Resilient Health Care (Ashgate Studies in Resilience Engineering)

Erik Hollnagel, Jeffrey Braithwaite
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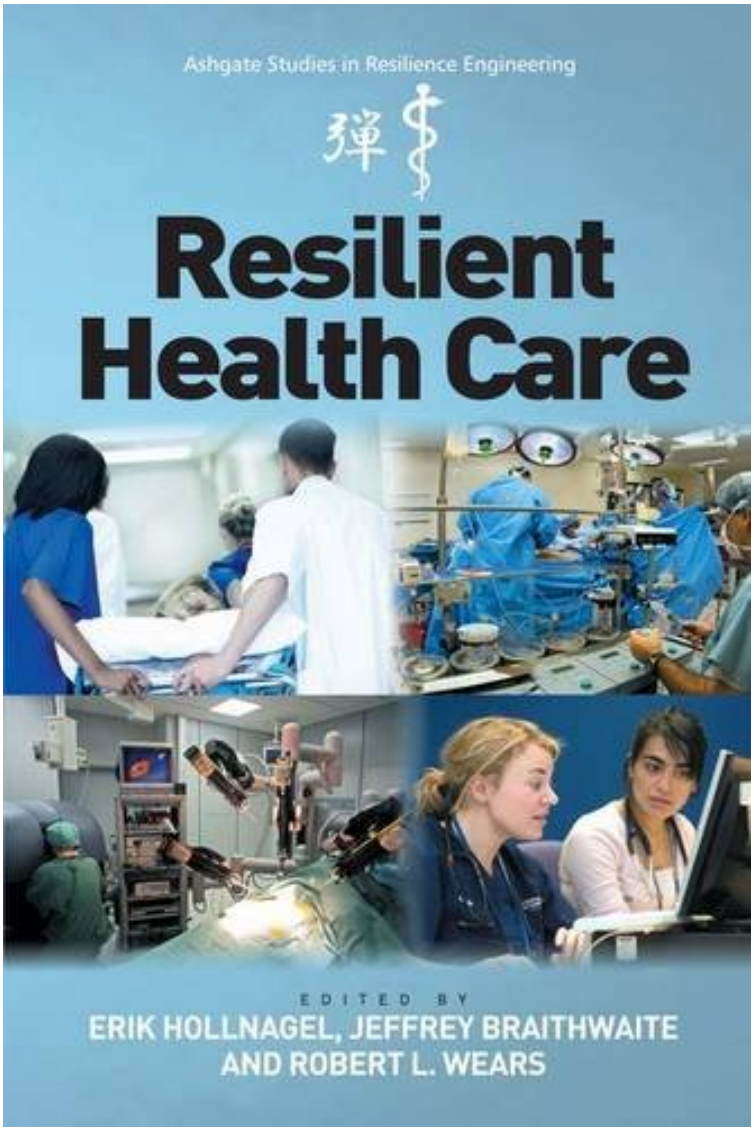

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Erik Hollnagel, Jeffrey Braithwaite : Resilient Health Care (Ashgate Studies in Resilience Engineering) before purchasing it in order to gage whether or not it would be worth my time, and all praised Resilient Health Care (Ashgate Studies in Resilience Engineering):

2 of 2 people found the following review helpful. A must read for those interested in patient safetyBy User friendlyAs a longtime patient safety practitioner, I'm disillusioned with the lack of safety science evidenced by the patient safety movement.This book is easily the best writing on applied safety science that has been published to date.Thought provoking, cautionary and a clear explanation of the lack of progress in fixing a system that arguably kills 200,000

people a year while trying to treat them.If you want to understand the state of healthcare from a safety perspective, read this book.0 of 1 people found the following review helpful. Condition not as advertisedBy Jos AartsThe book did not meet my expectations, not because of the contents, but of the condition in which it arrived. The book was advertised as good as new, but it turned out be that it was heavily underlined with a pen up to chapter six. It was also relatively expensive, with a modest price difference from the copy that could be bought from the publisher Ashgate. The fact that I could have the book soon, made me decide to buy this copy on the Internet. I kept the book because I needed for my work. Booksellers should be upfront about the conditions their books. In this case a partial reimbursement of the costs would appropriate.1 of 1 people found the following review helpful. Safety Versus Resilience Versus Quality ImprovementBy Daniel J. McElroyDisclaimer: I am not widely read in the 3 key areas - systems, continuous quality improvement, and what I link together: human error, safety and resilience.The book is a collection of articles. Some are more research data-based. Others are more speculative because we don't have the knowledge. Thinking about these issue is critical. The source of actual examples is not always clear. A national health care system such as Britain's versus America's market/regulatory and media-driven hodgepodge (think the 2014 Ebola panic) do make a difference.Important concepts: Safety I and Safety II. Work as imagined versus work as done. Process versus outcomes. Resilience versus quality improvement. Resilient versus brittle organizations. The problems and opportunities in complex adaptive systems. As seems inevitable, systems thinking is not a topic. Are Jay Forester and systems folks right - we cannot understand and describe complex systems?I think two good counterpoints are Spath, P. "Error Reduction in Health Care" (2012), and Reason, J. "The Human Contribution" (2008).

Health care is everywhere under tremendous pressure with regard to efficiency, safety, and economic viability - to say nothing of having to meet various political agendas - and has responded by eagerly adopting techniques that have been useful in other industries, such as quality management, lean production, and high reliability. This has on the whole been met with limited success because health care as a non-trivial and multifaceted system differs significantly from most traditional industries. In order to allow health care systems to perform as expected and required, it is necessary to have concepts and methods that are able to cope with this complexity. Resilience engineering provides that capacity because its focus is on a systems overall ability to sustain required operations under both expected and unexpected conditions rather than on individual features or qualities. Resilience engineerings unique approach emphasises the usefulness of performance variability, and that successes and failures have the same aetiology. This book contains contributions from acknowledged international experts in health care, organisational studies and patient safety, as well as resilience engineering. Whereas current safety approaches primarily aim to reduce or eliminate the number of things that go wrong, Resilient Health Care aims to increase and improve the number of things that go right. Just as the WHO argues that health is more than the absence of illness, so does Resilient Health Care argue that safety is more than the absence of risk and accidents. This can be achieved by making use of the concrete experiences of resilience engineering, both conceptually (ways of thinking) and practically (ways of acting).

This book turns patient safety on its head, and in the process shines the spotlight on the need for intelligence, flexibility, adaptability, and responsiveness of front line staff as the key to safer care. Instead of the current (what the authors dub Safety I) paradigm, the authors, including many of the leading thinkers in patient safety research, develop a new Safety II approach designed for today s dynamic and complex health systems. --Gordon Schiff MD, Associate Director, Center for Patient Safety Research and Practice, Brigham and Women's Hospital and Associate Professor of Medicine Harvard Medical School, USAInspiring! Resilient Health Care evokes a sort of enlightenment about how the healthcare industry might be positively transformed as we take a more proactive approach to patient safety. This rich compilation of safety experts wisdom regarding the application of resilience engineering principles in healthcare practice is the perfect spring board for developing tools to improve patient safety and the patient experience. Healthcare leaders everywhere need to hear the message this book conveys! --Sheila Bosch, Director of Research, Gresham, Smith and PartnersThe book Resilient Health Care is important for everyone who is looking for a new perspective on how to improve care for patients in complex organisations. For years, we have focused on evidence based guidelines, quality management and accreditation with extensive procedures and regulations to reduce incidents. Now it is time to balance back, look for things going right instead of wrong, and enforce knowledge and teamwork at the work floor. --Cordula Wagner, VU Amsterdam, The NetherlandsAbout the AuthorErik Hollnagel (Ph.D., psychology) is Professor at the University of Southern Denmark, Chief Consultant at the Centre for Quality Improvement, Region of Southern Denmark, and Professor Emeritus at University of Linkping (Sweden). He has since 1971 worked at universities, research centres, and industries in several countries, most recently as Industrial Safety Chair at MINES ParisTech (France). He has worked with problems from many domains including nuclear power generation, off-shore, aerospace and aviation, air traffic management, software engineering, healthcare, and land-based traffic. His professional interests include industrial safety, resilience engineering, accident investigation, cognitive systems engineering and cognitive ergonomics. He has published more than 250 papers and authored or edited 20 books, some of the most recent titles being The Functional Resonance Analysis Method (Ashgate 2012), Governance

and control of financial systems (Ashgate, 2011), Resilience Engineering in practice (Ashgate, 2011), The ETTO Principle (Ashgate, 2009). Erik is also Editor-in-chief of Ashgate Studies in Resilience Engineering. Jeffrey Braithwaite, BA, DLR, MIR (Hons), MBA, PhD, FACHSM, FAIM is Professor of Health Systems Research and Director of the Australian Institute of Health Innovation at University of New South Wales, Australia. He is visiting professor at University of Birmingham, UK and Senior International Fellow at the Canon Institute for Global Studies in Tokyo, Japan. His work investigates and contributes to systems improvement. He has particular expertise in the culture and structure of acute settings, leadership, management and change in health sector organisations, quality and safety in health care, accreditation and surveying processes in international context and the restructuring of health services. Professor Braithwaite has published more than 300 refereed contributions, and 500 total publications and he has presented at or chaired international and national conferences, workshops, symposia and meetings on more than 500 occasions, including over 60 keynote addresses. Professor Braithwaite is the recipient as at 2012 of career research funding of US$55 million spread over 60 grants. He referees for 30 journals and the health research bodies including in Ireland, New Zealand, Switzerland and the United Kingdom. Robert L Wears (MD; MS, computer science; PhD, industrial safety) is Professor of Emergency Medicine at the University of Florida Health Science Center - Jacksonville, and Visiting Professor in the Clinical Safety Research Group, Imperial College London. He is a practicing emergency physician and has since 1994 been studying safety in healthcare settings. His specific areas of interest include resilience in small work teams, response to the unexpected, the design of artefacts to support distributed cognition, and the impact of computerized information technology on safety and performance. He has authored over 250 papers, book chapters, and essays, the most recent title being Patient Safety: A Brief History (in Zipperer, Perspectives on Evidence, Information and Knowledge Transfer; Gower, in press). He is Associate Editor of Annals of Emergency Medicine, and serves on the Editorial Boards of Human Factors and the Journal of Patient Safety. He is also a member of the Board of Directors of the Emergency Medicine Patient Safety Foundation.