
Ideas to Innovation: Stimulating Collaborations in the
Application of Resilience Engineering to Healthcare
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RESILIENCE HEALTH CARE: THE BASIC ISSUE

ERIK HOLLNAGEL, PH.D.

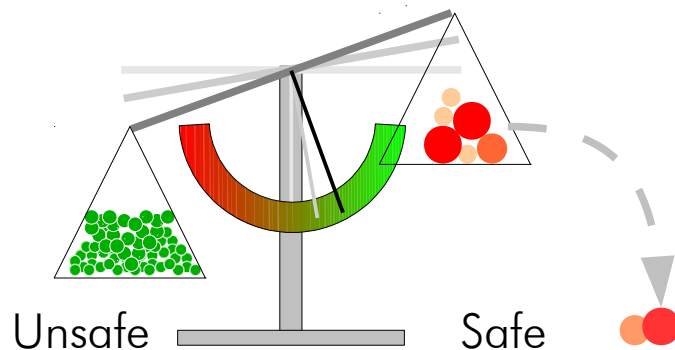
PROFESSOR, INSTITUTE OF REGIONAL HEALTH RESEARCH, UNIVERSITY OF SOUTHERN DENMARK
CHIEF CONSULTANT, CENTRE FOR QUALITY, REGION OF SOUTHERN DENMARK

E-MAIL: ERIK.HOLLNAGEL@RSYD.DK

Two interpretations of safety

Safety-I

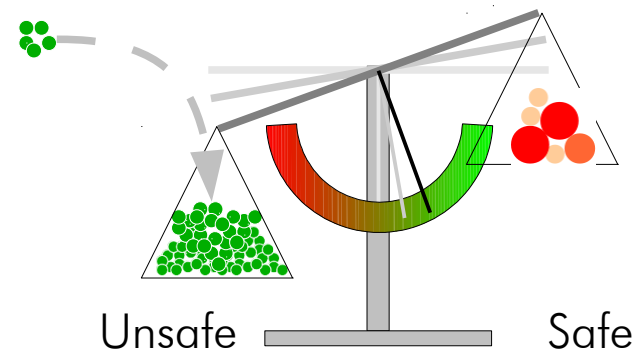
Safety means that the number of things that go wrong (accidents / incidents / near misses) is as low as possible.



Safety can be achieved by first finding and then eliminating or weakening the causes of adverse outcomes.

Safety-II Resilience

Safety means that the number of things that go right is as high as possible. Safety is the ability to succeed under varying conditions.

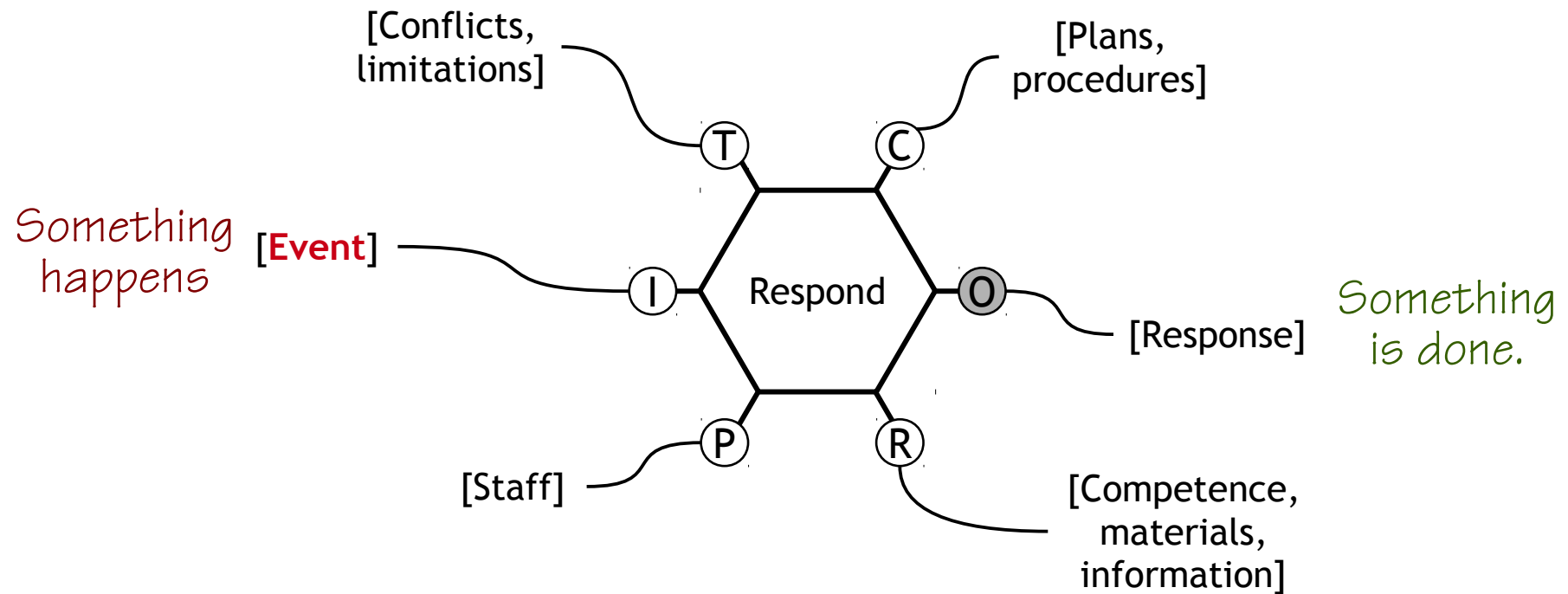


Safety requires an understanding of everyday performance. Safety can be achieved by strengthening this ability.

The ability to respond

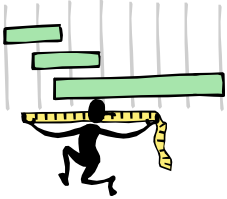


A system must be able to **respond** to regular and irregular events (challenges and opportunities) in an effective, flexible manner.

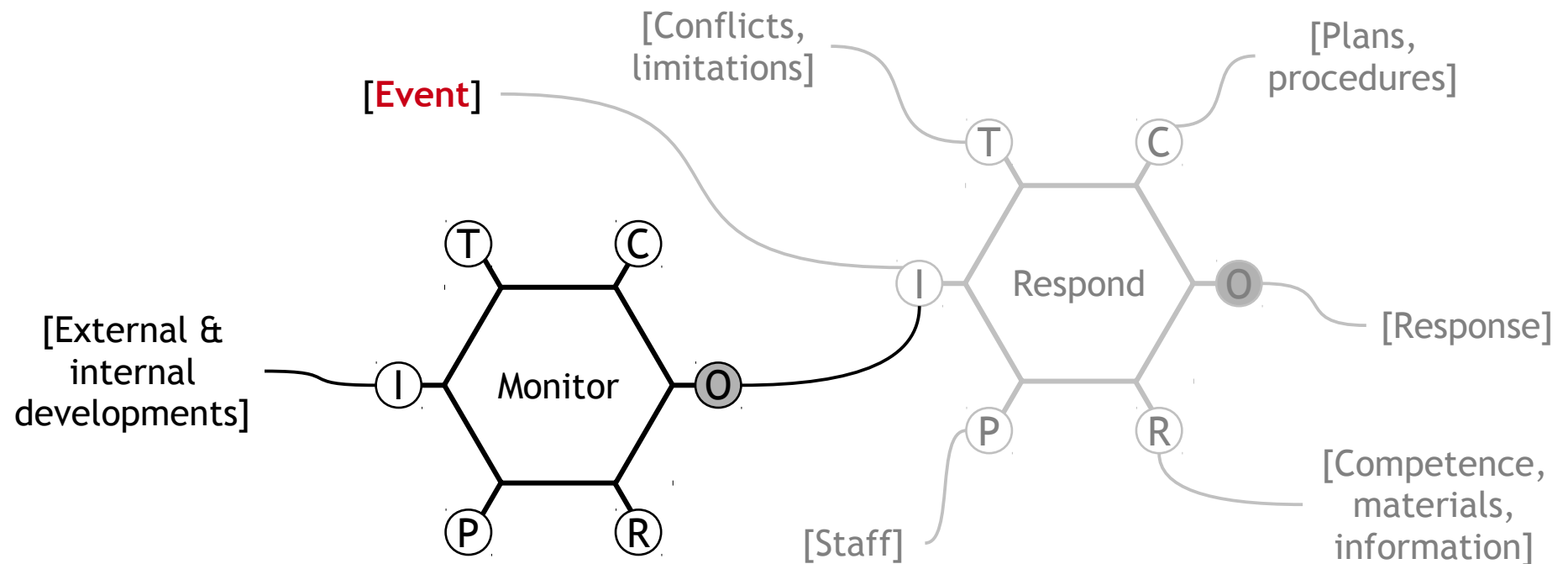


If responses always follow something that has happened, the system is **reactive** and will therefore sooner or later lag behind, hence lose control.

The ability to monitor

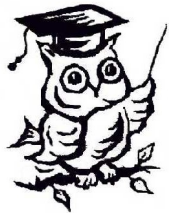


A system must be able flexibly to **monitor** internal and external developments that may develop into challenges or opportunities.

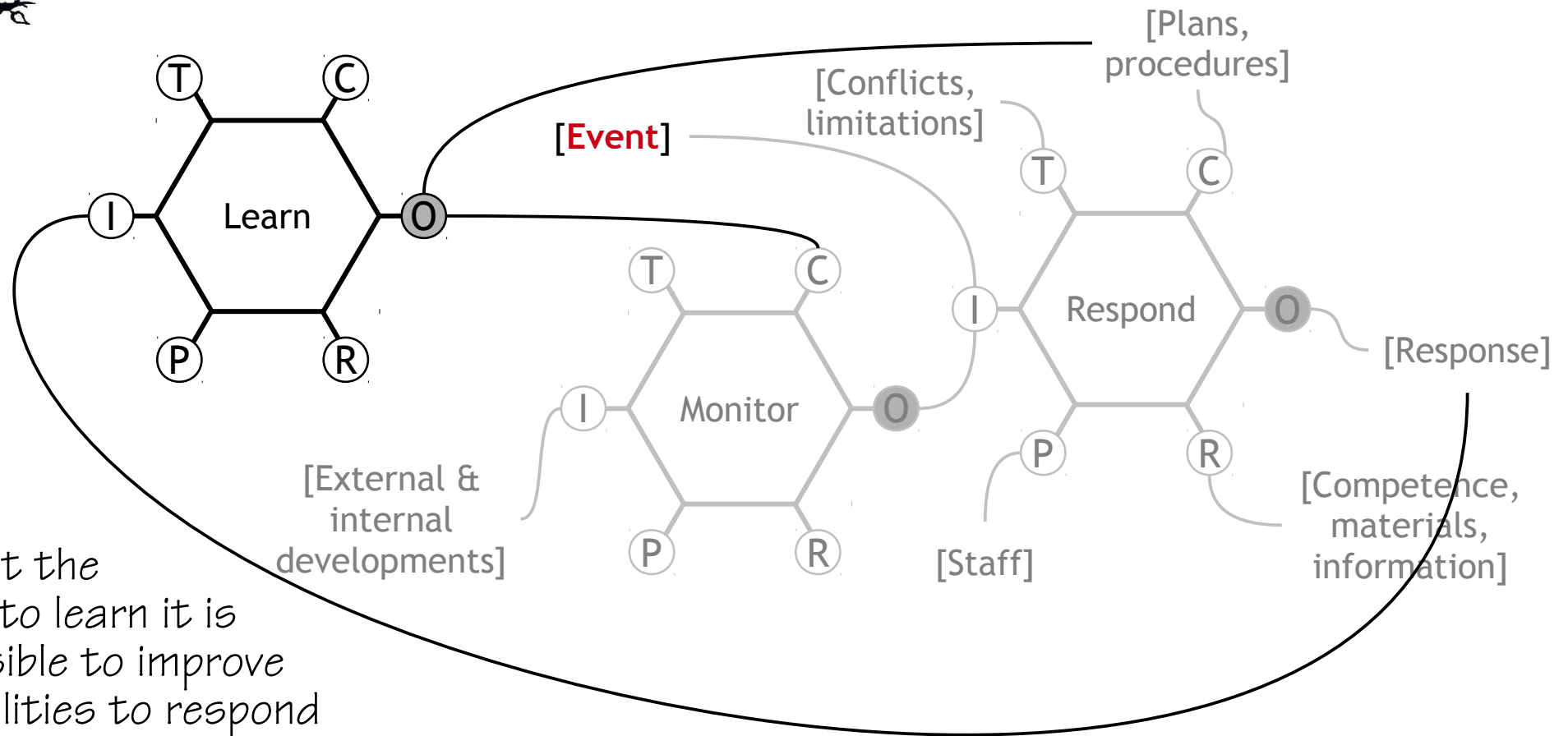


Effective monitoring can lead to increased readiness (early warning) and facilitate early responses, hence improve allocation and use of resources.

The ability to learn



A system must be able to **learn from past events**, by understanding what went right and what went wrong – and why.

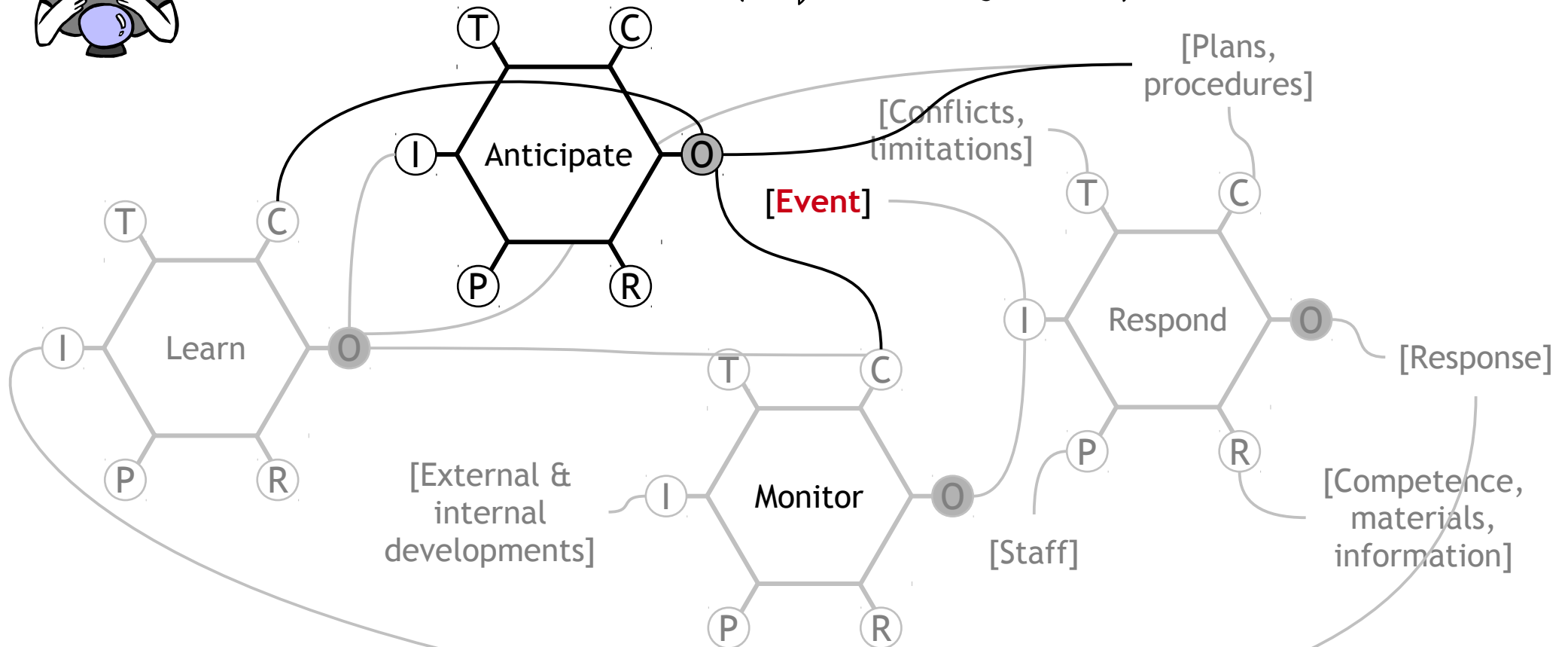


Without the ability to learn it is impossible to improve the abilities to respond and to monitor.

The ability to anticipate



A system must be able to *anticipate* challenges and opportunities in the near and far future (requisite imagination).



An organisation cannot be truly proactive (generative) without anticipation. It is, however, also a potential risk.



The Resilient Health Care Net

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www.resilienthealthcare.net