# Patient Safety and Resilient System Performance in Emergency Care **Garth Hunte**

#### Situation:

EDs are high hazard units with high proportion of preventable patient harm.

Target population: All patients receiving emergency care in BC.

#### Vision:

No patient suffers harm from emergency care in British Columbia.

#### Overall Goal:

Dev. strategies to monitor, anticipate & respond to loss of resiliency in urban EDs. Create framework to enhance safety and operational performance in all BC ED's. Assist in translation and adoption of framework.

#### Stakeholders:

- ED's in BC
- UBC DEM
- Health Authorities
- BC EHS
- Providence Health Care
- BC Patient Safety & Learning System
- UBC School of Population & Public Health
- CHEOS

Inputs

# Partnerships with

- UBC DEM. Knowledge Translation partner Julian Marsden

Citizen/patient, Carolyn Canfield, 2015 Patient Safety Champion

# **ED Staff**

- SPH FD
- Nurse leaders & EPs

Resilience Engineering grid/ framework

International expert Partners: Erik Hollnagel and Jeffrey Braithwaite

Operations and Logistics Division, Sauder School of Business, UBC

#### Activities

# Physician Advisory Committee for Exceptional Quality, Safety, and Value

Comparison of CTAS and National Early Warning Score (NEWS) for clinical risk stratification at

triage

(Providence

Health Care)

Meeting with Regional Emergency Services Program (RESP) at VCH regarding early

warning score in CERNER Co-editor, international

collaborative; CRC

Press book series or

Resilient Health care

#### Outputs

# Constructed first context-specific Resilience Assessment Grid in healthcare

Iterative mapping and monitoring of the resilience profile of an urban ED over time

Refine, implement and evaluate the resilience analysis grid

P4P evaluation published in Academic Emergency Medicine

Revise clinical assessment at triage using the National Early Warning Score (NEWS) adds value to CTAS to stratify clinical risk and increases predictive ability for hospitalization

Published book in CRC Press book series on Resilient Health care, "Working Across Boundaries"

## Short Term (<1 yr)

# Outcomes Long Term (2-3yrs)

# Anticipated Impact

# Implement the NEWS for monitoring vital signs throughout VCH

Map the resilience profile of an urban ED over time

CRC Press book series on Resilient Health care

Develop operational strategies to monitor, anticipate, learn and respond to enhance resilient system performance and collective ability to respond to critically ill patients Refinement of the context-specific Resilience Analysis Grid

Implementation and evaluation of the adapted Resilience Analysis Grid to other EDs

Pilot and evaluate the context-specific Resilience Analysis Grid in other settings

Construct a patient-oriented outcomes database for system feedback and learning

Establish partnership with Population Data BC to collect patient outcomes

External Validation of ED PROM Patient Reported Outcome Measures Tool

Improve patient outcomes by enhancing resilient system performance in EDs across BC

Inform strategies and policies for system change to improve patient outcomes

Ultimately reach all EM physicians through EM Network

Enhanced system safety and operational performance in SPH ED

# Assumptions and Values:

Priority Goals:

implement a

framework to

Development and

anticipate and re-

departmental risk

spond to increasing

Ontology – multiple realities, frames and sensemaking are enacted by social actors, recursively and relationally co-created, shaped and constrained in nexuses of practice. Epistemology – knowledge is context dependent, embodied and enacted in practice. Role and reflexivity – positioned as a reflexive co-producer of action in a socio-technical system. Methodology – mixed-methods. Axiology – socially-constructed knowledge is value-laden. Lens - practice theories.

### Impacting Factors:

Healthcare funding, hospital volumes, and workload. Societal values and expectations. Significant Challenges: IT system accommodation, unstable project funding