

AUSTRALIAN INSTITUTE OF HEALTH INNOVATION Faculty of Medicine and Health Sciences



RHCN at 8: How have we done, so far?

Awaji Island, Japan, August 26, 2019

Jeffrey Braithwaite, Erik Hollnagel and Kazue Nakajima



The Eighth Resilient Health Care Network Meeting





Previous and future RHCNs



- Hindsgavl Castle, Denmark 2012
- Hindsgavl Castle, Denmark 2013
- Hindsgavl Castle, Denmark 2014
- Sydney, Australia 2015
- Hindsgavl Castle, Denmark 2016
- Vancouver, Canada 2017
- Hindsgavl Castle, Denmark 2018
- Awaji Yumebutai International Conference Center, Japan 2019



The first book: *Resilient Health Care*



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Hollnagel E, Braithwaite J, Wears RL (eds), (2013)

Book two: The Resilience of Everyday Clinical Work





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Wears RL, Hollnagel E, Braithwaite J (eds), (2015)

Book three: Reconciling Work-as-Imagined and Work-as-Done





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Braithwaite J Wears RL, Hollnagel E (eds), (2017)

Book four: Delivering Resilient Health Care



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Hollnagel E, Braithwaite J, Wears RL (eds), (2018)

Book five: Working Across Boundaries



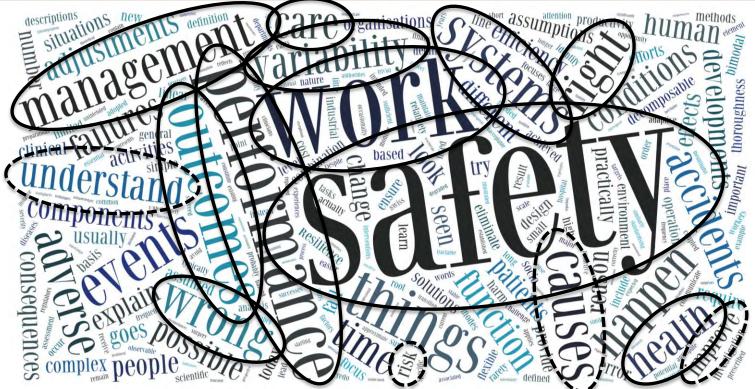


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Braithwaite, Hollnagel and Hunte (eds), (2019)

The additional output: From Safety-I to Safety-II: A white paper



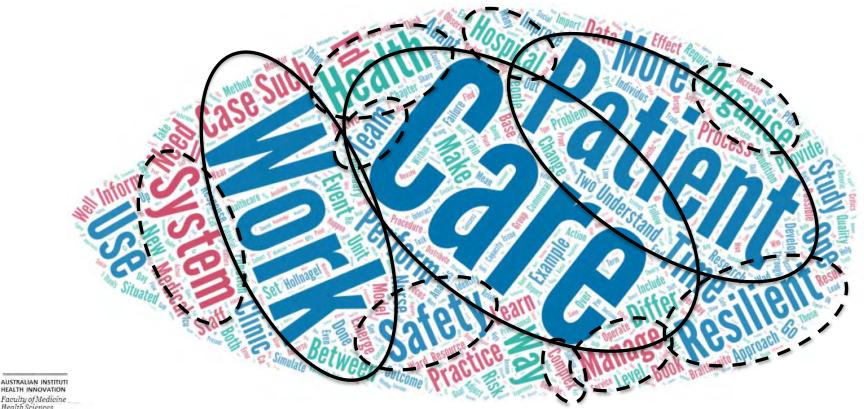


Hollnagel E, Wears RL, Braithwaite, J (2015)

All six publications: Core concepts

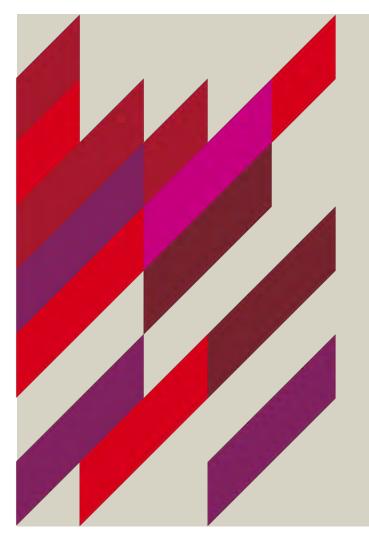
Health Sciences







So, what have we done, so far?



Outputs: Publications



- 5 books published; 1 forthcoming
- Published in 2 languages (English, Japanese)
- 84 Chapters
- 107+ Chapter Authors
- 15 countries represented by authors
- 1 editorial in International Journal for Quality in Health Care
- 1 *White Paper* (translated into Portuguese, Swedish and Danish)
- A Special Issue of Safety Science

AIHI/RHCN Prize



- 1st RHCN Prize: 2016 Embracing Safety-II
- 2nd RHCN Prize: 2017

Reconciling work-as-imagined (WAI) and work-as-done (WAD)

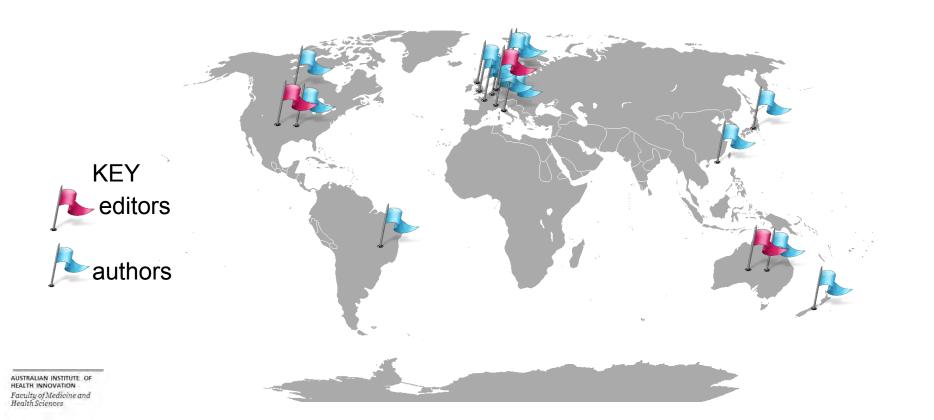
- 3rd RHCN Prize: 2018

Better care framework – working with Safety-II and Safety-I



Countries represented by Authors MACQUARIE





	Safety Science 118 (2019) 241-257	
	Contents lists available at ScienceDirect	
	Safety Science	
ELSEVIER	journal homepage: www.elsevier.com/locate/safety	scienci

Review

Patterns of resilience: A scoping review and bibliometric analysis of resilient health care

Louise A. Ellis^{1,*}, Kate Churruca¹, Robyn Clay-Williams, Chiara Pomare, Elizabeth E. Austin, Janet C. Long, Anne Grødahl, Jeffrey Braithwaite

Centre for Healthcare Restlence and Implementation Science, Australian Institute of Health Innovation, Macquarie University, Australia

Keyword: Resilience Safety-II Health care Review Work-as-Imagined Work-as-done	Following its emergence from the field of resilience engineering in 2012, resilient health care has grown to underpin a new paradigm of safety that leverages an understanding of what goes right to improve patient care. The aim of this paper was to review the resilient health care literature via multiple analyses, in order to examine growth and global longitudinal trends through bibliometric analysis and the influence of this body of work through citation and network analyses. We searched five academic databases (Scopus, CINAHL, EMBASE, Medline and Safety Science abstracts in ProQuest) using key resilience engineering terms, for literature pub- lished from inception to October 2018. The search was augmented with a by-hand examination of the four resilient healthcare books published to date. English-language literature in the context of health care, where system agents were humans, and where resilience was the core focus were included, resulting in a total of 197 publications. While the majority of outputs were found to be non-empirical (58.9%), there has been substantial growth in rempirical work in recent years. Journal articles (n = 102) were spread widely across 63 journals. The co-authorship network analysis showed a strong clustering around the founding resilient bealth care authors. We conclude that that resilient health care is maturing, and formalising into a distinctive paradigm.	

1. Introduction

(Pisek and Greenhalgh, 2001, Braithwaite et al., 2013). Such intricate, manifold, and sometimes hidden connections challenge our ability to method and intervention of the method the method in a state.

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A. Gorini

T. J. Schultz J. Grimm

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S. J. Walcatt

X. Zhang

B. Podischaske L. Nactarella

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J.K.Kim

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W. Friesdorf

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J. T. Reason

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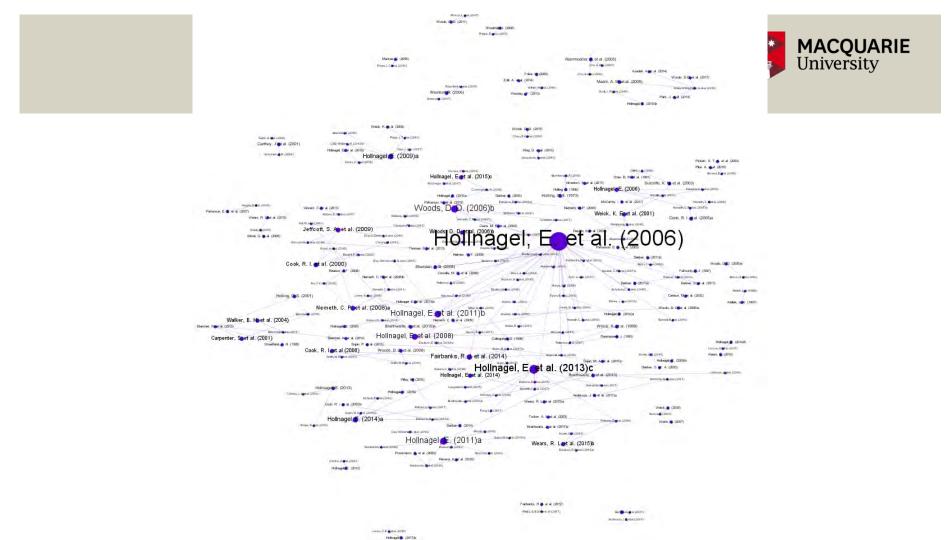
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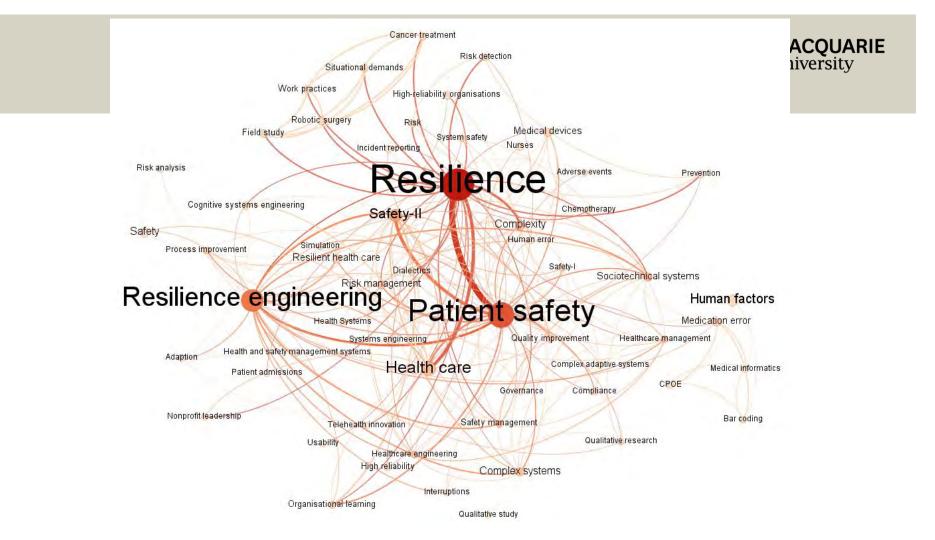
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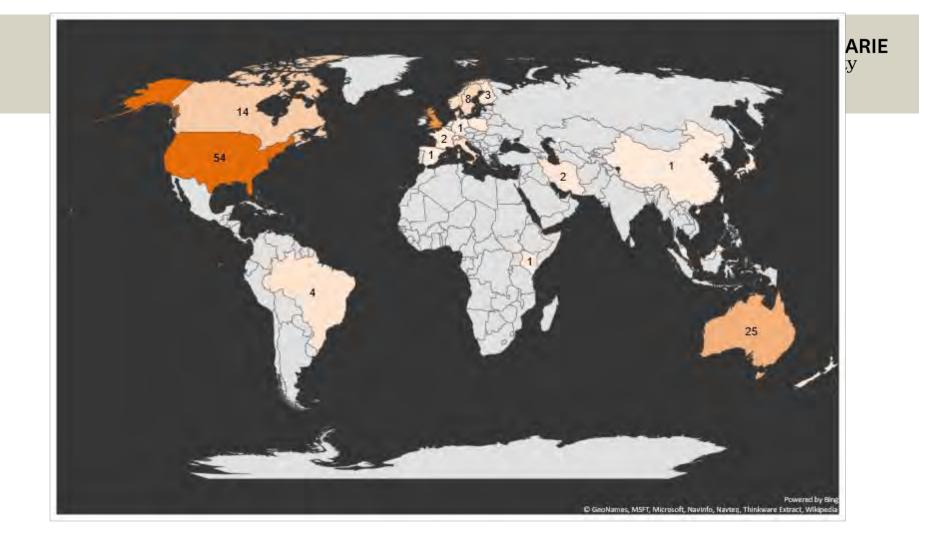
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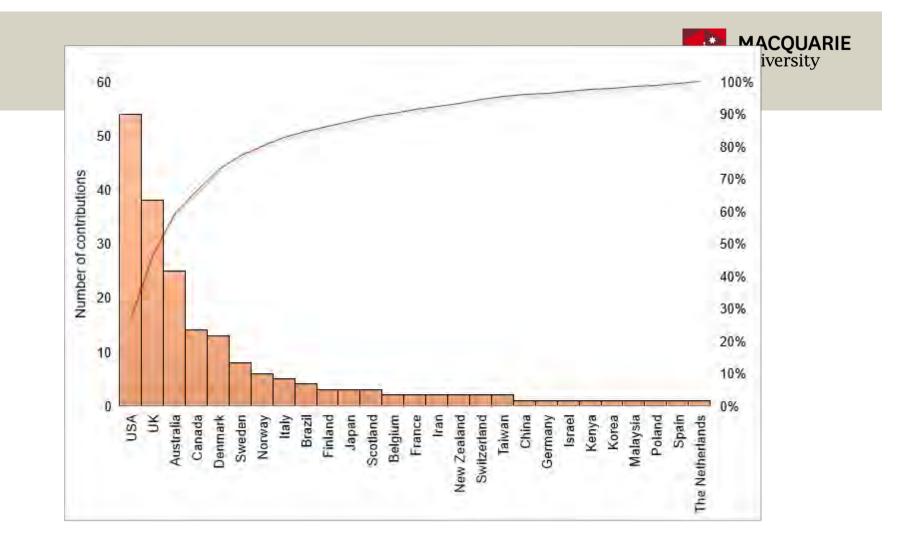
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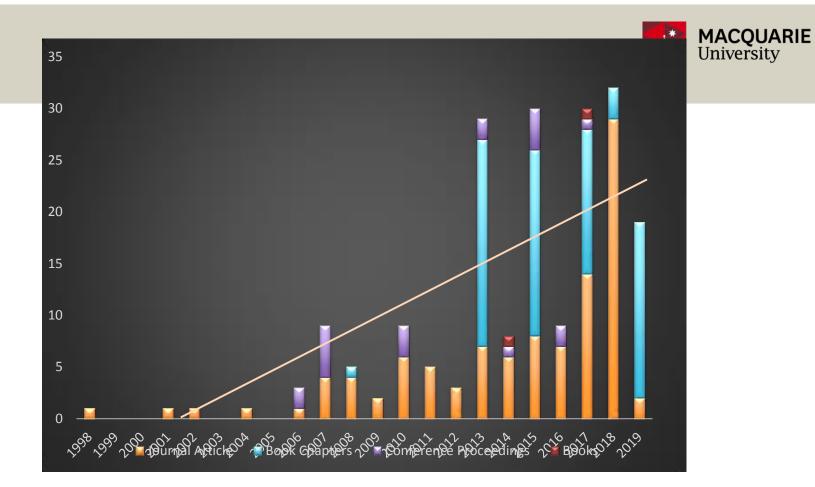












We keep asking



- 1. Should we enlarge
 - geographically?
- with more bigger accompanying conferences? (e.g. Vancouver 2017, Denmark 2018)
 What book topics should we consider in the
- future?
- 3. What other ideas should we entertain to further resilient health care, and our RHCN?

We also keep asking



What should be the balance of our work:

 In describing the complex adaptive system, resilient health care, and the expressions and potentialities of resilience

versus

2. Improving things in health care – macro, meso, micro



Discussion: comments, questions, observations?

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