?



“Medicine is not unique among high-risk, high-reliability industries because it too is concerned with learning how to prevent, detect, recover, and learn from mishaps and accidents.”

