



Forum Excursion to **UNIVERSAL ORLANDO[®] RESORT**

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Quality Improvement in Health Care
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Nothing to disclose

- Fran Griffin and Peter Lachman today have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.



Objectives

- Identify examples of safety and reliability in a non-healthcare industry that can be compared to, and applied in, their own work environment
- Recognize and analyze key concepts of safety and reliability from various settings
- Develop ideas for change for improving safety in their own work environment



Your Experience

Name a process or service you would describe as “reliable”

- How do you know it is reliable?
- What makes it reliable?



High Reliability Organizations

Definition

Organizations that operate under very trying conditions all the time and yet manage to have fewer than their fair share of accidents.

Characteristics

- Deference to expertise
- Pre-occupation with failure
- Reluctance to simplify interpretations
- Sensitivity to operations
- Commitment to resilience

*From “Managing the Unexpected” by Karl Weick and Cathleen Sutcliffe



Managers in an HRO

...take pride in the fact that they spend their time
putting out fires...
as evidence that they are resilient and
able to contain the unexpected...

*From “Managing the Unexpected” by Karl Weick and Cathleen Sutcliffe



Safety 1 to Safety 2

Safety 1

means that the manifestations of safety are the adverse outcomes

Safety 2

is the ability of a system to sustain required operations under both expected and unexpected conditions



Moving from Safety 1 to Safety 2

	Safety 1	Safety 2
Definition	Few things as possible go wrong	As many as possible goes right
Management principle	Reactive respond to risk	Proactive and anticipate
Human factors	Humans add risk	Humans are a resource
Accident investigation	Identify cause	Understand what goes right to learn what can go wrong
Risk assessment	Failure effect mode	Understand conditions where variability cannot be controlled

Hollnagel E., Wears R.L. and Braithwaite J. From Safety-I to Safety-II: A White Paper. The Resilient Health Care Net

Published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia.



Why Universal Studios?

**WHAT HAS THIS GOT TO DO WITH
PATIENT SAFETY IN HEALTH CARE?**



Framing

- Some starting areas of inquiry
 - How does the team design stunts?
 - How are transitions & handoffs handled?
 - How is continuity ensured if cast changes?
 - How do they communicate issues such as changes in plan, errors or issues?
 - How do they make every show feel like the “only show”?
 - How do they escalate?
 - What is their process for handling hazardous equipment?
 - How do they insure safety of other staff and visitors?
- Think about *your* environment as you observe



Plan for the Day

- 8:00 am Overview & Plan for the day
- 8:45 am Depart for ***UNIVERSAL ORLANDO® RESORT***
- 9:30 am Universal's approach to safety
 - Stunt Demonstrations
 - Live show
 - Lunch on site
 - Applying Concepts to Health Care
- 3:30 pm Depart and return to Gaylord



Identifying Key Concepts

- Observe!
- Ask questions and take notes
- What are the challenges common to any industry?
(communication, handoffs, turnover)
- How do they manage these?
- How is consistency ensured (or not)?
- What happens when something unexpected occurs?





Let's GO

