



Experiences with 'learning from excellence' in a tertiary pediatric centre

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Marije Smits

Resident in Paediatrics
Wilhemina Childrens Hospital
Utrecht



Disclosure

No conflicts of interest to disclose

This is an experience based story

Marije Smits

PhD I Resident in Paediatrics
Trainer for Leading Doctors
Former Paralympic athlete



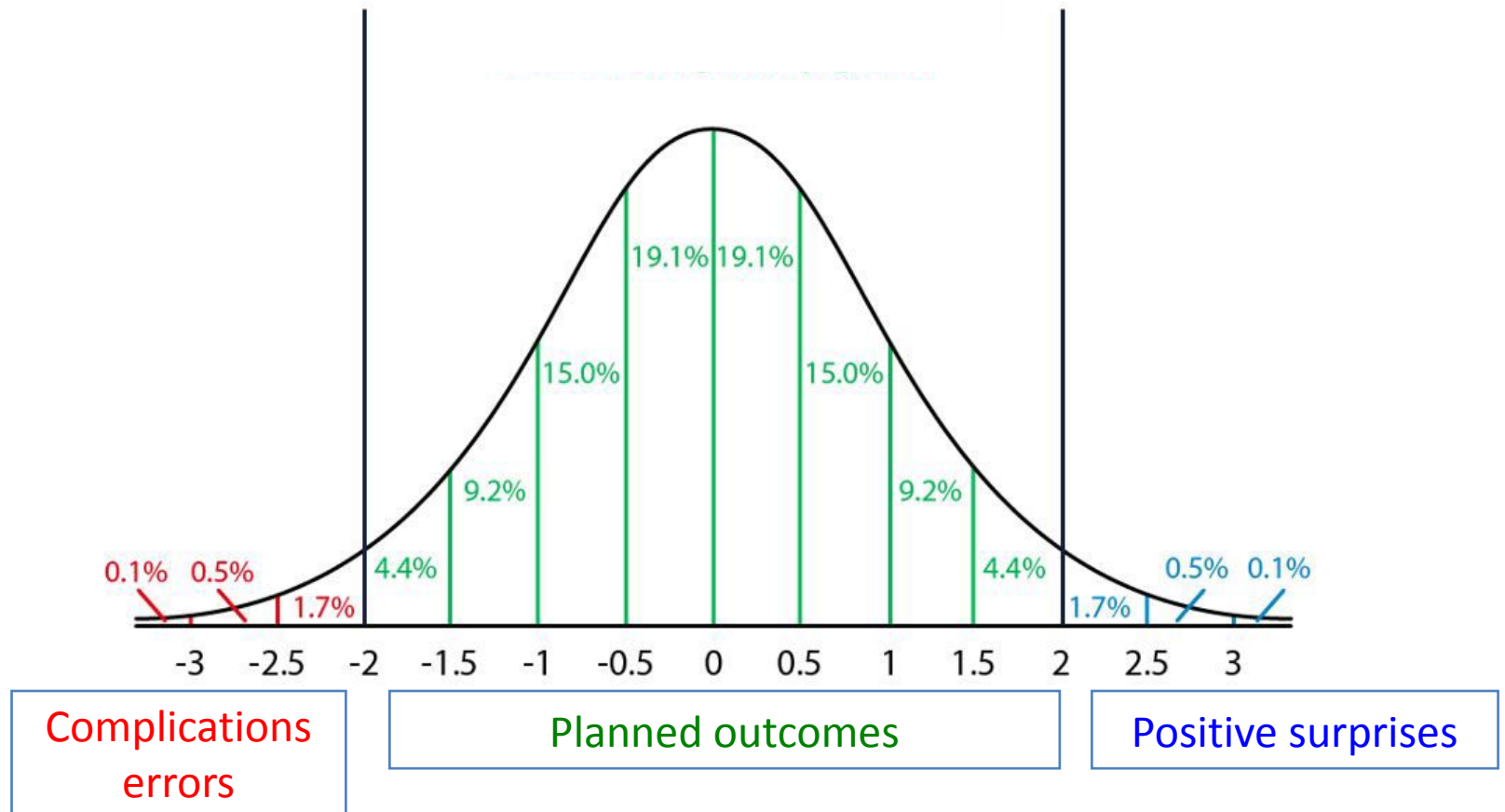
The last time something at your work
went well beyond expectation

Why?

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2. The start and implementation
3. PIP in practice

Background

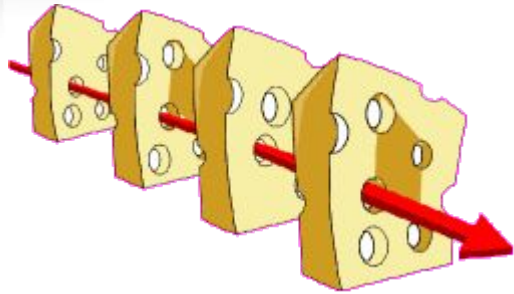


Models in health care



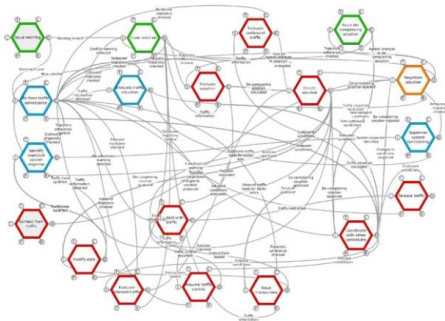
Simple linear, root causes
(Heinrich's model 1931)

Sequential



Complex linear model,
active en latent causes
(James Reason 1990)

Epidemiologic



Complex dynamic model mutual
dependency and coincidence as
factors

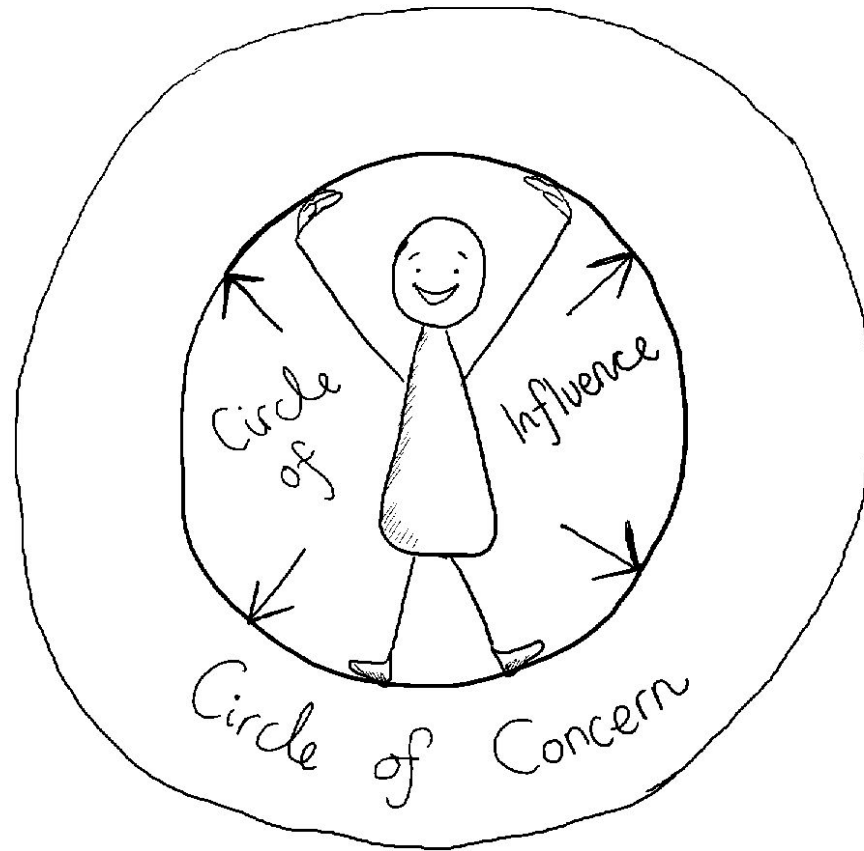
(Hollnagel 2017)

Systemic

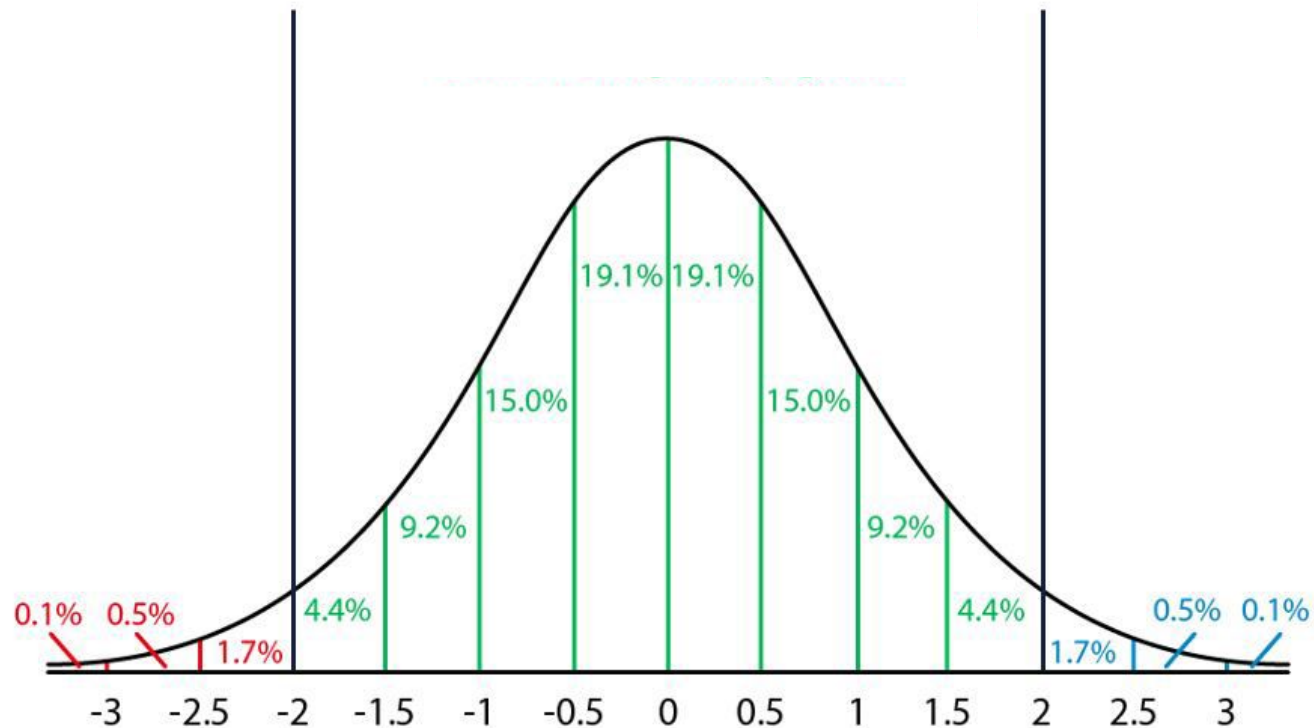
Resilience engineering

1. Respond: adapt to changing work conditions
2. Monitor: inside a system and its surroundings
3. Learn: from success as well as failed work outcomes
4. Anticipate: the future is different from the past





Positive incidents in patientcare (PIP)

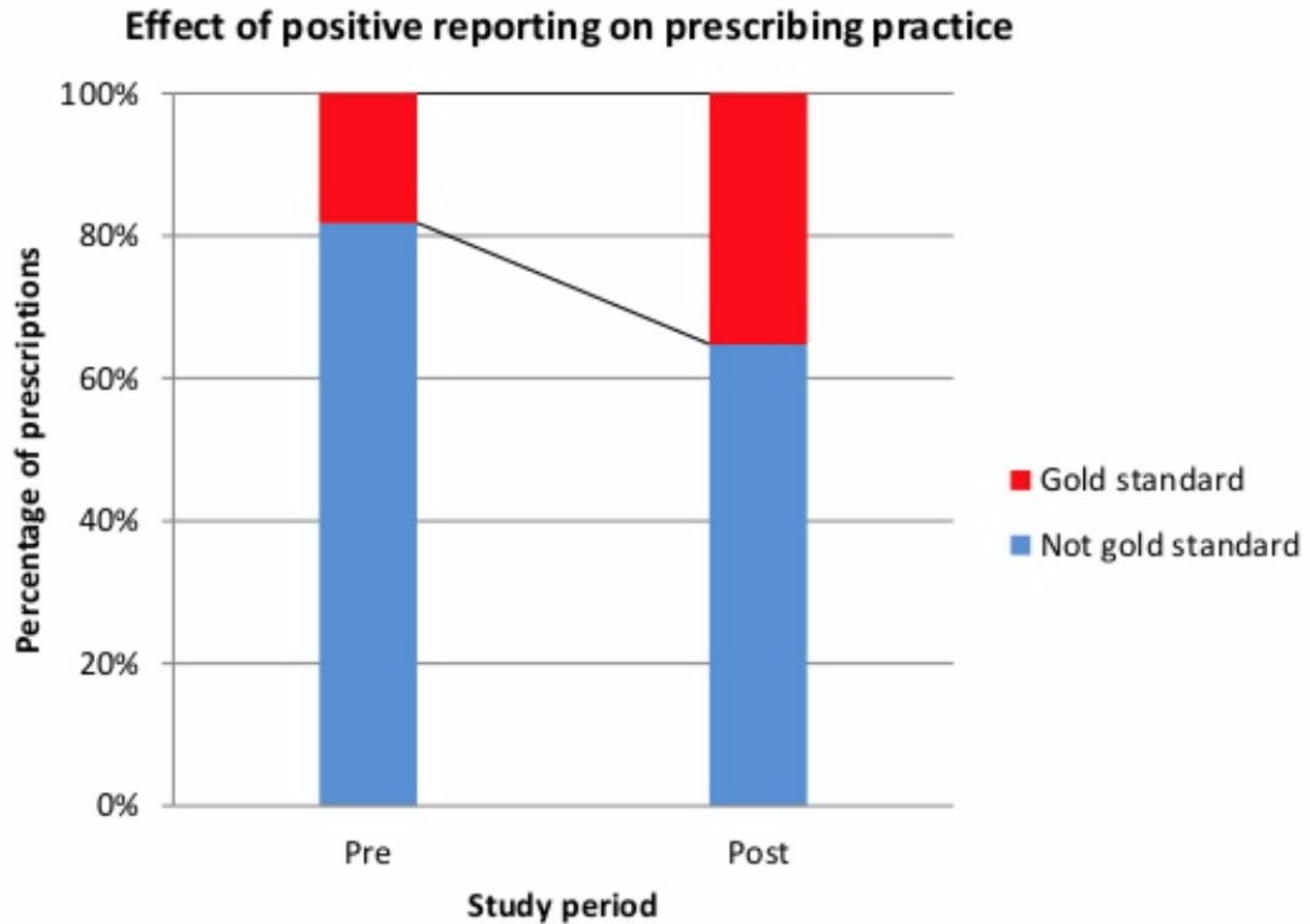


Positive surprises

Based on: Learning from Excellence



Learning from excellence



PIP – Who, what and why?

Goals

1. Improving health care processes in our children's hospital by learning from positive incidents: *Why did it went as well as it did?*
2. Improving team spirit

De PIP Positief Incident in de Patiëntenzorg

Er gaat gelukkig al heel veel goed in de zorg voor onze patiënten. En soms gaat het zelfs nóg beter, sneller of soepeler dan we vooraf hadden bedacht! Dit verdient een PIP-melding, als compliment naar je collega's, maar ook om ervan te leren, zodat jouw PIP de standaard wordt: PIPpen maar!



Observeren

- 'Be aware' of de PIP
 - Bijv. vanuit een succes van de dagstart
- Bedenk (samen): wat droeg bij aan deze PIP?
 - Wat gaat er goed? Waarom ging dat zo goed?

Delen

- Vul het PIP-formulier in via deze QR-code of mail je PIP naar pip@umcutrecht.nl
- Benoem: 'wie, wat, waar en waarom' ging dit goed



en er samen van leren!

- PIP's worden besproken op Complicatiebespreking
- Aantal keer/jaar divisie-brede terugkoppeling met 'Tip vanuit een PIP'



Implementation of PIP- start November 2021

1. **PIP committee:** residents, PhD, junior doctors
2. **PIP supporters at every department:** nurses, staff
3. **PIP in everyday practice:** in day starts, posters, talks, stickers, giveaway, theme month
4. **Analysis and feedback of data:** directly to the teams involved, incorporated in our 3 monthly 'complication case discussions' and hospital wide complication meetings
5. **Spreading the word:** share our experiences as a team with other departments

PIP example – a case at the NICU

Acute, mass bloodloss in a neonate resulting in hypovolemic shock

What went well and why

1. Shock acknowledged quickly, help was asked
2. Mass transfusion protocol activated quickly
3. Nurses at NICU reassigned tasks
4. Early involvement of anaesthesiologist, gastroenterologist
5. 10 seconds for 10 minutes at the OR
6. Neonatologist present during whole OR time

What can we learn?

PIP – data

12 PIP reports in 5 months

- 2 NICU
- 2 PICU
- 1 ED
- 7 departments (Schildpad / Panda / Papegaai)

Themes:

- Teamwork
- Clinical situations
- Communication
- Practical tips

PIP - challenges

- Acknowledge positive incidents
- Convince coworkers it is OK to talk about excellence
- Both strength and weakness: bottom up initiative

PIP - ambitions

To make a positive incident report
just as normal as a negative incident report
and maximize learning from them,
to create a more resilient team

Questions?
pip@umcutrecht.nl



Thanks to

The children, parents and caregivers of the Wilhemina Children's Hospital

With the help of

Prof dr J. Frenkel (Director of the paediatric residency program
& professor of patient and family centred education UMCU Utrecht)

B. de Vries (Sr. Advisor Quality and Patient Safety at UMC Utrecht)

Prof. dr. Leistikow (Inspector at Dutch Health and Youth Care Inspectorate
& professor at Erasmus University Rotterdam)

My coworkers from the PIP-committee at Wilhemina Children's Hospital

Aafke Bakker (resident in paediatrics), Sarah Hak (PhD-student/junior doctor), Karin Vissers (resident in paediatrics), Rinck Smits (resident in paediatrics), Emma Berkelbach van der Sprenkel (PhD-student/junior doctor) Marije Smits (resident in paediatrics)



De PIP – een aantal voorbeelden

- **Uitgebreide bespreking PICU n.a.v. zorg die bijzonder goed verliep in een levensbedreigende situatie**
 - Diverse actiepunten uit voortgekomen m.b.t. ouders mee naar OK in levensbedreigende situatie, in huis bellen extra verpleegkundigen (back-up)
- **Praktische oplossing voor probleem van wisselende tolken**
 - Notitie van telefoonnummer juiste tolk op voorblad indien tolk akkoord geeft
- **Oplossing voor problemen met centrale toegang in het weekend**
 - Overleg tussen verschillende (sub)-specialismen voor out-of-the-box-oplossingen