Functional Resonance in Healthcare

Reflections on the amplitude, nature and frequency of resonating functions

FRAM Workshop
(Part Deux)

February 20-22, 2008
Sophia Antipolis

Functional Resonance in Healthcare

Listening and thinking

Mediation

Signing waivers

Commercial applications of PSI-Winnipeg

Is this *resonating* for you yet?

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Four Weddings and a Funeral (almost)

1. How big is the healthcare universe?
2. What kind of a system is healthcare?
3. What is indicator madness?
4. What is the HF take on Murphy's Law?
5. What the heck is a function?

A very sad pre-Christmas story…. (didn't get to the funeral part)

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How big is the healthcare universe?

Should we look at:

- Patient-provider interactions
- Clinical programs
- Single facilities
- Multiple linked facilities
- The whole shebang

Whose life is it anyway?

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Life in the fast lane (the patient's hazardous journey)

Known Risks:

1/160,000

1/30,000

1/13

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What kind of a system is healthcare?

Definitely a foul ball….

Perrow's grid didn't find a place for healthcare.

Probably an asymmetric hybrid complex system

(Plsek's distinction between complicated and complex)

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What is indicator madness?

Healthcare loves data, piles of hard data.

Data rules… and leads to oblivion.

Shifting the paradigm from S/P/O to S/P/P

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Plsek's five key patterns:

1. Learning organization
2. Value assigned to relationships
3. Decision-making
4. Power-sharing
5. Conflict management

How do you measure these… is this flaky data?

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What is the HF take on Murphy's Law?

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What the heck is a function?

(Hint: this is the FRAM question)

Very sad pre-Christmas story

Patient:

- Healthy 57 year male removing Christmas lights in May
- Falls 3.5m from ladder – pain in shoulder; pain with deep breathing
- Taken to community hospital ED

Physician:

- Experienced specialist, recently immigrated to Canada
- Not an emergency physician

ED:

- 100 visits/24 hours; double MD coverage; 6 RNs; busy

Very sad pre-Christmas story

ED treatment:

- CXR suggested (R) pneumothorax and shoulder dislocation
- VS stable
- Chest tube inserted – blood returned – Dx: hemothorax
- Second chest tube inserted – more blood
- Medications given and shoulder “reduced”
- Some abdominal pain – admitted for observation
- Developed sepsis
- Both chest tubes inserted through the liver into the abdomen
- Eventual recovery (two months)

- Chest X-ray in fact normal

Very sad pre-Christmas story

Old view assessment:

- Incorrect interpretation of X-Ray
- Incorrect insertion of chest tube (twice)
- Doc did not do usual follow-up X-ray after chest tube insertion
- Unnecessary bleeding and infection
- Unnecessary medication and reduction of normal shoulder

- Substandard care by physician

Solution:

- Dump the doc (suspend privileges)

Very sad pre-Christmas story

Dekkerized new view (inside the tunnel):

Multiple factors:

- New doc never had orientation
- Did not know that DI could be consulted electronically
- Did not consult with other doc (gender/age factors)
- Credentialing process a mess
- 5/6 nurses new grads

- Doc believed there was a pneumothorax (consistent with patient complaints and exam)
- Doc did correct procedure (based on wrong Dx.) incorrectly

Very sad pre-Christmas story

Variability factors:

- Number of MDs: 1-2
- Number of nurses: 4-6
- Number of patients: all rooms/stretchers full and 12 waiting
- Experiential mix of RNs: very wide
- Orientation of new docs: slim to nil
- Facility/regional credentialing process: crisp to soft – rarely messy
- Licensing body approval: slow fluctuations in response to political pressure – change in past two years that led to much higher acceptance of FMGs

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Questions:

1. Is licensing body approval a function in this case?
2. Is the described change in licensing body approval of FMGs an example of resonance?
3. Should systemic functions with primarily qualitative features be excluded from FRAM analysis?
4. Can the resonance of qualitative systemic functions be described?
5. Can very low amplitude low frequency resonating functions interact in a non-linear manner with other similar qualitative systemic functions?
6. Can we distinguish between low amplitude, low frequency resonating features and background noise?