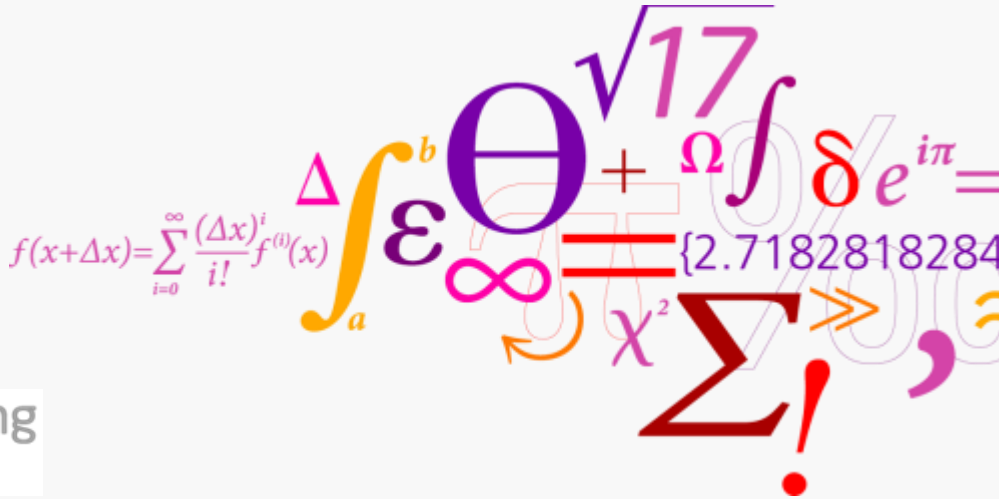
Overimplementering: Erfaringer fra DDKM og forskning

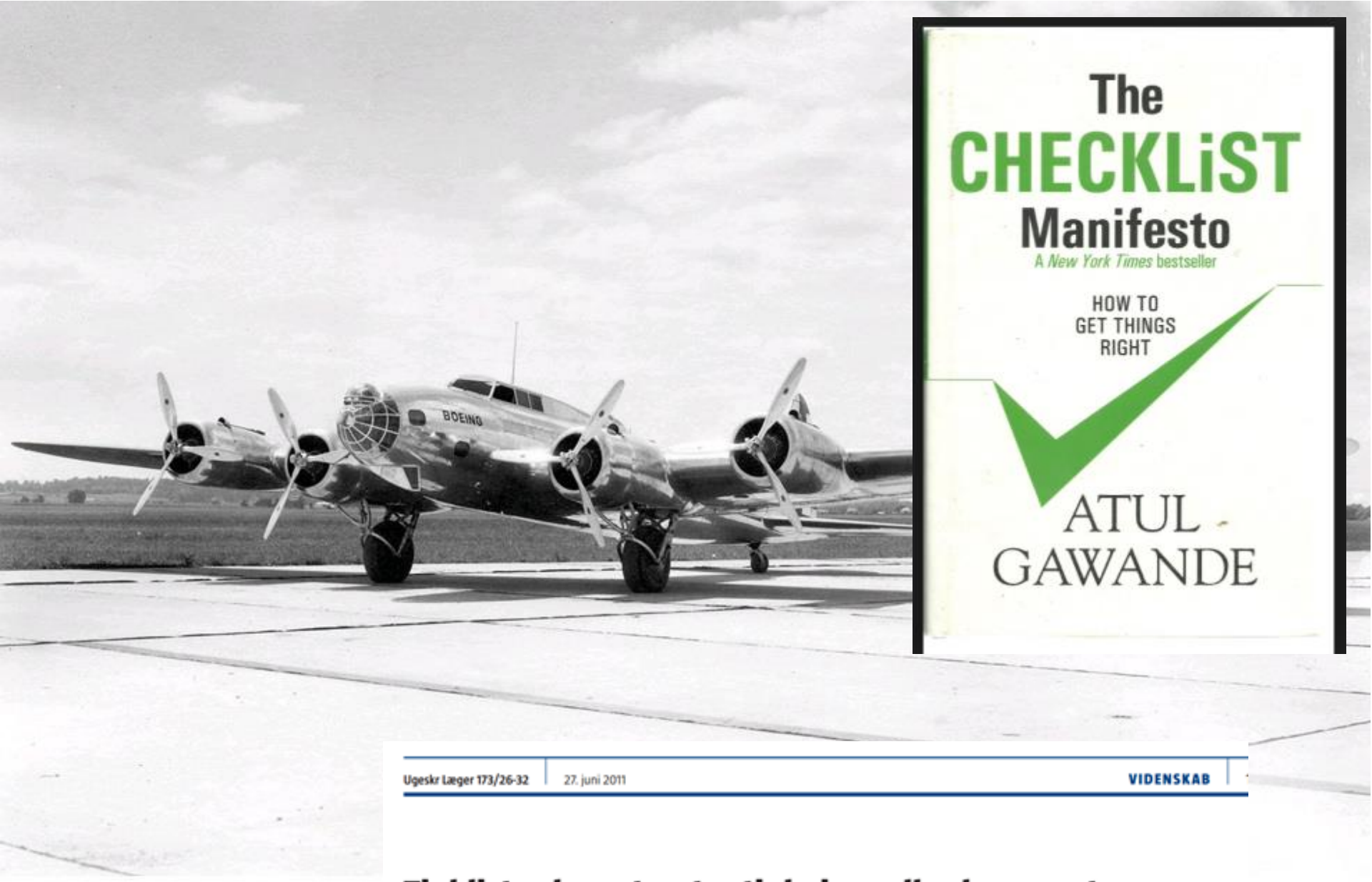
Henning Boje Andersen
Danmarks Tekniske Universitet DTU

DSKS Årsmøde DSKS 2017:
Det nye Kvalitetsprogram i Sundhedsvæsenet
13-14/01/2017
Hotel Nyborg Strand



Department of Management Engineering

Boeing Model 299
Prototype crashed 1935 when pilots forgot their checks. This in turn gave rise to the creation of the first checklistsfor human-machine interaction

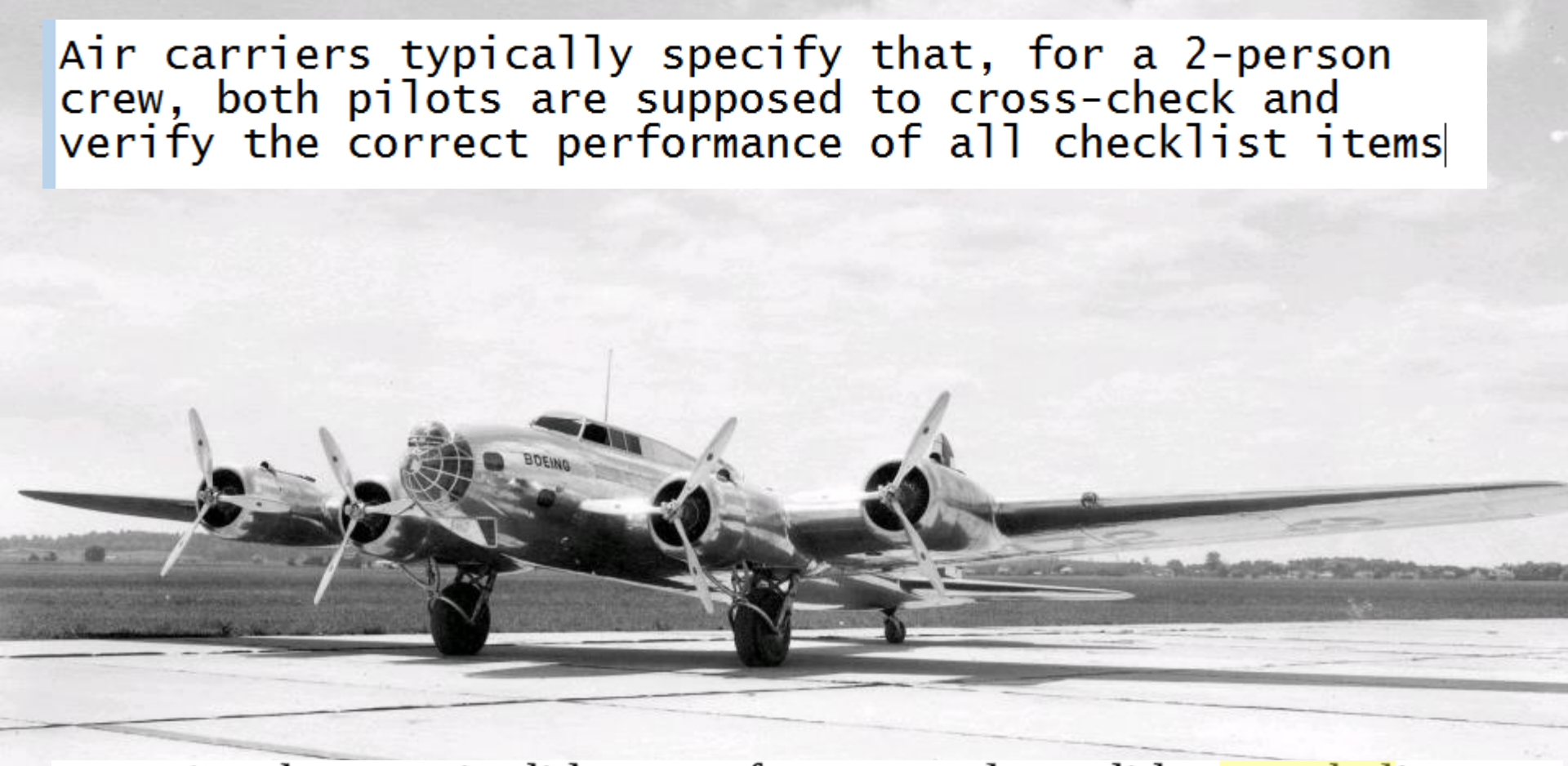


Ugeskr Læger 173/26-32 | 27. juni 2011 | VIDENSKAB

Tjeklister har et potentiale i sundhedsvæsnet

Louise Isager Rabøl[1], Inger Margrethe Siemsen[1], Hans Trier[1], Torben Mogensen[1] & Henning Boje Andersen[2]

Air carriers typically specify that, for a 2-person crew, both pilots are supposed to cross-check and verify the correct performance of all checklist items



the captain did not perform, or at least did not verbalize, the checklist as required. The captain's silent execution (or non-execution) of the Descent checklist was inconsequential in that all of the necessary items were accomplished; however, because the captain did not verbalize the checklist, the first officer was not able to monitor the captain's performance of the checklist. Further, it established a tone of checklist non-compliance that continued.

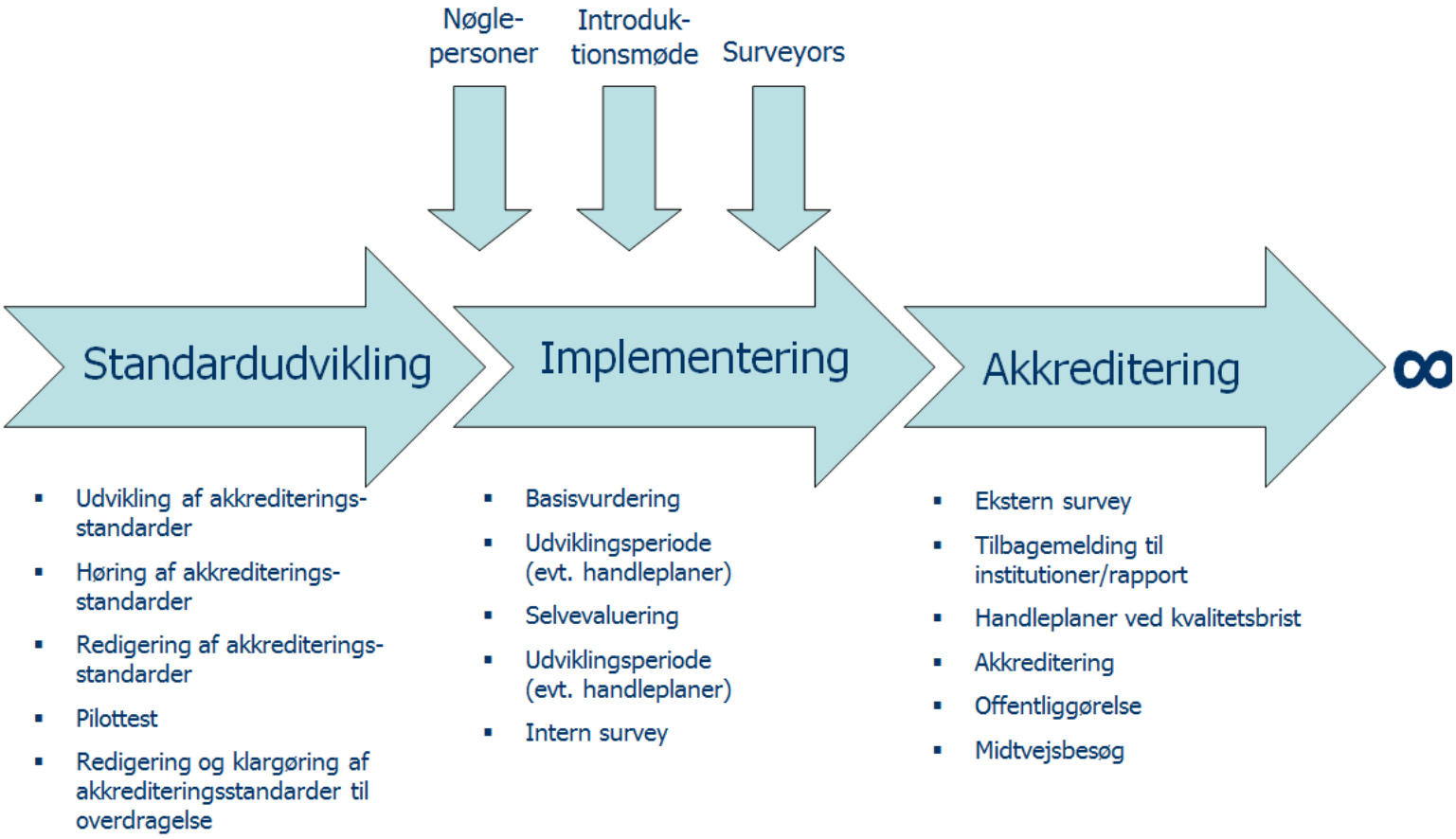
Over-implementering – hvad står det for?

Overimplementere: at fastsætte krav til opfyldelse af standarder som er overdrevne – som går ud over standarden (direktivet) og dens formål

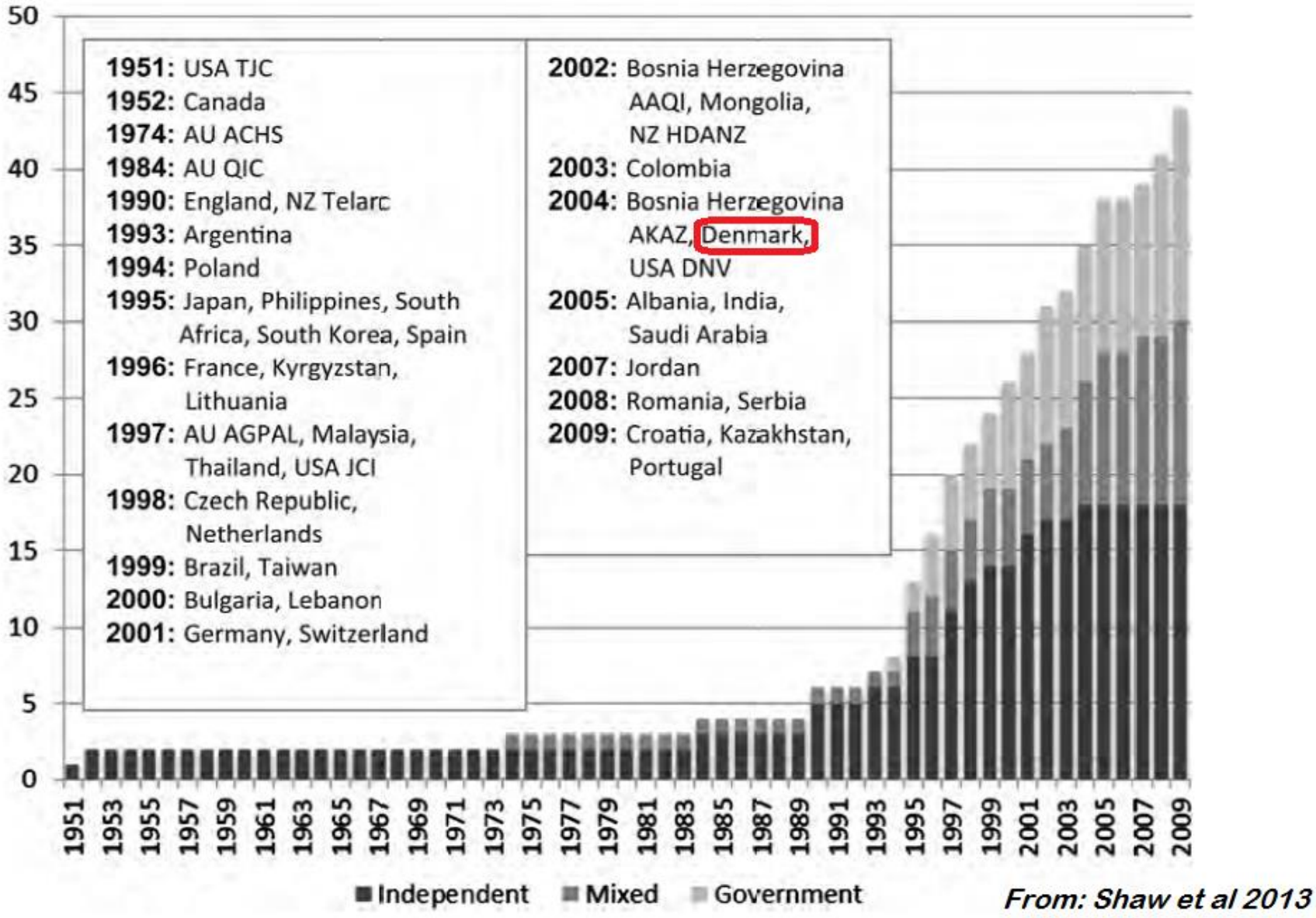
How do I avoid over-implementation or gold-plating?

Guiding Principle: *endeavour to ensure that UK businesses are not put at a competitive disadvantage compared with their European counterparts*

2.10 Government policy is that you should not to go beyond the **minimum requirements** of European Directives, unless there are exceptional circumstances, justified by a



HER – i denne fremstilling bruges IMPLEMENTERING til at betegne forskrifter for handlinger, procedurer og dokumentationsformer for at leve op til standarder



From: Shaw et al 2013

Accreditation – definition (1)

"an external review process to assess how well a healthcare facility performs relative to established standards"*

"Kvalitetsvurdering, hvor et anerkendt organ vurderer, hvorvidt en aktivitet, ydelse eller institution lever op til et sæt af fælles standarder"**

[Shaw 2003; Shaw et al 2010; ISQua 2013a,b]

***[Det Nationale Begrebsråd for Sundhedsvæsenet, 2006]*

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Accreditation – definition (2)

- **External** evalutation of an organisation (or a process)
- Against predetermined requirement set out in standards developed specifically for this purpose
- Assessing ability to fulfil core mission
- May address **more** than legal requirements
- Aims to promote **continuous quality improvement**
- Results in a report and an award (if successful)

[Shaw 2003; Shaw et al 2010; ISQua 2013a,b]

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Why adopt accreditation?

Survey of Healthcare Accreditation Organizations (n=44) *(Shaw et al 2013)*: **Incentives for participation:**

- quality improvement 82%
- marketing 50%
- preferential funding 41%
- medical tourism 27%
- government policy 52%,
- legislation 34%
- reduced inspection 11%

En dyster forudsigelse

"If the bureaucratic approach is prevailing, much energy will be used to demonstrate formal compliance with standards, but there will be no real willingness to change and improve patient safety"

Carlo Ramponi, Managing Director Europe for Joint Commission International. Statement at the launch of the Danish accreditation programme for hospitals [Mandag Morgen 2009]

Kvalitetscirkler

Alle kender Demings: Plan-Do-Study-Act

Den perverterede kvalitetscirkel:

- Beskriv i detaljer, hvordan alt skal gøres
- Lad alle dokumentere hver eneste handling
- Kontroller, at dokumenteret handling = foreskrevet handling
- Sanktioner, hvis dette ikke er *tilfældet*

Efter Carsten Engel

Ikke alle programmer lykkes

"Many accreditation programmes, for political, economic or technical reasons, have failed to meet initial expectations, but others have flourished"

[Shaw et al 2009]

Oprør mod DDKM baseret akkreditering: ”overdreven dokumentation”
Krig på ord i pressen og ved faglige møder ….

Både forsvarere og modstandere af DDKM lod høre fra sig .....

Sygeplejersker drukner i dagligt skrivearbejde

PATIENTSIKKERHED: Jeg udfylder stakkevis af dokumenter på en arbejdsdag. Jeg er ikke i tvivl om, at det kunne gøres mere effektivt.

Af Charlotte Strøyø Hansen, sygeplejerske Klavsmarkvej 4 Vordingborg

Selvfølgelig er kvalitetssikring og dokumentation vo-

Kvalitetsmodel for at kvalitetssikre sundhedsydelserne for den enkelte borger. Det har lebende resulteret i flere forskellige tiltag. Blandt andet er der konstant øjne på sundhedsvæsenet i forhold til at dokumentere enhver ydelse.

Jeg finder det vigtigt, at blikket kunne blive rettet imod, hvilken dokumentation, der er nødvendig for at opnå kvalitet og patientsikkerhed på et højt fagligt niveau. Som det er nu, skal alt dokumenteres. Alt, hvad vi udfører af plejeopgaver skal registreres i computeren. Jeg udfylder stakkevis af dokumenter på en arbejdsdag. Jeg er ikke i tvivl om, at det

trolsamfund. Alt, hvad vi gør, skal skrives ned et eller andet sted, og hvem er det til gavn for?

Jeg ønsker, at man ser på, om der forekommer dobbelt dokumentation. Hvis det undgås, vil det give os mere tid til kerneopgaven, som unægteligt må være at yde sygepleje til patienterne.

Ind imellem bliver patienterne reduceret til en elektronisk journal. Kan man reducere et menneske til et stykke papir? Lad os få lov til at udføre vores kerneydelse, nemlig den gode sygepleje, hvor mennesket føler sig mødt af en person, som vil dem det bedste, og som ikke hare har alle mulige skema-

jerske for at sidde og skrive side op og side ned om patientens tilstand.

Jeg blev sygeplejerske fordi jeg gerne vil hjælpe og gøre en forskel for mine medmennesker, der for et stund i deres liv har brug for pleje og omsorg fra en sund hedsperson."

Jeg ønsker selvfølgelig, a kvalitetssikring og dokumentation indgår i min sygepleje med det formål at op patientsikkerheden, men det skal være på en sådan måde, at jeg kan gå hjem fr mit job de fleste dage og tæn ke: "I dag har jeg udført mi arbejde, så jeg kan være stol af at være sygeplejerske. Je har gjort en forskel!" Jeg en

Morten Staberg: Der sniger sig stadig nye krav ind løbende

NYHEDER

Del

På torsdag er det præcis to år siden, at speciallæge i pædiatri, Morten Staberg, skrev en kronik i Politiken, der for alvor satte dokumentationsmængden på hospitalerne på dagsordenen. I dag har han netop forladt ansættelse i det offentlige til fordel for konsulentarbejde og forskning. Vi har bedt ham komme med et reality check.

Dato	Forfattere
7. Oct 2013	Bente Bundgaard, bbu@dadl.dk

Hvad synes du om den nye IKAS-rapport?

»Det er ikke de enkelte krav fra IKAS, der er problemet, men den samlede mængde. Der er krav fra IKAS, lovmæssige krav, krav fra de enkelte sygehuse, afdelinger, NIP, kirurgiske tjeklister og

REGISTRERING Et sundhedsvæsen ramt af registreringspsykose?

Dagens Medicin, Sektion 1, Side 22
14. februar 2014, 1680 ord, Id: e442d58d
Knut Borch-Johnsen Formand for Dansk Selskab for Kvalitet i Sundhedsvæsenet, vicedirektør, Holbæk Sygehus Hanne Sveistrup Demant Bestyrelsesmedlem af Dansk Selskab for Kvalitet i Sundhedsvæsenet, vicedirektør, Psykiatrien, Region Sjælland

IKAS

KRONIK Der er gode argumenter for hver enkelt registrering i sundhedsvæsenet. Problemet er blot, at summen af registreringer er blevet en belastning i det daglige. Derfor er tiden inde til en kritisk revision af vores registreringspraksis.

' Tag faget tilbage'. Det er beskeden fra en nyligt etableret Face bookgruppe, hvor ansatte i sundhedssektoren udtrykker deres utilfredshed med udviklingen i sundhedsvæsenet på følgende måde: »Tiden er kommet til, at vi som sundhedsfaglig gruppe melder fra over for myndighedernes tiltagende kontrol og bureaukrati og kræver faget tilbage.

« Beskeden er også hørt af en del politikere, som under efterårets valgkamp udtalte, at en ' tillidsdagsorden' skal erstatte den eksisterende kontrolkultur. Ved årsmødet i Dansk Selskab for Kvalitet i Sundhedsvæsenet var temaet ' Kvalitet i tal', og fra alle niveauer i sundhedsvæsenet lød kravet om en kritisk revision af den måde, vi måler og kontrollerer på i det danske sundhedsvæsen.

KRONIKEN
18. November 2013

Vi bruger alt for meget tid på registrering

JAN MAINZ
PER LUND SØRENSEN
MORTEN KJØLBYE
ANETTE SLOTH
HELLE ULRICHSEN

Det er uacceptabelt, at sundhedspersonalet bruger tid på dokumentation, der reelt ikke har nogen værdi. Vi skal revidere den måde, vi måler kvalitet på, og sørge for at fokusere på faktiske problemer.

> **Vi bør tage vor dokumentation, vore registreringer og kvalitetsmålinger op til revision**

SUNDHEDS- OG ÆLDREMINISTERIET

TEMAER Sundhed Ældre Sundhedsprofessionelle

Du er her: Forside Nyheder Nyheder Sundhedsministeren og regionerne vil have mere kvalitet og mindre

NYHEDER

- Nyheder
  - Ældre
- Pressekontakt
- Om hjemmesiden
- Privatlivspolitik
- Abonner på nyheder
- Lovstof
- Publikationer

Sundhedsministeren og regionerne vil have mere kvalitet og mindre bureaukrati

20-04-2015

PRESSEMEDDELELSE - Papirarbejdet fylder for meget på sygehusene. Det mener sundhedsministeren og formanden for Danske Regioner, der begge vil have mere kvalitet og mindre bureaukrati og derfor nu vil ændre i den måde, sygehusenes kvalitet måles på.

Ja, selv tidligere støtter af DDKM sagde: "det er for meget!"

Til sidst, den ikke helt uventede lukning

SUNDHEDS- OG ÆLDREMINISTERIET

Forside | Pressekontakt | Publikationer | Lovstof | Puljer | Sitemap | Abonner på nyheder

TEMAER | Sundhed | Ældre | Sundhedsprofessionelle

Du er her: Forside **Sundhedsministeren og regionerne vil have mere kvalitet og mindre bureaukrati**

NYHEDER

- Pressekontakt
- Om hjemmesiden
- Privatlivspolitik
- Abonner på nyheder
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DAGENS Medicin — *Principielt tilhører data patienten. Ikke lægen, ikke samfundet.*

Nyheder | Videnskab | Almen praksis | Karriere | Blogs | Opinion | Agenda | Bøger | Annoncer | Abonnement | Job

ESC 2015 | Maglens Top 100 | Kræft | Hjerte/kar | Psykiatri | Diabetes | Gigt | Lunger | Astma-Allergi | Politik | It | EASD 20

Opdateret 20.04.2015 Nyheder

Regeringen og regioner klar med reform af kvalitetsarbejde

Den Danske Kvalitetsmodel skal erstattes af nyt program med fokus på konkrete mål og resultater, der giver mening for patienter og personale.

DAGENS Medicin — *Principielt tilhører data patienten. Ikke lægen, ikke samfundet.*

Nyheder | Videnskab | Almen praksis | Karriere | Blogs | Opinion | Agenda | Bøger | Annoncer | Abonnement | Job

ESC 2015 | Maglens Top 100 | Kræft | Hjerte/kar | Psykiatri | Diabetes | Gigt | Lunger | Astma-Allergi | Politik | It | EASD 20

Opdateret 22.05.2015 Nyheder

Overlæger er enige med KORA: Dokumentation tager tid fra patienterne

Ny rapport fra KORA bekræfter Overlægeforeningens holdning om, at kvalitetsarbejdet er blevet for bureaukratisk, mener foreningen.

Hvad sagde medarbejderne egentligt?

IKAS interviewrapport 2014

KORA styringsreview 2014-15

Views on standards

- are in general (but not in all instances) too far removed from daily clinical work
- have too much focus on the organization, infrastructure and the hospital operation
- ….
- ….
- fail to include the quality assurance departments themselves, whose activities have a significant influence on the conditions under which the clinical departments can work

Views on implementation

- Largely taken over by the central regional and the hospitals quality departments, little involvement of clinical departments
- sets the bar much higher in terms of the level, detail and scope of indicators than is justified by the content of the standard (eg nutritional screening)
- led to a proliferation of guidelines that inflate the intentions behind the Quality Programme
- emphasis on passing the accreditation "exam" with no comments at all, i.e., with no recommendations for improvement
- use of indicators fostering a "control culture" and a "checklist culture"
- Fails to involve clinical department sufficiently in defining indicators, their level and scope and hence their involvement in interpreting the standards in a clinically meaningful way

Er akkreditering associeret med forbedringer – er der alligevel noget at fejre?

Gothenburg Museum of Art

Brubakk *et al. BMC Health Services Research* (2015) 15:280
DOI 10.1186/s12913-015-0933-x

BMC Health Services Research

RESEARCH ARTICLE Open Access

A systematic review of hospital accreditation: the challenges of measuring complex intervention effects

Kirsten Brubakk[1*], Gunn E. Vist[2], Geir Bukholm[3], Paul Barach[4] and Ole Tjomsland[5]

Abstract

Background: The increased international focus on improving patient outcomes, safety and quality of care has led stakeholders, policy makers and healthcare provider organizations to adopt standardized processes for evaluating healthcare organizations. Accreditation and certification have been proposed as interventions to support patient safety and high quality healthcare. Guidelines recommend accreditation but are cautious about the evidence, judged as inconclusive. The push for accreditation continues despite sparse evidence to support its efficiency or effectiveness.

Methods: We searched MEDLINE, EMBASE and The Cochrane Library using Medical Subject Headings (MeSH) indexes and keyword searches in any language. Studies were assessed using the Cochrane Risk of Bias Tool and AMSTAR framework. 915 abstracts were screened and 20 papers were reviewed in full in January 2013. Inclusion criteria included studies addressing the effect of hospital accreditation and certification using systematic reviews, randomized controlled trials, observational studies with a control group, or interrupted time series. Outcomes included both clinical outcomes and process measures. An updated literature search in July 2014 identified no new studies.

Results: The literature review uncovered three systematic reviews and one randomized controlled trial. The lone study assessed the effects of accreditation on hospital outcomes and reported inconsistent results. Excluded studies were reviewed and their findings summarized.

Conclusion: Accreditation continues to grow internationally but due to scant evidence, no conclusions could be reached to support its effectiveness. Our review did not find evidence to support accreditation and certification of hospitals being linked to measurable changes in quality of care as measured by quality metrics and standards. Most studies did not report intervention context, implementation, or cost. This might reflect the challenges in assessing complex, heterogeneous interventions such as accreditation and certification. It is also may be magnified by the impact of how accreditation is managed and executed, and the varied financial and organizational healthcare constraints. The strategies hospitals should impelment to improve patient safety and organizational outcomes related to accreditation and certification components remains unclear.

Keywords: Accreditation, Certification, Hospital, Patient Safety, Evaluation

Accreditation continues to grow internationally but due to scant evidence, **no conclusions could be reached to support its effectiveness.** Our review did not find evidence to support accreditation and certification of hospitals being linked to measurable changes in quality of care as measured by quality metrics and standards.

International Journal for Quality in Health Care 2013; Volume 25, Number 5: pp. 606–620
Advance Access Publication: 13 August 2013
10.1093/intqhc/mzt059

Health services accreditation: what is the evidence that the benefits justify the costs?

VIRGINIA MUMFORD, KEVIN FORDE, DAVID GREENFIELD, REECE HINCHCLIFF AND JEFFREY BRAITHWAITE

University of New South Wales, Sydney, NSW 2052, Australia

Address reprint requests to: Virginia Mumford, Centre for Clinical Governance Research, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales, Sydney, NSW 2052, Australia. Tel: +61-2-9385-3281; Fax: +61-2-9663-4926; E-mail: v.mumford@unsw.edu.au

Accepted for publication 17 July 2013

Abstract

Purpose. To identify and analyse research on the use of economic evaluation in health services accreditation.

"The benefit studies were **inconclusive** in terms of showing clear evidence that accreditation improves patient safety and quality of care."

International Journal for Quality in Health Care, 2015, 27(3), 165–174
doi: 10.1093/intqhc/mzv023
Advance Access Publication Date: 28 April 2015
Article

Article

Compliance with hospital accreditation and patient mortality: a Danish nationwide population-based study

ANNE METTE FALSTIE-JENSEN[1], HEIDI LARSSON[1], ERIK HOLLNAGEL[2], METTE NØRGAARD[1], MARIE LOUISE OVERGAARD SVENDSEN[3], and SØREN PAASKE JOHNSEN[1]

[1]Department of Clinical Epidemiology, Aarhus University Hospital, Aarhus, Denmark, [2]Center for Quality, Region of Southern Denmark, P.V. Tuxensvej 5, Middelfart 5500, Denmark, and [3]Datamangement, Central Denmark Region, Olof Palmes Allé 13, Aarhus N 8200, Denmark

Address reprint requests to: Anne Mette Falstie-Jensen, Department of Clinical Epidemiology, Aarhus University Hospital, Olof Palmes Allé 43-45, Aarhus N 8200, Denmark. Tel: +45-40-72-14-34; Fax: +45-87-16-72-15; E-mail: amfj@clin.au.dk

Accepted 17 March 2015

Abstract

Objective: To examine the association between compliance with hospital accreditation and 30-day

ISQua
Article

Compliance with hospital accreditation and patient mortality: a Danish nationwide population-based study

ANNE METTE FALSTIE-JENSEN[1], HEIDI LARSSON[1], ERIK HOLLNAGEL[2],

Objective: To examine the association between compliance with hospital accreditation and 30-day mortality.

Design: A nationwide population-based, follow-up study with data from national, public registries.

Setting: Public, non-psychiatric Danish hospitals. Participants: In-patients diagnosed with one of the 80 primary diagnoses.

Intervention: Accreditation by the first version of The Danish Healthcare Quality Programme for hospitals from 2010 to 2012.

Main Outcome Measure(s): All-cause mortality within 30-days after admission.

RESULTS:

30-day mortality risk for in-patients at ..

- Fully accredited hospitals: 4.14% (95% CI:4.00–4.28)
- Partially accredited hospitals: 4.28% (95% CI: 4.20–4.37)
- Adjusted OR of 0.83 (95% CI: 0.72-0.96)

Conclusion: Admissions at fully accredited hospitals were associated with a lower 30-day mortality risk than admissions at partially accredited hospitals.

International Journal for Quality in Health Care Advance Access published October 1, 2015

ISQua®

International Journal for Quality in Health Care, 2015, 1–8
doi: 10.1093/intqhc/mzv070
Article

OXFORD

Article

Is compliance with hospital accreditation associated with length of stay and acute readmission? A Danish nationwide population-based study

ANNE METTE FALSTIE-JENSEN[1], METTE NØRGAARD[1], ERIK HOLLNAGEL[2], HEIDI LARSSON[1], and SØREN PAASKE JOHNSEN[1]

[1]Department of Clinical Epidemiology, Aarhus University Hospital, Olof Palmes Allé 43-45, Aarhus N 8200, Denmark, and [2]Center for Quality, Region of Southern Denmark, P.V. Tuxensvej 5, Middelfart 5500, Denmark

Address reprint requests to: Anne Mette Falstie-Jensen, Department of Clinical Epidemiology, Aarhus University Hospital, Olof Palmes Allé 43-45, Aarhus N 8200, Denmark. Tel: +45 87168063; Fax: +45 87167215; E-mail: amfj@clin.au.dk

Accepted 2 September 2015

Abstract

Objective: To examine the association between compliance with hospital accreditation and length of stay (LOS) and acute readmission (AR).

Is compliance with hospital accreditation associated with length of stay and acute readmission? A Danish nationwide population-based study

Anne Mette Fabbe-Jensen, Mette Nørgaard, Erik Hollnagel, Heidi Larsson, Søren Paaske Johnsen

DOI: http://dx.doi.org.proxy.findit.dtu.dk/10.1093/intqhc/mzv070 450-457 First published online: 1 October 2015

Same setting and sample as previous paper

Objective To examine the association between compliance with hospital accreditation and length of stay (LOS) and acute readmission (AR).

Main Outcome Measures: Length of stay (LOS) and all-cause Acute Readmission (AR) within 30 days after discharge.

RESULTS

Fully accredited hospitals: LOS of 4.51 days (95% CI: 4.46–4.57)

Partially acc. hospitals: LOS of 4.54 days (95% CI: 4.50–4.57)

Fully accredited hospitals: AR/30-days: 13.70% (95% CI: 13.45–13.95)

Partially acc. hospitals: AR/30-days: 12.72% (95% CI: 12.57–12.86)

Conclusion Admissions at fully accredited hospitals were associated with a shorter LOS compared with admissions at partially accredited hospitals, although the difference was modest. No difference was observed in AR within 30 days after discharge

International Journal for Quality in Health Care, 2015, 27(5), 336–343
doi: 10.1093/intqhc/mzv053
Advance Access Publication Date: 3 August 2015
Article

Article

Accreditation and improvement in process quality of care: a nationwide study

SØREN BIE BOGH[1,2], ANNE METTE FALSTIE-JENSEN[3], PAUL BARTELS[4], ERIK HOLLNAGEL[1,2], and SØREN PAASKE JOHNSEN[3]

[1]Institute of Regional Health Research, University of Southern Denmark, Winsløwparken 19, 3, Odense C DK-5000, Denmark, [2]Centre for Quality, Region of Southern Denmark, P.V. Tuxenvej 5, Middelfart DK-5500, Denmark, [3]Department of Clinical Epidemiology, Aarhus University Hospital, Olof Palmes Allé 43-45, Aarhus N DK-8200, Denmark, and [4]The Danish Clinical Registries, Olof Palmes Allé 15, Aarhus N DK-8200, Denmark

Address reprint requests to: Søren Bie Bogh, Centre for Quality, Region of Southern Denmark, P.V. Tuxenvej 5, DK-5500 Middelfart, Denmark. Tel: +45-3043-3198; E-mail: soren.bie.bogh@rsyd.dk

Accepted 2 July 2015

Participants: All patients admitted for acute stroke, heart failure or ulcer at Danish hospitals (N=27.273)

Abstract

Objective: To examine whether performance measures improve more in accredited hospitals than in non-accredited hospital.

Conclusions: Participating in accreditation was not associated with larger improvement in performance measures for acute stroke, heart failure or ulcer.

Hvad bragte akkreditering af sygehuse til overimplementering og lukning?

Explanations - (?)

"It is just one of the many failures of New Public Management (NPM)"

Explanations (??)

NPM's tre grundelementer

- **Konkurrence gennem en kombination af privatisering, udlicitering og offentlige virksomheder**
- Kundeorientering: frit-valgsordninger, brugerundersøgelser
- Strategisk ledelse som i den private sektor:
  - **Mål- og rammestyring kombineret med resultatmåling (pisk)**
  - **Øget brug af økonomiske incitamenter (gulerod)**
  - Udvikling og kommunikation af vision og værdier (prædikener),

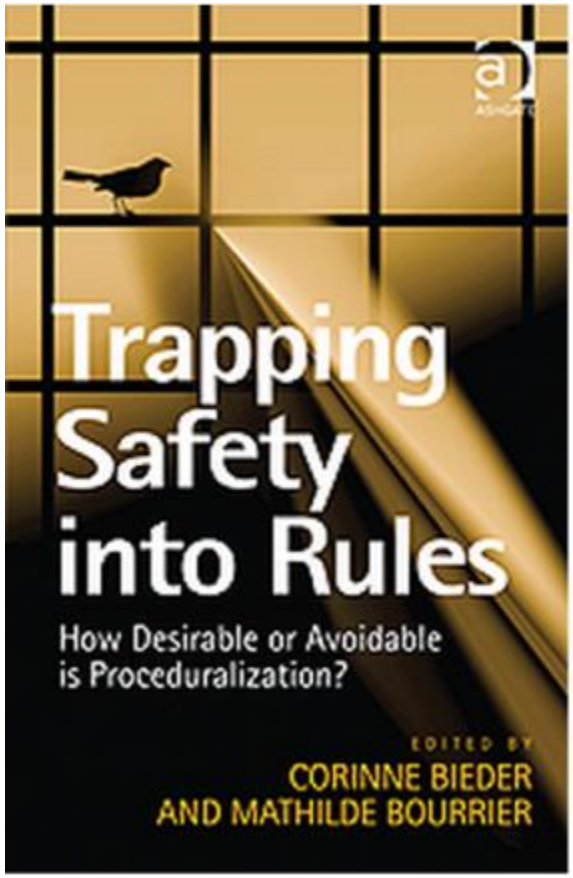
Efter Jacob Torfing, RUC

En anden forklaring?

- Denne drift mod ”overimplementering” / ”overbureaukratsering” ses i flere andre sikkerhedskritiske områder

- Processen er i begrænset grad relateret til New Public Management

Erfaringer fra andre domæner om (overdreven) bureaukratisering af sikkerheds- og kvalitetsstyring



Safety Science 80 (2015) 221–232

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journal homepage: www.elsevier.com/locate/ssci

Safety rules as instruments for organizational control, coordination and knowledge: Implications for rules management

Johann Weichbrodt *

ETH Zürich, Department of Management, Technology, and Economics, Weinbergstrasse 56/58, CH 8006 Zürich, Switzerland

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ABSTRACT

Recent research in the field of safety science on the limitedness of rules as a measure to achieve safety has coincided with new research in organization science on rules and routines, and their mutual relationship in particular. The present article is an attempt to uncover what the field of safety science can learn from the latter. It outlines three functions of rules in organizations (as a means for organizational control, as coordination mechanism, and as codified organizational knowledge) and applies these to safety rules in high-risk industries. Four common challenges of safety rules, as well as four typical measures of good

Safety Science 70 (2014) 348–357

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The bureaucratization of safety

Sidney W.A. Dekker *

Griffith University, Brisbane, Australia
The University of Queensland, Brisbane, Australia

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ABSTRACT

This paper examines the bureaucratization of safety, and the increase in safety as measurable bureaucratic accountability. The bureaucratization of safety—which has accelerated since the 1970s—revolves around hierarchy, specialization and division of labor, and formalized rules. Bureaucratic accountability refers to the activities expected of organization members to account for the safety performance of those they are responsible for (e.g. unit, team, site). Bureaucratization of safety has brought benefits, including a reduction of harm, standardization, transparency and control. It has been driven by regulation, liability and insurance arrangements, outsourcing and contracting, and technologies for surveillance and data

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Review

Working to rule, or working safely? Part 1: A state of the art review

Andrew Hale [a,b,*], David Borys [c]

[a] Health & Safety Technology & Management (HASTAM), Birmingham, UK
[b] Safety Science Group, Delft University of Technology, Netherlands
[c] Victorian Institute of Occupational Safety & Health, University of Ballarat, Victoria, Australia

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ABSTRACT

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Review

Working to rule or working safely? Part 2: The management of safety rules and procedures

Andrew Hale [a,b,*], David Borys [c]

[a] Health & Safety Technology & Management (HASTAM), Birmingham, UK
[b] Safety Science Group, Delft University of Technology, Netherlands
[c] Victorian Institute of Occupational Safety & Health, University of Ballarat, Victoria, Australia

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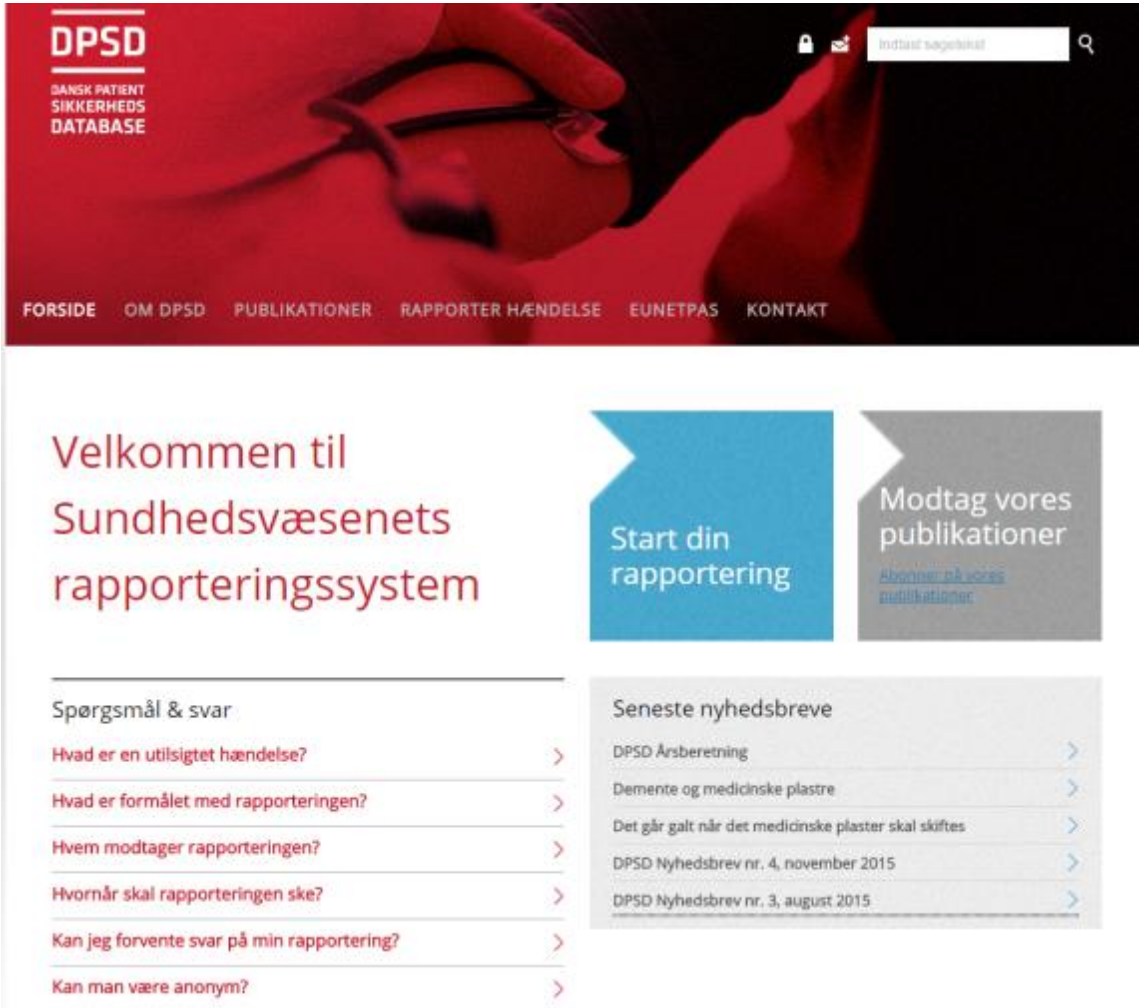
Rule management

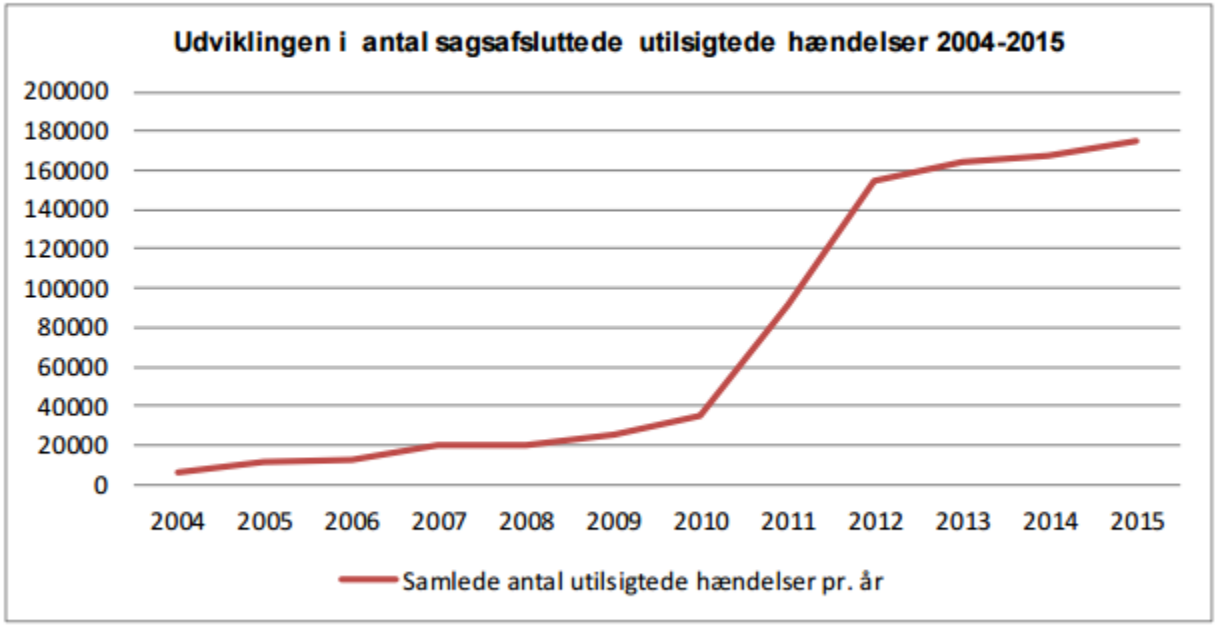
ABSTRACT

Part 1, the companion paper to this paper (Hale and Borys, this issue) reviews the literature from 1986 on the management of those safety rules and procedures which relate to the workplace level in organisations. It contrasts two different paradigms of how work rules and their development and use are perceived and managed. The first is a top-down classical, rational approach in which rules are seen as static, comprehensive limits of freedom of choice, imposed on operators at the sharp end and violations are seen as negative behaviour to be suppressed. The second is a bottom-up constructivist view of rules as dynamic, local, situated constructions of operators as experts, where competence is seen to a great extent as the ability to adapt rules to the diversity of reality. That paper explores the research underlying and illustrating these two paradigms. In this second paper we draw on that literature study to propose a framework of rule management which attempts to draw the lessons from both paradigms. It places the monitoring and adaptation of rules central to its management process and emphasises the need for participation of the intended rule followers in the processes of rule-making, but more importantly in keeping those rules alive and up to date in a process of regular and explicit dialogue with first-line supervision, and through them with the technical, safety and legal experts on the system functioning. The framework is proposed for testing in the field as a benchmark for good practice.

En lignende drift har fundet sted: Overbureaukratisering i vores rapporteringssystem for UTHer

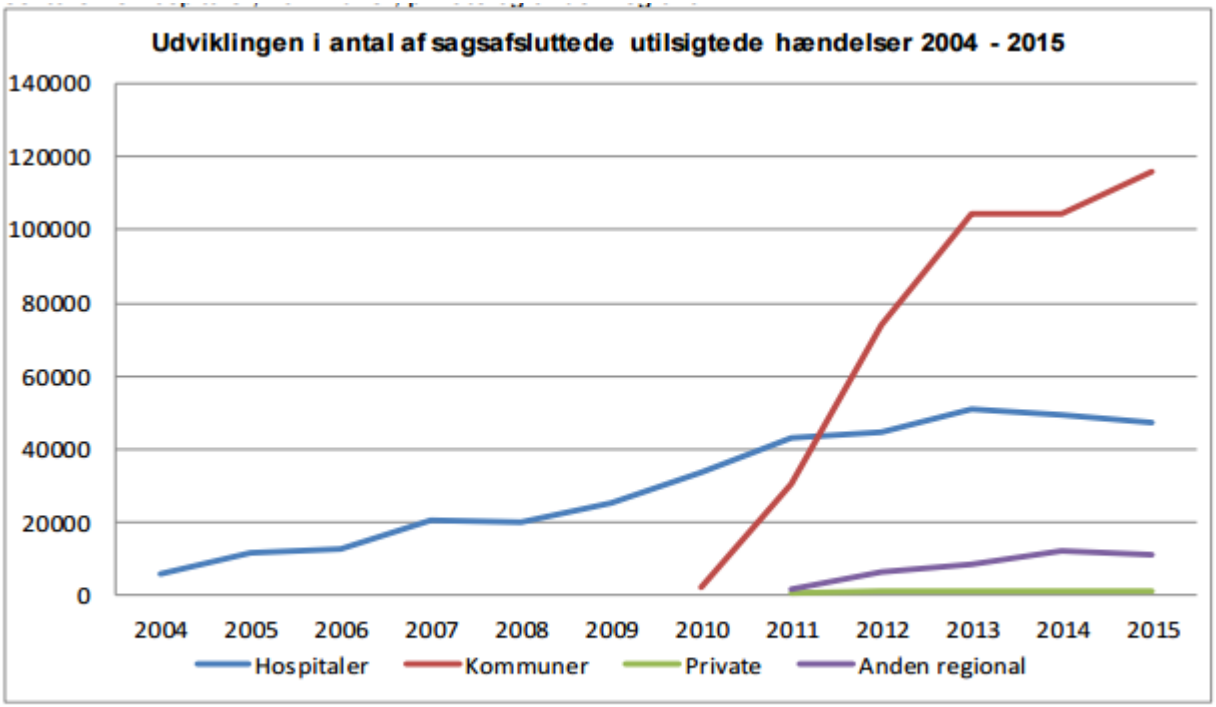


Growth in Adverse Event Reports



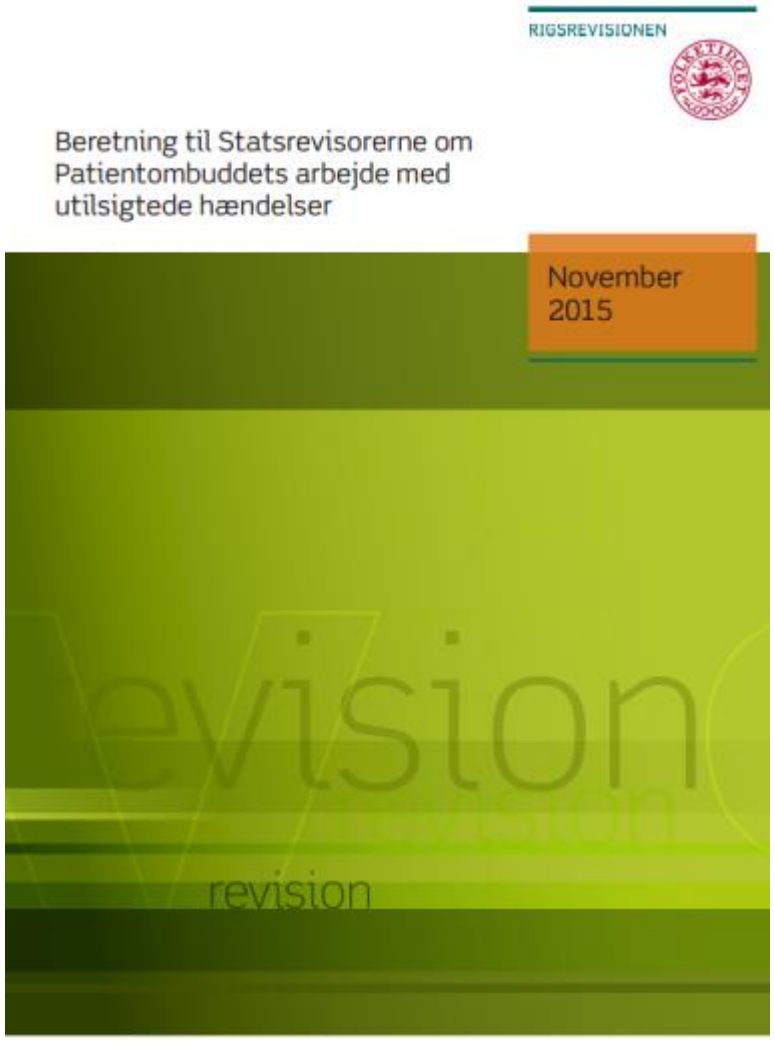
Figur 1. Den samlede udvikling i antal sagsafsluttede utilsigtede hændelser i perioden 2004 til 2015

Adverse Event Reports by source: Hospitals, Municipalities, Other regional



Figur 2. Udviklingen i antallet af sagsafsluttede utilsigtede hændelser i perioden 2004 til 2015 fordelt på sektorer

Skarp kritik af Rigsrevisionen

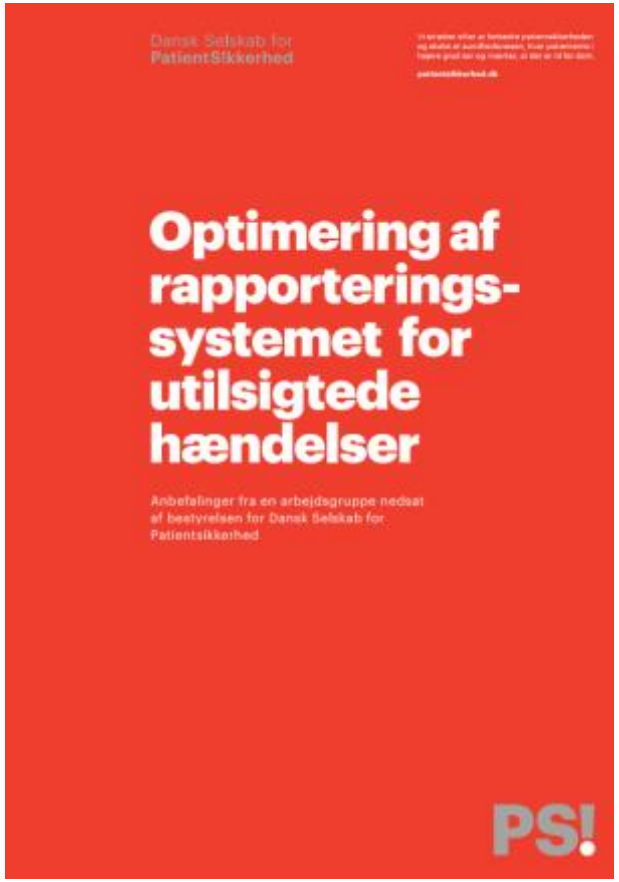


Der skabes ikke "et tilfredsstillende centralt overblik over utilsigtede hændelser".

Ministeriet har "ikke tilstrækkeligt fokus på at følge op på, hvorvidt målet om ...at skabe et centralt overblik, bliver indfriet."

”Rapporteringssystemet [understøtter] ikke, at ombuddet på en nem måde kan identificere de væsentligste nationale udfordringer".

Forslag til at optimere rapporteringssystemet så det kan bidrage til læring



- Reporting only what is important
- Make it easier to report
- A no-sanction system
- Reports to be used locally
- Exchange experience across sectors/silos
- Integrate with quality improvement programme
- Contribute to a transpartent public system
- Provide feedback til reporting person(s)

Mit bud på en forklaring

1. Akkreditering blev opgivet pga. oplevet ”regeltyranni” – dvs. betinget af indiskutabel overimplementering
2. Årsager til overimplementering var:
    - En internt (sundhedsfagligt, endogen) drevet proces mod overbureaukratisering af kvalitet og sikkerhed
    - At kvalitetsentusiaster i bedste mening tog førertrøjen og beholdt den under al for lille bevågenhed fra kliniske ledere
    - At akkreditering var en mega-intervention udformet uden eksplicit model for årsag-virkning (”hvis vi gør sådan, så må vi i henhold til disse mekanismer forvente det-og-et”) og uden evalueringsplan

Tak for opmærksomheden