## Safety-II in Healthcare: A systems analysis of sepsis survivor and tribute stories

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Due to the complexity and the nature of work within healthcare systems (Carayon & Friesdorf, 2006), this field will benefit from adopting not only the traditional definition of safety, but also the more recently developed definition of Safety-II, whereby the ability to succeed under varying conditions is promoted (Hollnagel, 2014). This new definition allows for a shift in focus whereby the human is considered as an asset, rather than a liability (Rankin et al., 2013). In addition to this, Safety-II focuses on work-as-done as opposed to work-as-imagined (Hollnagel et al. 2013). Healthcare practitioners need to adapt and make adjustments, taking into account demand and available capacity, to ensure task success and as a result differences between work-as-imagined and work-as-done may occur (Anderson 2014).

The definition of Safety-II was developed recently, so methods to measure and capture elements that promote task success are few. As a result, the case study that will be presented adopted qualitative exploratory methods for a healthcare case study on sepsis. In cases of sepsis, it is often reported that opportunities were missed that could have resulted in a more successful treatment course. This case study specifically relates to Safety-II, by trying to identify unique actions taken by staff to ensure task success. Through a qualitative document analysis of 99 tribute and survivor stories, system elements that provided an opportunity for the successful treatment or those that hindered effective treatment of sepsis were identified. This form of document analysis provides a unique perspective of work-as-done, as it is actions reported from the perspective of the patient who may not have knowledge of prescribed actions (work-as-imagined). Common themes across the examples were collated and mapped onto the SEIPS 2.0 model (Holden et al., 2013). In addition to the examples of aspects where the system worked well, signals were identified that may indicate opportunities that, if utilised, could ensure a successful outcome. The study aims to provide a basis for future work to address potential bottlenecks and identify time-saving opportunities, specifically those related to work structure and organisational factors.

The presentation will include the method and results from the completed case study on sepsis and would welcome comments and feedback from the participants of the workshop.

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