Productivity vs Safety in Anesthesia?

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PRODUCTIVITÉ  Security
INDIVIDUAL FACTORS
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Benefits

Standard Recommandations

Migrations
Normalization of the deviance (Vaugham)

Innovation = Trangression

accident
In the real life ...

- No benefits without productivity
- No productivity without risk
- The standards are never final
- For innovation, trangression is the rule

How to manage together these paradoxical orders?
Nap of the individual factors?
collective performance exceeds the sum of individual performances
A stake in the ORGANIZATION that has to answer 2 requirements:

- Economic
- Safety
1- Economic requirement « Productivity »

- Ratio the production/factors of production
- 3 factors of production
  - Tools: The institution
  - Work: All employees
  - Organisation: « Know how »
The tools: Capital of production
Keep what is really useful
Eliminate all useless « extras » ...
The work: Social dimension
The know how: **Intangible capital**

**ORGANIZATION**

- stretcher-bearer
- Nurse
- surgeon
- anaesthetist
Productivity and security: Anesthesia

But he is not alone !!!!!

The quality of the relation between surgeons and anaesthetists determines the risk of error production (Keyser and Nyssen 1993)
Risk management
- bad reputation
- Top-down hierarchical approach
- Indissociable from the organization concepts

Two approaches are directly observed
1. « Clean room » environment approach
2. « Immunizing » approach
A- Clean room environment approach:

« Perfectionist strategy focused on the individual »

- Safety
- Sedimentation
- Accidents

So, the action is:

- Tracking of any variation
- Search for the « individual responsibility »
- Road pressure, radar

It works but .... the peak is rapidly reached
Error is not eradicable

Correcting the error solves nothing completely

The evaluation of the practices is more collective than individual
Looking for the responsibility of a single person, masks the cultural, organizational and decision making, generative facts.
A- Clean room approach
B- Immunizing approach

- The system creates its own defense.
- Safety depends on the system and the organization.
- So the action is:
  - Policy of raising awareness about safety.
Safety & Productivity
Can they coexist?

- Preop exams!
- PACU bypass
- Ambulatory vs inpatients
- ....
Who is the anesthetist? and who is the surgeon?

« high reliability organization »
« High Reliability Organization»

HRO

The « organizational reliability » concerns the study of the organizational conditions allowing a complex organized system to maintain compatible levels of reliability in terms of Safety and Economic requirements.
Where is this theory usable in a car traffic?

But the essential collective dimension does not have to kill the craft activity, which is the usual medical claiming
Conclusions

- We did not fully answer the question asked by Patrick.
- We skimmed through the question of the simplest to the most complexe.
- Mainly, the joint between productivity and safety stays frustrate in the operating block.
- Practically, no scientific researche un the operating bloc.
- Only one clinical study yet …

Are Hospitals « HRO » ? Camille de Bovis (Lyon)

www.anap.fr Recommandations organisationnelles de la chirurgie ambulatoire