

PODIUM 1.4 -- 1:45-2:00 [10 min presentation followed by 5 min Q&A]

Safe is as safe does: A study of the SSC using a Safety II approach

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Background: Most safety-related research is rooted in the Safety I model, which centres on isolating and mitigating error. This approach has helped make healthcare safer, yet has important limitations. For instance, it can result in rigid policies and additional rules that aim to constrain healthcare workers but do not align with the complexities of actual workflows. An alternative approach, Safety II, suggests that it is helpful to consider what “usually goes right.” Using ethnographic methods and guided by Safety II, we explored the practice of the Surgical Safety Checklist (SSC) over a two year period.

Methods: Fifty-five observations days, eight semi-structured interviews, and two surveys of OR staff were conducted. Data were collected and analyzed iteratively by the study team.

Results: Despite not following the SSC step by step in the manner predicted by Safety I, we observed that clinicians: 1. consistently put patient safety first in the OR; 2. use (and tacitly acknowledge) workarounds that allow them to be adaptive in their safety practices and meet the demands of their workflows; and 3. are resistant to use safety tools that do not align with their practice.

Conclusions: Using a Safety II framework, we illustrated clinicians’ patient safety practices, and described the limitations of Safety I tools like the SSC in the context of one large teaching hospital. We argue that advocating for and ensuring patient safety will require more than rigid protocols: it will require close attention and adaptation to the local practices that constitute safe healthcare delivery.