

RESILIENT HEALTH CARE INITIATIVE



Objective

The purpose of the Resilient Health Care Initiative (RHCI) is to facilitate the interaction and collaboration among people who are interested in applying Resilience Engineering to health care – practitioners and researchers alike. This includes, but is not limited to, discussions (face-to-face, skype, or via other media); establishing a web presence; exchange of views, opinions, and ideas; mutual moral and scientific support; collaboration on papers and projects; exchange visits; and the organisation of various events ranging from local informal workshops to international summer schools.

Background

The developments in safety thinking, in health care and elsewhere, can briefly be characterised by looking at two different interpretations of safety, called *Safety I* and *Safety II*, respectively.

- According to *Safety I*, a system is safe if there are no accidents or incidents. That can be achieved, for instance, by ‘*avoiding injuries or harm to patients from care that is intended to help them*’ (US AHQOR). The purpose of investigations and management in *Safety I* is therefore to make sure that as little as possible goes wrong.
- According to *Safety II*, a system is safe if it can ‘*adjust its functioning prior to, during, or following changes and disturbances, so that it can sustain required operations under both expected and unexpected conditions,*’ i.e., if it is resilient. The purpose of safety related activities is therefore to make sure that as much as possible goes right.

The goals of *Safety I* and *Safety II* are in a way the same, namely that there are as few adverse events as possible. But whereas *Safety I* tries to achieve this by eliminating what can go wrong, *Safety II* tries to achieve it by facilitating everyday work, by improving its resilience and thereby ensure that as much as possible goes right. The background is described more explicitly in the Appendix.

Scope

It follows from the description of *Safety II* that the scope exceeds the traditional safety topics and concerns. The focus is not limited to what goes wrong, but includes what goes right. The focus is not failures and cause-effect relations but work or the functioning of the health care system as a whole. This means that all aspects of work must be considered – from safety, productivity and quality to planning, policy, and politics. One argument for that is that health care consumes a large part of a country’s economy. In 2008, the health care industry consumed an average of 9.0

percent of the gross domestic product (GDP) across the most developed OECD countries. The United States (16.0%), France (11.2%), and Switzerland (10.7%) were the top three spenders.

Ambition

The ambition of the RHCI is to take a lead in applying resilience engineering to health care worldwide; to become a generally recognised source of expertise, academically as well as practically; and to become an incubator for ideas and methods that improve can the resilience of health care on all levels.

Tentative plans

Meetings, regional, national, and international. A first workshop is planned for spring/summer 2012 in Denmark.

Exchange visits.

Specialised courses and summer schools.

Joint research and development projects.

Who is behind this?

The RHCI is proposed as one of the activities on the Research Initiative on Quality and Safety in Health Care in the Region of Southern Denmark. This partnership includes the hospitals in the Region of Southern Denmark, the Centre for Quality, the Faculty of Health Sciences and the Faculty of Social Sciences at the University of Southern Denmark. The research initiative started in January 2011 with initial funding until the end of 2015.

For further information about the Research Initiative on Quality and Safety in Health Care in the Region of Southern Denmark, please contact Professor Knut Borch-Johnsen <kborch-johnsen@health.sdu.dk>

The start-up of the RHCI is managed by a Core Group with the following members.

RHCI name-1

RHCI name-2

RHCI name-3

RHCI name-4

RHCI name-5

RHCI name-6

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What should you do if you want to become part of this?

If you are interested in becoming part of the RHCI, please contact Professor Erik Hollnagel <ehollnagel@health.sdu.dk>. If you want to learn more before deciding whether or not to join, please mail Erik Hollnagel or any of the members of the RHCI Core Group.