

SAFETY THROUGH STANDARDISATION

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Ideally, healthcare should be by Integrated Delivery Systems, but in practice it often has the characteristics of a Complex Adaptive System. Trainee doctors are given an extensive knowledge base and then an apprenticeship, and are then expected to do sensible things in a variety of complex situations. However, most of what we do, we have done before. For these situations, pre-planned structured care is preferable. With good support structured care will evolve as the organisation learns from past mistakes. The Institute of Healthcare Improvement has suggested that the research agenda in medicine should include, "How to bring engineering science into health care to improve care processes." [1]. Quality has been said to comprise: Leadership; Policy & Strategy; People; Resource Management; Processes; and Results [2]. This talk focuses on people and processes, and their interaction: in other words, teamwork. Teaching this is a new science, known in aviation as "Team Training", in management as "Relational Co-ordination", and in medicine as "Non-technical skills training". ("ANTS" is Anaesthesia Non-technical Skills Training.) Principles include; mutual respect; shared knowledge; common goals; constructive criticism; and role-based (not individual) working [3]. In Amalberti's paper, "Five System Barriers to Achieving Ultrasafe Health Care"[4], steps 2 and 3 are abandonment of professional autonomy and transition from the mindset of craftsman to that of an equivalent actor. Teams share processes, which must therefore be formalised. Examples of structured care methods (SCMs) include integrated care pathways, guidelines, protocols, algorithms, care bundles, and treatment order-sets. Once SCMs are commonly used, unexplained variation in practice can be recognised to be a bad thing of itself and should be eliminated. Most SCMs are paper-based at present. Once they are stored and displayed electronically, we can expect many benefits: the complexity of healthcare will be easier to manage [5]; there should be less human effort than using paper systems; it is a short intellectual step to using them to command healthcare rather than simply to describe it; and equiposed ideas can be compared by randomisation to competing pathways. The next generation of doctors will be directing this activity, so the present generation of trainees should be being trained in it.

REFERENCES

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