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

Awaji Island, Japan, August 26, 2019

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The Eighth Resilient Health Care Network Meeting

The Resilient Health Care Conference
25 August (Sun), 2019

The 8th RHCN Meeting 2019
26-28 August (Mon-Wed), 2019

Awaji Yumebutai International Conference Center, Awaji, Japan
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

Hollnagel E, Braithwaite J, Wears RL (eds), (2013)
Book two: *The Resilience of Everyday Clinical Work*

Wears RL, Hollnagel E, Braithwaite J (eds), (2015)
Book three: *Reconciling Work-as-Imagined and Work-as-Done*

Braithwaite J Wears RL, Hollnagel E (eds), (2017)
Book four: Delivering Resilient Health Care

Hollnagel E, Braithwaite J, Wears RL (eds), (2018)
Book five: *Working Across Boundaries*

Braithwaite, Hollnagel and Hunte (eds), (2019)
From Safety-I to Safety-II: A white paper

Hollnagel E, Wears RL, Braithwaite, J (2015)
All six publications: Core concepts
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
Patterns of resilience: A scoping review and bibliometric analysis of resilient health care

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ABSTRACT

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 published 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 empirical 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 health care authors. We conclude that resilient health care is maturing, and formalising into a distinctive paradigm.

1. Introduction

Introducing resilience frameworks may change how we think about healthcare delivery. (Plesek and Greenhalgh, 2001, Braithwaite et al., 2013). Such intricate, manifold, and sometimes hidden connections challenge our ability to...
We keep asking

1. Should we enlarge
   - geographically?
   - with more bigger accompanying conferences?
     (e.g. Vancouver 2017, Denmark 2018)
2. 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:

1. 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?