

Local rationality question tool for safety investigations

Louise Roe¹, Sonia Barnfield¹ and Louise Page¹
Maternity and Newborn Safety Investigations (MNSI) programme, London, United Kingdom

OBJECTIVE

Understanding how people make decisions based on the situation from their perspective, including their mindset, knowledge, demands, goals, context of a situation, and any other information available, is the essence of local rationality (Eurocontrol, 2014; Dekker, 2014).

When investigations are conducted by the Maternity and Newborn Safety Investigations (MNSI) programme, there is a clear focus on understanding local rationality.

Exploring local rationality within maternity investigations can be difficult as clinical decision-making can be:

- Subjective
- Based on perception of a situation
- Influenced by past experiences

There are limited tools/information to help maternity investigators fully explore the cognitive factors behind local rationality, whilst being careful not to interrogate staff or neglect their psychological safety.

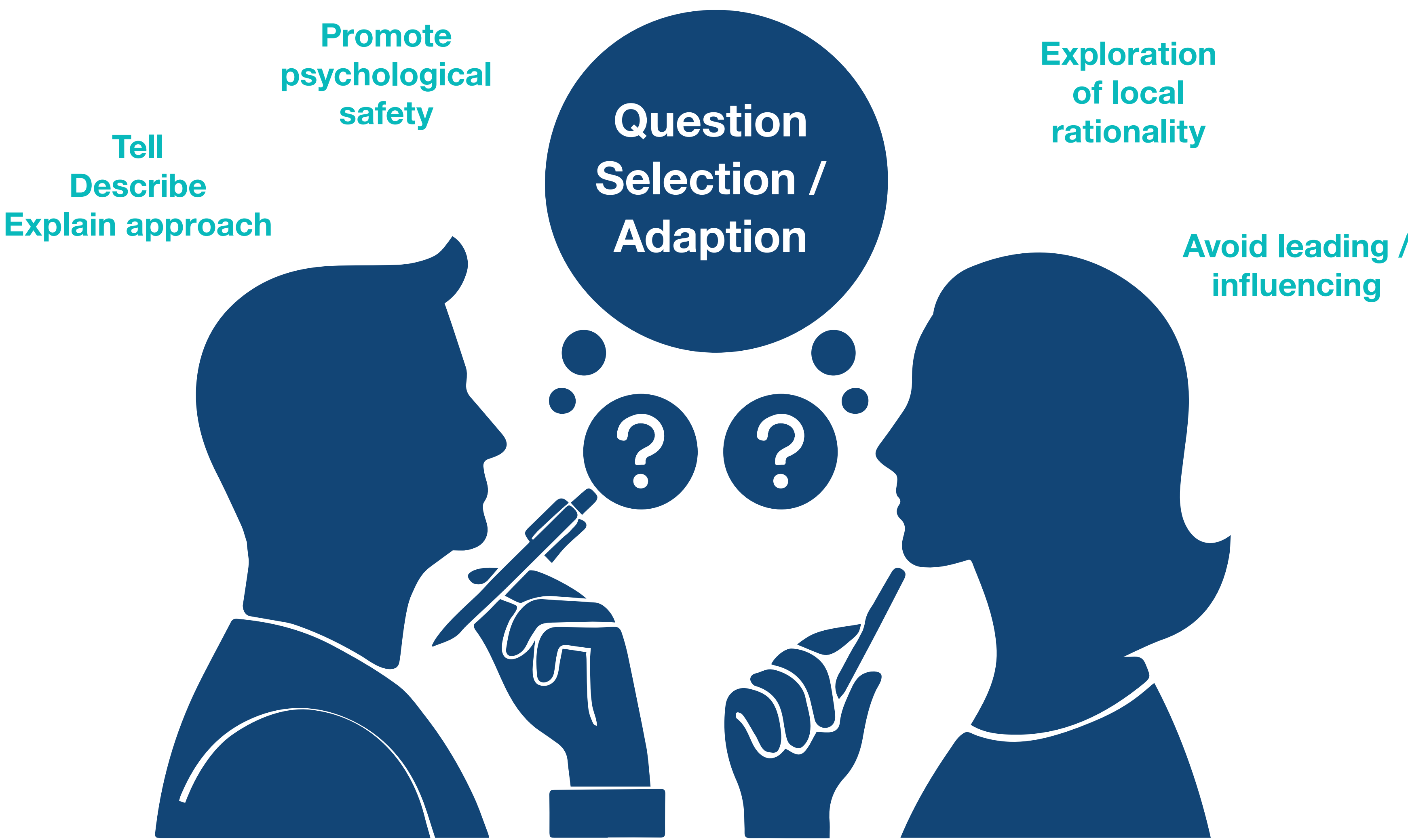
DESIGN

A local rationality question tool was created to help maternity investigators effectively explore local rationality with a no blame approach. A safety science literature review was undertaken, where information/questions from experts were selected.

**Scan the QR code
to open the tool**



METHODS



RESULTS

- The tool was piloted and implemented across MNSI
- Discussions with NHS staff followed a natural conversational structure
- It supported investigators to phrase difficult questions and prevented assumptions being made
- There was a greater understanding of local rationality surrounding an event, including:
 - Nuanced information
 - Perceptions during cardiotocography analysis
 - Reasons behind intentional deviation of guidance
 - What staff were focusing on at the time
 - Reasons why a situation was unable to be predicted
- Rich information was obtained identifying system, process and human factors issues within maternity services
- This is a 'Pick and Mix' tool not a script – it's designed for inspiration
- The tool compliments the Systems Engineering Initiative for Patient Safety (SEIPS) model (Carayon et al, 2006; Holden et al, 2013) or other analysis models that explore the 'whys'.
- Staff involved in the safety event reported:
 - A positive experience
 - Better understanding of the aims of an MNSI investigation
 - Feeling understood, heard and empowered to share information.

CONCLUSION

The LRQ tool helps maternity investigators promote psychological safety, discourage hindsight bias and focus on local rationality. Only then can accurate findings and effective recommendations for systemic change be made. The LRQ tool is transferrable for use in any healthcare service and has been positively received by other investigation industries.

References:

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