

**PICNet**

PROVINCIAL INFECTION CONTROL  
NETWORK OF BRITISH COLUMBIA

A program of the Provincial Health Services Authority

PATIENT INVOLVEMENT IN  
**SAFETY AND  
RESILIENCE**

March 9, 2017



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

Carolyn Canfield

independent citizen-patient

UBC Honorary lecturer

# DISCLOSURES

- ❖ bias
- ❖ competing interests
- ❖ financial conflicts

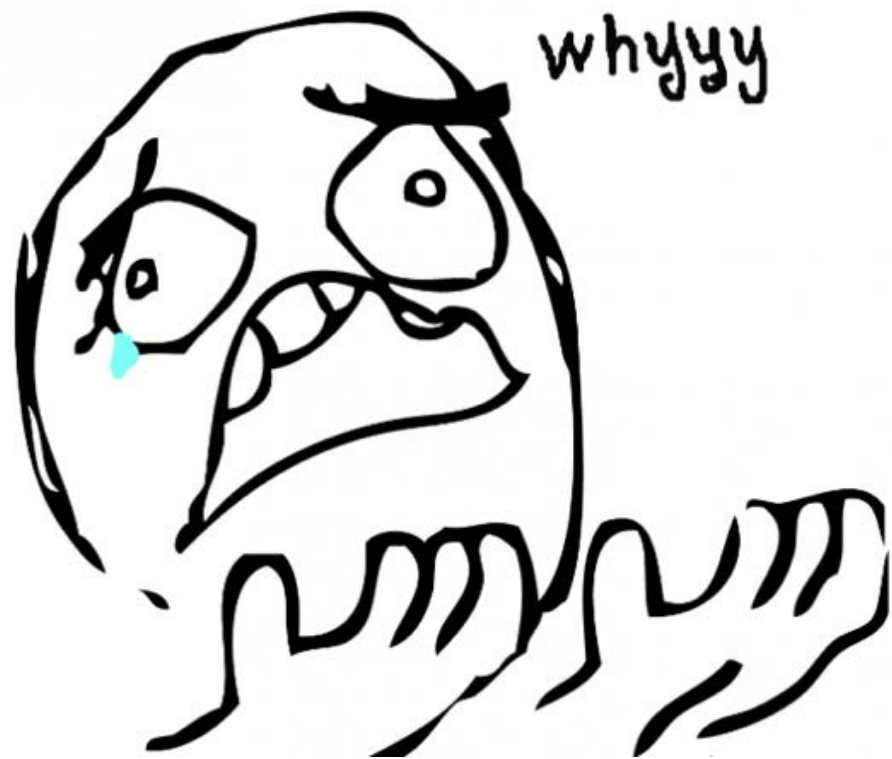


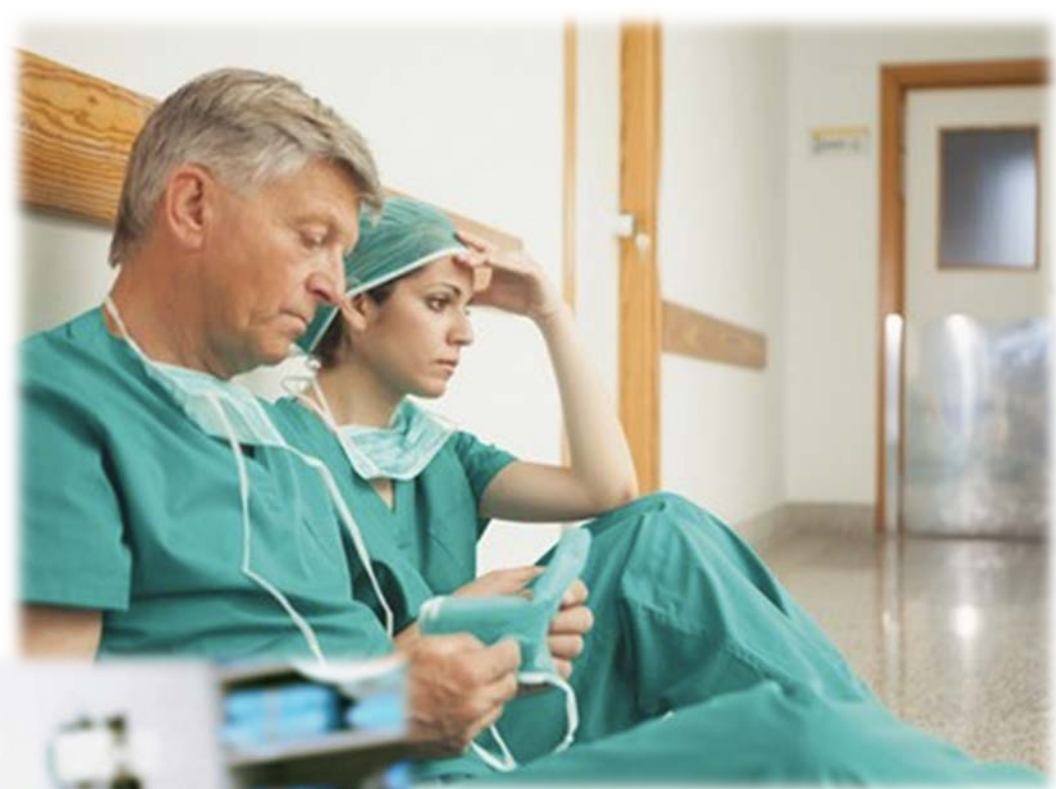


Nick Francis  
1929 - 2008












**SAFETY**

A magnifying glass with a black handle and a silver frame. The lens is large and clear, showing the text 'safety is the absence of harm' written in red. The background is a light, neutral color.

**safety is the absence of harm**



**TRUST**

The word "TRUST" is rendered in a bold, black, sans-serif typeface. The letters are not solid black but are partially covered by a dark, textured splatter of ink or paint. This splatter is most prominent around the 'R', 'U', 'S', and 'T', with some smaller droplets extending to the left and right. The background is a light, textured surface, possibly crumpled paper, which provides a high-contrast backdrop for the dark text and ink.

Patient **safety** is a **system** experience



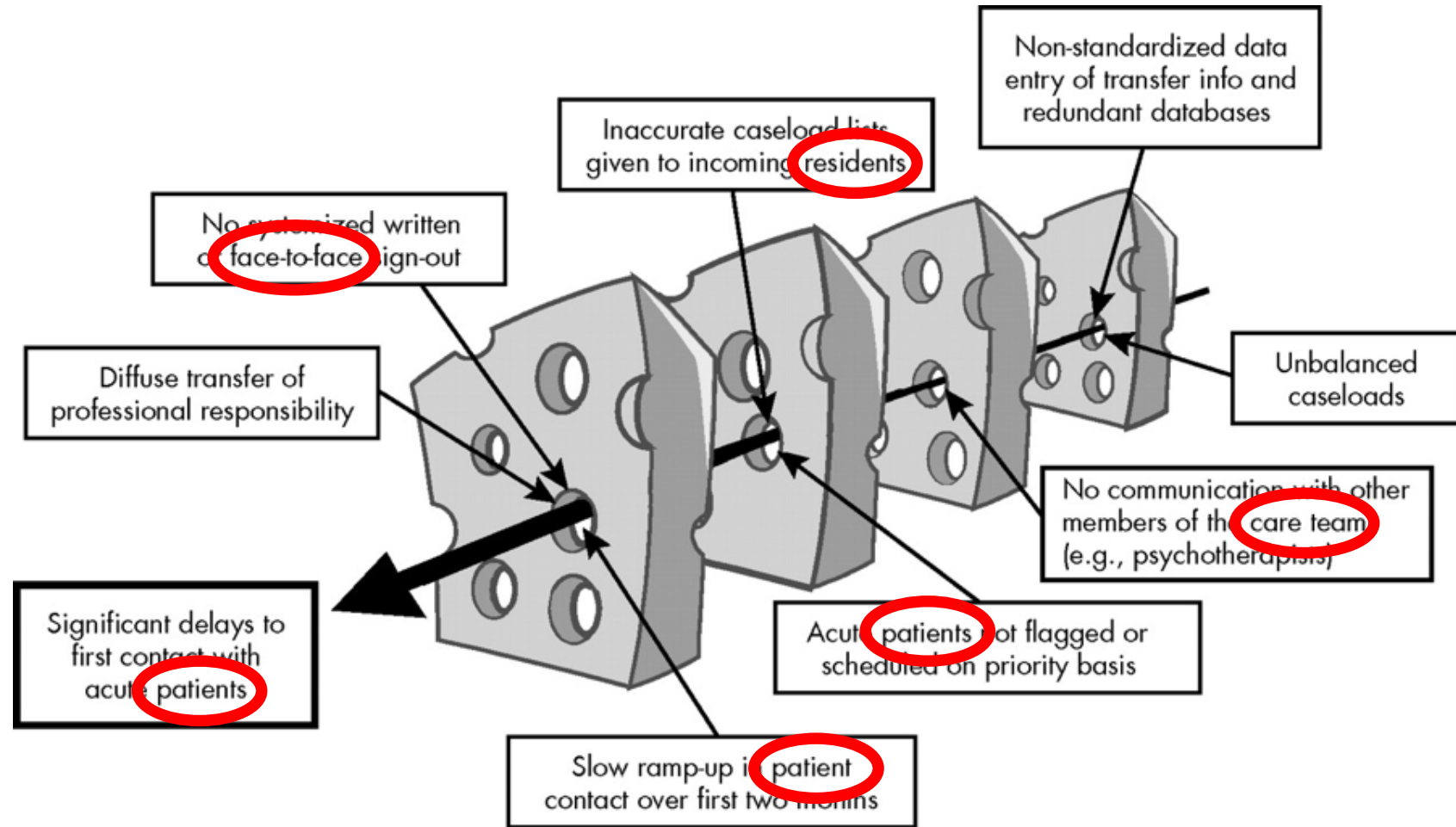
Patient **harm** is a **patient** experience

*if you want to know about harm,  
you've got to ask the patient*

ADAPTED FROM

## James Reason's

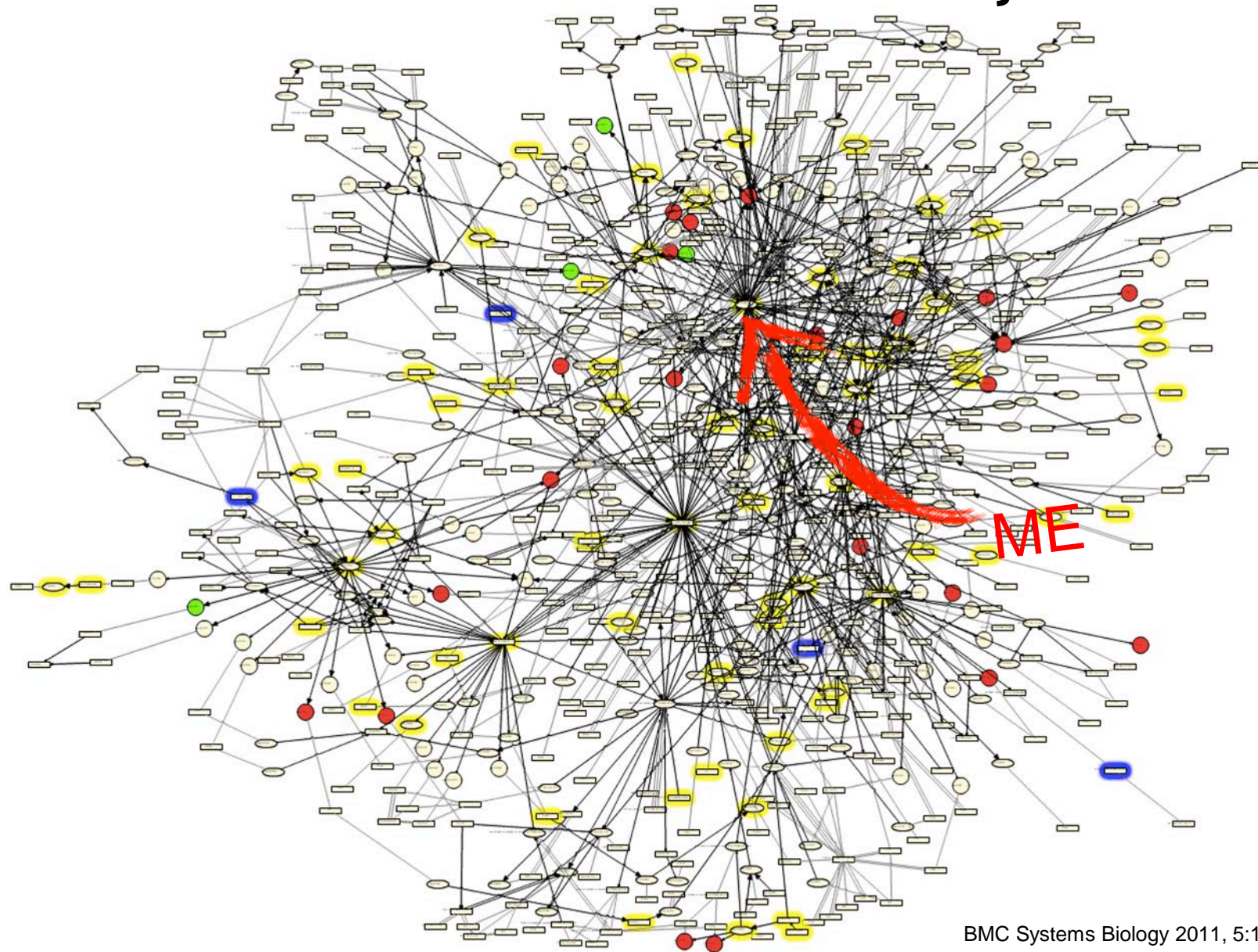
Swiss Cheese model of accident causation (1990)







# What our care networks really look like





**Ecosystems** are not only  
more complex than we think,

they are more complex  
than we **CAN** think.

Egler, Frank E, *The Nature of Vegetation* 1977

# Explaining failure

## Contrasting models Dekker, 2008

### Old View Thinking

**The system is basically safe**

**Human error** is a cause of adverse events

**Unreliable people** are the biggest threat (random performance degradations)

Progress on safety is restricting the unreliable component [people] through **rules, regulations and procedures**

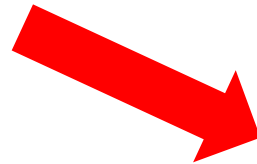
### New View Thinking

**The system is NOT inherently safe**

**Human error is NOT an explanation but demands an explanation** (human error is a symptom of deeper trouble within the system)

**People create safety** (human error is connected to features of tools and tasks)

Progress on safety is developed with an **understanding of the vulnerabilities and strengths of the system** in which people work.



# ***“The System”***



**There is no “safe” care  
only “safer” care**



# Patient Safety: a <sup>new</sup> Definition

“Management of **RISK** over time in order to

MAXIMIZE benefit and

MINIMIZE harm

with

~~X~~ to patients in the healthcare system”

Vincent, C., & Amalberti, R. (2016)  
*Safer healthcare: Strategies for the real world*

*managing risk*



**SAFETY**

**QUALITY**

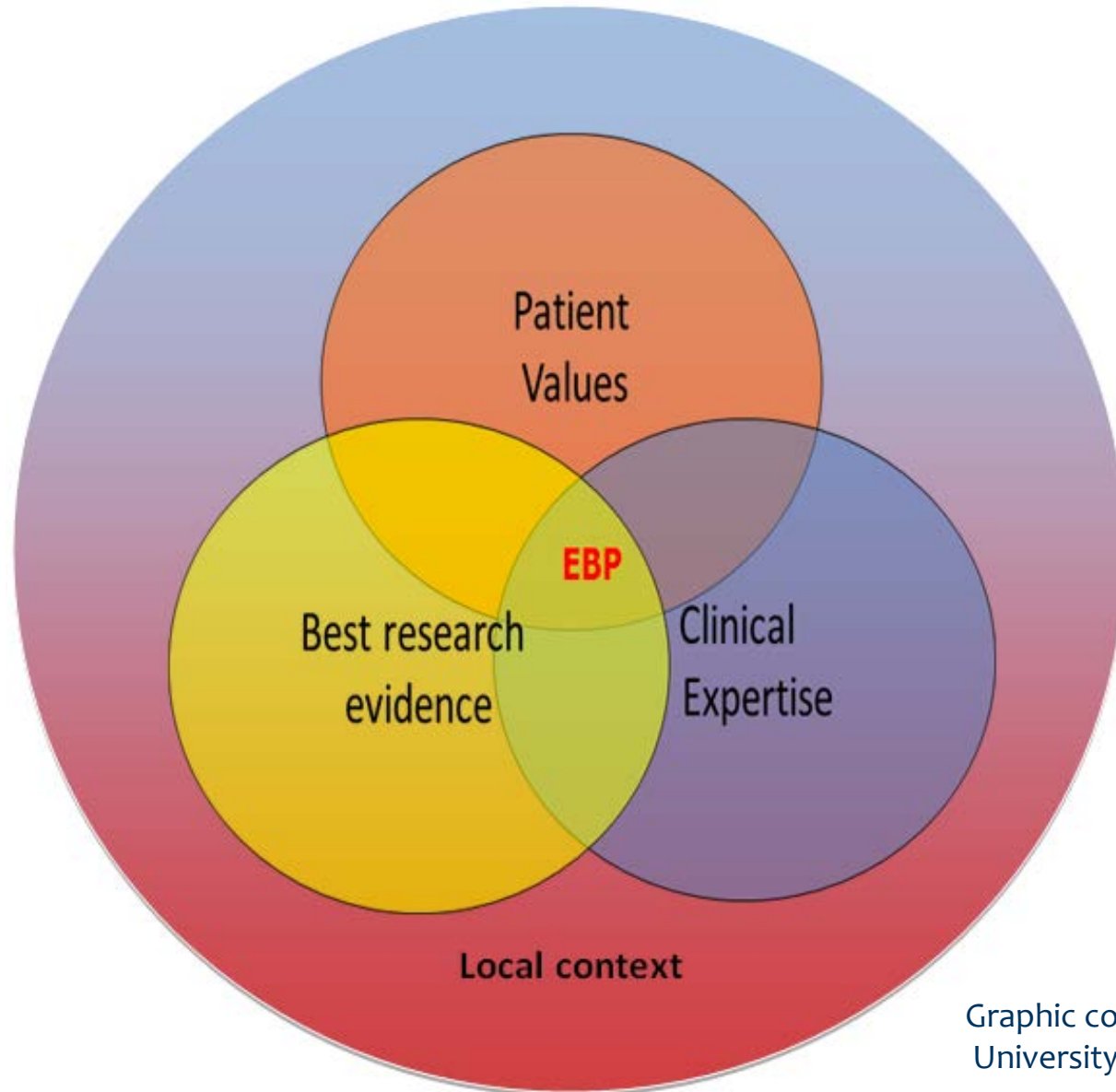
**Resilience** is the intrinsic ability of a system to adjust its functioning so that it continues to achieve its intended goals in spite of **expected and unexpected disruptions**.

Adapted from “Resilience Engineering in Practice”  
Erik Hollnagel 2010





# Co-produced Evidence Based Practice



Graphic courtesy of International Centre for Allied Health Evidence  
University of South Australia 2016



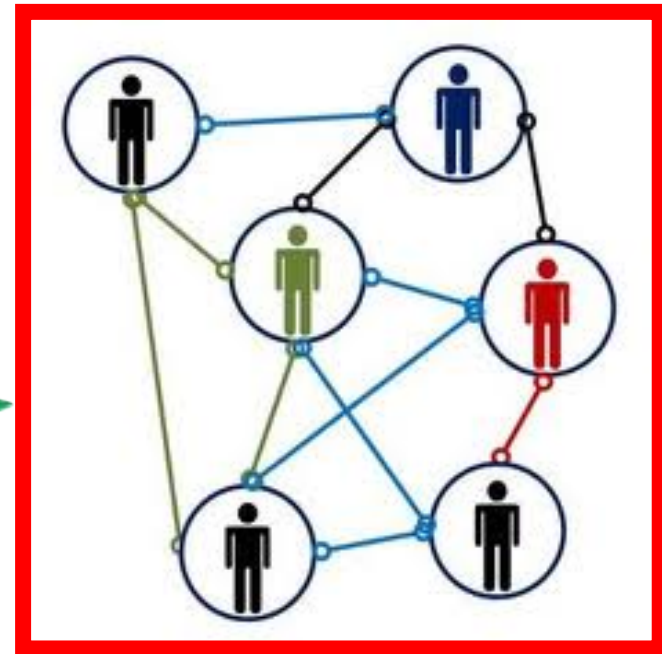
Where's the patient?!





Closed Hierarchical Organization

*the shift*

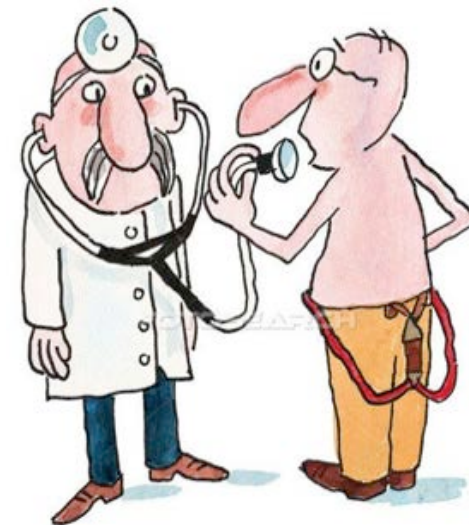


Network of Relationships

***“the citizen-patient”***











# *Citizen-Patient Communities*



# *Strength in Diversity*





THE UNIVERSITY OF BRITISH COLUMBIA

Honorary Lecturer



champion



instructor



team member

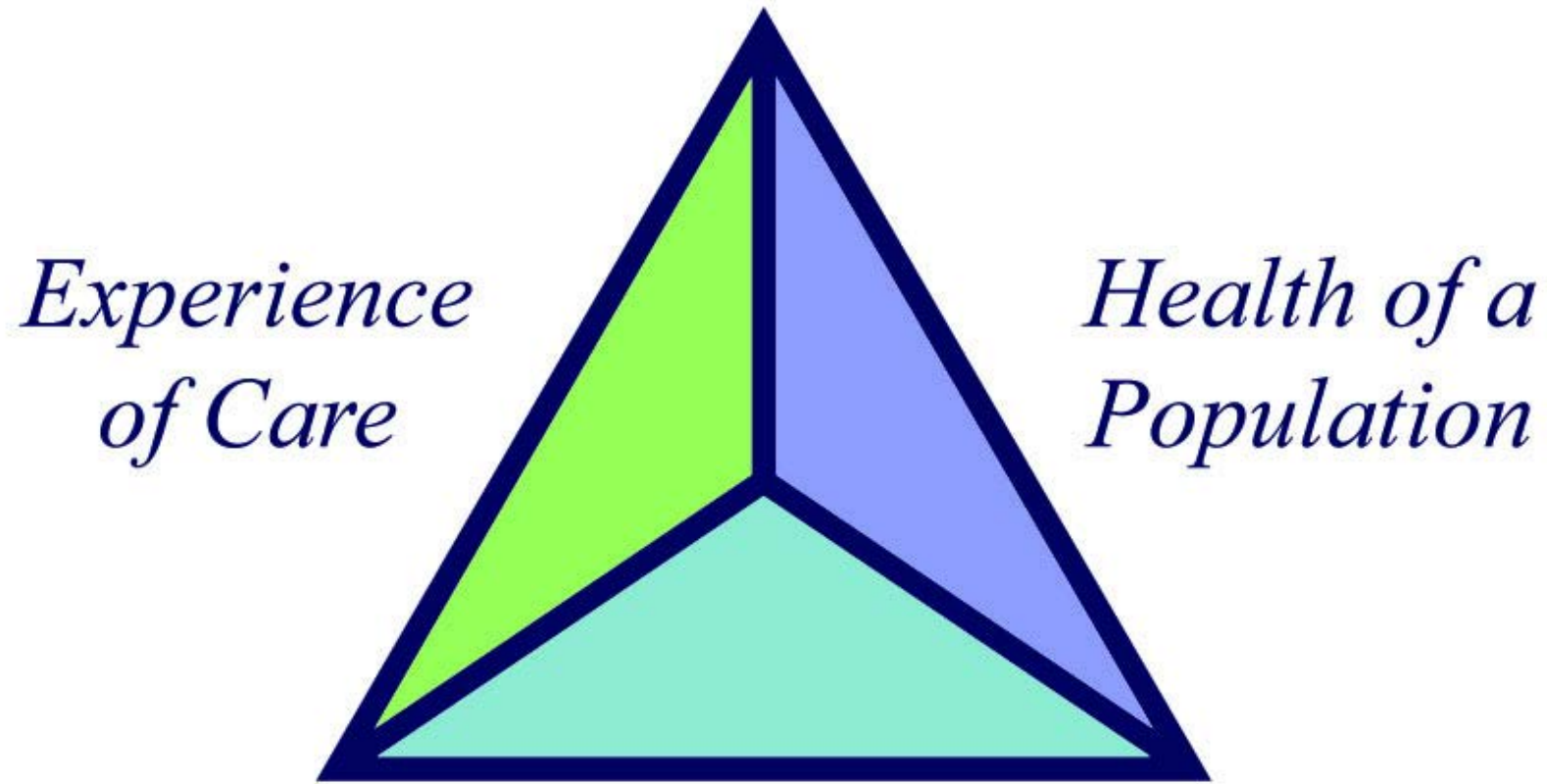
speaker



advisor

coach





*Per Capita Cost*

IHI *Triple Aim*

*BMJ Qual Saf* 2015;**24**:608-610 doi:10.1136/bmjqs-2015-004160

## Editorial

# The Quadruple Aim: care, health, cost and meaning in work

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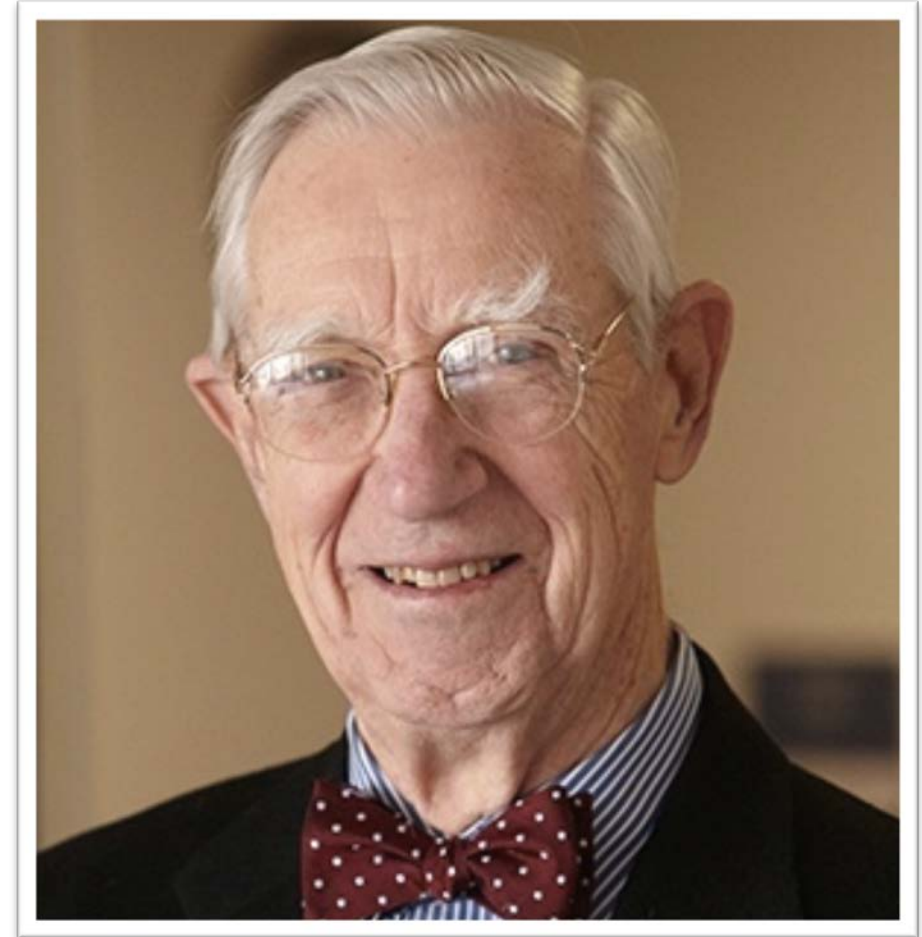
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In 2008, Donald Berwick and colleagues provided a framework for the delivery of high value care in the USA, the Triple Aim, that is centred around three overarching goals: improving the individual experience of care; improving the health of populations; and reducing the per capita cost of healthcare.<sup>1</sup> The intent is that the Triple Aim will guide the redesign of healthcare systems and the transition to population health. Health systems globally grapple with these challenges of improving the health of populations while simultaneously lowering healthcare costs. As a result, the Triple Aim, although originally conceived within the USA, has been adopted as a set of principles for health system reform within many organisations around the world.

The successful achievement of the Triple Aim requires highly effective healthcare organisations. The backbone of any effective healthcare system is an engaged and productive workforce.<sup>2</sup> But the Triple Aim does not explicitly acknowledge the critical role of the workforce in healthcare



Dr Lucian Leape

# The Triple Aim + The Missing Aim













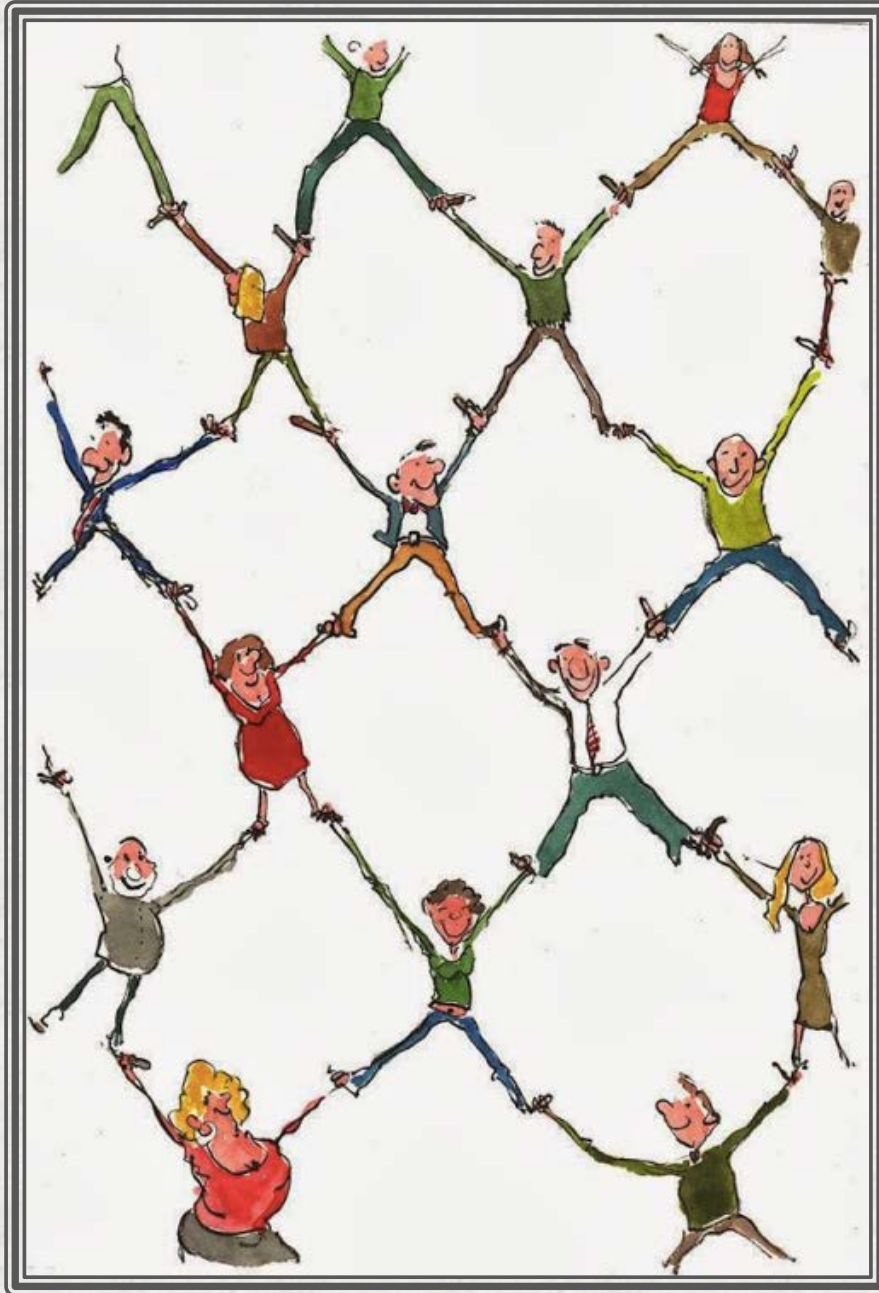


**Patient Advisors**  
Network

[patientadvisors.ca](http://patientadvisors.ca)



Independent  
Informed  
Connected



- ✓ skills
- ✓ respect
- ✓ awareness
- ✓ competence
- ✓ trust
- ✓ calmness
- ✓ accountability
- ✓ intuition
- ✓ communications
- ✓ interdependence
- ✓ *and more!*



Really??!

Thank you!

*Questions?*



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

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