



Strange | Strategy and Change

HRO

High Reliability Organizing





Program

14.00u Dialogue versus Discussion

HRO condition 1: Informed culture

14.15u A real life situation: the Intensive Care Unit at the OLVG

An introduction to all 4 HRO conditions

14.45u Being mindful

HRO condition 2: Heedful relationships and HRO condition 3: Shared references

15.15u Brainstorming: HRO experiments

HRO condition 4: Redundancy

15.30u Conditions for successful change

Applying the 4 HRO conditions in your own working environment

15.45u Ending this workshop on HRO



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Dialogue versus Discussion

- Write down what you want to learn in this workshop
 - Describe a situation in your working environment that illustrated your desire to learn exactly this.
 - What is this difficult for *you* in learning this?
- Explanation of dialogue versus discussion
- In groups of three: storyteller, questioner, observer
 - 3 min discussion
 - 3 min dialogue
 - 2 min exchanging observations
- Sharing of what we discovered



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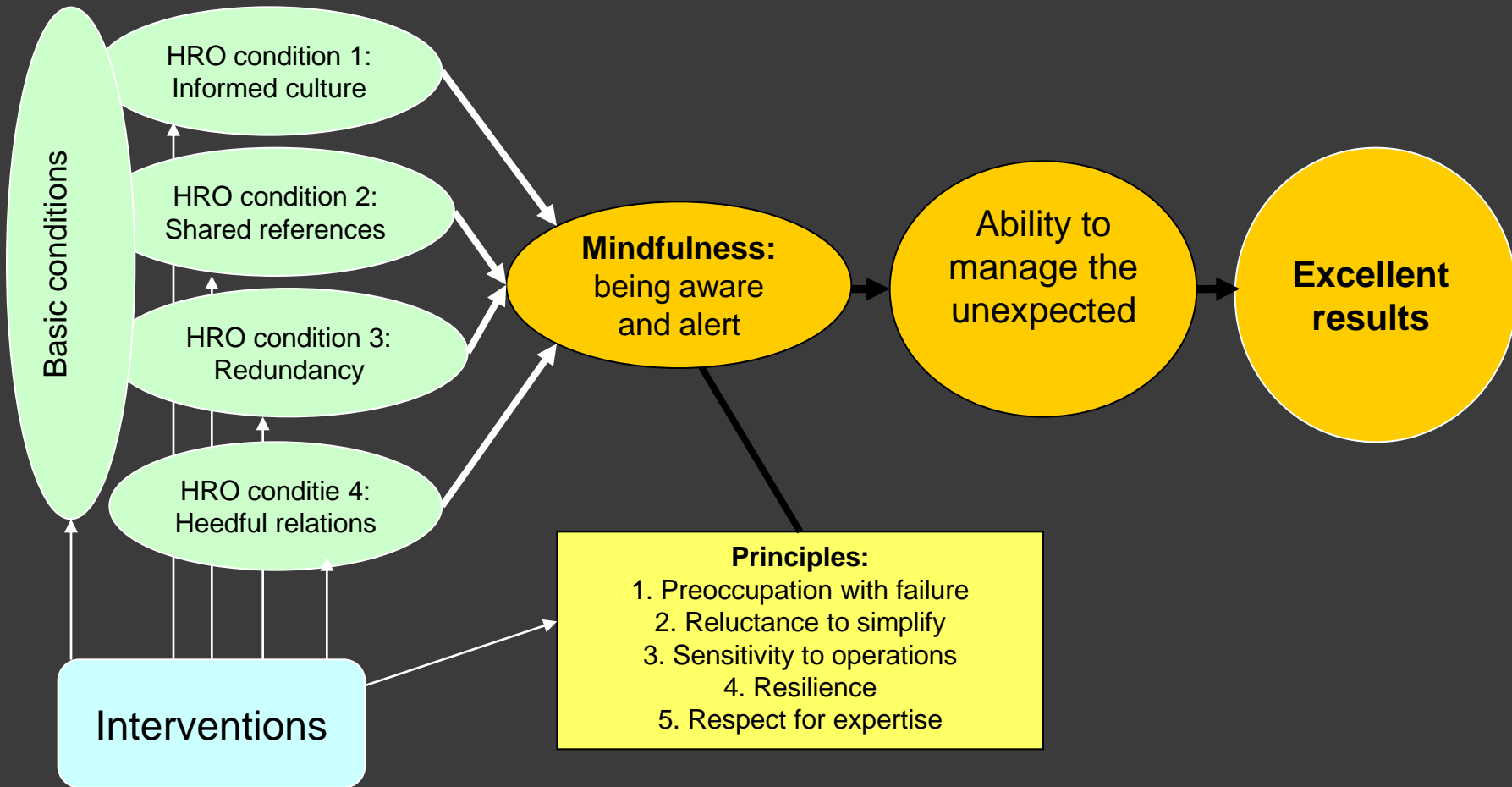
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High Reliability Culture





Being mindful

- Explaining 'blamefree' and observation/interpretation/judgement
- Listening to the story of the OLVG



Situation

- 24 available beds
- 8 intensivists
- Teaching hospital
- 130 nurses (that are not all 'die hards' anymore)
- The question is not anymore: 'can we keep the patient alive?', but 'when do we add limitations to the treatment of the patient?'
- ICU: a central department in the hospital
- Introduction of telemedicine



Situation

This ICU:

- Has the ambition to be one of the best ICU's in the Netherlands
- Keeps innovating and experimenting with new techniques
 - Involving dedicated professionals that started this unit 30 years ago and doctors and nurses from the present generation



Why we started to implement HRO

We are regarded as a 'best practice' ICU

And still, we think we can do better...

It has something to do with how people interact and we do not know how to improve that...



Situation

Issues are:

- Only 18/24 available beds can be used
 - Shortage of nurses
- The results of the Employee Satisfaction Research were alarming: employees are not happy to work here at all
- Recently two incidents in patient care
 - probably preventable
 - doctors and nurses are restless
 - Some of them feel that they are to blame



Situation

How to proceed?
protocols?
punishment?
increasing control?
...

A strategy that starts at baseline but is immediately implemented at the bedside



Intervention Strategy

Step 1. Closing the mental contract

- Intake with the board of directors
- Intake with the 8 doctors
- Intake with the middle management
- Is everybody in? And with what expectations?
- Negotiating meeting with doctors and management
- What result do we want to accomplish together by introducing HRO?



Intervention Strategy

Step 2. Creating shared references and shared sense of urgency

When first introducing HRO there were a lot of doubts, but we had to start somewhere..

- Starting meetings with doctors and nurses
 - Nightmare and Dream ICU
 - Practicing in dialogue instead of discussion
 - Practicing in separating observation, interpretation and judgement
 - Creating experiments



Intervention Strategy

Step 3. Learning by doing experiments

- Experimenting = possibility to make mistakes and learn from them
- Doctors and nurses work together in experiments
- Self organizing without the help of management
- Manager as coach of the experiment group
- Practice not to simplify: reflecting and evaluating



The HRO experiments

Shared references

1. Explaining protocols
2. Knowledge quiz
3. End of life
4. Talking blame free about a situation

Redundancy:

5. Time-Out
6. Vliegende keep
7. Blame free evaluation of the day

Respect for expertise:

8. Walk a mile in my shoes
9. Frisse blikken spuien
10. Telling stories

Focus on operations:

11. To what question is this an answer?
12. Think of your hat, stay on your seat



Intervention Strategy

Step 4. Collective Sense Making

- Reflection meetings and evaluation meetings
 - Practice not to simplify
 - Acting AND reflecting
- Meetings with doctors and managers
 - Coaching the experiments
 - Explaining, sense making and being resilient
 - ‘Think of your hat and stay on your chair’



Intervention Strategy

Step 5. Anchoring HRO

- Three gangs that keep HRO alive:
 - Content
 - Patterns in interaction
 - Leading
- HRO starting meeting for new employees
- Three rounds of HRO experiments each year



Resting case

- How do we keep HRO alive?
 - At this moment there is a HRO-silence at the ICU
- Starting new experiments
- Making people enthusiastic about it - again!!!
 - Share the experience and results
- Giving a huge party for the whole team, with a kick-off for new experiments
- Working a week with the same colour (team)
- 13 groups, contains 10 persons of the same colour
- 3 experiments

- Your ideas???



Results

- We learned to speak the same language
- Informed culture:
 - Dialogue instead of discussion
 - Observation, Interpretation, Judgement
 - Checking assumptions
 - Another look at the right information for the right people
- Focus on mistakes:
 - I am a human being and do not have to be perfect- a very difficult one!
- Not simplify:
 - No jumping to conclusions and solutions
 - Acting AND reflecting
 - Creating shared references on f.e. protocols and on end of life decisions



Results

In short:

Doctors and nurses together:

- Determined what can be improved in this ICU concerning quality of care, patient safety and cooperating
- Created experiments to constantly improve
- Used their experiences in the experiments to introduce new ways of working that improve alertness of doctors and nurses and therefore improve patient safety



Results

- We are not yet in a situation where all of this is a “second nature”.
- There is a great interindividual variability in the sense of urgency and ideas how to progress.
- The role of management is becoming clear and transparent.
- A more open discussion between and within disciplines, but we are not yet at the preferred endpoint.



To what question is HRO an answer?

- HRO is not an answer to creating an even more perfect ICU
- It is an answer to creating more alertness between doctors, nurses and doctors and nurses in working together. So that they can deal with unexpected events
- Mistakes will still be made, but doctors and nurses will notice weak signals early and will give strong responses to that weak signals. And that creates better patient safety



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Being mindful

In groups of three:

- Sharing your observations
- What HRO principles and conditions do you recognize in the behavior of the people working at the ICU of the OLVG?
- What is striking in the story to you?
- What will be unexpected events to the ICU of the OLVG?



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Brainstorming: HRO experiments

- New groups of three
- What experiments would you start at the ICU of the OLVG?
- What would this experiment look like?
- What HRO principles and conditions are key in this experiment?
- Write the experiments down on the wall



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Conditions for successful change

We pause at the 4 HRO conditions. Think back of your own situation.

What conditions do you need to negotiate about before you can start with implementing HRO?



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More about patient safety and HRO?

February 14th 2012: Strange Workshop

Leave your business card
and you will be invited