



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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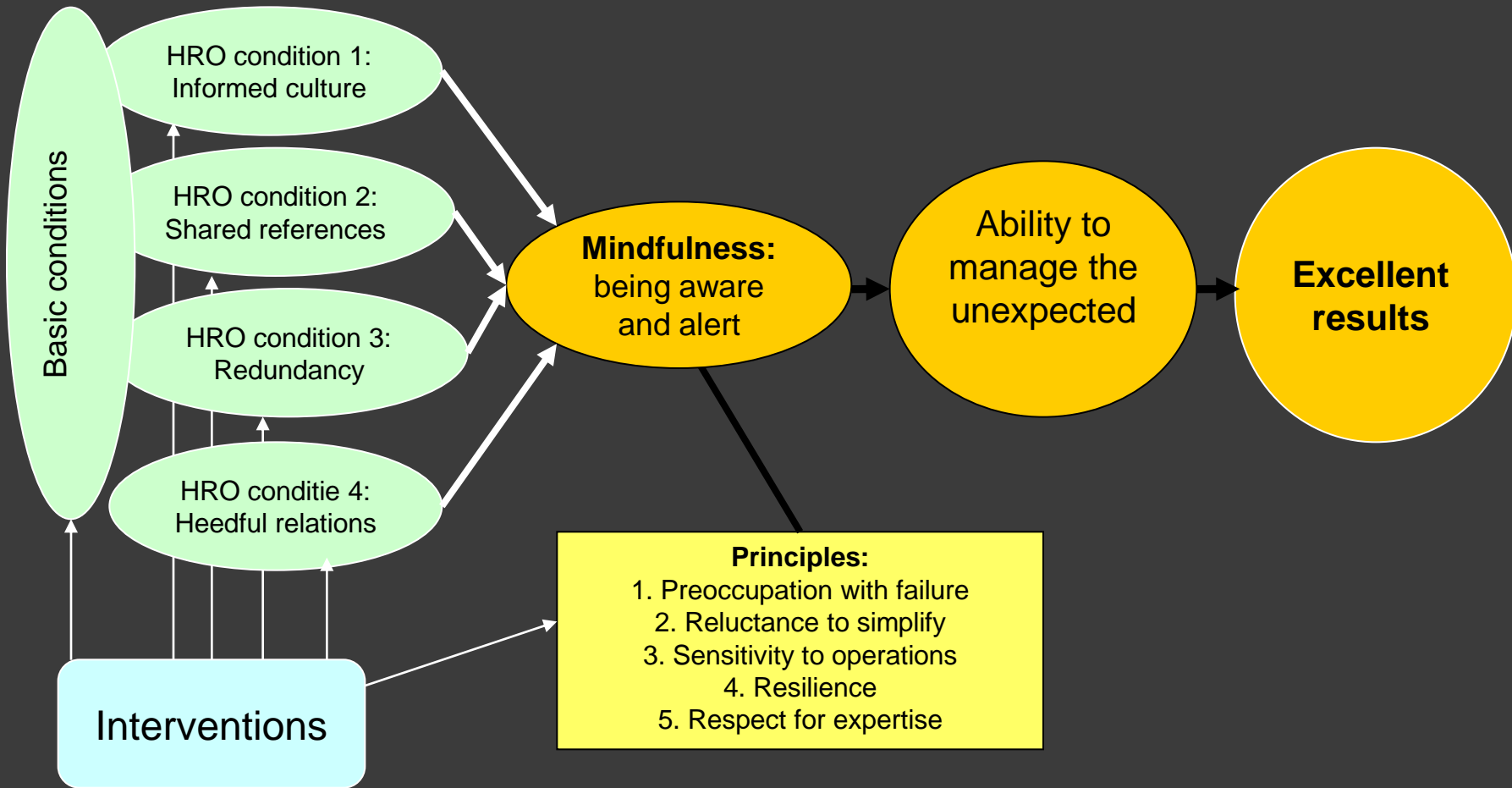
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# High Reliability Culture





# 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