



SFBA APIC 2024 Annual Conference Takeaways:

Reshaping event reviews with Safety-II



Jonathan Schouest, UCSF Health

APIC **24**
ANNUAL CONFERENCE & EXPO
JUNE 3-5 SAN ANTONIO

Thank
you SFBA
APIC!

#APIC24

ANNUAL.APIC.ORG

Seeing What's There: Reshaping Event Reviews with Safety-II Principles

Rachel Frederick, MPH, BSN, RN, CIC & Chapy Venkatesan, MD, MS

June 4, 2024

Agenda

- Introduction
- Safety in Healthcare
- What is Safety II
- Learning Teams
- 4D Framework

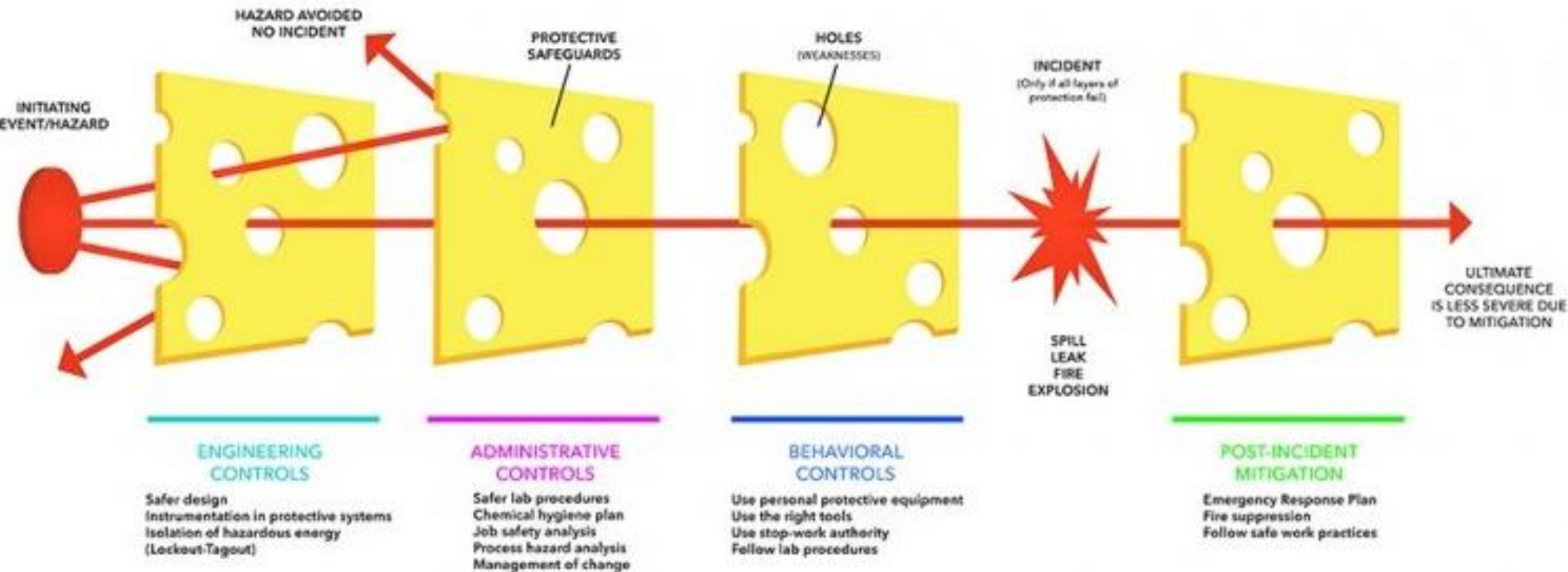
Learning Objectives

- Upon completion, participant will be able to verbalize how to apply Safety-II principles to HAI prevention.
- Upon completion, participant will be able to demonstrate when to use a learning team as opposed to a retrospective event review.
- Upon completion, participant will be able to conduct a learning team using the 4D framework.



The power of perspective

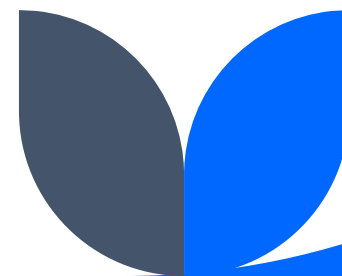






**“Medicine used to be simple,
ineffective, and relatively safe.
Now it is complex, effective,
and relatively dangerous.”**

-Sir Cyril Chantler



The Basics of Safety-II

#APIC24



Most of the time, things go well (i.e., most patients do not develop an infection)



Healthcare is extremely complex, and frontline staff make adaptations and adjustments to the everyday work in response to challenges



Retrospective event reviews provide important but limited learning



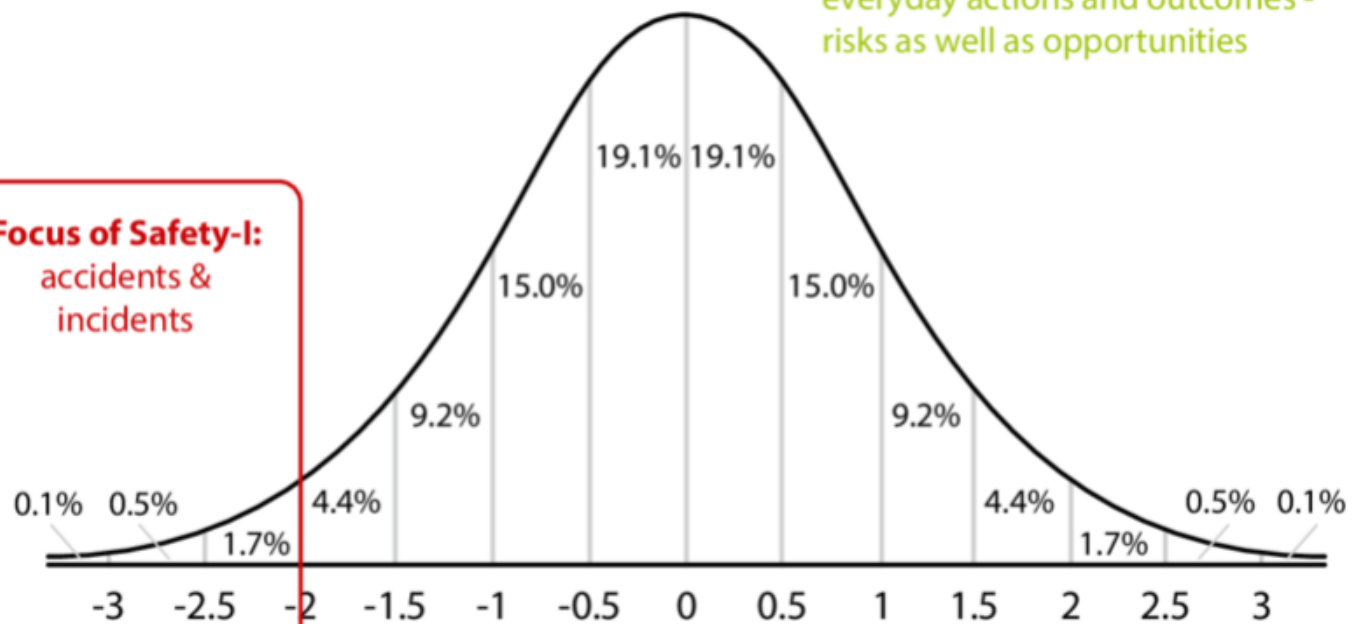
Understanding everyday work yields otherwise hidden insight

Dynamic delivery

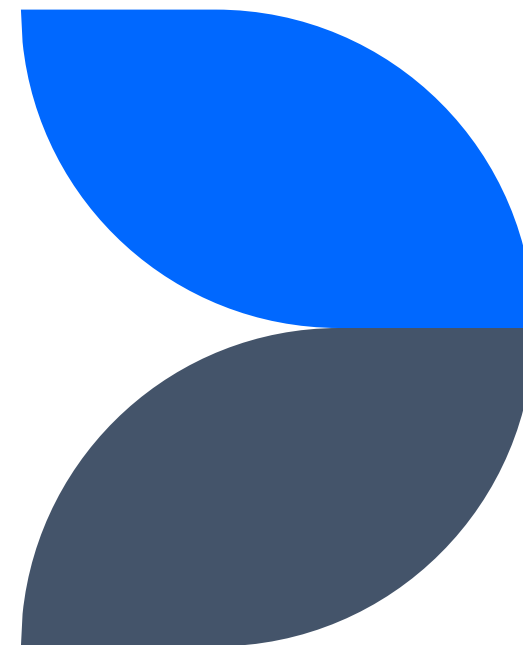


	Safety-I (Traditional)	Safety-II (Contemporary)
Safety is	Absence of harm	Capacity to adapt to complexity and gaps in system
The system is inherently	Safe	Dangerous/unstable
Focus of learning	Events	Everyday work
Primary learning techniques	Causal analysis	Learning teams
Safety is achieved by	Ensuring as few things go wrong as possible	Ensuring as many things go right as possible

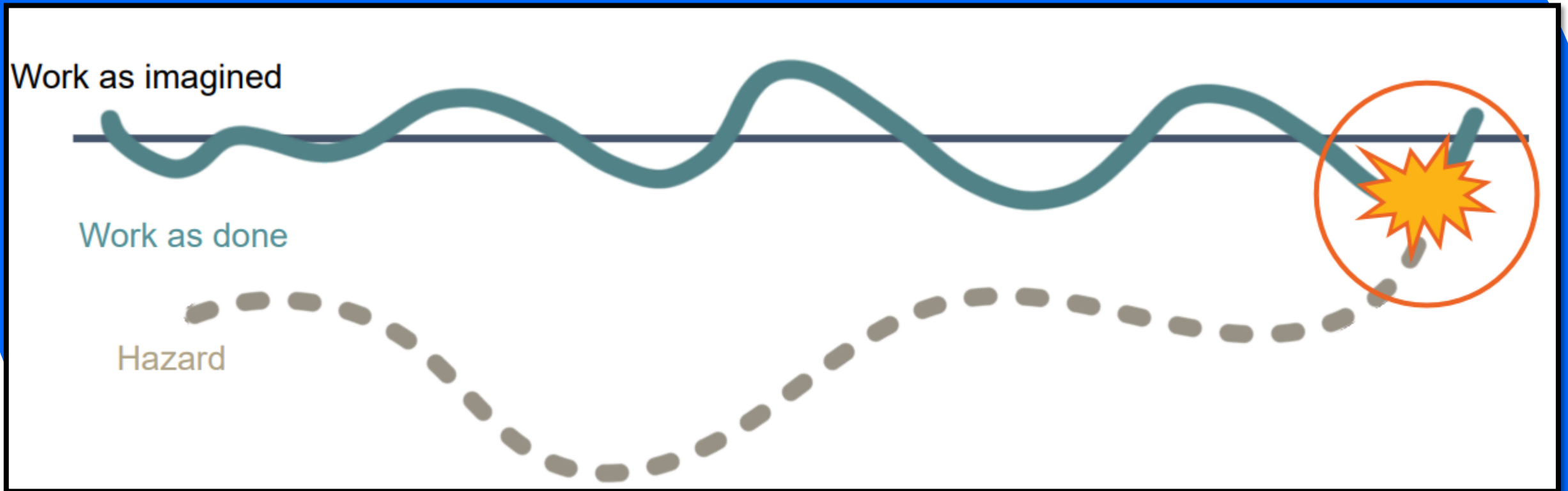
Focus of Safety-I:
accidents &
incidents



Focus of Safety-II:
everyday actions and outcomes -
risks as well as opportunities



Navigating Q&A sessions

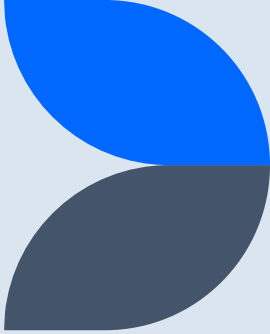


A New Mindset

- While Safety-II principles have gained traction in other high-risk industries, its use in the health sector remains limited
- Traditionally, we have relied only on retrospective reviews (Safety-I)
 - Information is derived only when something goes wrong, such as
 - an infection or a fall
 - Progress in patient safety has stalled nationally
 - The focus is on **noncompliance not process**
- This modern framework enables us to apply cutting-edge thinking in our approach to safety



Safety II mindset in IP



	HEAL (Harm Event and Learning) Session	Learning Team
<i>Goal</i>	Event review: A retrospective review of a single incident to identify opportunities	Process review: Using the 4D framework, explore the work as done to proactively identify challenges and barriers that are leading to safety events without focus on a single incident
<i>Facilitator</i>	Department leader or Infection Prevention	Infection Prevention
<i>Participants</i>	<ul style="list-style-type: none"> • Department leader • Frontline team members involved in the case • Infection Prevention • Others as appropriate (e.g., SPD, RT, etc.) 	<ul style="list-style-type: none"> • Frontline team members involved in the day-to-day work • Infection Prevention
<i>Meetings</i>	One 30–60-minute meeting completed as soon as is feasible	One 3-hour session or two 1-hour sessions, depending on scheduling (allow soak time)
<i>Indication</i>	<p>Most single harm events may not warrant a HEAL session. Consider HEAL if:</p> <ul style="list-style-type: none"> • Significant opportunities discovered during workup • Trends identified across multiple events • Report of unusual occurrence during case (i.e., device malfunction, unexpected event during surgery, etc.) 	<ul style="list-style-type: none"> • Repeated breakdowns in process • Trends identified across multiple events • Identification of persistent barriers and/or workarounds through HEAL sessions or other reports

Learning Teams

- Goals:
 - Harvest otherwise hidden insights from everyday work as done
 - What happens most of the time?
 - What adaptations are made daily?
 - Improve team member experience
 - Increase capacity for safety



Learning Team Steps

What prompts a learning team?

Event trend

High risk

High impact

Harm to team members

Pre-work

Leadership endorsement

Learning team selection

Facilitation by infection prevention

Literature review

Learning Team

One 3-hr session or two 1-hour sessions

Set stage for psychological safety

4D exercise

Soak time

Recommendations

Present to leadership

Formal report out by facilitator

Recognition

Leader soak time

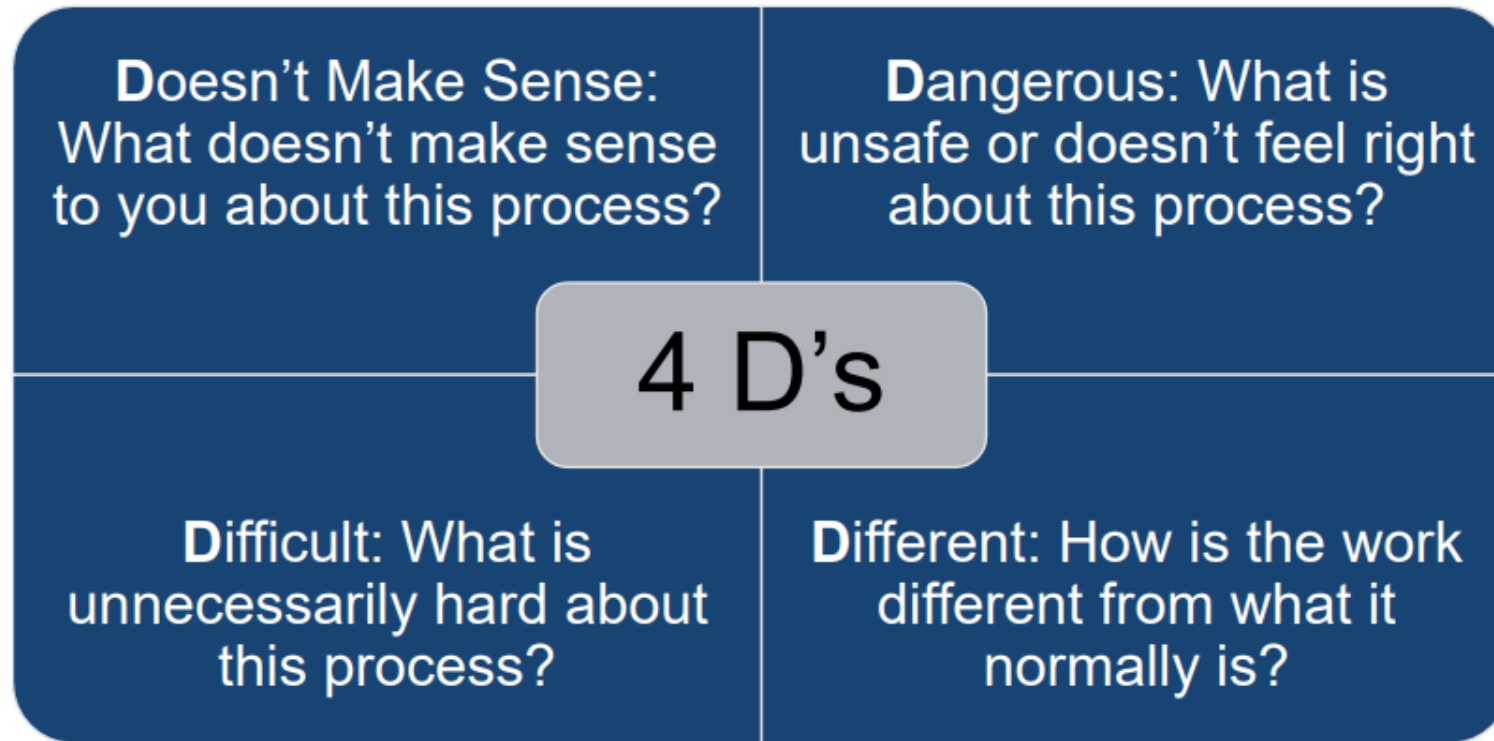
Formal committee reports

Leadership Action Plan

Endorsement of action plan for recommendations

Loop closure with learning team along action plan progress

4D Framework



To drive lasting and meaningful change, it must start from within— Quality and IP need to lead the way.

Final Adoption Tips

- Shifting to realtime dashboards that include every procedure not just those that resulted in an infection
- Expanding to other areas to provide realtime feedback to frontline team members
- Continuing to utilize learning teams to gain insights on the work-as-done

Thank you

Jonathan Schouest, MPH, CIC, FAPIC
UCSF Infection Prevention
jschouest08@gmail.com



HEAL Framework

Hospital-Acquired Infections (HAIs) HEAL Sessions and Learning Teams Guidelines

