Enmeshing patient safety – intervening in the organization and practices of care

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Introduction

Health care as situated practices of the everyday, unfolds in concrete settings, which nevertheless are influenced by ongoing organizational agendas, diverse in origin and timeframes. Patient safety practices are no exception – but how do practices of local settings relate to the overall sense-making and articulation of work that take place in the institution? What productive work can be discerned in the situated practices of patient safety and quality health care, i.e. also in the broader framing of the activities, beyond the confines of the specific locality of action?

The present paper examines the refiguring effects of patient safety practices (Zuiderent-Jerak, et al. 2009; Pedersen 2017). From the relatively delimited contexts of their original engagement, scrutiny is opened also to ‘less visible’, perhaps ‘deleted’, organizational configurations in which patient safety practices continue to perform. The paper draws on the notion of artful contamination (Zuiderent-Jerak and Jensen 2009), through which patient safety becomes enmeshed in the organizing of the institutional framework of health care setting. Even where patient safety does not figure in as an explicit concern, it is thus seen to serve a role. The study points to the practical significance of such translations in and for clinical practices.

Objectives

The objective of the study is to foreground the transformative potential of patient safety in organizing and reordering processes of healthcare work. With the healthcare practitioner in focus, the study points to the significance of their clinical work, also into matters of learning and interplay between professionals, work and, more broadly, projects of the organization.
Methods
The paper takes a retrospective approach, ex post case analyses of projects conducted in collaboration with a Maternal-Child Care facility of a Danish hospital. The projects relate to neonatal milk kitchen and paediatric surgery ward practices, respectively. Sensitizing concepts informed by Science and Technology Studies and generative design research are leveraged to explore and make sense of the relationships between the in situ and accomplished character of patient safety practices on the one hand, and across their immediate sites of action, on the other (Nicolini 2012).

Results
Intervening capacities of safety practices in their further enmeshment points to the trade-offs or “artful contamination” through which safety becomes a sustained, albeit less-pronounced aspect of manifold processes in the agendas and work. Patient safety initiatives manifest through other means, albeit not with the original problem-framing of patient safety and quality health care as being a key concern. It points to the unfolding of ‘patient safety’ practices and their partial connections in making their relevance in manifold ways. Such an irreductive vantage point in addressing and working with patient safety allows for openness and flexibility to be leveraged, and in drawing on distribution of safety work in other practices.

Conclusion
The study shows the relevance of patient safety practices as sustained beyond the scope and framing of the immediacy of clinical practice. Through empirical synthesis, it shows how patient safety practices can be discerned as pertinent to diverse agendas of the organization.

References