Chartered Institute of Ergonomics & Human Factors

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ENHANCING PERFORMANCE IN HEALTHCARE

CPD CERTIFIED The CPD Certification Service

Introduction to Human Factors For Healthcare

Ben Tipney

@MedledTeam

Before we begin…

- Toilets
- Timings & Breaks
- Mobile phones
- Handouts & slides
- Feedback & CPD Points
- Open discussion and confidentiality

@MedledTeam

Agenda

The Big Picture (AM)

- Definitions and application of HFFH
- Lessons from other sectors
- Is one approach to safety always appropriate?

Human Performance (PM 1)

- Understanding our capabilities & limitations

High Performing Teams (PM 2)

- Social factors that most influence performance
- Application in practice

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End of day

What are you taking away to implement in your work/department?

Key learning points

What is your ‘commitment to action’?

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Introductions

One thing that makes your day easier/more difficult?

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Human Factors

What does that mean to you?

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Just a Routine Operation

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Understanding ‘Human Error’

“For a long time, people were saying that most accidents were due to human error and this is true in a sense but it’s not very helpful. It’s a bit like saying that falls are due to gravity.”

Dr Trevor Kletz

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Human Factors For Healthcare

Creating the conditions that enable people to be and perform at their best

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Human Factors For Healthcare - 3 Domains of Focus

Internal

- Human Performance
- Understanding Human Capabilities and Fallibilities

Interpersonal

- Group/Team Dynamics
- Leadership at all levels

External

- “Designing for People”
- Equipment/environment/technology/processes/policies

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What is Human Factors For Healthcare?

Creating the conditions that enable people to be and perform at their best

Five Central Principles:

- A Systems Approach (internal and external)
- Embracing Complexity
- Multi-person Interface
- Contextual Flexibility
- Twin Interdependent Aims of Performance and Well-being

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Is your work Simple, Complicated or Complex?

Difference between simple, complicated and complex?

Simple = Baking a Cake

Complicated = Putting a rocket into space

Complex = Raising a child!

3 Approaches to safety

Safer Healthcare – Strategies for the Real World
(C.Vincent/R.Amalberti)

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Three contrasting approaches to safety

Ultra safe
Avoiding risk

Context: **Risk is excluded as far as possible:** Civil aviation, nuclear Industry, public transport, food industry,

Safety model: **Power to regulators and supervision** of the system to avoid exposing front-line actors to unnecessary risks.

Training in teams to apply procedures for both routine operations and emergencies.

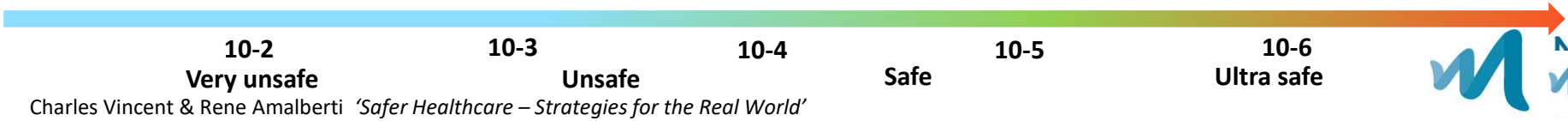
Priority to prevention strategies

Radiotherapy
Blood transfusion

Civil aviation

Railways

Nuclear industry



Charles Vincent & Rene Amalberti *'Safer Healthcare – Strategies for the Real World'*

Three contrasting approaches to safety

Ultra adaptive
Embracing risk

Context: Taking risks is the essence of the profession:
Deep sea fishing, military in war time, drilling industry,

Safety model: Power to experts to rely on personal resilience, expertise and technology to survive and prosper in adverse conditions.

Training: through peer-to-peer learning shadowing, acquiring professional experience. knowing one's own limitations.

Priority to adaptation and recovery strategies

Community Healthcare
Trauma centres

Hymalaya mountaineering

Finance

Forces, war time

Professional fishing

10-2
Very unsafe

10-3

Unsafe

10-4

Safe

10-5

10-6
Ultra safe

Charles Vincent & Rene Amalberti *'Safer Healthcare – Strategies for the Real World'*

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Three contrasting approaches to safety

High reliability
Managing risk

Context: Risk is not sought out but is inherent in the profession:
Marine, shipping, oil Industry, fire-fighters,

Safety model: Power to the group to organise itself, provide mutual protection, apply procedures, adapt, and make sense of the environment.

Training in teams to prepare and rehearse flexible routines for the management of hazards.
.

Priority to procedure and adaption strategies

Elective surgery
Chronic care

Fire fighting

Chartered flight

Processing industry

Drilling industry

Chemical industry (total)

10-2
Very unsafe

10-3

Unsafe

10-4

Safe

10-5

10-6
Ultra safe

Charles Vincent & Rene Amalberti *'Safer Healthcare – Strategies for the Real World'*

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Three contrasting approaches to safety

Ultra adaptive
Embracing risk

Context: Taking risks is the essence of the profession:
Deep sea fishing, military in war time, drilling industry, rare cancer, treatment of trauma.

Safety model: Power to experts to rely on personal resilience, expertise and technology to survive and prosper in adverse conditions.

Training: through peer-to-peer learning shadowing, acquiring professional experience. knowing one's own limitations.

High reliability
Managing risk

Context: Risk is not sought out but is inherent in the profession:
Marine, shipping, oil Industry, fire-fighters, elective surgery.

Safety model: Power to the group to organise itself, provide mutual protection, apply procedures, adapt, and make sense of the environment.

Training in teams to prepare and rehearse flexible routines for the management of hazards.

Ultra safe
Avoiding risk

Context: Risk is excluded as far as possible:
Civil aviation, nuclear Industry, public transport, food industry, medical laboratory, blood transfusion.

Safety model: Power to regulators and supervision of the system to avoid exposing front-line actors to unnecessary risks.

Training in teams to apply procedures for both routine operations and emergencies.

Priority to adaptation and recovery strategies

Priority to procedure and adaption strategies

Priority to prevention strategies

Community Healthcare
Trauma centres

Hymalaya mountaineering

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Forces, war time

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Elective surgery
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Chemical industry (total)

Anaesthesiology

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Radiotherapy
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Civil aviation

Railways

Nuclear industry

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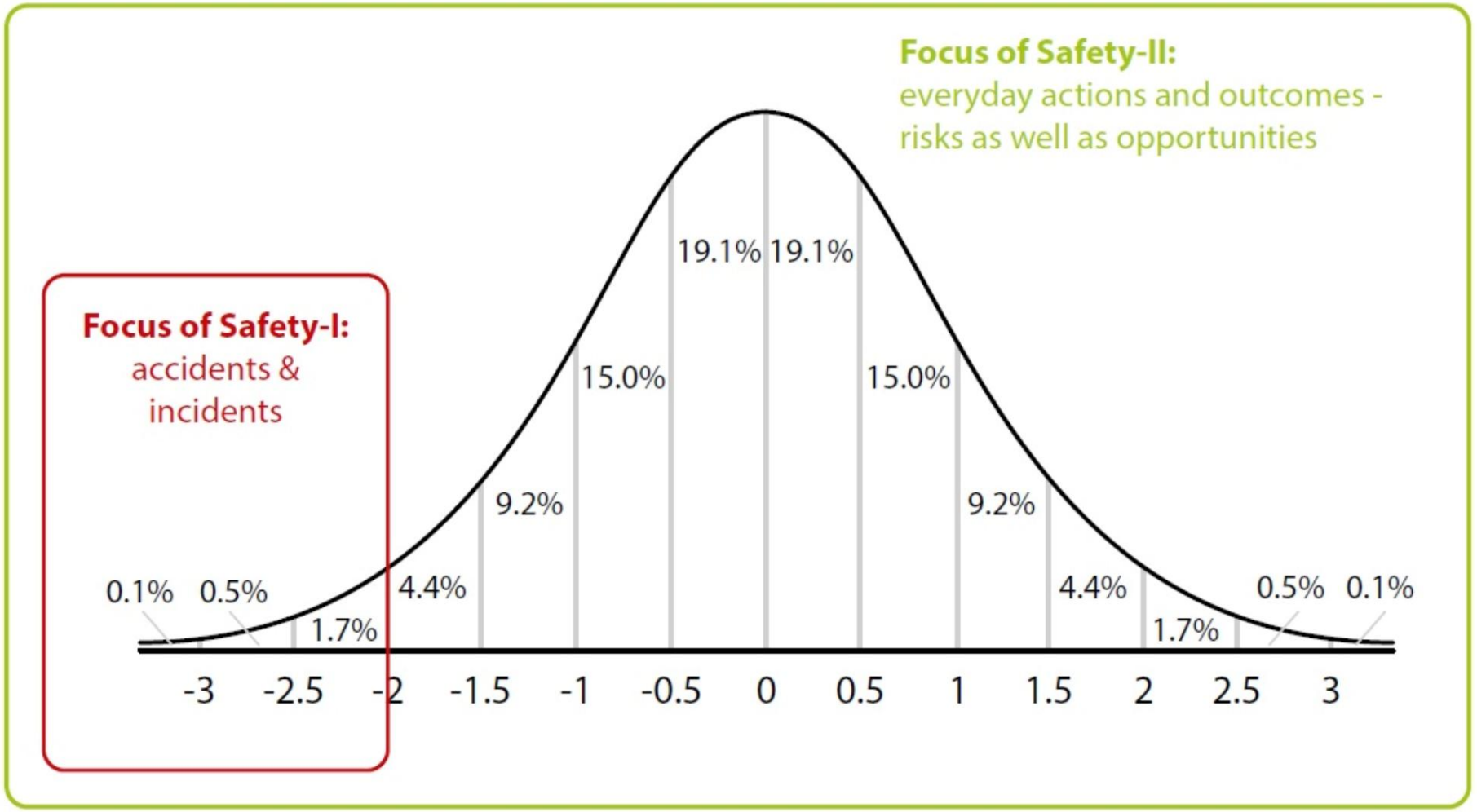

Figure 17: Focus of Safety-I and Safety-II

Ref White Paper Eurocontrol, 2013

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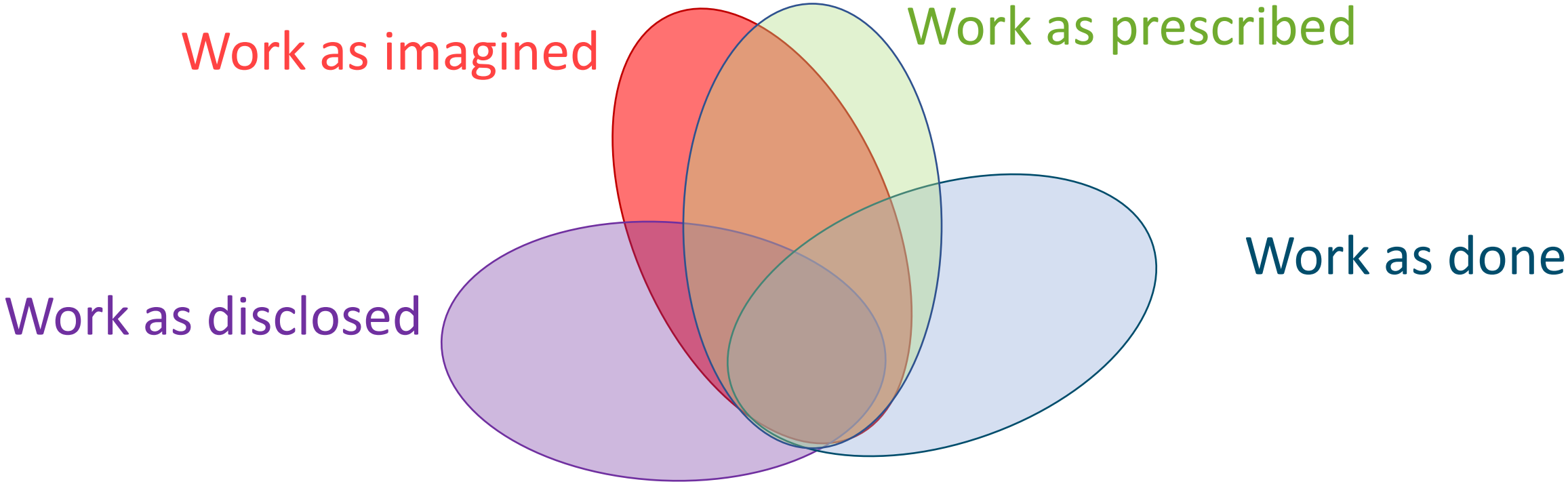
The Varieties of Human Work - Steven Shorrock



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Work as Imagined vs Work as Done

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Work as Prescribed vs Work as Done

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"Trying to improve safety solely through analysing accidents and incidents is like trying to understand the secret of a happy marriage solely through studying divorce"

Professor Erik Hollnagel

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Think of your favourite Comedian

Why are they funny?

What is memorable about them?

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Excellence is unique!

We must go searching for moments of excellence

Become “Appreciative Explorers”

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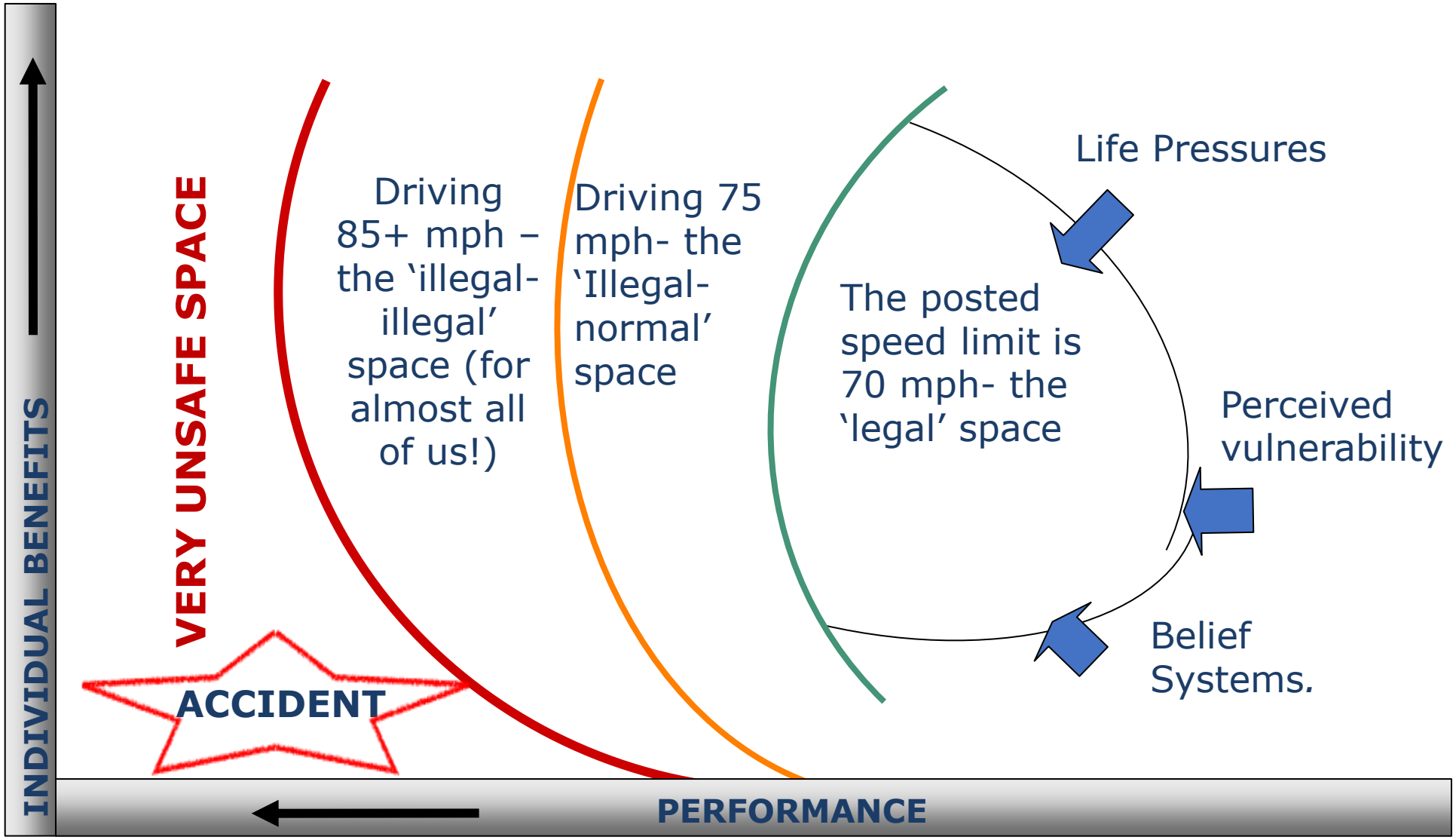
Human Capabilities & Limitations

Systemic Migration to Boundaries



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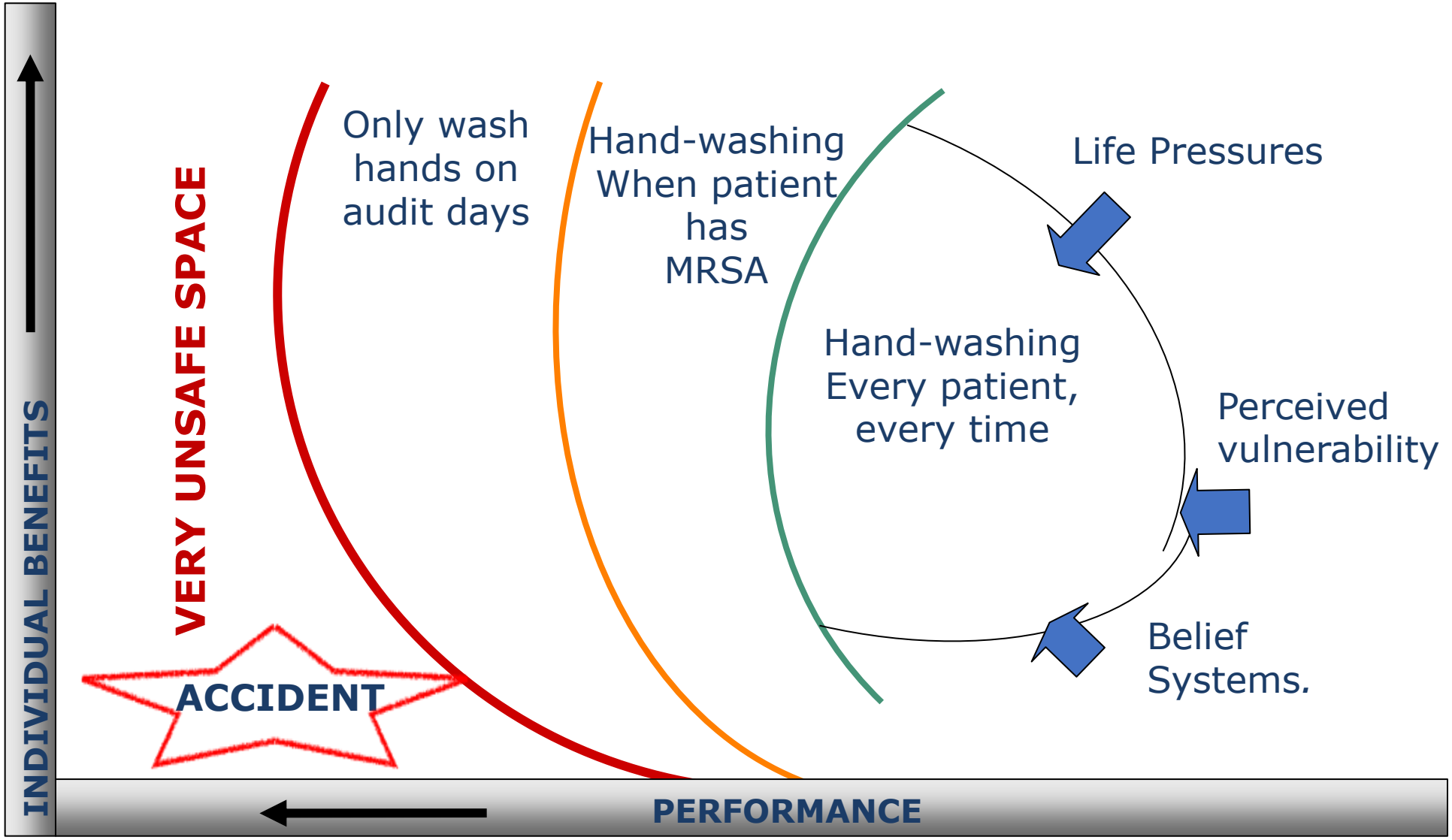
Systemic Migration to Boundaries



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Costa Concordia

Why rules are broken

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Decision Making

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Decision Making - Rule Based

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Decision Making - Rule Based

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Decision Making

How do we as experts
make decisions?

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Decision Making

Automatic

- Very quick
- Little effort & energy
- Subconscious level
- Requires repetition

Conscious

- Slow!
- High effort & energy
- Short term memory
- Only as last resort.

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Decision Making

Pattern recognition:

Aoccdrnig to rseearch at Cmabrigde Uinervtisy, it deosn't mttaer in waht oredr the ltteers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltteer be at the rghit pclae. The rset can be a toatl mses and you can sitll raed it wouthit porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe.

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Decision Making

Expert/Naturalistic Decision Making
Type I

- Its about recognition
- Pattern matching from previous experience
- Happens subconsciously
- Experts have more patterns to match.

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Decision Making

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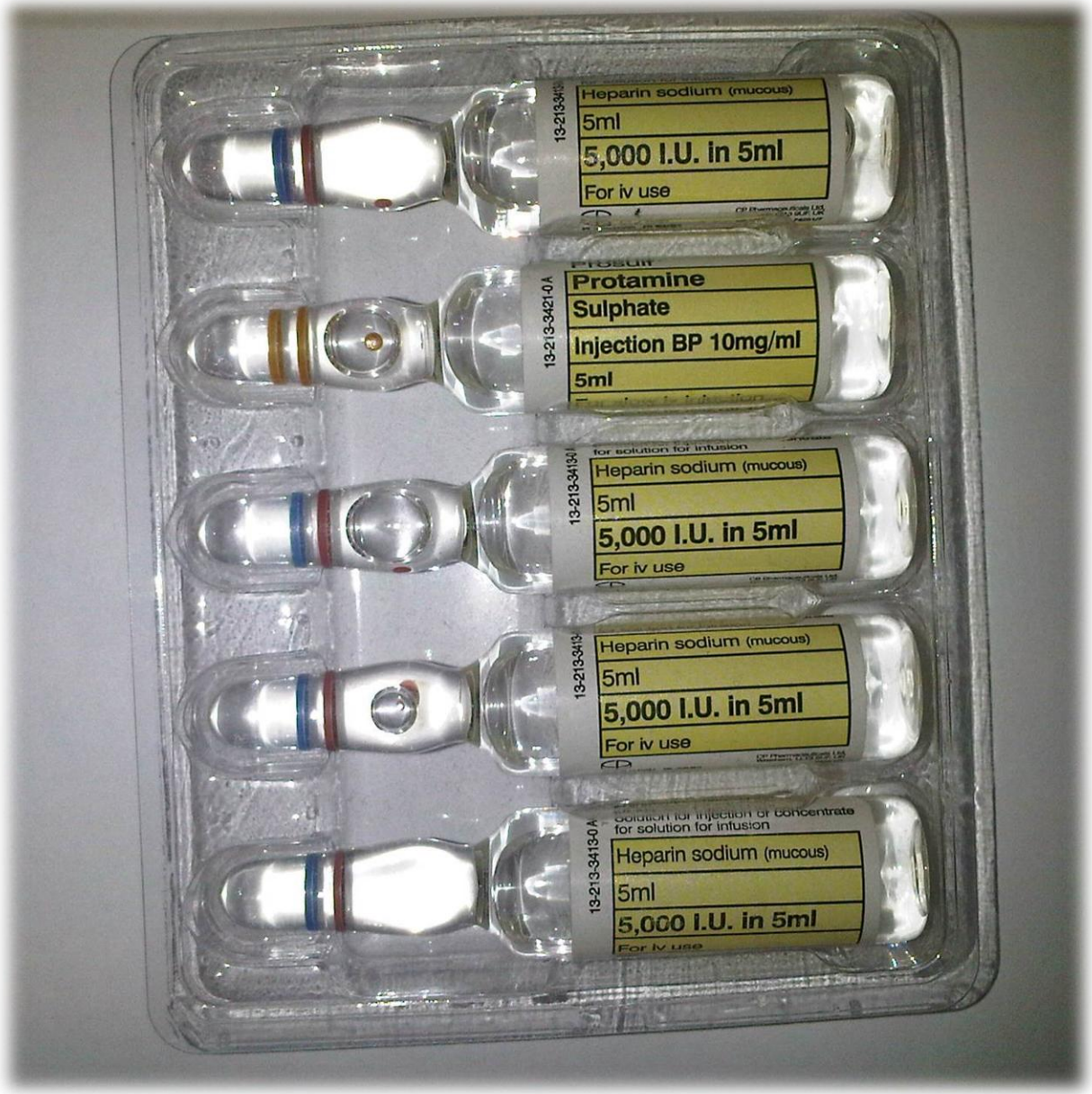

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Decision Making

Conscious decision making
Type II

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Decision Making

A bat and ball together cost £1.10

If the bat costs £1 more than the ball

How much does the ball cost?

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Bat costs £1.05

Ball costs 5p

Total cost £1.10

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Decision Making

Inexperienced Team members?

Agency Staff?

How are they making decisions?

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Human Limitations

Attention mechanisms

Who is good at multi-tasking?

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Multi-tasking

In pairs:

One person acts as the time keeper

the other

as the multitasker

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Multi-tasking

The multi tasker draws 2 horizontal lines on a piece of paper

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Multi-tasking

Start timing when the multitasker commences the following task:

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Multi-tasking

On the first line write:

I am a great multitasker

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Multi-tasking

Then

on the second line write the numbers 1 to 20:

I am a great multitasker

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

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Multi-tasking

Now let’s try to multitask

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Multi-tasking

Turn over the page and
draw 2 more horizontal lines:

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Multi-tasking

This time alternate between the letters and the numbers

I am

1 2 3

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Multi-tasking

Now start timing:

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Multi-tasking?

Not Multitasking but Task Switching:

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Human Limitations

Attention mechanisms

- Divided attention (Task Switching)
- Focused attention

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Human Limitations

Test of focus

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Human Limitations

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Human Limitations

- We sometimes miss the ‘obvious’
- We end up with different mental models
- Beware of hindsight bias - Investigations

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Situation Awareness

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Levels of Situation Awareness

Think **A**head
Plan actions

Understand
Evaluate

Notice
Take in information

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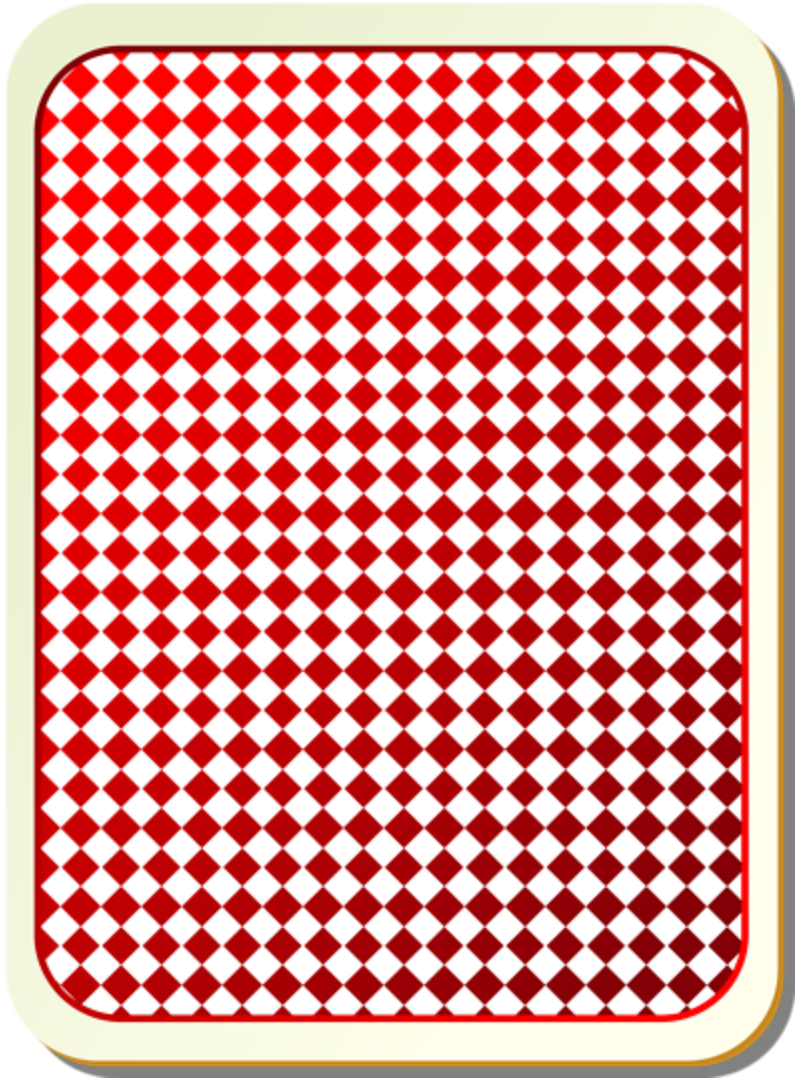

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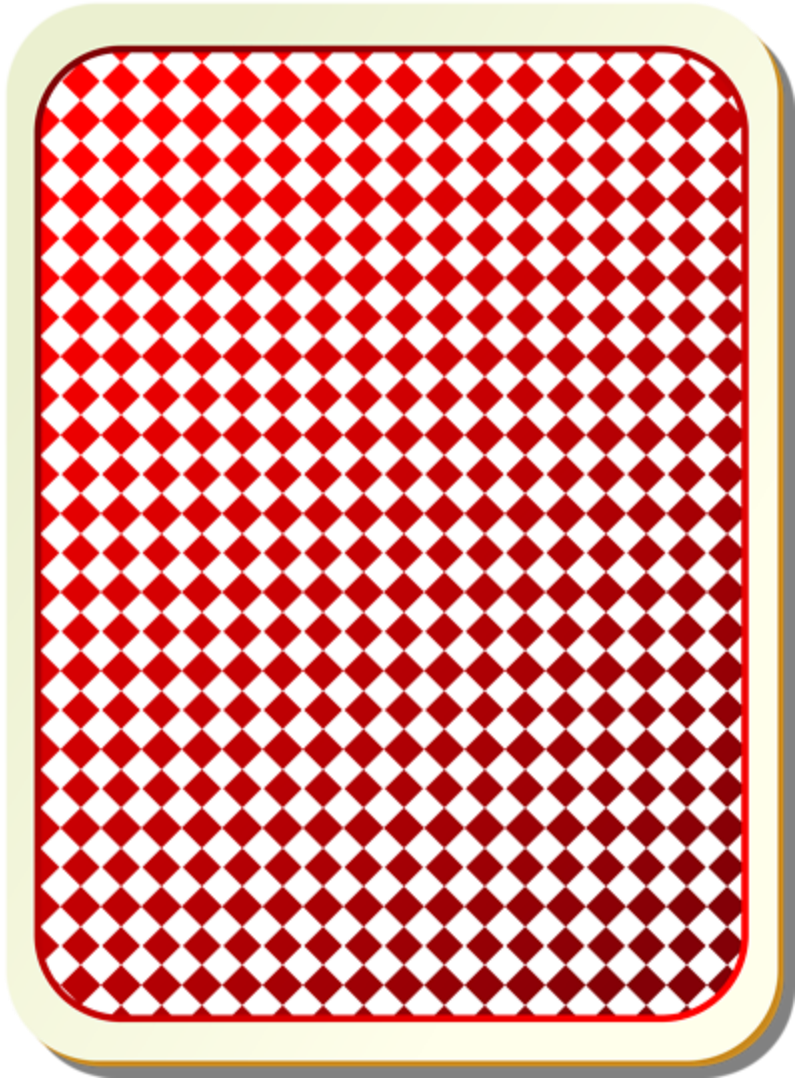

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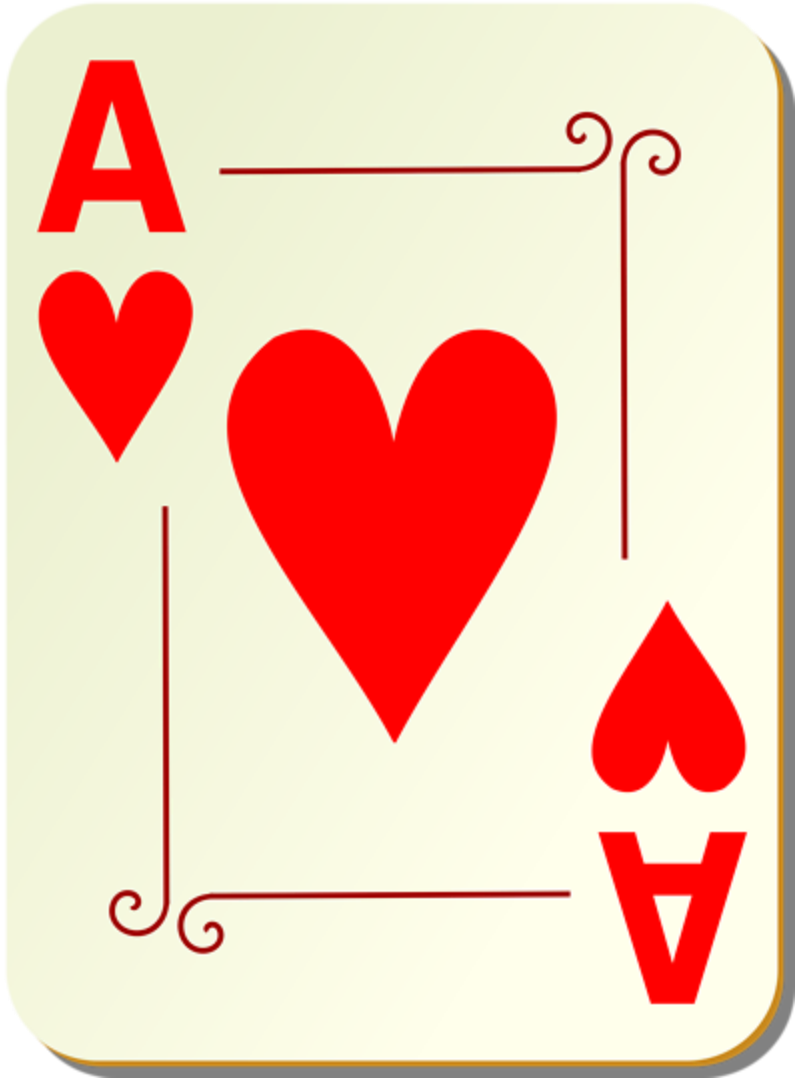

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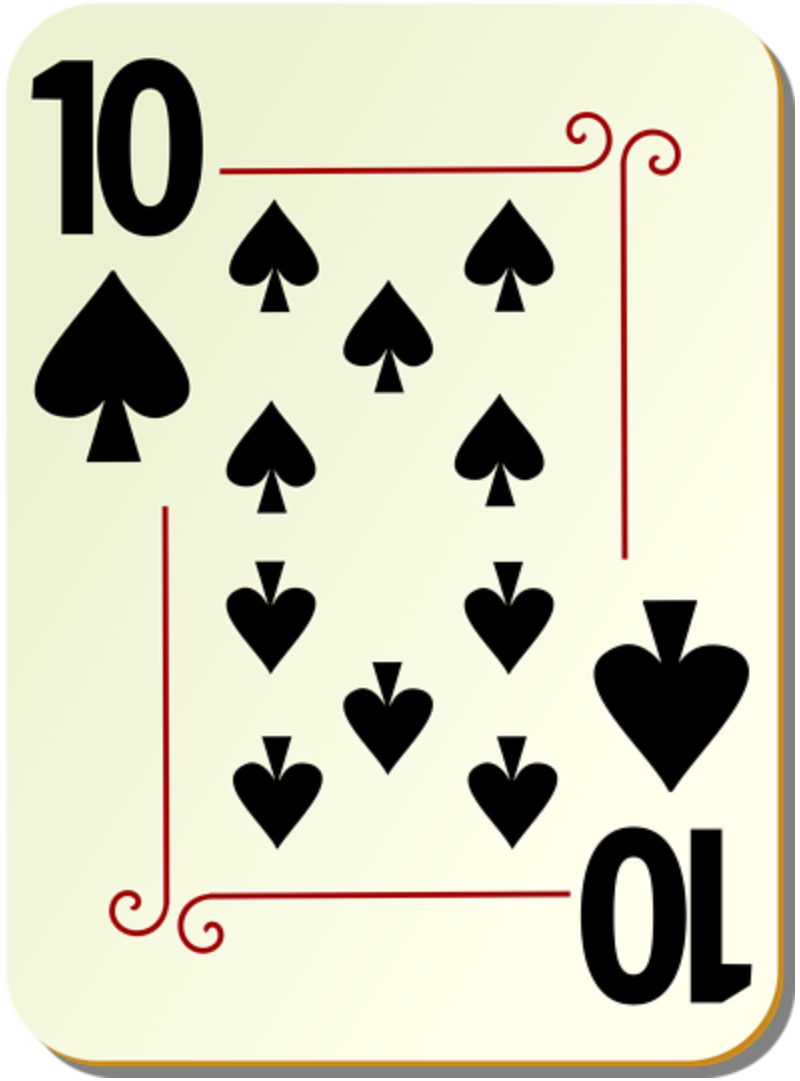

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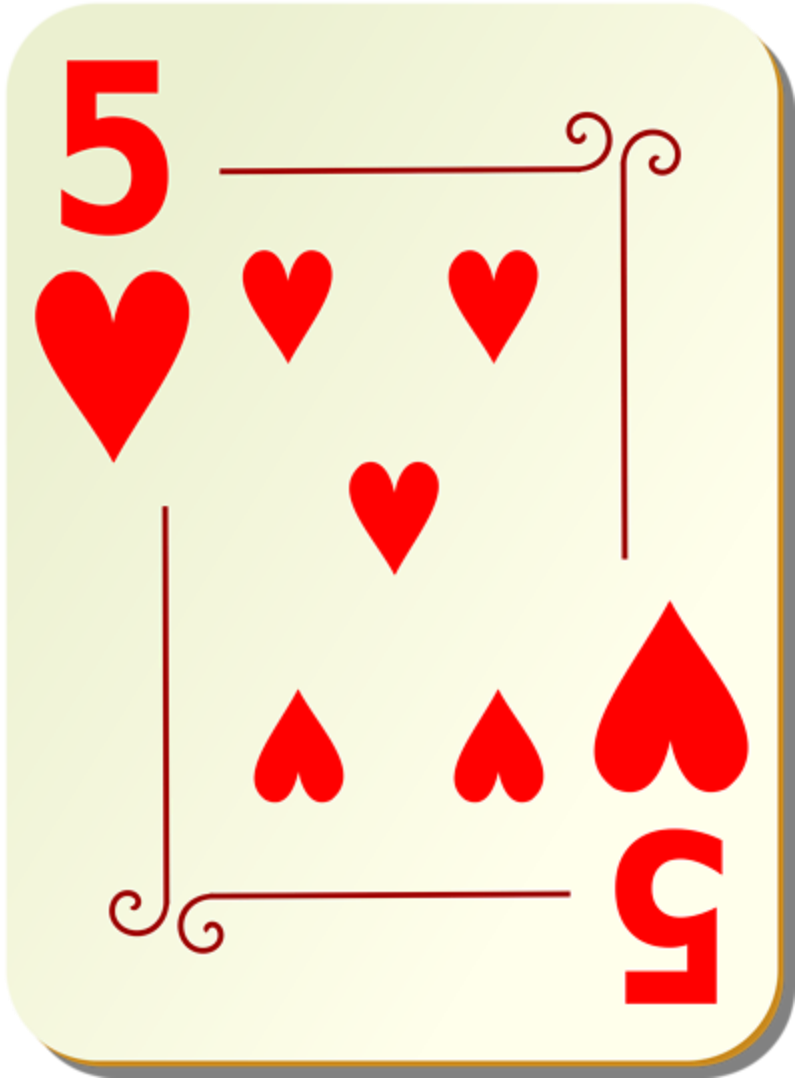

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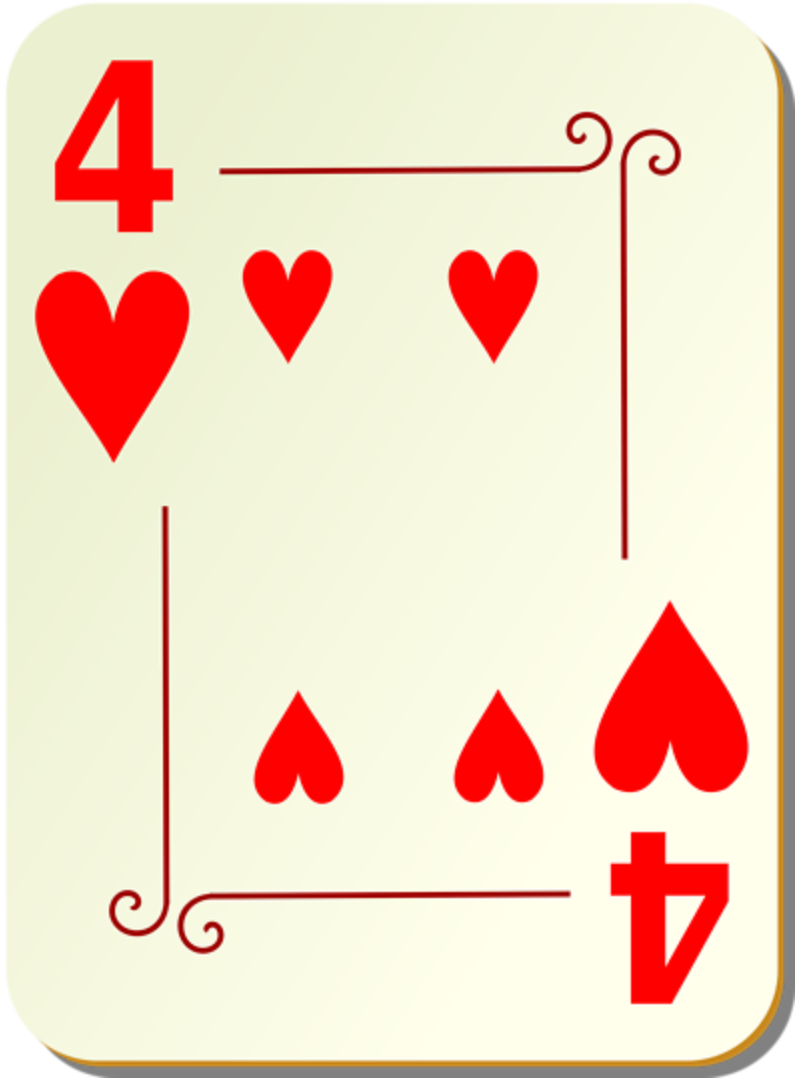

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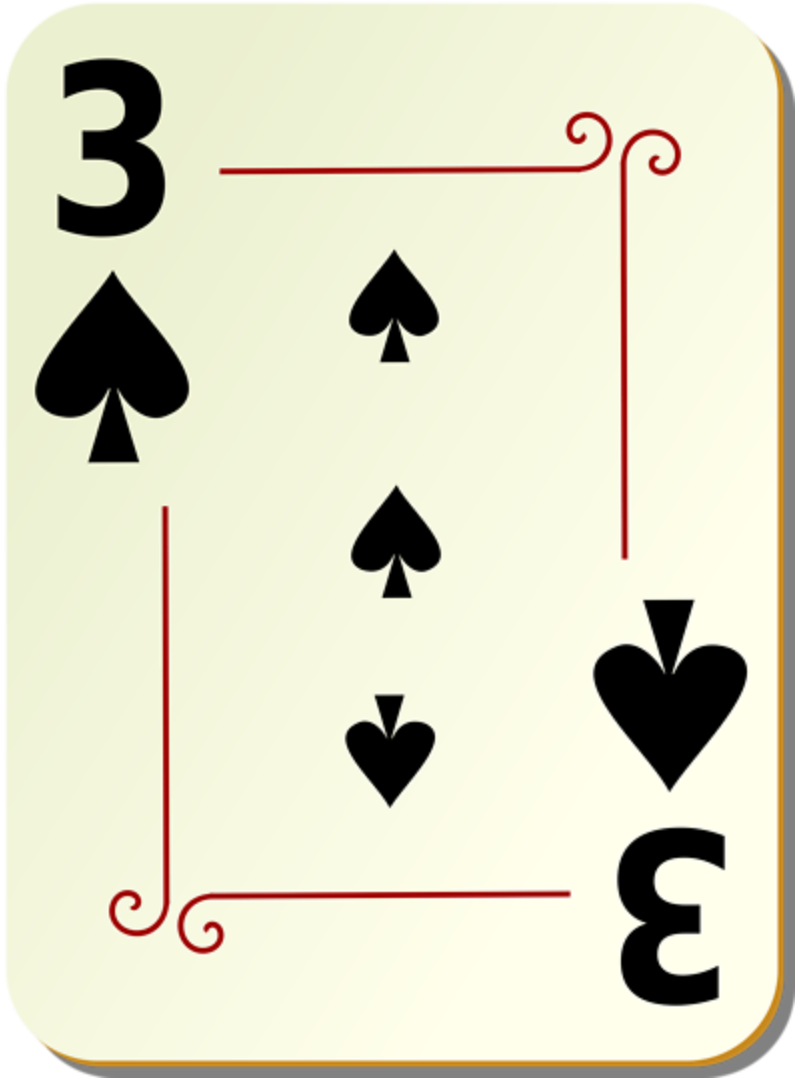

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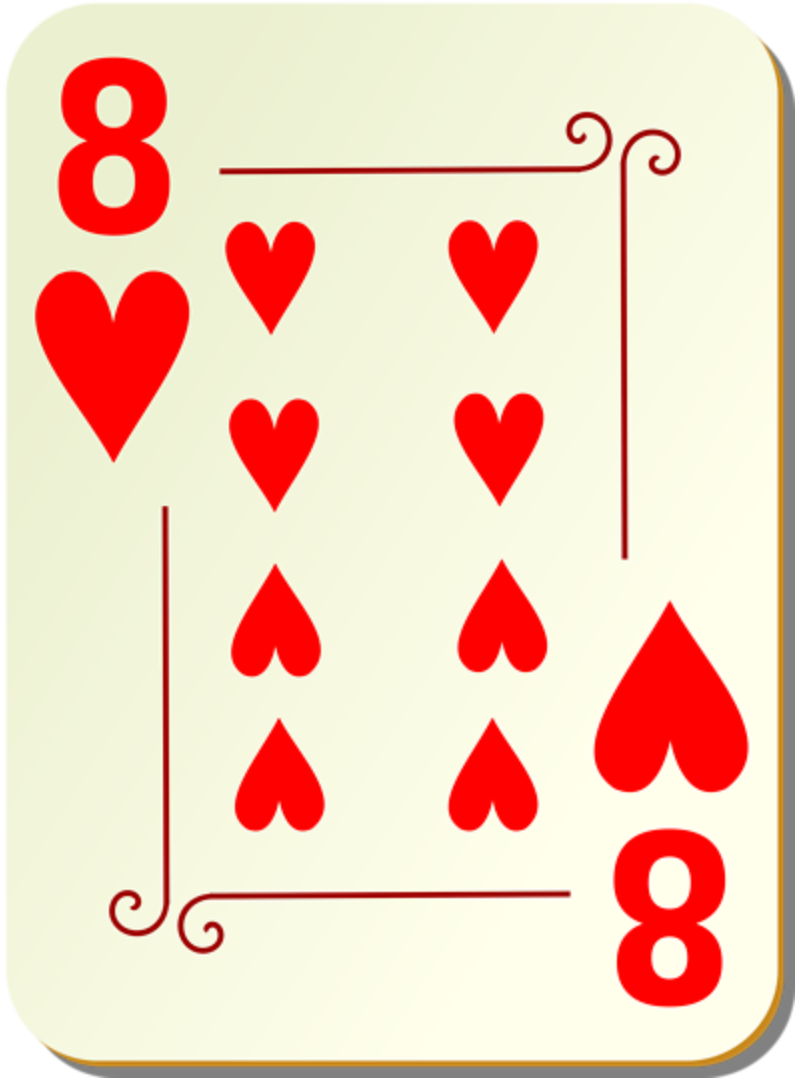

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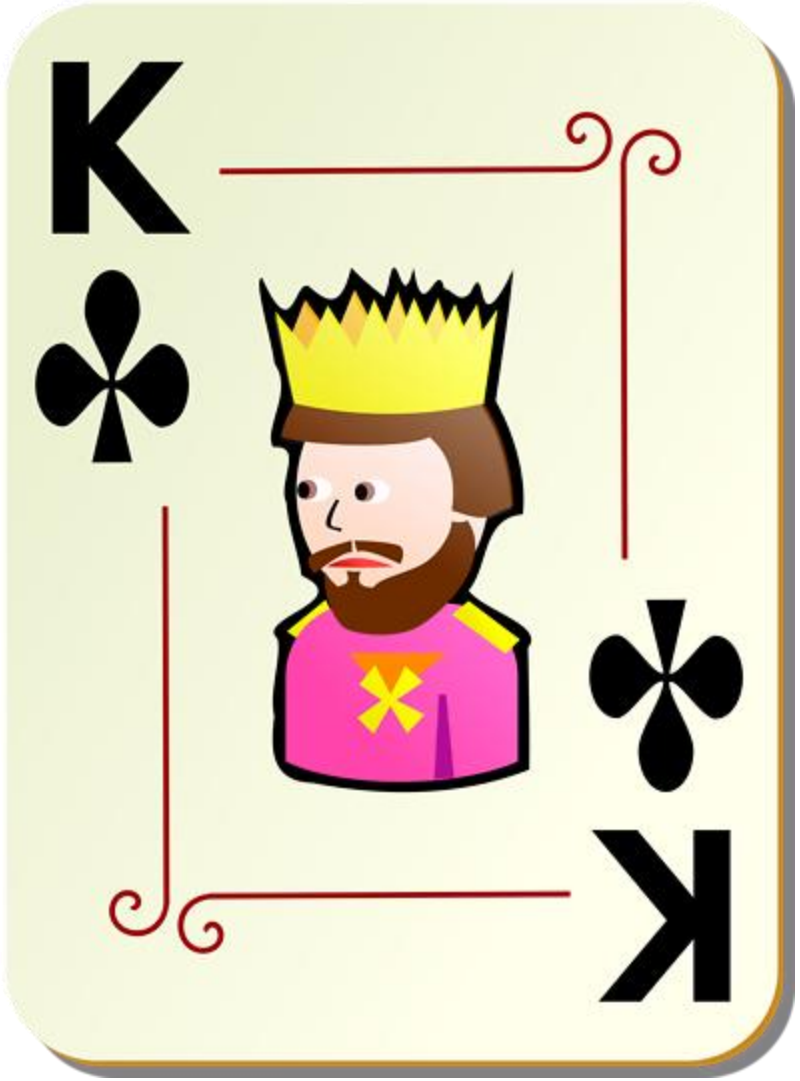

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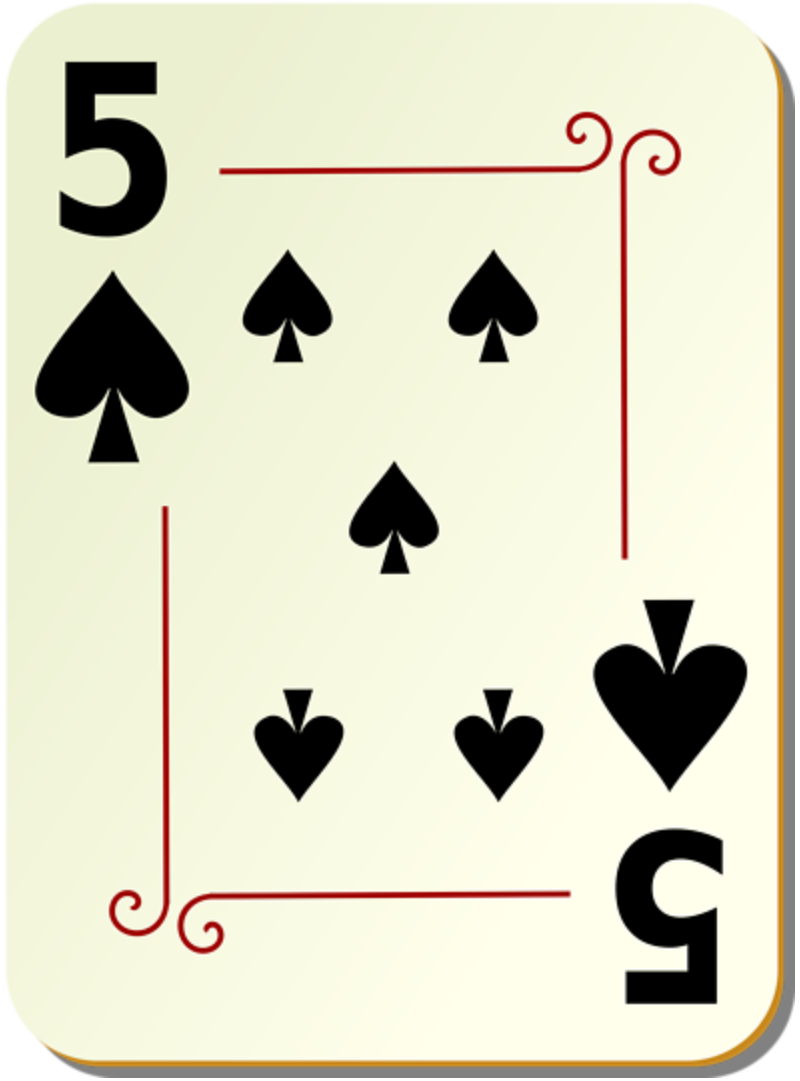

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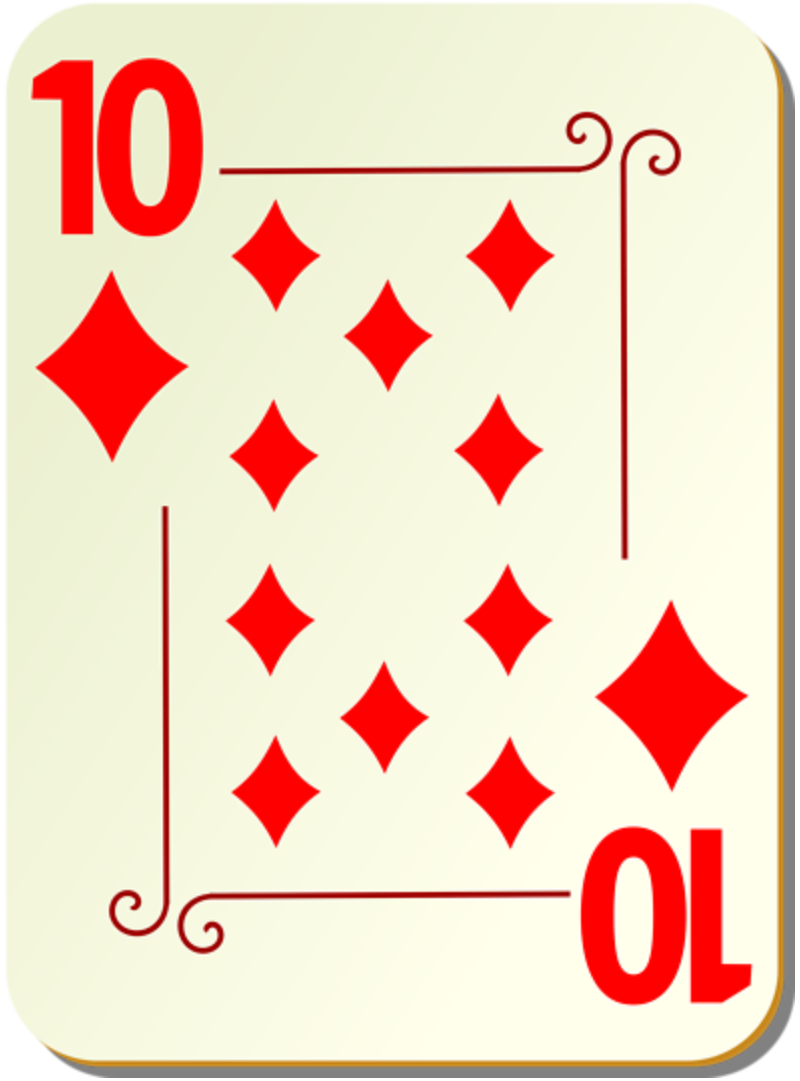

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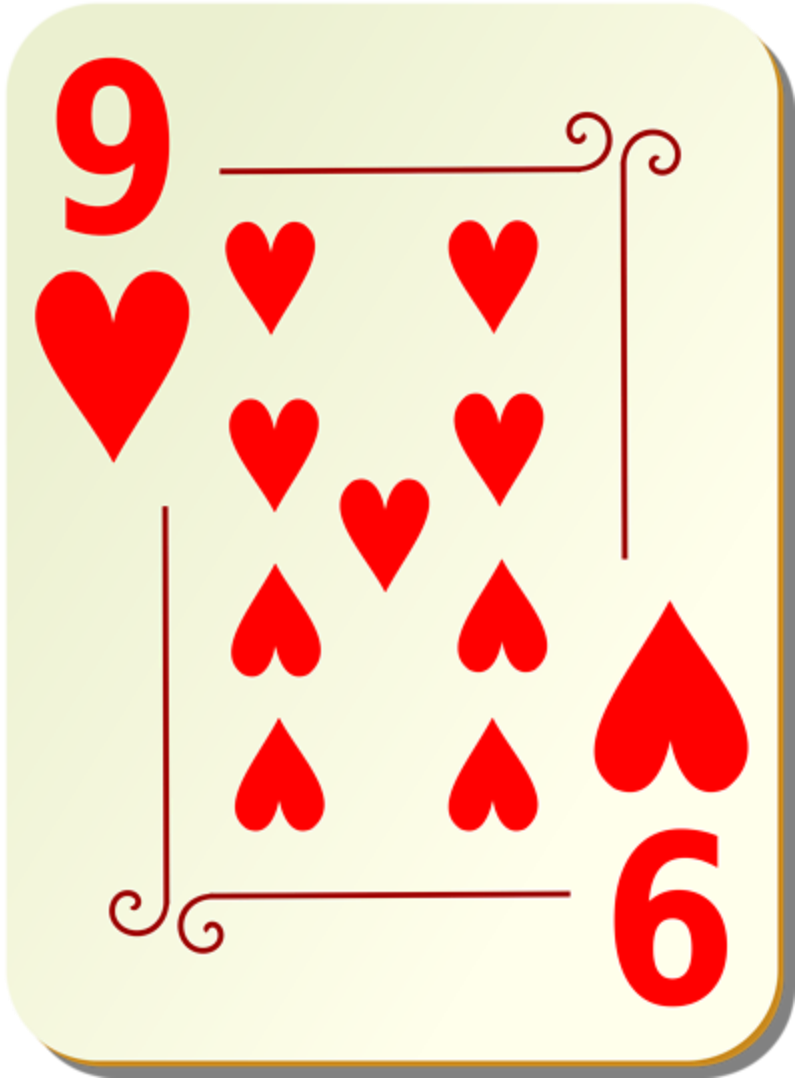

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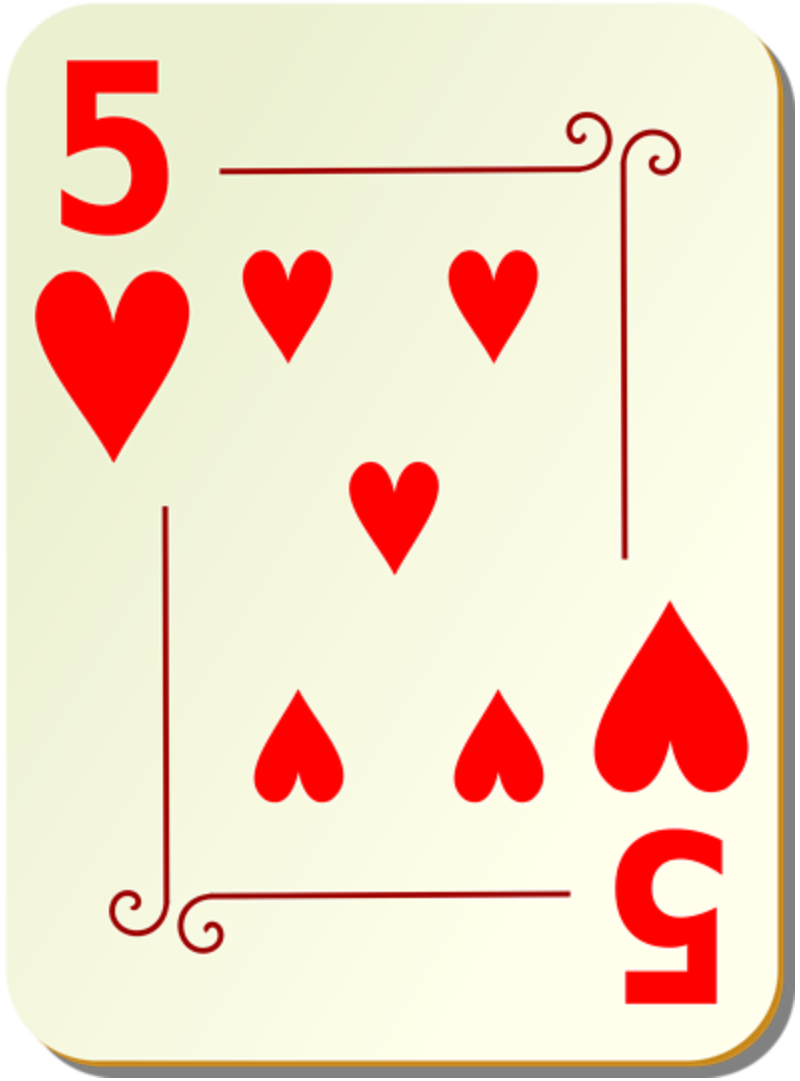

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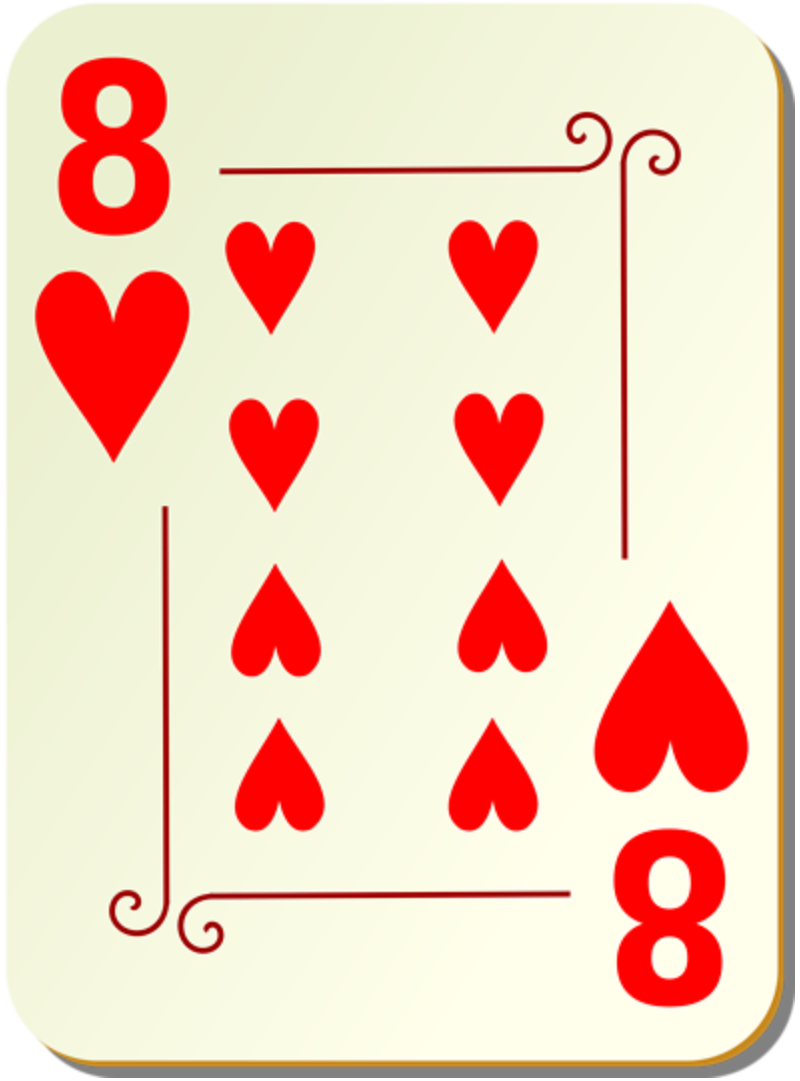

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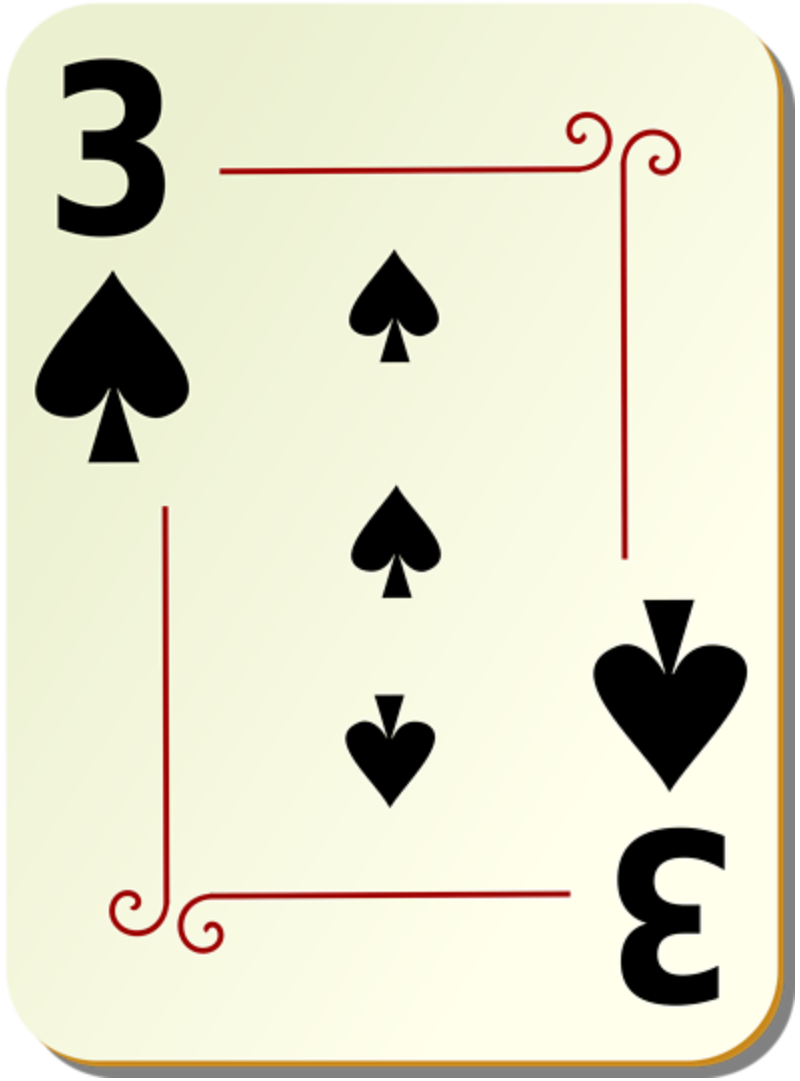

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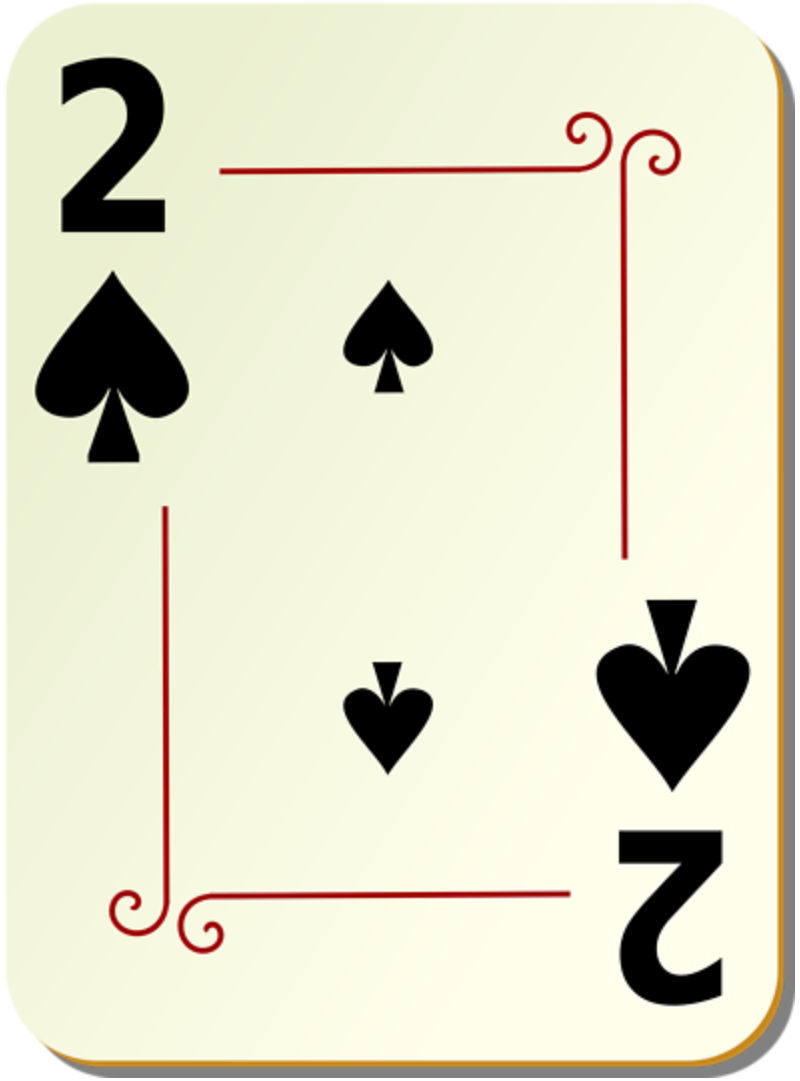

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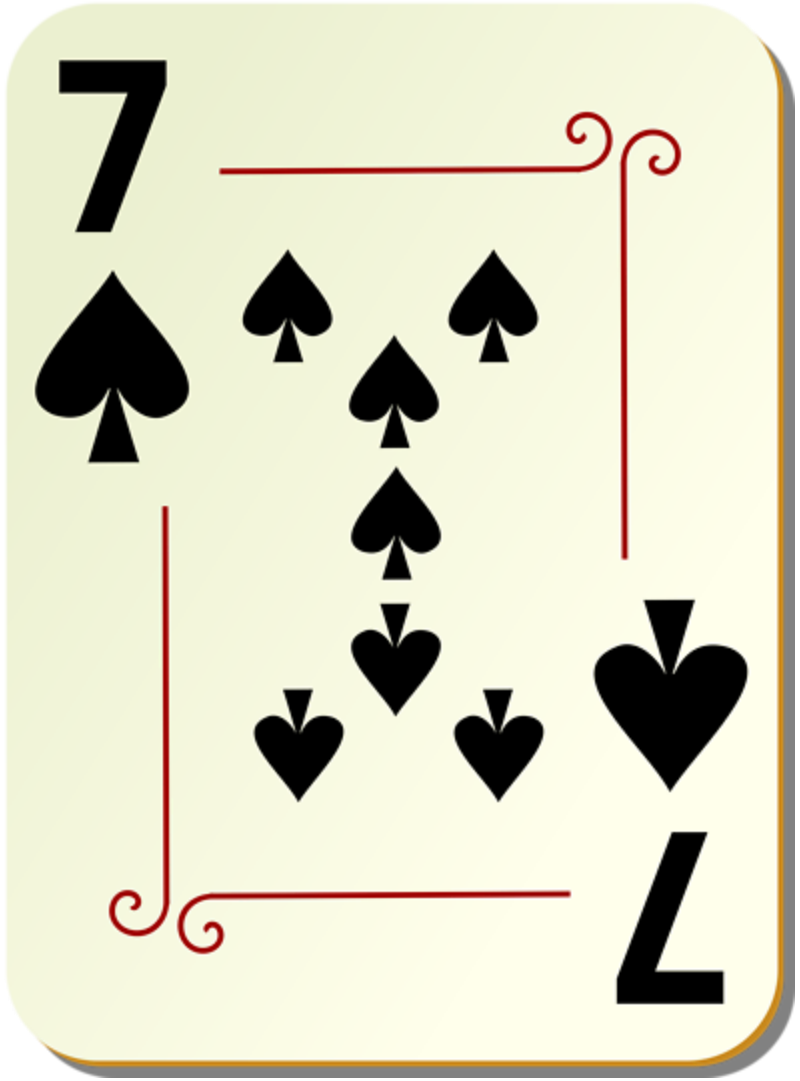

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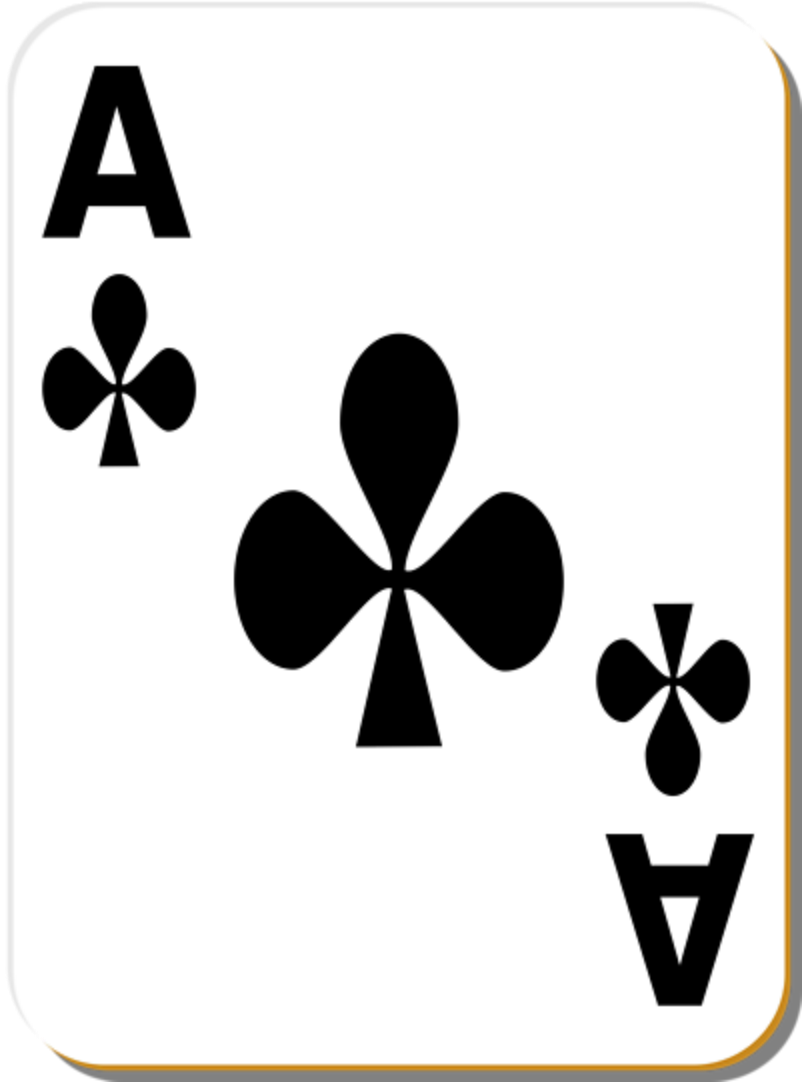

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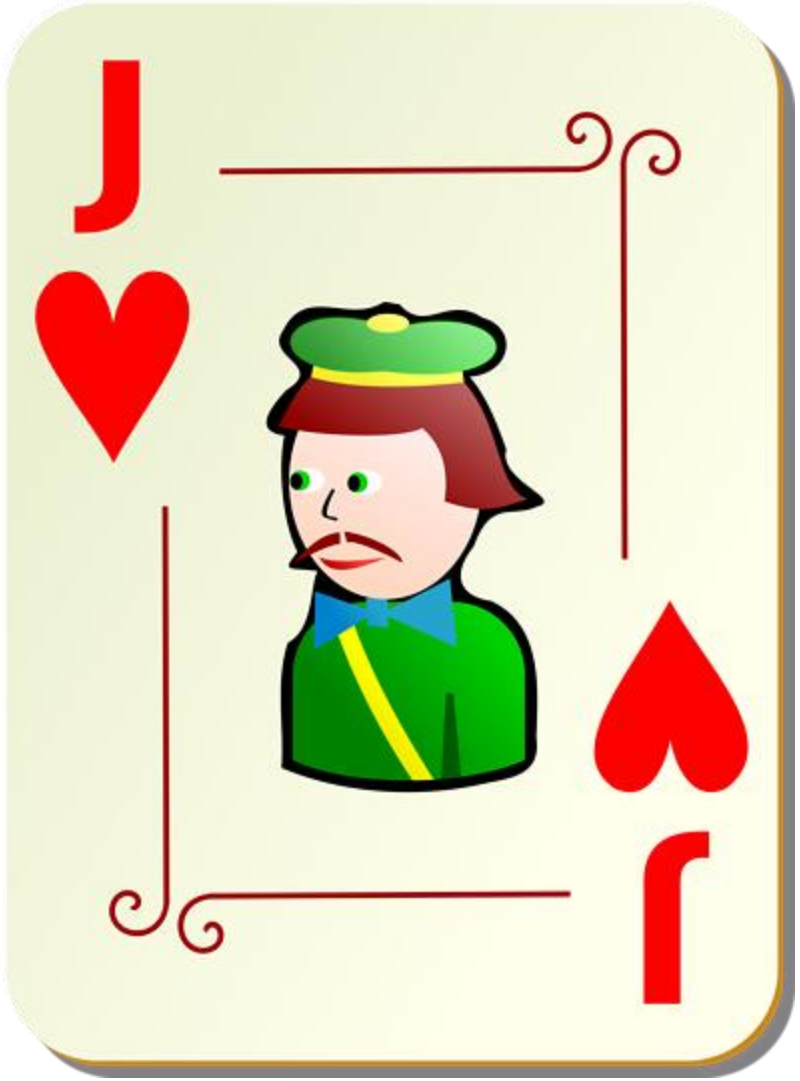

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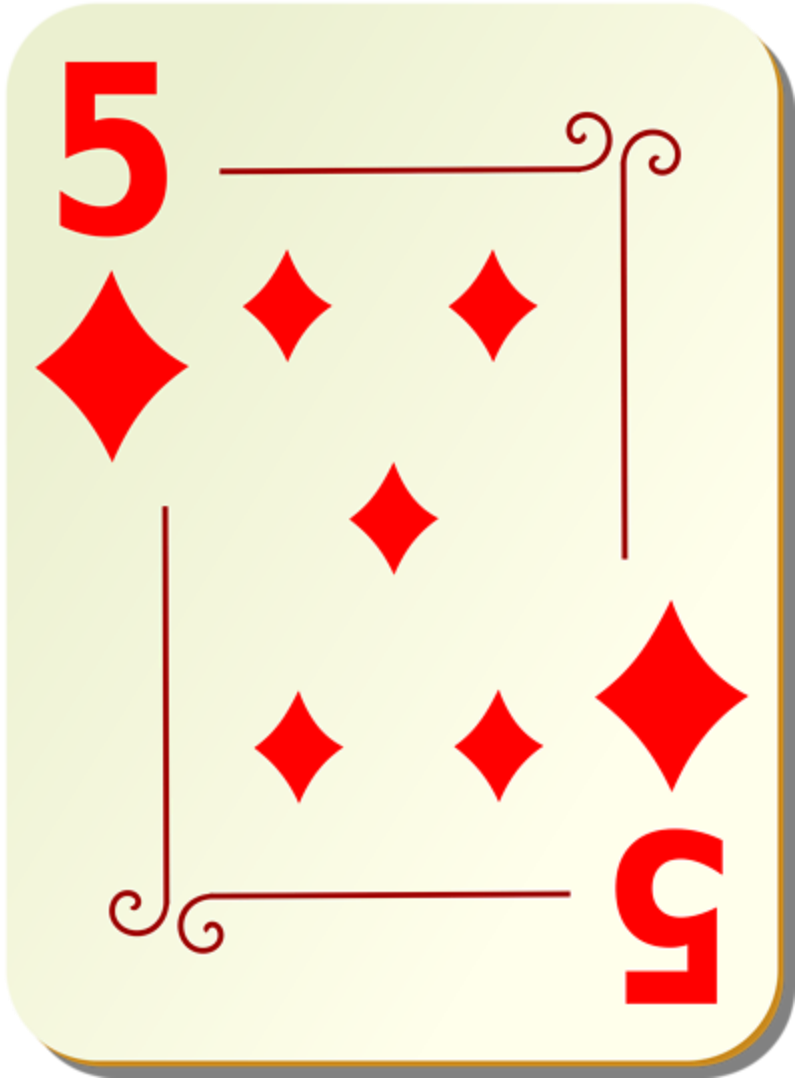

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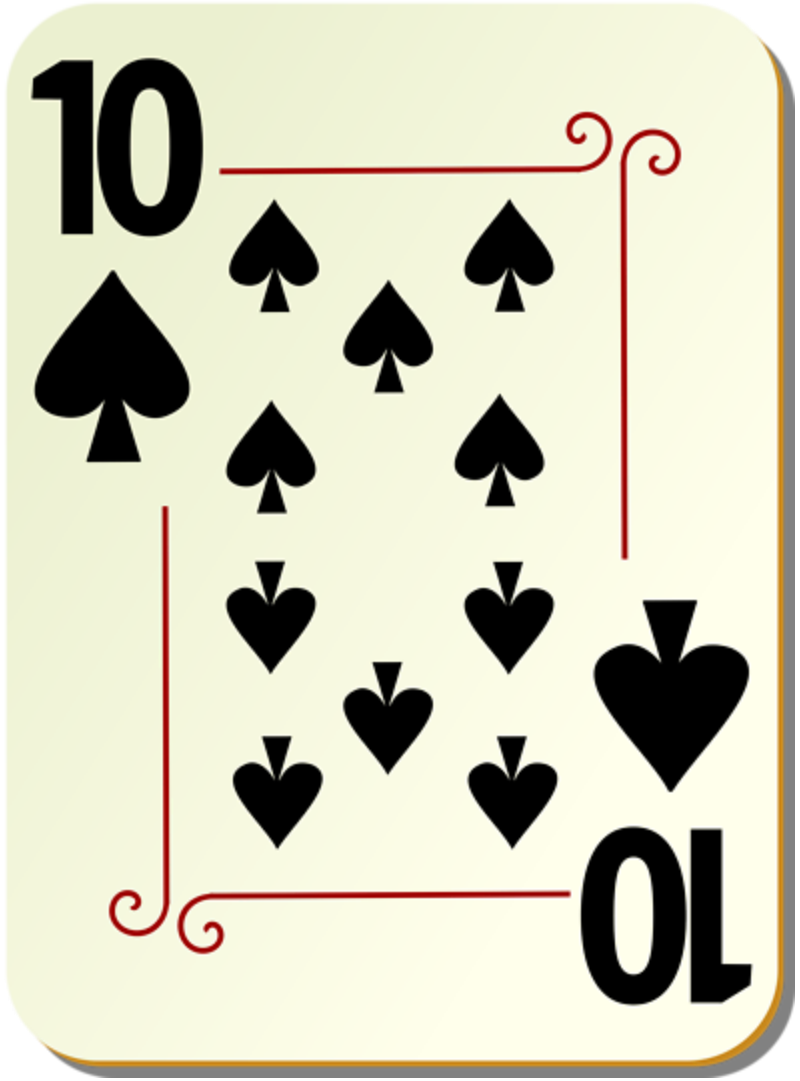

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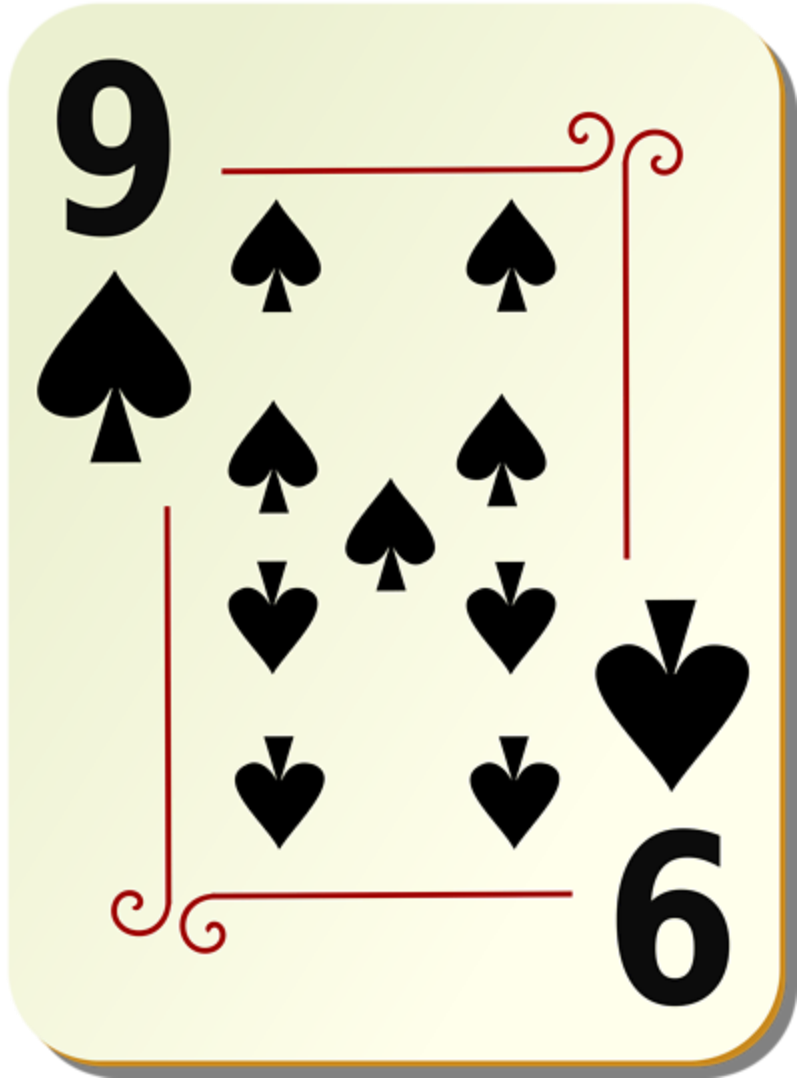

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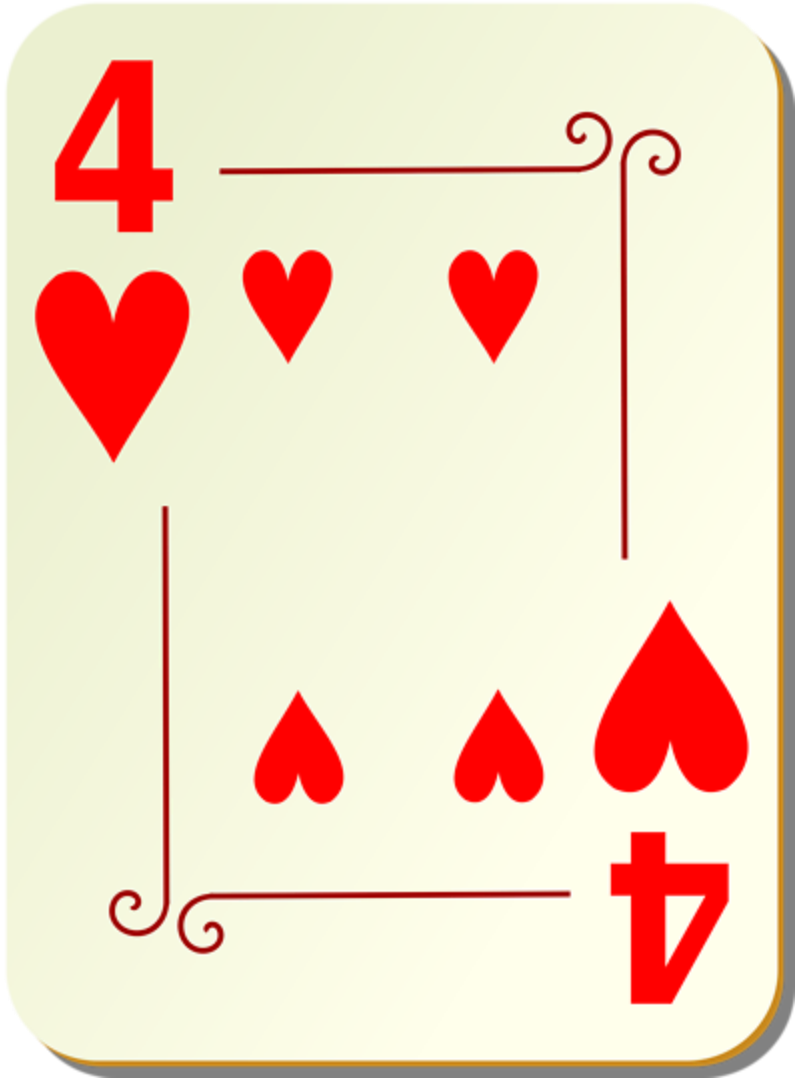

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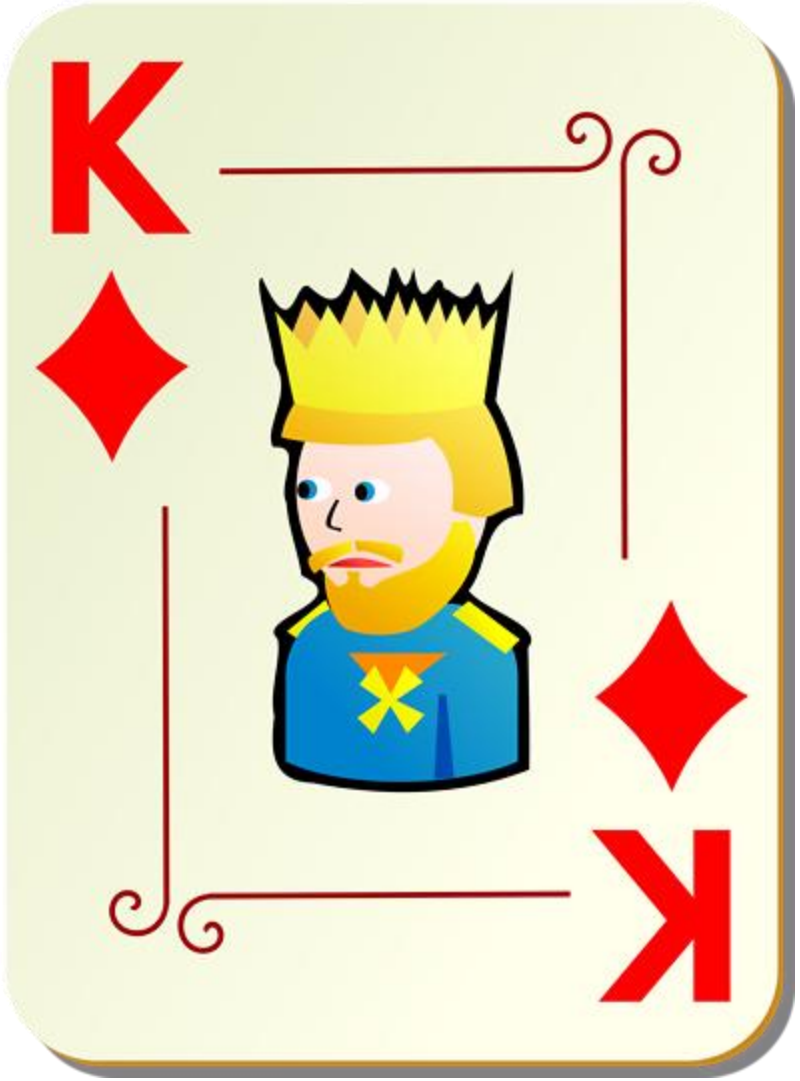

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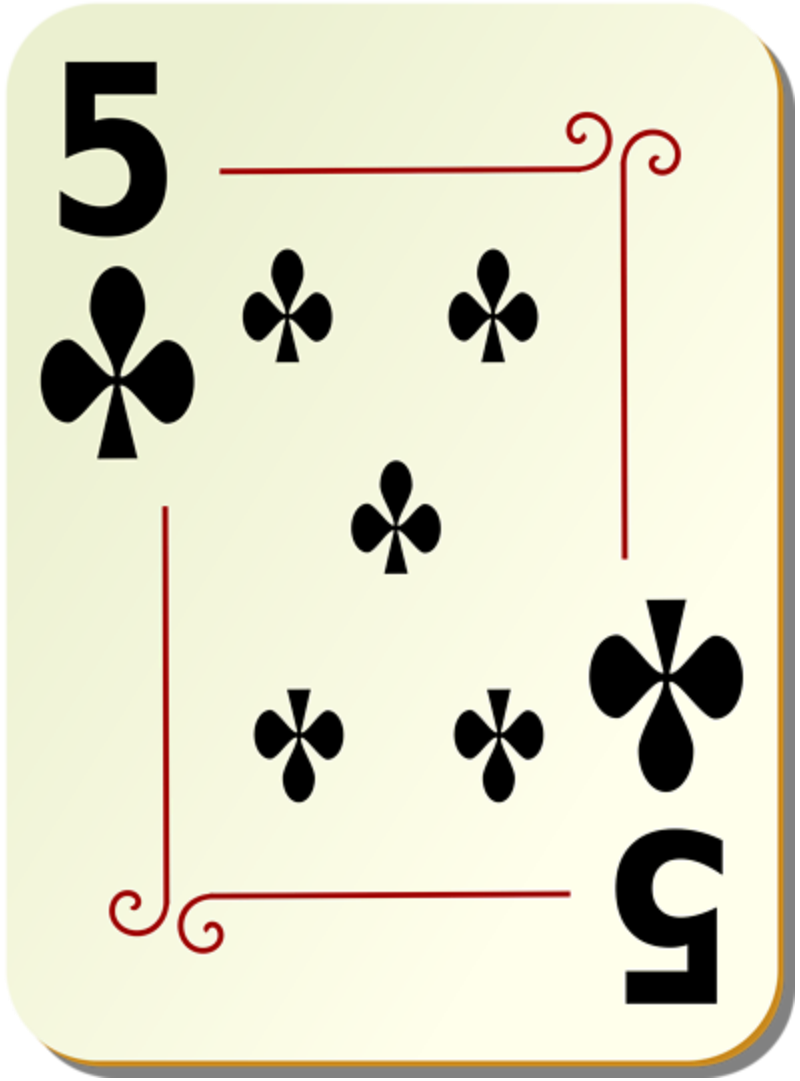

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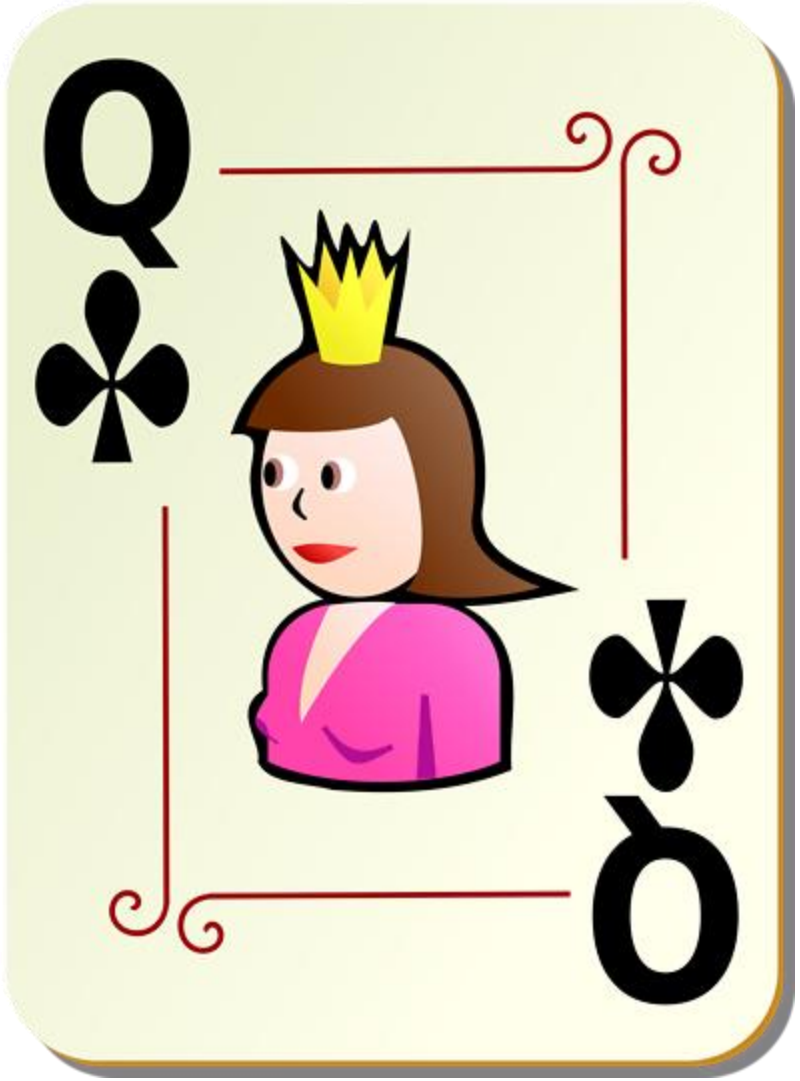

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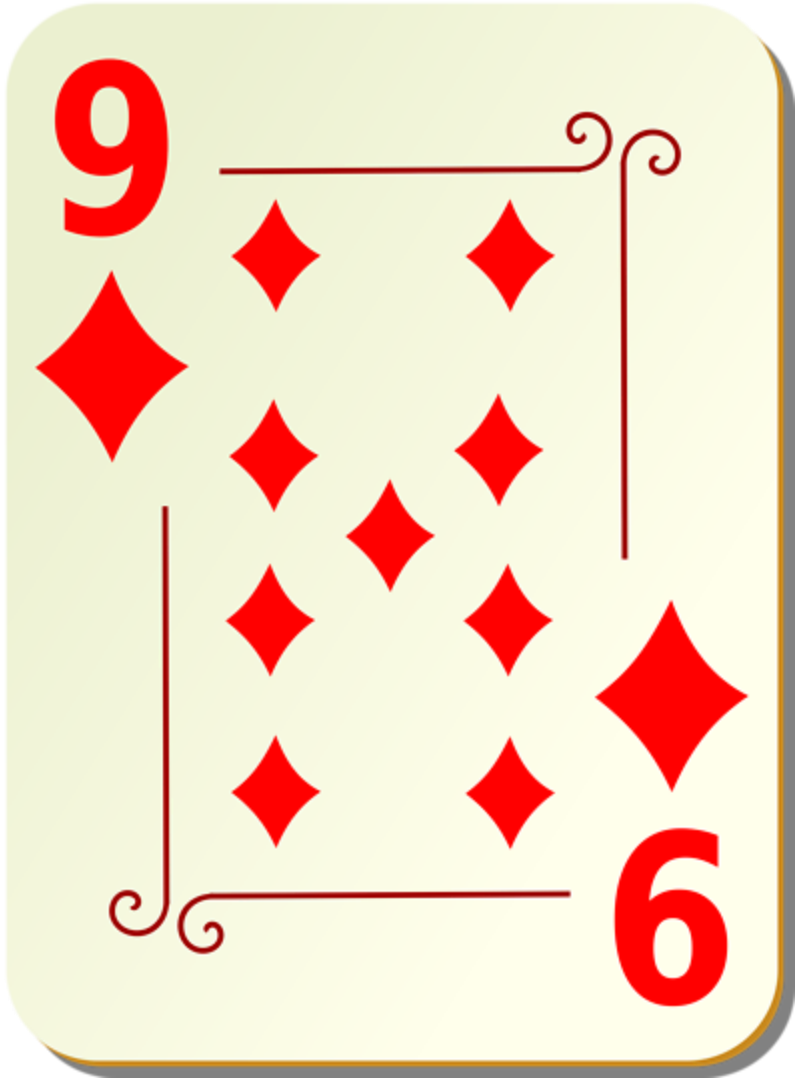

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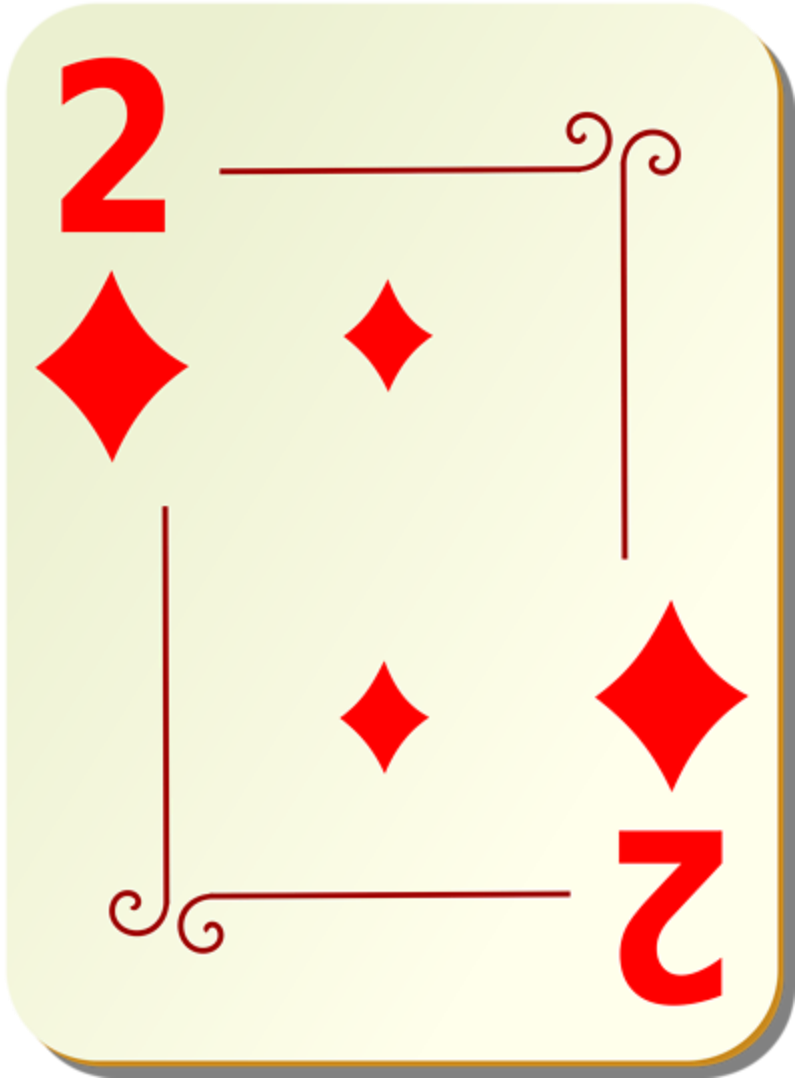

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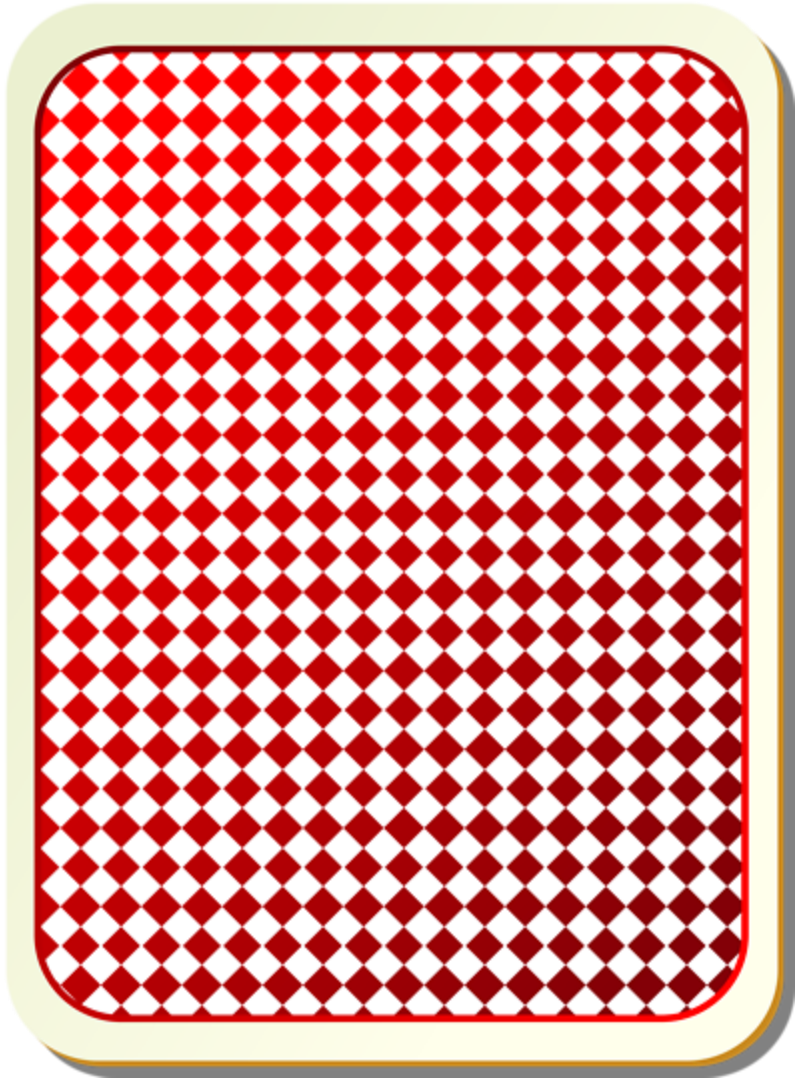

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Situation Awareness

- Write down the number of seconds it took to complete the exercise.

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Situation Awareness

The significance of time and how we fail to notice its passage.

Notice

Take in information

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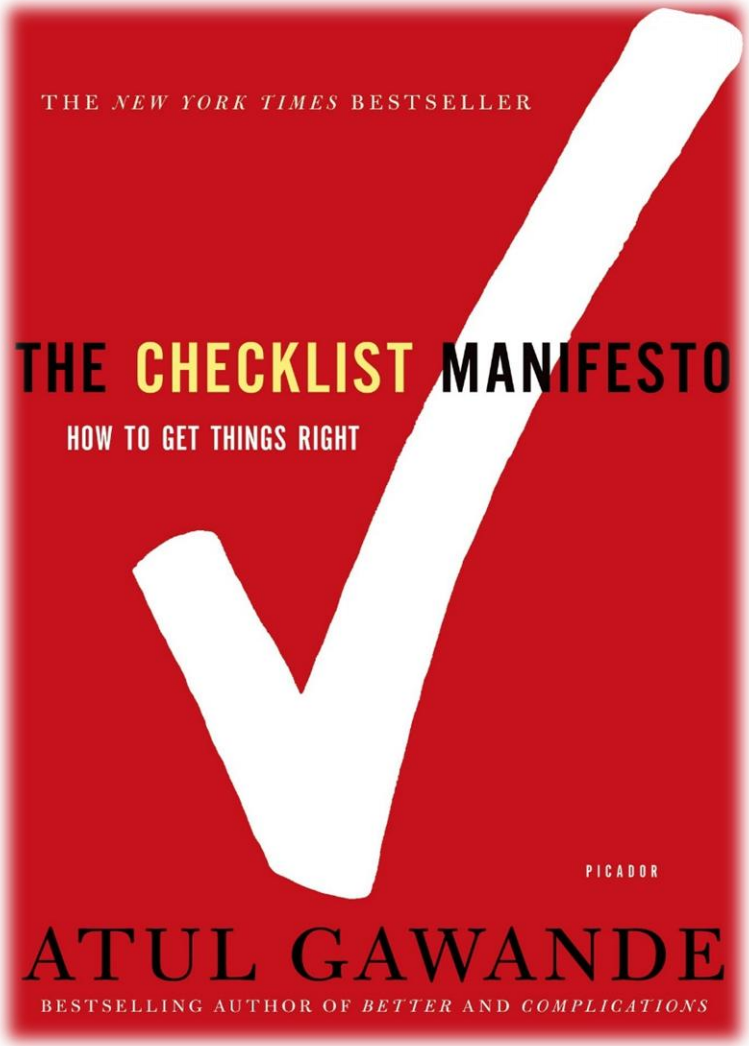
“Beyond the Master Builder” – Atul Gwande



High Performing Teams

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Creating High Performance from unrehearsed teams

Teaming

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Creating High Performance from unrehearsed teams

Teaming – Professor Amy Edmondson (Harvard University)

- Professional and Situational Humility
- Curiosity about what others bring
- Psychological Safety
- “I don’t like that man very much – I must get to know him better” (Seek to understand)

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Google

Aristotle Project

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Psychological Safety

What does this mean to you?

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Psychological Safety

"Creating an environment for 'Safe Conflict' – an atmosphere of healthy give-and-take, rather than tiptoeing around"

(Professor Amy Edmondson – Harvard University)

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Psychological safety

- A shared belief held by members of a team that the team is safe for interpersonal risk-taking.
- A team climate characterized by interpersonal trust and mutual respect in which people are comfortable being themselves.
- A sense of confidence that the team will not embarrass, reject or punish someone for speaking up’

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Psychological Safety & Patient Safety – Case Study 1

"Fostering openness translates into lower mortality rates: a one-point increase in the standardized openness score is associated with a 6.48 percent decrease in hospital mortality rates"

Study conducted among 137 acute trusts in England – V.Boffolutti & D.Stuckler (Bocconi University and London School of Hygiene & Tropical Medicine)

www.news-medical.net/news/20190507/Hospital-openness-linked-to-lower-mortality-rates.aspx

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Psychological Safety & Patient Safety – Case Study 2

Cancer Teams & Quality Improvement – Halbesleben & Rathert

- Teams with Low P.S relied more on ‘silent workarounds’
- Teams with High P.S focused more on diagnosing problem and improving process to prevent reoccurance

“Psychological Safety makes it easier for people to speak up about problems and to alter/improve work processes rather than engaging in the counterproductive workarounds”

Halbesleben, J.R.B & Rathert, C. “The role of Continuous Quality Improvement and Psychological Safety in Predicting Work-Arounds.” *Health Care Management Review* 33.2 (2008): 134-144

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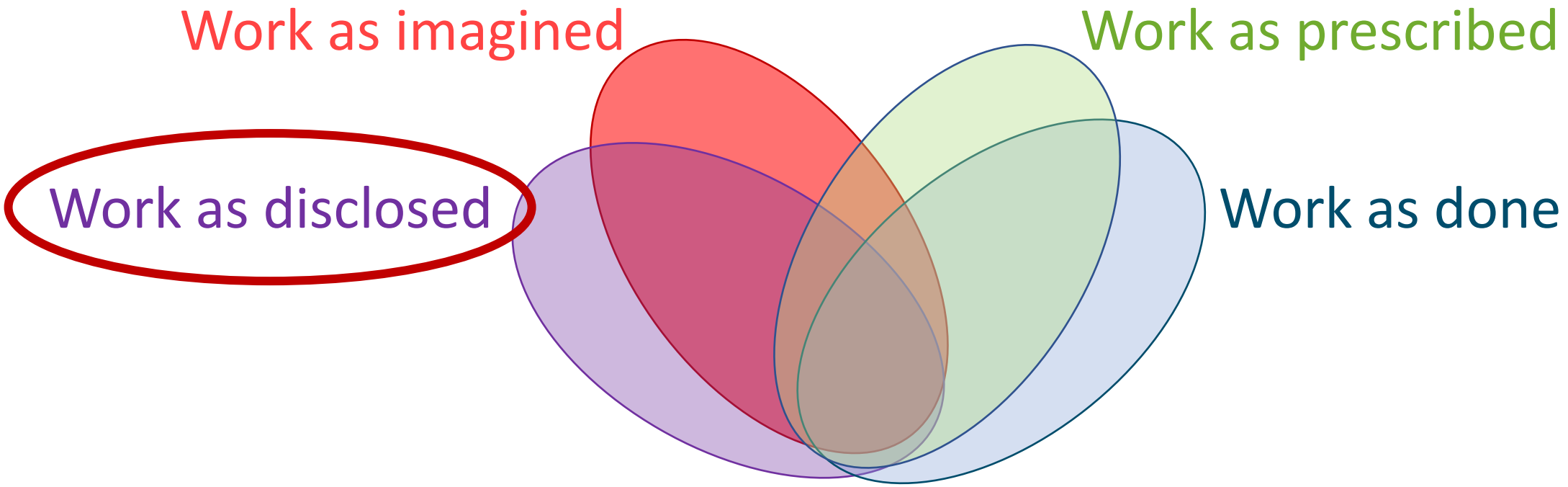
The Varieties of Human Work - Steven Shorrock



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Psychological Safety & Patient Safety – Case Study 3

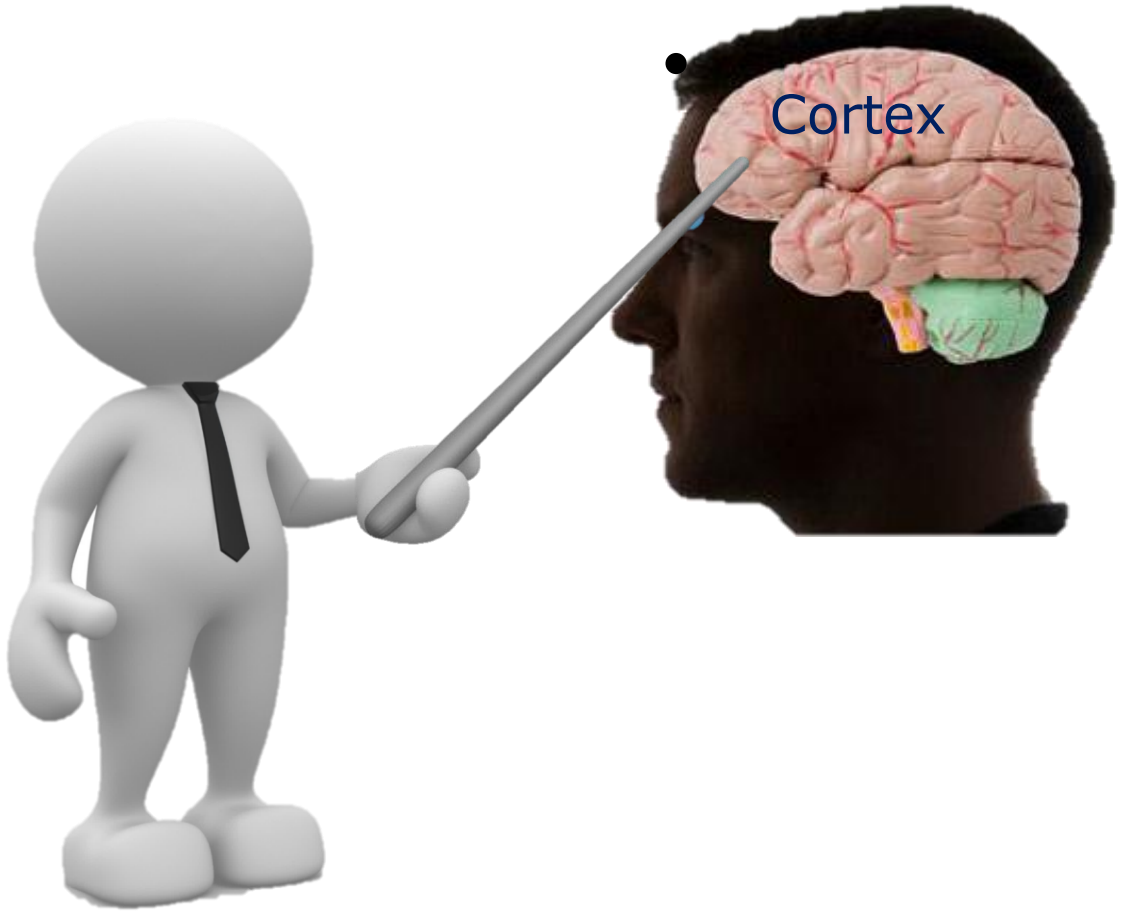
Study of nurses in 4 Belgian hospitals – safety standards and psychological safety (Leroy et al, 2012);

High ‘Safety Standards’ + Low P.S =  Errors

High ‘Safety Standards’ + High P.S =  Errors

Leroy, H et al. “Behavioural Integrity for Safety, Priority of Safety, Psychological Safety and Patient Safety: A Team-Level Study.” *Journal of Applied Psychology* 97.6 (2012): 1273-81

Stress & Error



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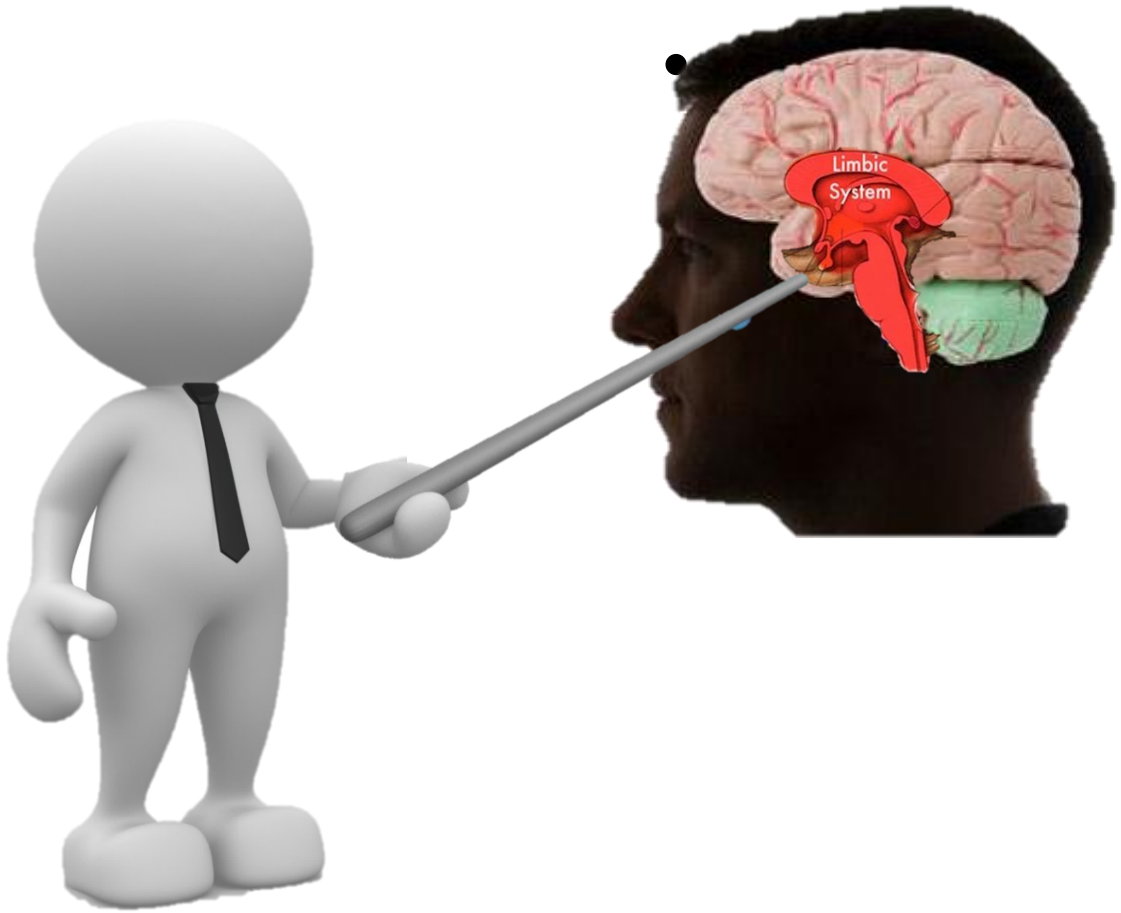
Stress & Error



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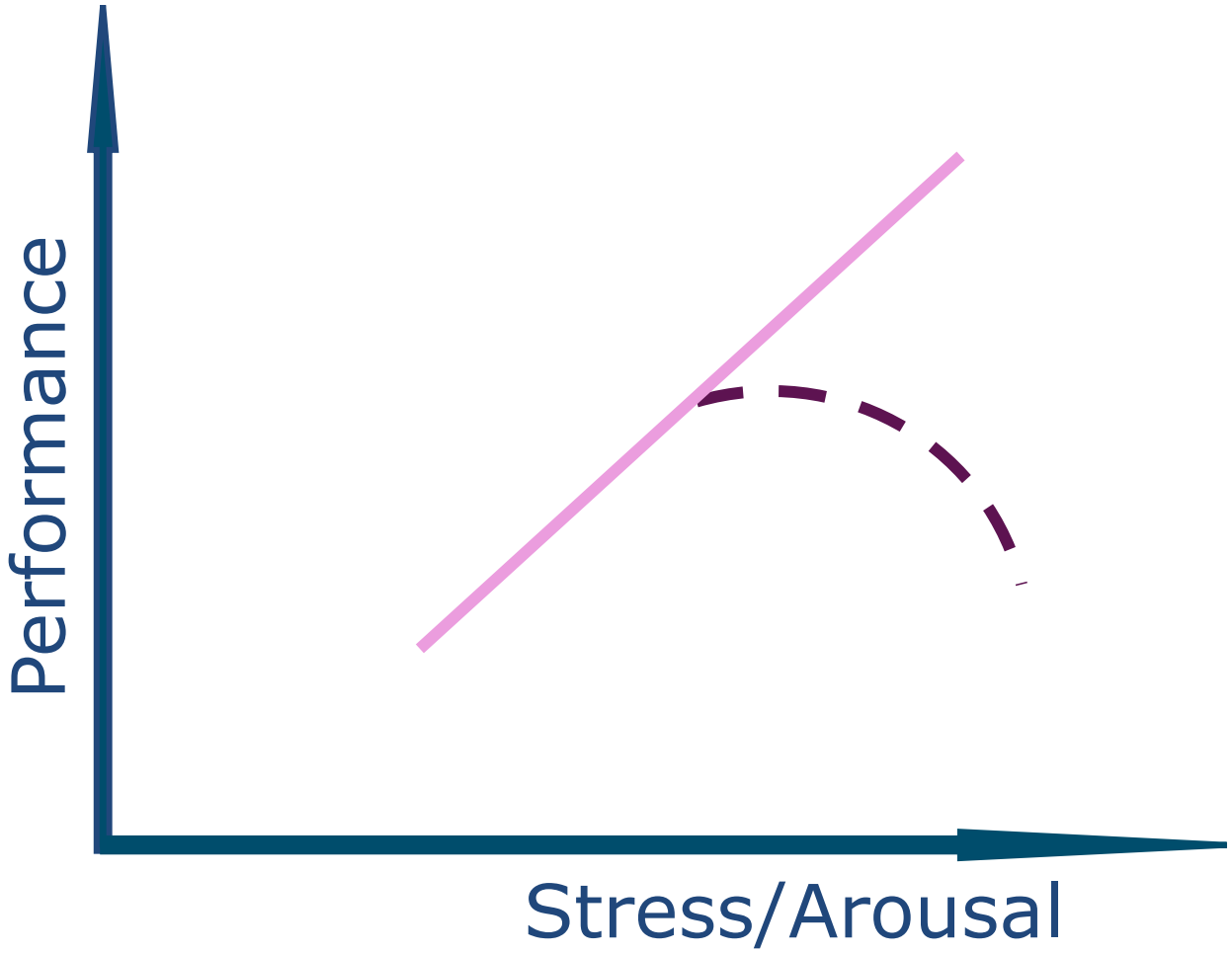
Transforming threat into challenge



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Professional Football Research - penalties

- Shot to win: 93%
- Shot ‘not to lose’: 63%

One is a ‘challenge’ (Adrenaline)

One is a ‘threat’ – fear response (Adrenaline + Cortisol)

What factors influence whether our environment is threatening or challenging?

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Predictors of Threat or Challenge

- Our relationship with Stress itself (+ or -)
  - How we frame and talk about it
- Our perception of our ability to cope (experience)
  - Peer Mentoring
  - Experiential Learning
- Level of Psychological Safety

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Psychological Safety

It’s Fragile

It can be destroyed if the environment becomes threatening

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Incivility

- A survey of Doctors and nurses:
- 75% identified bad behaviours within their teams that led to medical errors
- 25% were convinced that these behaviours contributed to the deaths of their own patients

- *A survey of the impact of disruptive behaviours and communication defects on patient safety*
- Alan Rosenstein and Michelle O'Daniel

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Incivility

- If I am the recipient:

- 80% lose time worrying about this
- 78% reduce their commitment to work
- 63% lose time avoiding the offender
- 61% reduction in cognitive ability
- 48% reduce their time at work
- 38% reduce the quality of their work
- (deliberately)
- 25% take it out on patients
- 12% leave.

- *The Cost of Bad Behavior:* Christine L. Porath Christine M. Pearson

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Incivility

- If I am a staff onlooker
- 20% decrease in my performance
- 50% reduction in my willingness to help others.

- *The Cost of Bad Behavior:* Christine L. Porath Christine M. Pearson

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Incivility

- I am the patient/relative
- 75% less enthusiasm for the organisation
- 66% feel anxious dealing with employees.

- *The Cost of Bad Behavior:* Christine L. Porath Christine M. Pearson

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Civility Saves Lives

“Almost all excellence in healthcare is dependent on teams, and teams work best when all members feel safe and have a voice.”

“Civility between team members creates that sense of safety and is a key ingredient of great teams.”

“Incivility robs teams of their potential”.

https://www.civilitysaveslives.com/

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Psychological Safety

So how do we do it?

How do we create Psychological Safety?

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Steps to Psychological Safety

Julie Morath – COO at Children's Hospital & Clinics, Minneapolis

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Steps to Psychological Safety

1 – Setting the Stage

2 – Invite Participation

3 – Respond Productively

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Setting the Stage

Widespread education on Just Culture & Human Factors/Systems Thinking

- Encourage the search for ‘What and Why’ rather than ‘Who’

- Reduce fear of blame

“No passion so effectively robs the mind of all its powers of acting and reasoning as fear”

Edmund Burke, 1756

- Reframe/destigmatise failure

“Failure is not a bug of learning, it’s a feature”

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Inviting Participation

Structures

- Briefings/Huddles/Action Learning etc (requires Situational Humility)
- Communicate that you don't have all the answers
- Confidence & Humility are not opposites

Proactive Inquiry

- True listening conveys respect
- *"Seek to understand, then to be understood"*

Develop an attitude of Curiosity over Judgement

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Respond Productively

1. Show appreciation (no matter the response) - not the same as agreement!
2. Destigmatise failure (praise effort and strategy more than outcomes in VUCA context)
3. Sanction reckless acts or sabotage (Just Culture)

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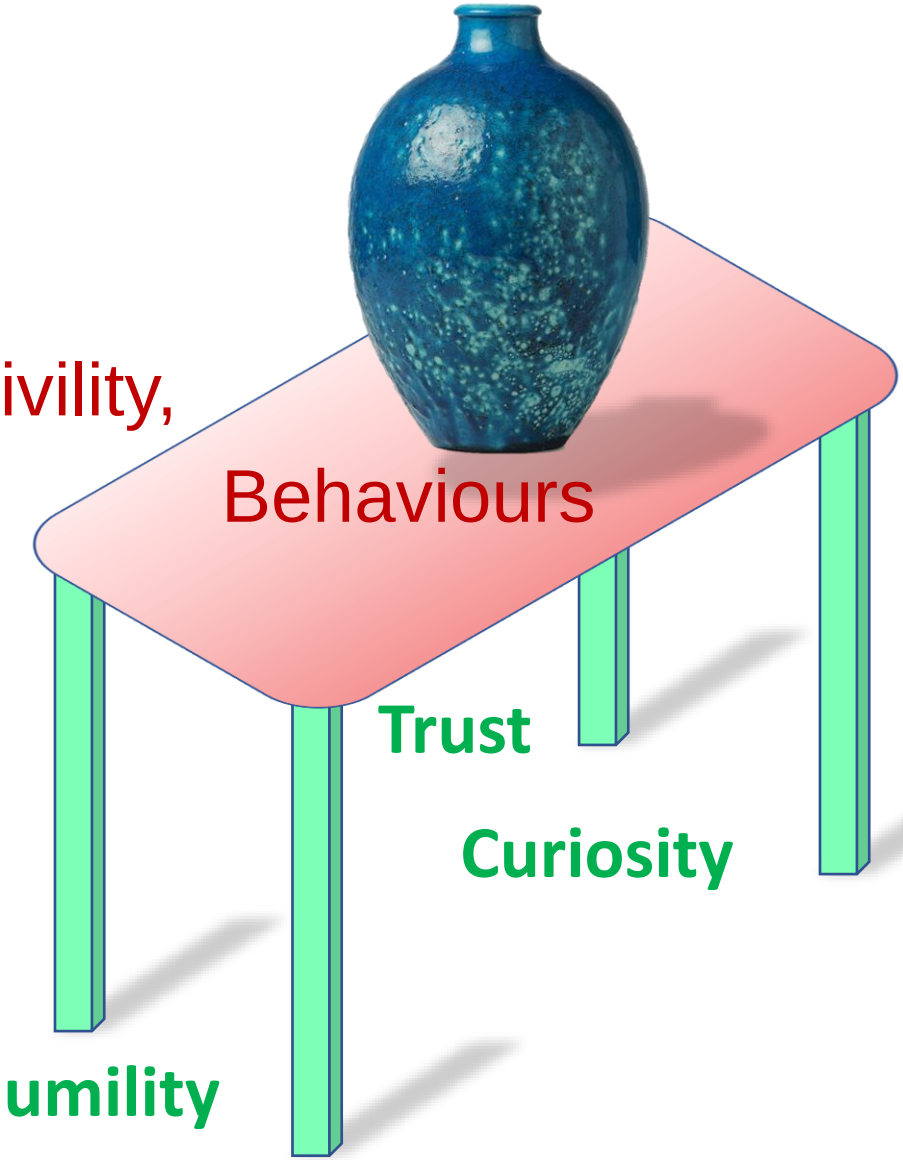
Psychological Safety

Kindness, Empathy, Civility, Assertiveness



Attitudes

Trust

Curiosity

Respect

Humility

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3 C’s of Psychological Safety – Amy Edmondson

- Curiosity
- Compassion
- Commitment

“Call it out with Compassion” – Dr Chris Turner (Civility Saves)

https://www.civilitysaveslives.com/

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When does teambuilding start?

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We all create ripples….


What do you want yours to be?

What is Human Factors For Healthcare?

Creating the conditions that enable people to be and perform at their best

Five Central Principles:

- A Systems Approach (internal and external)
- Embracing Complexity
- Multi-person Interface
- Contextual Flexibility
- Twin Interdependent Aims of Performance and Well-being

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Human Factors For Healthcare - 3 ‘Lines of Enquiry’

Internal

- Human Performance
- Understanding Human Capabilities and Fallibilities

Interpersonal

- Group/Team Dynamics
- Leadership at all levels

External

- “Designing for People”
- Equipment/environment/technology/processes/policies

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Importance of Psychological Safety

- **Internal** – people perform better under pressure
- **Interpersonal** – teams communicate more effectively with one another
- **External** – far greater System Learning (information fed into Quality Improvement work etc)

- It's always a work in progress
- We all create ripples

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“You cannot change the human condition, but you can change the conditions under which humans work”

Professor James Reason

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Action Plans

What are you taking away to implement in your work/department?

Key learning points

What is your ‘commitment to action’

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Thank you for your time

Get involved with our ongoing discussions!

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