Experiences from Jönköping
RPET / Gröna linjen
The Resilient Performance Enhancement Toolkit

A question of WAI and WAD?

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How do organisations learn

Safety-I

- From understanding accidents and incidents
- Accidents > incidents
- Major accidents > minor incidents
- Episodic learning based on events

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How do organisations learn

Safety-I

Safety-II

- Learning from everything that happens
- Failures ⟷ successes
- Non-events as well as events
- Continuous and based on work-as-done

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Continuous learning

Learning based on accidents (Safety-I) is not continuous.

Organisational support for reporting and analysis, rather than for learning.

Learning is more effective if continuous as an integral part of work.

Learning of what goes well (Safety-II):

- need not wait for an ”event”, because something happens all the time
- is part of the thoroughness of the present that is necessary for the efficiency of the future

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Learning from work that goes well

- Learning should take place when and where work takes place (on all levels of an organisation)
- Learning should be by and for the people who are part of the work

It´s all about understanding work-as-done

Seemingly simple but maybe problematic since this way of learning is unfamiliar to most

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Keeping track of the learning process

For accidents and incidents (Safety-I) there are established practices

For work that goes well (Safety-II) there are no established practices/tradition

- A need for a tool that support Safety-II learning

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Keeping track of the learning process

For accidents and incidents (Safety-I) there are established practices

For work that goes well (Safety-II) there are no established practices/tradition

➢ A need for a tool that support Safety-II learning

RPET
The Resilient Performance Enhancement Toolkit

A tool for that supports daily conversations about work-as-done, documentation of those conversations, and organisational learning based on those conversations.

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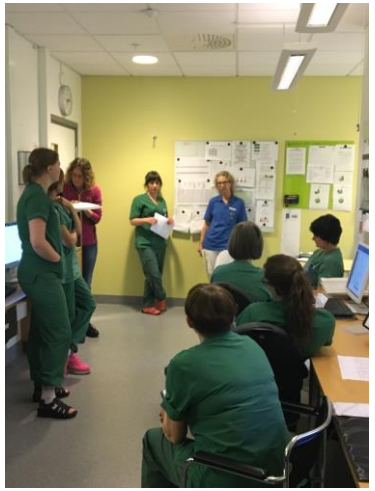
NICU Jönköping RPET / Gröna linjen experience

- The Neonatal Intensive Care Unit at the County hospital Ryhov in Jönköping, Sweden
- 16 beds
- 60 nurses and assistant nurses, 6 doctors
- Typical dayshift 10 staff, 3 doctors

- Started in October 2018
- Project led by a patient safety officer
  - project group staff at the NICU
  - management support
  - but staff ownership



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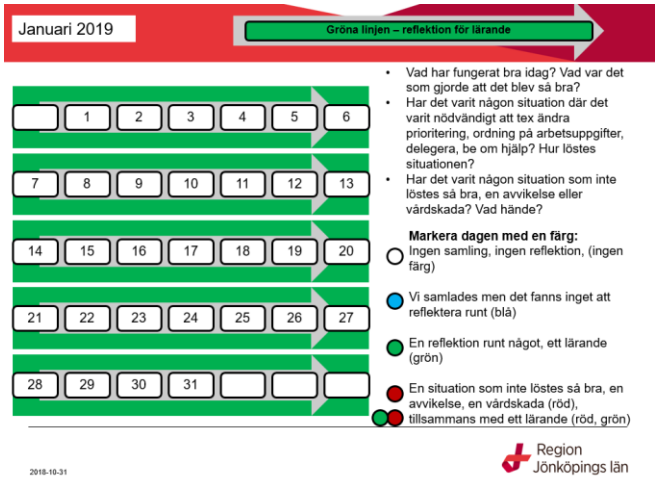
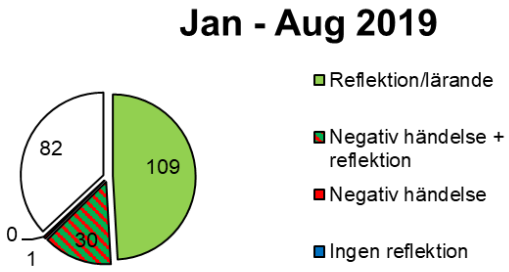


What has worked well today? What was it that made it so good?
Has there been any situation where it has been necessary to, for example, change priorities, order of tasks, delegate, ask for help? How was the situation resolved? What did we do? How did we discover the need?
Has there been a situation that was not resolved so well, a deviation or care injury? What happened? What made us discover ..?

Extra question such – staff attitudes to the patient's families. How have we succeeded with .."attitudes".. today? How / what have we done?

When: weekdays at 2.30 pm. during the first year - then two times a week
Who: eight to ten participants, nurses and assistant nurses, sometimes doctors.
Led by the coordinator, different people every day



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Purpose and research questions

The purpose of the study is to describe experiences of changing the focus in patient safety work from only learning from deviations (Safety-I) to also learning when things are going well (Safety-II) during reflection moments in a ward.

Research questions:

- Do reflections with a focus on Safety-II affect the result in measurements of the patient safety culture?
- What experiences of RPET approach emerge from interviews with employees who have participated in reflection sessions?
- What experiences of everyday work are highlighted during the reflection moments?

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Methods

Multi method

- **Survey** - Patient safety culture
  Eleven statements to shed light on Sustainable Security Commitment (HSE) and open responses.
  Four times Oct -18 – Dec -20.

- **Interviews** (n 14)

- **Analyzes of open responses in the survey**

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Results (I)

Do reflections with a focus on Safety-II affect the result in measurements of the patient safety culture?

- In total 151 responses, submitted on four different occasions
- The response rate varied between 44% to 59%.
- Chi-2 test

- There was no change in the measured patient safety culture over time
- There was no difference between the answers based on occupational group, or how long the staff has been employed

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Results (II)

What experiences of RPET approach emerge from interviews with employees who have participated in reflection sessions?

Interviews (14 n) and open answers in the survey.

- Two inductive thematic content analyses.
- The same themes emerged both in the interviews and in the open answers in the questionnaire

Supporting factors

- *Seeing benefits with reflection*
- *Learning from what happens*
- *Finding solutions for a rewarding reflection*

Hindering factors

- *Seeing difficulties with reflection*
- *The impact of the work climate*

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Results (II)

What experiences of RPET approach emerge from interviews with employees who have participated in reflection sessions?

Supporting factors

"*… A good way to talk about things… .and that it is a good forum when you are all gathered*"

"*… Someone who is clear about the purpose and who agrees with the purpose, I think so, not just someone who is set to lead that reflection"*

"……I think that is very important, instead of changing to new things with new names all the time because then I think in the end you think that the important thing is the method, the method is really just the tool "

The reflections give positive energy and a chance for improvement.
The questions used need to be reformulated and changed often, there must be time for free reflection.

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Results (II)

What experiences of RPET approach emerge from interviews with employees who have participated in reflection sessions?

Hindering factors

"..It was often a lot of repetition, it was the same thing. And everything that becomes the same thing becomes very boring. It needs to be a little different angles on it for you to think it gives something "

"What is very important to me is that you somehow feel a sense of belonging in a group because then you dare to talk about things, because if you do not have that security, which not everyone has, then it is noticeable"

The atmosphere at the reflections was not inviting and that there were superficial conversations.

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Results (III)

What experiences of everyday work are highlighted during the reflection moments?

Interviews (n14)

Deductiv thematic content analyses – potentials in resiliens.

- *Learn*

"That you take the wrong food, that you do not read properly on the label now, I will not forget it… how important it is to look…."

- *Respond*

"… You did this really well today as well as thank you for taking my antibiotics because it allowed me to drop it"

- *Anticipate*

"Talk about whether we need help instead of today I did not get a break… .when you are very calm so I am available… .That you are helped and talk about it than that you go and think that you should sort it out yourself"

- *Monitor*

Experience emerged that can be traced to the potential monitor at the individual level but nothing at the system level. The respondent describes the importance of being with the patients and observing, being sensitive and observing changes so that you do not miss anything.

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Discussion

- **Shifting the focus from Safety I to II is difficult** and does not mean stopping talking about what is going wrong.

- **Reflections need to be guided.** Theoretical knowledge and the ability to lead a reflection are needed to make sure that it does not just get stuck in the forms. And also get reflections at the system level, how things are connected and not only at the individual level.

- The impact of **the work environment is important** for how to succeed - the desire is to improve the work environment - but it also needs to be a good work environment to dare to talk…It is connected.

- Work-as-Imagined (WAI) and Work-as-Done (WAD). Everyday life is becoming more and more complex, the respondents experience. **Flexibility and continuous change are required to succeed** with intentions with improvement work.

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