Learning from Excellence in Health Care

A Qualitative Study on Excellent Practice

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Degree Thesis

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Sammandrag:
Traditionellt har patientsäkerhet utvecklats genom att fokusera på misslyckanden, som till exempel rapportering av patientsäkerhetsincidenter. Emellertid kan man lära sig från både misslyckanden och lyckade situationer. Situationer när saker lyckas händer signifikant oftare än de som misslyckas.
Syftet med denna studie är att lyfta fram framgångar i vårdinrättningar och att få information om framgångar för att utveckla patientsäkerheten. För denna kvalitativa studie analyserades sammanlagt 100 Learning from Excellence rapporter i vilka lyckade vårdrelaterade händelser beskrivs. Rapporterna som användes som material för denna studie tillhandahölls från ett räddningsverk i Finlands och från ett sjukhus i Storbritannien. Studien eftersträvar att svara på följande frågor: ’Vilka är de saker som leder till framgång enligt vårdpersonal vid räddningsverket i Finland och på sjukhuset i Storbritannien?’ och ’Hur skiljer sig resultaten mellan de två inrättningarna?’ Materialet analyserades med en induktiv metod och en frekvens av resultaten räknades även för att tydligare kunna svara på undersökningsfrågorna.
Som teoretisk referensram för studien fungerar ett nytt sätt att närma sig hur man skall undersöka säkerhet, vilket enligt man borde fokusera på situationer som lyckas istället för de som misslyckas. Människor samt deras förmåga att anpassa sig till varierande situationer är en central del av teorin.
Analysprocessen medförde fyra centrala begrepp: samarbete, kommunikation, utförande och attityd. Dessa begrepp kan anses som huvudtemana i rapporterna från båda hälsovårds inrättningarna. Resultaten presenterar ett möjligt perspektiv på att observera framgångar som en del av säkerhetens utveckling.

Nyckelord:	Patient säkerhet, säkerhets utveckling, lära av framgångar, Learning from Excellence, framgång, rapportering
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Abstract:

Traditionally, developing patient safety concentrates on pointing out the errors, like incident reporting. Though, one can learn not only from mistakes but also success. Things also tend to success significantly more often than they would go wrong.

The purpose for this study is to show success in health care settings and to gain information for improving patient safety. 100 Learning from Excellence reports were analysed for this qualitative study. In the reports is discussed situations that ended up well according to the health care workers. The reports, as a material for this study, are received from a rescue department in Finland and a hospital in Great Britain. This research aims to answer the questions: 'What are the matters that result in success along health care workers in rescue department in Finland and hospital in Great Britain?' and 'Do the results differ between the two separate departments?' The material was analysed with inductive methods and a frequency was calculated to answer better the second research question.

As a theoretical framework is used a novel approach to safety, according to which the focus in improving safety should be set on every day's success instead of mistakes. In the centre of the theory are humans and their adjustments in varying conditions.

As a results of the analysis was found four abstracts called collaboration, communication, workmanship and attitude. These abstracts can be considered as main themes in the reports from both of the health care settings. The results present one perspective for understanding the success as part of safety development.

Keywords:	Patient safety, safety development, learning from success, Learning from Excellence, success, safety reporting
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Tiivistelmä:

Perinteisesti potilasturvallisuutta kehitetään puuttumalla virheisiin, kuten raportoimalla haittatapahtumista. Kuitenkin, virheiden lisäksi myös onnistumisista voi oppia. Lisäksi onnistumisia tapahtuu päivittäisessä työskentelyssä merkittävästi enemmän kuin virheitä. Tutkimuksen tarkoitus on osoittaa onnistumisia terveysalalla ja saada onnistumisista tietoa potilasturvallisuuden kehittämiseksi. Tätä laadullista tutkimusta varten analysoitiin yhteensä 100 Learning from Excellence -raporttia, joissa kerrotaan onnistuneista hoitotapahtumista. Raportit saatiin eräästä pelastuslaitoksesta Suomesta ja sairaalasta Iso Britanniasta. Tutkimus pyrkii vastaamaan kysymyksiin: ’Mitkä asiat johtavat hoitotyöntekijöiden mukaan onnistumisiin Suomalaisessa pelastuslaitoksessa ja Iso Britannialaisessa sairaalassa?’ ja ’Miten vastaukset eroavat kahden eri terveydenhuollon yksikön välillä?’ Aineisto analysoitiin induktiivisin menetelmin ja analyysissä laskettiin myös frekvenssi, jotta tulokset vastasivat paremmin tutkimuskysymyksiin.

Tutkimuksen teoreettisena viitekehyksenä on uusi lähestymistapa turvallisuuteen, jonka mukaan turvallisuuden kehittämisessä tulisi keskittyä virheiden sijaan jokapäiväisiin asioihin, jotka onnistuvat. Ihmiset ja heidän kykynsä sopeutua vaihteleviin olosuhteisiin ovat keskeinen osa teoriaa.

Tutkimuksen tuloksena löydettiin neljä keskeistä käsitettä: yhteistyö, viestintä, ammattitaito ja asenne. Käsitteitä voidaan pitää raporttien pääteemoina molemmissa terveydenhuollon yksiköissä ja ne esittävät yhden näkökulman onnistumisten ymmärtämiseksi osana turvallisuuden kehittämistä.

Avainsanat:	Potilasturvallisuus, turvallisuuden kehittäminen, onnistumisista oppiminen, Learning from Excellence, onnistuminen, raportointi
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CONTENTS

1 INTRODUCTION

The word safety is recognised by everyone and as human beings we have a common need to be and feel safe. Hence the definition of being safe can be assumed differently. Generically safety is understood as a condition where the absence of unwanted or bad outcomes is as low as possible. When asking whether something is safe or how safe it is, one ends up calculating the possible risks and failures. Aside that has come a new way of thinking, pointing out the success in everyday work. These two perspectives of considering safety are termed as Safety-I and Safety-II and they are used in safety management to understand and to improve safety. (Hollnagel, 2014)

Safety in health care took a big step forward in 2000 when Institute of Medicine published a report called To Err is Human (IOM 2000), in which was presented the magnitude of mortality due to medical errors. The book presents a need to raise the level of patient safety by admitting and learning from the mistakes, which suits the Safety-I theory. Thus, despite a widespread attention to mistakes, improvement has been slow. A need for a better way to improve safety is motivated with increased life expectancy, more complex diseases and a higher demand in high quality care. Instead of trying to minimize the mistakes, Safety-II theory concentrates on maximize the positive outcomes. (Hollnagel et al. 2015) With terms positive outcomes, success and excellence are denoted the situations which end up well, most of which are ordinary everyday events that often are not even payed attention to.

This research concentrates on studying patient safety via success in two different health care settings in one rescue department in Finland and one hospital in Great Britain. The purpose is to show excellence of the two settings by clarifying what the employees themselves consider to be done excellent. That aims to gain information of success for developing patient safety referring to the Safety-II theory. As a research material are used reports of successful events written by health care workers in Finland and Great Britain. Reports are part of a novel approach called Learning from Excellence, which has a goal in improving patient outcomes and a positive working culture (Kelly et al. 2016). The results of this study could be used for example in part of patient safety training beside the

method of learning from failures. Qualitative content analysis with inductive methods will be used in report analysing.

2 BACKGROUND

In this chapter patient safety related terms are defined. The safety management theories moving from Safety-I to Safety-II are reviewed closer likewise clarifying what resilient healthcare stands for. It is also explained, how the Learning from Excellence approach is used to achieve patient safety.

2.1 Patient safety

World Health Organization (WHO 2006) names safety among five other dimensions of quality in which health systems should develop. Safety is defined as "delivering health care which minimizes risks and harm to service users". The other areas named are effectiveness, efficiency, accessibility, acceptability/ patient centeredness and equitability. Patient safety is described as a "cornerstone" of high quality-health care (Michell 2008).

2.2 Safety-I

From historical perspective safety has been pointed out after failures or when people have noticed risks. A way to avoid accidents has been identifying and removing the causes of faults. Accidents have been explained with factors for example technology which does not work, peoples mistake or a bad safety culture in organization. That way has been effective with short-term solutions which explains why accidents have been solved over century by seeking the failures. (Hollnagel et al. 2013b)

This theory, named Safety-I is generally described in a way that as few things as possible go wrong. Accidents are caused by malfunctions whereby the purpose for studying and improving the work is to study the failures. Human is seen as responsible factor of the problem. (Hollnagel et al. 2015) A model of learning from mistakes is to report failed events to avoid similar harm in the future. In 2003 was established a National Reporting

and Learning System (NRLS) with a purpose to develop patient safety by reporting and learning patient safety incidents (NHS improvement 2016). In Finland a similar system was launched two years after in 2005 named HaiPro (Knuuttila et al. 2017 p.10-11). These systems are still in use as the primary safety reporting mechanisms.

2.3 Resilient healthcare

In health care, systems like emergency and intensive care are variable and flexible. It is natural that when people work with people things do not always go as expected. Things go well because people can adjust their behavior to the conditions of work. (Hollnagel et al. 2015) Performance variability is therefore origin for failures and successes. There is no straight correlation between working error and failure or careful preparation and success (Hollnagel et al. 2013a p. xxiv). This ability to adjust in upcoming events before, during or after function, is called resilience. An upcoming event may be a good or bad, like opportunity or disturbance and it can be either expected or unexpected. Under variations in resources, environmental disorders or human factors, the new condition requires adaptability which allows the system to success. Though, resilient system does not always success, but the adaptability and resilience enable quick and safe recovering after failure. (Fairbanks et al. 2014)

As both success and failure depend on the variating conditions in every day work, it makes the variability crucial for the system to function. Therefore, by eliminating risk factors we cannot prevent all failures. Thus, safety cannot be managed by creating limitations on daily work. (Hollnagel, 2014)

2.4 Safety-II

Instead of avoiding mistakes we could make sure that everything goes well. That is explanation for Safety-II, another way to examine safety, according to which the positive outcomes are aimed to maximize for improving patient safety. The main idea is to study why things go well and to continuously find new improvements. People are a necessary resource for the system to work flexible as they are able to adjust. When studying safety, focus is set in the way how work generally succeed as a basis for how it sometimes fails.

(Hollnagel et al. 2013a) (Hollnagel et al. 2013b) To idea of safety is therefore to look at the whole event, not only the outcome.

In a grass roots people often work using a combination of Safety-I and Safety-II while in management the first one is dominating. One explanation for that can be that it is surely easier to calculate the miss outcomes than all the succeed ones. (Hollnagel et al. 2013b) But as things go well much more often than they fail, a big amount of information is not used in safety development if only the mistakes are counted. In addition to that, the mistakes often become more expanded afterwards than what they were in the beginning. If safety management only concentrates on calculating the risks and mistakes, the overall picture may be distorted.

Under more changing working environments the outcome often differs notably from what is planned. In other words, the result cannot always be predicted. We can accept the variability, notice the situations where variability may lead to useful effects and learn how to manage and support that. Everyday performance goes well because people can adjust in changing conditions rather than they would work as planned. (Hollnagel, 2014) (Hollnagel et al. 2015)

2.5 Learning from success

Instead of waiting an error to happen the focus should be set "in situations where nothing out of the ordinary seems to happen." In these situations, adjustments to varied factors occurs which end up to success. At least as important as reviewing the causes of adverse events is to find out what are the adjustments that lead to success and to learn from them. (Hollnagel et al. 2015) Success, on the other hand, can be a subjective term. It can be viewed for example from perspectives of health care department, employee, patient and relative.

Going through difficult situations that had succeed well was part of trainings that started in Kuopio University Hospital between 2012-2014. Patient cases were reviewed with paramedics, emergency departments and intensive care departments. The aim was to

create good spirit of working community by showing all the success that the teams have worked for. (Paakkonen 28.2.2019, interview)

2.5.1 Learning from Excellence approach

Learning from Excellence (LfE) is one initiative to capture everyday successes in health care settings. The aim is to improve patient outcomes and positive culture in workplace through reporting and studying excellence at health care work. The approach begun with a pilot study in Birmingham Children's Hospital's Paediatric Intensive Care department where all stuff could voluntarily report after excellent practice. In project includes a multidisciplinary team who review the reports collecting a summary to share with the whole department weekly. One-year pilot study resulted that reporting succeed outcomes can increase personals moral (93% agreed) and improve quality of care (87% agreed). (Kelly et al. 2016)

This specific LfE approach is used in this study to gain research material. Any health care organization can implement the approach part of their function. Part of this approach health care workers write reports about things they consider has gone well. One of the approach's formers describes in the original websites blog text that there is not just one way of practicing LfE, but what is common in implementations is a thread of appreciative, warming everyday positivity (Plunkett, 2019). This LfE approach was first in Finland set in practise in Emergency Department of Southwest Finland during autumn 2017. As a research material in this study are the reports that has written part of this LfE approach.

3 THEORETICAL FRAMEWORK

Safety-II theory is used as a theoretical framework for this research, as it gives good frames on studying what goes right in health care systems. Health organizations are by nature unpredictable which is why performance adjustments are so important for the system to run. Safety-II focuses on the system's ability to success under variable conditions. For improving safety, the amount of successful or acceptable outcomes in everyday activities is aimed to be as high as possible. Furthermore, the probability of a

non-failure event is much higher than of a failure. (Hollnagel et al. 2013a) (Hollnagel et al. 2015)

4 PREVIOUS RESEARCHES

Ellis et al. (2014) show that we can learn both from successes and failures. Analysing succeed performances enables persons concerned to become more conscious of them. That increases effectivity and motivation to set a goal higher for the following occasion.

Housengraad found in her Master thesis (2016) that studying adjustments in everyday work is an important base to improve patient safety in health care settings. That supports the Safety-II theory by showing that the adjustments people do are at the centre of safety.

In Dieckmann et al. paper (2017) is discussed how Learning from Success (LfS) approach can be used in part of simulation and debriefing. Authors point out a need for more studies to allow them to find the most effective situations where to use LfS in simulation training. Studies that would be needed are to identify those topics that are related to LfS based scenarios and debriefings, as well as to understand their effects and influences.

5 PURPOSE, AIM AND RESEARCH QUESTIONS

The purpose of this study is to find themes that are commonly experienced excellent in reports that are collected in Finland and Great Britain. The aim is to show excellence in health care settings and to gain information of success for developing patient safety. The research questions are:

- What are the matters that result in success along health care workers in rescue department in Finland and hospital in Great Britain?
- Do the results differ between the two separate departments?

Excellence is not defined more than what health care reporters find excellent.

6 MATERIALS AND METHODS

6.1 Materials

The material of the study consists of 50 Learning from Excellence reports gathered from one rescue department in Finland and 50 similar reports from one hospital in Great Britain. The reporters, regardless of position, work in that specific organization and they took part in the approach voluntary. In reports, health care workers write, in their own words, of situations that has gone well. The reports were chosen randomly and made anonymous by their holders before sending them virtually to the author.

The Learning from Excellence reports have unique question formulation which leads to that the reports are written in partly different ways. Questions in reports are followings. In reports from Finland there are two open questions, which are translated here from Finnish. What was done excellent? How could this working model be useful in future? Open questions in reports written in Great Britain are followings. Who did something excellent? What did they do? What can we learn from this? What might we do differently in the future? Due to that variation in questions the analysis was made first separately, first with the Finnish reports and then with the British ones and afterwards the results were compared together. The analysis was guided by the research questions, 'What are the matters that result in success along health care workers in rescue department in Finland and hospital in Great Britain?' and 'Do the results differ between the two separate departments?'

6.2 Methods

Qualitative data analysing method is used for studying rich and verbal information as a research data. The process of analysis goes through activities of reading profoundly the raw data, organizing and then coding, discussion and searching meaning towards larger patterns. (Averill 2015 p.3-7) Analysis is done with inducted way in which the material is first reduced in short meanings which are then connected to similar meanings by their content. Afterword those raw frames are summarised so that it answers to the research questions. Not all the information in collected data is needed to be analysed but the ones

that are related to the aim of the research. In qualitative research the questions might as well sharpen while conducting the analysis. (Kylmä & Juvakka 2007 p.66)

The purpose for qualitative study is to gain a wide knowledge of a specific phenomenon in which study focus on. The data collection is made as open-minded as possible with open questions which does not conduct the participant in his or her answer. (Kylmä & Juvakka 2007 p.58, 64,) In this study the reports were already written and answered before the researcher got them as a data for this study. Openness is reinforced by open questions which the respondent could interpret them himself.

Kylmä and Juvakka (2017 p. 115) describes qualitative research with a metaphor of fishing. The research material may be imagined as a school of fish, from where the best fishes are proposed to catch. Research analysis formulates a net which allows some fishes swim trough meanwhile some stuck in. The manner and systematism of analysis determine the loop size. If the size is not correct for the purpose of the research the catch will not be that what was searched.

The analysis process had four steps, perceiving the big picture, coding, grouping and abstracting. Therefore, the work started with reading profoundly all the reports and making a general view of them. I noted a theme lists of the reports to make easier my understanding of the topics. The next step was to code the comprehensive reports in to shorter units in a way that the main content would remain. Before coding, I wrote number in every report, which I then added in the coded unit to enable finding the original report in case needed. Not all the information is equivalent for the research and hence the significant facts for the researched phenomena was intended to recognize (Kylmä & Juvakka 2007 p.117). After coding, the similar units were compared to each other attempting to find similarities in contents to produce groups. I used blank Word documents and multiple different colours to categorize different groups and units. The last step was abstracting, which means connecting similar groups to larger units and then again to larger units until no more abstract scales were found. All the groups and abstracts were named so that the name covers all the units that was set under them. After finalising analysis with the Finnish reports, I did the same procedure again with the British reports.

Reviewing and equivocating groups and units that were resulted from both analyses, I found abstracts that suited in them both.

In content analysis the results are possible to quantify, which was done by calculating how many times a specific theme appears in research material. (Kyngäs et al. 2011) This possibility is used in this study as the author find it answer better the research questions. The frequency was calculated only from the abstracts whereas the groups are organized in the amount of the order.

In a qualitative study the research questions might become more precise during and after analysis process (Kylmä & Juvakka 2007 p.113). After finalising the analysis with both reports the research questions were sharpened to correlate better with the result.

The study is limited in two health care settings, a rescue department in Finland and a hospital in Great Britain.

7 ETHICAL ASPECTS

This research has been conducted according to the guidelines in responsible conduct of research ensuring ethical acceptability, reliability and credibility (Guidelines of the Finnish Advisory Board on Research 2012 p. 30-31). The author strived to follow integrity when processing the LfE reports, to be meticulous describing the results and to follow accuracy during the entire process of this research. Qualitative method, used in this research, comply with the scientific criteria and is ethically sustainable. Other researchers work and achievements are respected by citing publications appropriately.

The credibility is reinforced when the author deals long enough time with the research material. In addition to that, a research diary, which the author wrote during the study process, strengthen credibility. Dependability can be problematic criteria in qualitative research as another researcher would not necessarily end up with the same interpretation, which is accepted in qualitative research. Reflectivity in research requires that the author is aware of her starting point as a researcher. (Kylmä & Juvakka 2007 p.128-129)

Requisite authorisations were made with both report holder's departments. In the Finnish rescue department, the LfE project is permitted by The Hospital District of Southwest Finland. Following their directives, a research licence for this register-based study was applied from Turku Clinical Research Centre in the spring 2018. (Hoitotieteellinen tutkimusohjelma vuosille 2016-2018, 2016 p.12) The permission to use anonymised excellence reports from the hospital in Great Britain was applied from one of the owners of the LfE approach. The permission was confirmed via email by the hospital's Information Governance Manger. Written authorizations are attached at the end of this research report.

To maintain reporter's confidentiality and data security, researcher utilises common safeguards, as avoiding the use of identifiable data and keeping data safe (Barnhill et al. 2015 p.11-14). The reports that were received for this study were anonymous from the beginning and therefore even the researcher did not handle with any identifiable data at any point of the process.

8 RESULTS

Process of analysis, coding and grouping resulted in four abstracts, collaboration, communication, workmanship and attitude. In following subtitles these abstracts are explained with some citations from the original reports. In table 1, groups under the abstracts are written in ascending order where the groups with biggest amount of reports are set on top.

Table 1. Themes in abstracts listed in order of amount

Collaboration	**Communication**	**Workmanship**	**Attitude**
To help and support colleague	Communication that fits in the situation, adequate documentation	Thoroughness	Initiative
Fluent teamwork, going ”the extra mile” for patients best	Professional encounter with patient and relative	Rapid and effective working in an acute situation	Effort, little extra work for the big picture
Sense of community, to mind everyone in the team	“Time out”, to go through a review together	Patience and calmness in a mission	Positive and open attitude for new
Good leadership	Active listening to radio traffic and reacting to that	Theoretical knowledge and clinical skills	Resilience and willingness to help
Trust in colleague	Open feedback discussion	Courage and resilience in changing plans	Trust in intuition
	Courage in communicating	Anticipating	
		Following instructions	

The difference between results from Great Britain and Finland can be reviewed looking the table 2. The greatest amount of reports in the results from Finland, 34% (N=24), are set under abstract collaboration. In Great Britain reports related to collaboration present about the same amount, 35% (N=18). Second often named abstract has a biggest difference between the two countries, when in Great Britain it is attitude 35% (N=18) and in Finland the second popular abstract is communication with frequency of 26% (N=19). Attitude in reports from Finland has only frequency of 17% (N=12). Workmanship and communication together are one-third of all the reports from Great Britain with frequency of 15% (N=8). Workmanship in reports Finland covers a quarter of the reports, 23% (N=17).

Table 2. Frequency of abstracts

Abstract	Health care setting	Frequency in number (N)	Frequency in percent (%)
Collaboration	Rescue department in Finland	25	34%
	Hospital in Great Britain	18	35%
Communication	Rescue department in Finland	19	26%
	Hospital in Great Britain	8	15%
Workmanship	Rescue department in Finland	17	23%
	Hospital in Great Britain	8	15%
Attitude	Rescue department in Finland	12	17%
	Hospital in Great Britain	18	35%

8.1 Collaboration

One leading theme in excellence reports is collaboration, which appears in one-third of all reported cases in both Great Britain (N=18, 35%) and Finland (N=24, 34%) (table 2.). It contains paying attention to others and minding everyone in the team. In many reports are underlined excellence in helping and supporting colleague. Help and support are given in decision making, with a critical patient or a new task. When oneself is not that busy it is highly appreciated to help colleague with hands full off work. It is appreciated to ask if someone in team needs help even though it would not eventually be needed. In the following citation has described how a person offers help to another, brings the necessities that were asked for and stays near in case needed more. Then it is added that the feeling of having competent and reliably support is valuable.

> ”… xx tulee luokseni/seurakseni ja kysyy, voiko olla avuksi, tarvitsenko jotain ja toimittaa kaiken pyytämän (paarit valmiiksi, kauluri) ja jää "hollille". Tunne, että on osaavaa ja luotettavaa taustatukea, on tosi arvokas.”

Teams that work fluent together seem to have something in common as the members work towards common goal. In one report the excellence in team is described in a following way.

> ”…extraordinary skill meets with a team spirit willing to go the extra mile for the benefit of the patient.”

Having not only focus on patients but also in working personal a teamwork is lifted up as a base for supporting sense of community. Matter that comes to the fore from the reports is appreciative encounter showing interest to others by listening, asking feelings and giving support. Feeling that a colleague has listened everyone’s opinion and that working tasks has shared fair are experienced increasing equivalence. In the following quotation are described support, listening and respect which have led to increased confidentiality. The second report is about taking a peaceful situation in advantage to guide a student involved in a mission.

> ”…immense support…she respected all of the questions which I thought were 'silly' and helped to make me feel much more confident.”

> ”Ensihoitaja käytti rauhallisen tilanteen erinomaisesti hyödyksi ja ohjasi yksikössä mukana ollutta opiskelijaa tulkitsemaan EKG:ta.”

Part of collaboration is also trust in colleague, his/her assessments, vision and work. It is for example described fasten an acute situation where a critical patient would not have profit off a double examination and longer waiting for a more comprehensive analysis.

As part of well-functioning team is written good leadership. Appreciated qualities of the leader are supporting whole team, giving clear and targeted directions, coherence and confidence.

> ”outstanding team leading skills, extremely supportive … absolutely amazing role model”

8.2 Communication

Under subtitle communication are included all kind of communication skills, verbal and non-verbal in between workers and with patients. Also, radio traffic and written texts are reviewed here. Communication is theme in reports more often in Finland (N=19, 26%) than in Great Britain (N=8, 15%) (table 2.).

Professional encounter with patients and relatives is reported as one matter that has done excellent. For succeed communication the subject, to whom one talks to, is concerned weather he/she is an adult or a child, memory ill or intoxicated. Professionalism in encounter is described with tranquillity, patience and with showing empathy and compassion. Ideally instructions are told so that everybody in the situation can listen and understand them. One example among the reports is a situation where a memory ill patient with hard of hearing needed to transport to hospital but the nurses were not able to ask neither to understand how the patient was feeling. Then a paramedic who came in to the situation figured out to write the question on paper which resulted that the patient could answer without any problem. In the following citation is written importance of sensitive encounter.

> ”Demonstrated empathy, kindness and sensitivity in the delivery of care to one of my patients … Made family feel safe.”

Beside the importance of verbal communication, the written reports have also a major role in it. Adequate documentation is coherent and concise.

Active listening to radio traffic and reacting to that when needed is appreciated. In cases when one's own team is closer to an accident site, but another team is called for it, it is valued to call and suggest a switch. Communication with radios is good to be brief, organized and short.

According to the reports it is valued to have "time outs" which means going through a review together at some point during a care situation. In the following citation is written a situation where in "time out" was reviewed the work that had been done and a plan what should be done if patients condition got worse during a transportation. Even a beforehand made plan was changed and a new plan was told to the whole team.

> ” Ennen kuljetusta pidettiin ”time out” ja käytiin läpi mitä tehty ja mitä kuljetuksen aikana tehdään jos potilaan tila huononee. Valmiiksi tehty suunnitelma muutettiin kun potilaan tila muuttui ja uusi suunnitelma kerrottiin ääneen kaikille osallisille.”

From the reports showed also up the importance of open feedback discussions after difficult or acute missions. It may be held face to face or even via radios. The feedback may be either positive or constructive or both.

Courage in communicating means here telling out loud one's ideas and concerns as well as ensuring that others have understood the issue. In one report is taken up a grow in confidence in presentation and teaching skills.

8.3 Workmanship

Workmanship is reported done excellent more often in Finland (N=17, 23%) than in Great Britain (N=8, 15%) (table 2.). Excellent theoretical knowledge and clinical skills are noticed in the working field according to the reports. It is described to recognize a patient in bad condition and to organize needed help immediately. Skills in organization and time keeping are named. Excellent theoretical knowledge and clinical skills are noticed in the working field according to the reports. It may help recognizing a patient in bad condition and organizing needed help immediately. Specific knowledge in safeguarding, skills in organization and time keeping are also named.

> ”xxx showed excellent knowledge of process in relation to safegurading of children.”

> ”xxx was very organized in her cubicle. Great organization skills and time keeping!”

Thoroughness is set here under subtitle ‘professional skill’, but it could partly present one’s attitude as well. Thorough way of working can be seen when calculating and sharing medications, where double-checking is worthwhile. Attention to details can ensure safety for example when one notices that settings are wrong in a care device. Having and using check-lists as well as common protocols are experienced worthy. Sometimes circumstances and plans change but by moving forward and following given instructions the big picture is likely to success. Specially in acute situations following protocols can result in success, as in a following case with a catastrophic bleeding patient. With a few clear orders the patient got the life-saving treatment, was transferred immediately downstairs and towards hospital.

> “… Potilaan hätäsiirto+ henkeä pelastavat toimet (haavan painaminen + nopea kulj. aloittaminen). Keikka meni erittäin hienosti, muutama käsky ja potilas oli saanut alkuhoidot+ kanto kerroksesta alas, ei arpomista mitä tehdään.”

Courage and resilience in changing plans are reported to be done excellent. Awareness of the situation requires also skills in communication. With awareness it is possible to be resilient in stating that if the first plan does not work so it is time to put in action the back-up plan. In one report is written a case which demonstrates well not only resilience but also spontaneous and anticipation in a challenging situation. A critical bleeding patient needed an intravenous route for fluid transfer but as the peripheral circulation was reduced setting the intravenous catheter did not success. The team quickly suggested a back-up plan of setting an intraosseous route which did success. The team had early called a prior notification to the receiving hospital so that they were able to start their preparation.

8.4 Attitude

According to the reports, right attitude is appreciated in Great Britain about twice as often (N=18, 35%) than in Finland (N=12, 17%) (table 2.). It contains effort and diligence which are underlined in many reports. The effort can be seen as a little extra work or just very thorough way of working. As a purpose for doing so is named patient safety, goodwill for both patients and colleagues and the big picture. In the next citation is described how a person worked hard during a shortage of manpower.

> ”She worked above and beyond to make sure the lists went ahead and no patients got cancelled.”

In some reports the little extra work was done in taking into account comprehensive well-being and housing for both patient and relatives. It can be done for example in bringing the knowledge of all possibilities of help to ensure patients well-being as well as ability to coping at home. Or, as in the next citation, the paramedic had done multiple little works to diverse patients giving help, joy and preventing possible damage. The work was included moving furniture, fixing rollator, searching for an extra mattress and suggesting using anti-slip socks.

> ”Useammallakin potilaan lattialta nostokeikalla sairaankuljettaja on toiminut esimerkillisesti, mm. Parantanut potilaan asumis/elämismiljöötä ettei liukastumisia/kompastumisia sattuisi tai ylösnousu olisi helpompaa eikä lattialle valahtaisi. Esim. Kehottamalla käyttämään liukuestetossuja/-sukkia, siirtämällä kalusteita pois kulkuväylältä, korjaamalla rollaattoria, hakemalla ylimääräisen patjan potilaan sänkyyn, jne.”

Resilience and willingness to help colleagues in unexpected situations are valuable. There has been written few reports of sudden shortage of workers due to delays after unexpected bad weather conditions or illness when a colleague stayed overtime voluntary, as in the next quotation.

> “xxx cancelled her own plans and offered to cover the shift, helping to maintain patient safety.”

Self-imposed way of working is respected in many situations. One example is to begin doing a task, for example classifying patients in traffic accident as a first arriving unit without waiting an order. Also, when you notice a malfunction somewhere, you can intervene and fix it right away.

Open and positive attitude are reported as part of excellence. The attitude can be noted in activity in the working community and in enthusiasm in sharing ideas. Open mind is combined with learning making it easier. Also taking new modes of operation in action happens without any problems with great attitude. Communication is felt in reports more pleasant when being positive. Attitude can have a big impact when becoming part of a new group as in the following citation.

> ”xxx joined the xx team 5 weeks ago and has shown immense enthusiasm and eagerness to learn. xxx has a can do attitude and during group work at the xx was brave, expressing her opinions and making suggestions which can be difficult when you are the newest member of an established team.”

8.5 Summary of the results

Analysis of the reports resulted in four abstracts named collaboration, communication, workmanship and attitude. These abstracts present one possible perspective of observing excellence. Collaboration is one of the leading themes in reports from both origins Great Britain (N=18, 35%) and Finland (N=24, 34%) (table 2.). Under subtitle collaboration are described matters like helping and supporting colleagues, fluent teamwork, sense of community and good leadership.

About excellent communication has been reported more often in Finland (N=19, 26%) than in Great Britain (N=8, 15%) (table 2.). Succeed communication is adequate in the situation being either verbal or written and it can be done even via telephone or radio. The subtitle includes professional encounter with patient and relative. Reviews and feedbacks held together are appreciated.

Workmanship, meaning professional skill, has been payed attention to more often in Finland (N=17, 23%) than in Great Britain (N=8, 15%) (table 2.). It contains both theoretical and clinical skills. Matters that comes up from the reports are thoroughness, patience, effectivity, courage, resilience, anticipating and following instructions.

Attitude as a fourth abstract, is appreciated in Great Britain about twice as often (N=18, 35%) than in Finland (N=12, 17%) (table 2.). Excellent attitude has been described as initiative, putting effort, having positive and open mind, being resilient and trusting in intuition.

9 DISKUSSION

The aim for this study was to show excellence in health care settings and to gain information of success for developing patient safety. To fulfil the aim, the author went profoundly through 100 reports of excellence practice from two health care settings, a rescue department in Finland and a hospital in Great Britain. The reports were analysed first coding then grouping and finding abstracts. The process of analysis resulted in four abstracts, in which all the reports from Great Britain and Finland was set under. The

abstracts are called collaboration, communication, workmanship and attitude. A difference between them can be shimmering as they all have some relation to other. Humanity connects all the reports, whereas technical equipment-based subjects were barely mentioned. This is probably result for the questions in reports in which were asked, what was done excellent, focusing on the process of act. Thus, many reports, like the ones handling attitude, focus more on person's way of think and be.

Abstracts named collaboration and communication can be regarded as social features whereas workmanship and attitude represent more personal features. What is interesting according to that, is that the social features typify major part of the topics in Finnish reports. In reports from Great Britain both social and personal features are equally represented. One explaining factor could be that the Finnish reports are written mostly in ambulance, where the work is particularly team related. In hospital environment the both features are clearly as much appreciated.

As Ellis et al. write in their study (2014), analysing succeed performances helps people to become more conscious of them which again motivates and encourages them to work the same or even better way next time. The meaning of this study leans to that fact. People and their adjustments in varying conditions is in the centre of Safety-II theory (Hollnagel et al. 2015). The author herself felt that reading the excellence reports was empowering. The results of this research hopefully facilitate health care workers to understand the success and to learn from it to increase safer patient outcomes as well as to enhance spirit in the working community.

Matters that were taken up in the reports can differ between the two departments partly due to distinct work environments. As the reports written in Finland are done mostly in pre hospital settings they can focus on diverse aspects than reports written in hospital environment in Great Britain. For example, matters like radio traffic and good leadership have been mentioned more often in reports from Finland than from Great Britain. Sociocultural differences influence in the matters that are described in the reports as well as the way of expressing a commendation. This can be seen specially in the amount off attitude-based reports, which is double higher in reports from Great Britain than in the ones from Finland. At the time when the LfE reports were received for this study, the

approach had been rolling for four years already in Great Britain while it had just begun in Finland. This can have some an effect on subjects described in the reports.

When coding original reports and grouping them the author found difficult to notice the main idea from some verbally rich and rambling reports. In many reports there are more than one matter that was described excellent, especially in them from Finland. If the author was able to find a leading point from a report in her own opinion, the whole report was categorized according to that. Some reports she decided to divide in two or more groups as the contents were that wide. This explains the numerical difference in the total amount of reported facts counted in the frequency of the abstracts (Finland 73 and Great Britain 52), even though the number of the reports is the same 50. Conducting the analysis alone, the responsibility in processing the data felt enormous as the decision making was led mostly by authors own observations and intuition. This took also more time that the author had thought. Kylmä and Juvakka (2007 p.66) reply comforting that analysing qualitative data takes usually plenty of time and therefore it is worth to keep enough brakes and give time for one's thoughts concerning research material.

Kylmä and Juvakka (2007 p.114, 123) write that a beginner researcher often conducts a content analysis too technically. A beginner might as well reduce the original material too short when it could be reduced for example in ten words, which can dismiss information. In this research though, the author tried to avoid this doing the coding and grouping profoundly and with patience. As Kyngäs et al. describe (2011 p.139) the creation process of the abstracts that resulted in this inductive analysis, are partly difficult to write clear.

As the material in qualitative research is story-driven, any statistically generalized information is not even wanted to result like in quantitative research. The knowledge is tied to the environment, population and culture from where it has been acquired. (Kylmä & Juvakka 2007 p.16, 79)

10 CONCLUSIONS

This paper shows one possible way to understand the success from the health care worker's perspective. The results are various, and they present wide scale of success and excellence. They can be explained with the four found abstracts named collaboration, communication, workmanship and attitude.

The purpose was to find themes that are commonly experienced excellent in reports that were collected in Finland and Great Britain. The themes in reports are multiple, but the common fact is that human factors present the most significant role. All the four abstracts can be accounted as commonly experienced themes. They are opened more in the following review of the research questions.

This research aimed to answer following questions.

- What are the matters that result in success along health care workers in a rescue department in Finland and a hospital in Great Britain?

The analysis gives an answer for this question with help of the four named abstracts which are collaboration, communication, workmanship and attitude. Collaboration plays the biggest role in success including helping and supporting colleague and working fluent in team with a common goal. Another abstract is communication which can be both written and verbal. In communication is appreciated especially professional encounter, reviews together with a team and active listening to radio traffic. Workmanship then includes person's own skills like thoroughness, effectivity, patience and technical skills. It even includes the resilience in changing plans as well as anticipating. The last abstract is attitude, whom most appreciated themes are initiative, effort set in task, positive/open attitude and resilience.

- Do the matters differ between the two separate departments?

A difference in results between reports from Finland and Great Britain is most clearly seen in the percentage of the frequency of the abstracts. In Great Britain, collaboration and attitude both are one-third of the total amount of reports while communication and

workmanship cover the last one-third together. In Finland, both workmanship and communication present one-fourth of all reports, while collaboration is the most significant theme and attitude the fewest reported theme. Therefore, collaboration has a big role in success in both countries, while for example attitude is double more valued in Great Britain than in Finland. Not much difference is however found. (table 2.)

11 STRENGTHS, LIMITATIONS AND RECOMMENDATIONS

As a strength in this research is the extent of the material. Having altogether 100 reports from two different health care settings allows a wide scope of information. The open questionnaires in which the excellence was not defined do not limit or guide answers.

Success as part of patient safety is comparatively new research area which is an explaining factor that studies related to the subject are not yet many. The material in this research was limited in two specific health departments as they were the only ones the author knew where the LfE initiative was on practice. The author had no influence on the questions in reports as they were already formulated by the approach's administrators.

The importance of this research is to show the success in health care settings. Appreciation and good working spirit can increase by understanding and showing what goes well in the field. The results of this research can show health care settings good working models which are possible to learn and, in that way, improve success and safety. The author recommends every health care worker read this study with a target to decrease a negative bias and increase the positivity and safety in the field. One further study could focus on the working atmosphere, how does focus on success affect it. Another interesting research aspect could be comparing excellence reports and incident reports to find correlations and differences between the situations where success and error happen.

12 SAMMANFATTNING PÅ SVENSKA

12.1 Introduktion

I hälsovården har man en tendens att registrera och identifiera misslyckanden oftare än man känner igen positiva och lyckade resultat. Trots det motsvarar negativa händelser en minoritet av interaktionerna inom hälsovården. (Blake et al. 2016) Att lägga fokus på negativa händelser och olyckor kan leda till allmänt negativ atmosfär på en arbetsplats. Säkerhet inom hälsovård har studerats via olyckor. Som tillägg till detta har det kommit ett nytt sätt att tänka, att påpeka framgången i det dagliga arbetet. (Hollnagel et al. 2013b) (Hollnagel, 2014)

Denna forskning koncentrerar sig på att studera patientsäkerhet via framgångar vid två separata hälso- och sjukvårdsdistrikt. Det är en kvalitativ studie, som görs med induktiv metod.

12.2 Bakgrund

Från ett historiskt perspektiv har säkerheten börjat noteras efter olyckshändelser eller när man har känt igen risker. Sättet att undvika olyckor har varit att hitta orsaker till misslyckanden och sedan eliminera dem. Denna säkerhetsteori, Safety-I, definieras generellt som att man misslyckas så sällan så möjligt. Syftet med att studera och förbättra arbetet är att studera misslyckanden där människan ses som ansvarig faktor till problemet. (Hollnagel et al. 2013b)

Initiativ för att utveckla säkerheten genom att rapportera och lära sig av patientsäkerhetsincidenter i Storbritannien kallas National Reporting and Learning System (NRLS) och det skapades i 2003 (NHS improvement 2016). Ett likadant system i Finland kallas HaiPro och det lanserades två år senare (Knuuttila et al. 2017 p.10-11).

I Anseels et al. (2014) studie kom det fram att människor kan lära sig från både misslyckade och lyckade situationer. I studien märktes att analysering av lyckade uppdrag ledde till att försökspersonerna blev mer medvetna om deras framgång, vilket ökade effektiviteten samt motivationen att sätta högre mål för nästa gång.

Istället för att undvika olyckor borde man säkerställa att allt lyckas. Det är förklaringen för Safety-II, en annan teori som används för att undersöka säkerheten. Grundidén är att arbeta i förebyggande syfte och kontinuerligt utvecklas. Människor ses som en nödvändig resurs för att systemet skall fungera flexibelt. När man undersöker säkerheten fokuserar man på att förstå hur händelser vanligtvis lyckas, vilket används som grund för att förstå varför det ibland misslyckas. (Hollnagel et al. 2013) Vårdarbetare är flexibla för att kunna anpassa sig i varierande situationer, vilket leder till framgång (Hollnagel, 2014). Åtminstone lika viktigt som att granska orsakerna till biverkningar är att ta reda på vilka anpassningar som leder till framgång och att lära sig av dem (Hollnagel et al. 2015).

Ett initiativ för att förbättra säkerheten inom hälsovårdsbranschen kallas Learning from Excellence (LfE). Initiativet grundar sig på Safety-II konceptet, vilket istället för att söka olyckor inom hälsovårdsarbetet fokuserar på framgång i vardagen. LfE möjliggör rapportering samt att man lär sig av lyckade arbetssituationer. Det gjordes en pilotstudie med LfE systemet i Birmingham Children's Hospital's Paediatric Intensive Care department där arbetspersonalen kunde rapportera de händelser som lyckats. Det kom fram att rapportering av lyckade händelser kan öka personalens moral (93% kommer överens) och förbättra kvaliteten av vården (87% kommer överens). (Kelly et al. 2016)

12.3 Syfte och undersökningsfrågor

Ändamålet med denna studie är att hitta teman som är gemensamma i rapporter som samlats in i Finland och Storbritannien. Syftet är att lyfta fram framgångar i vårdinrättningar och att få information om framgångar för att utveckla patientsäkerheten. Under-sökningsfrågor är:

- Vilka är de saker som leder till framgång enlig vårdpersonal vid räddningsverk i Finland och i sjukhuset i Storbritannien?
- Hur skiljer sig resultaten mellan de två inrättningarna?

I detta arbete är framgång endast definierat som det den rapporterande vårdpersonalen anser vara framgång.

12.4 Material, metoder och analys

För denna forskning erhölls 50 Learning from Excellence rapporter från både Finlands räddningsverk och sjukhuset i Storbritannien. I rapporterna skriver sjukvårdspersonalen med sina egna ord om situationer som har gått bra. Rapporterna valdes slumpmässigt och gjordes anonyma av sina innehavare innan de virtuellt skickades till skribenten av detta arbete.

Learning from Excellence rapporter har unika frågeformuleringar, som är följande. I rapporter från Finland finns två öppna frågor, som här har översatts från finska. Vad gjordes utmärkt? Hur kunde den här arbetsmodellen vara användbar i framtiden? Öppna frågor i rapporter från Storbritannien är följande. Vem gjorde någonting utmärkt? Vad gjordes? Vad kan man lära sig från detta? Vad kan vi göra annorlunda i framtiden?

Analysen av rapporterna gjordes med induktiv metod som innehåll fyra steg, först uppfattades den stora helheten, sedan förkortades långa svar till korta meningar, sedan samlades de sannolika meningar och till sist hittades abstrakta begrepp. På grund av varierande frågeställningar och olika språk i rapporterna, gjordes analyserna separat och efter det jämfördes resultaten. I en innehållsanalys är resultaten möjliga att kvantifiera när det räknas hur många gånger ett specifikt tema förekommer i ett material (Kyngäs et al. 2011). För att kunna svara tydligare på undersökningsfrågan, räknades frekvens från framträdande begrepp.

Denna forskning har utförts enligt riktlinjerna för god vetenskaplig praxis som säkerställer etisk acceptans, tillförlitlighet och trovärdighet (Guidelines of the Finnish Advisory Board on Research 2012 p. 30-31). Erforderliga bemyndiganden gjordes med båda deltagande inrättningar för att använda anonymiserade rapporter som de hade samlat ihop. Bemyndiganden hittas i sluten av arbetet som bilagor.

12.5 Resultat

Analysprocessen medförde fyra abstrakta begrepp som kallas samarbete, kommunikation, utförande och attityd. Dessa begrepp presenterar ett möjligt perspektiv på att observera framgång. Teman under vissa begrepp visas i tabell 1.

Tabell 1.Teman under abstrakta begrepp listad i ordning av frekvens

Samarbete	**Kommunikation**	**Utförande**	**Attityd**
Hjälpa och stöda kollegan	Kommunikation som passar in i situationen, adekvat dokumentation	Grundlighet	Initiativ
Flytande lagarbete, gå "den extra milen" för patientens bäst	Professionellt bemötande av patient och anhörig	Snabba och effektiva arbeten i en akut situation	Ansträngning, lite extra arbete för helheten
Känsla av gemenskap, att tänka på alla i grupp	"Time out", att gå igenom en recension tillsammans	Tålamod och lugn i ett uppdrag	Positiv och öppen attityd
Bra ledarskap	Aktivt lyssnar på radiotrafik och reagerar på det	Teoretisk kunskap och kliniska färdigheter	Flexibilitet och villighet att hjälpa
Lita på kollegan	Öppen feedback diskussion	Mod och flexibilitet i att ändra plan	Lita på intuitionen
	Modet att kommunicera	Förutse	
		Följa instruktioner	

Table 2. Frekvens av abstrakta begrepp

Begrepp	Hälsovård inrättning	Frekvens i nummer (N)	Frekvens i procent (%)
Samarbete	Finland	25	34%
	Storbritannien	18	35%
Kommunikation	Finland	19	26%
	Storbritannien	8	15%
Utförande	Finland	17	23%
	Storbritannien	8	15%
Attityd	Finland	12	17%
	Storbritannien	18	35%

Samarbete är ett av de ledande temana i rapporter från både Finland och Storbritannien. Det innehåller ämnen som till exempel att hjälpa och stödja kollegor, arbeta flytande i grupp, gemensamhetskänsla och bra ledarskap. Bra kommunikation lyfts oftare fram i rapporter från Finland än i Storbritannien. Lyckad kommunikation är sammanhangsberoende och antingen muntligt eller skriftligt och den kan ske även via telefon eller radio. Till bra kommunikation hör professionellt patientbemötande och genomgång av åter-koppling tillsammans. Professionellt utförande är uppmärksammat oftare i Finland än i Storbritannien. Det innehåller både teoretisk kunskap och kliniska färdigheter. Teman som också tas upp i rapporterna är tålamod, grundlighet, effektivitet och flexibilitet i att ändra plan. Attityd, som sista begrepp, uppskattas dubbelt så ofta i Storbritannien som i Finland. Utmärkt attityd har beskrivits som att man tar initiativ, är villig att anstränga sig och är positiv samt flexibel.

12.6 Diskussion och konklusion

Syftet med denna studie var att ta fram framgång i vårdinrättningar och få information om framgång. För att nå syftet analyserades 100 rapporter om utmärkt praktik. Begrepp som hittades via analysen är samarbete, kommunikation, utförande och attityd. Resultaten visar ett möjligt sätt att förstå framgången från vårdpersonalens perspektiv. Dessa begrepp och deras innehåll svarar på undersökningsfrågorna och de kan alla ses som gemensamma teman som leder till framgång. Som Ellis et al. visar i deras studie (2014) genom att analysera framgångsrika prestationer hjälper det människor att bli mer medvetna om dem och det uppmuntrar till att arbeta på samma eller ännu bättre sätt nästa gång. Betydelsen av denna studie stödjer sig på detta faktum. Innehåll i rapporterna kan skilja sig mellan de två inrättningarna på grund av olika arbetsmiljöer och kulturer.

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14 APPENDICES

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Research authorization
05.04.2018

Adrian Plunkett
Founder of Learning from Excellence concept

I, Inari Linkola, apply for a research authorization for Degree Thesis of my Degree Programme in Emergency Care. The study handles Learning from Excellence (LfE) concept that was founded in Great Britain in 2014 and was implemented in Finland in 2017.

The Thesis is a qualitative study with an aim to find possible correlations in reports that are collected in two different health care systems, Birmingham Children´s Hospital in Great Britain and Emergency Department of Southwest Finland. The purpose is to study 50 reports from both of the destinations. The study is subscribed by Arcada University of Applied Sciences.

Copies of the original reports will be sent me anonymised without any person identifiers. The data will be used only for this study and will be deleted after completed the study. Short citations can be used in the study. The final Degree Thesis will be published in an online service for theses and publications from Finnish Universities of Applied Sciences, www.theseus.fi. As a conductor of this Degree Theses I adhere the ethical principles and confidentiality of a scientific study. This study is purposed to conduct during year 2018.

Hereby I apply to receive 50 LfE reports that have collected in Birmingham Children´s Hospital for my Degree Thesis. There is another authorization paper for the reports received from Finland.

Persons accept authorization as written above with their signature.

Inari Linkola
Conductor of Degree Thesis

Adrian Plunkett
Founder of Learning from Excellence -concept
Paediatric Intensivist, Birmingham Children's Hospital

Christoffer Ericsson
Thesis Supervisor, Arcada University of Applied Sciences

VARSINAIS-SUOMEN
SAIRAANHOITOPIIRI

REKISTERITUTKIMUKSEN / LAATUHANKKEEN
LUPAHAKEMUS

Lomaketta käytetään potilaskohtaisten tietojen hakemiseen rekisteritutkimukseen, näytetutkimukseen tai laatuhankkeeseen.
Muihin VSSHP:ssa tehtäviin tutkimuksiin haetaan lupa lomakkeella YHT50a.

TurkuCRC täyttää

Lupapäätösnumero	Lupa myönnetty ajalle	Tutkimuksen projektinumero
8/18 EPLL	2018-2019	—

1. Potilaskertomustietojen käyttötarkoitus

☒ Tutkimus ☐ Laatuhanke tai muu selvitystyö

2. Tutkimusnumero

T131/2018

☒ Uusi lupahakemus

☐ Muutos vanhaan lupaan, jonka tutkimusnumero on /

Mitä muutos koskee?

3. Tutkimuksen/ laatuhankkeen nimi ja mahdollinen lyhenne
Excellence in health care (working title), opinnäytetyö

☒ tutkijalähtöinen tutkimus
☐ toimeksiantotutkimus

4. Vastuullinen tutkija (luvan hakija ja hakemuksen allekirjoittaja, opinnäytetöissä ohjaaja)
Nimi, oppiarvo/virka, toimipaikka, sähköpostiosoite

Christoffer Ericsson, ensihoidon lehtori, MHc Advanced Clinical Care

Ammattikorkeakoulu Arcada, christoffer.ericsson@arcada.fi

5. Muu yhteyshenkilö, jos tarpeen
Nimi, oppiarvo/virka, toimipaikka, sähköpostiosoite

6. Opinnäytetyön tekijän nimi, oppiarvo/virka, toimipaikka, sähköpostiosoite (täytetään vain opinnäytetöistä)
(Opinnäytetyön ohjaaja on kohdan 4 "vastuullinen tutkija")

Inari Linkola, ensihoitajaopiskelija, inari.linkola@arcada.fi

7. Muut tutkimuksen/ hankkeen/ työn tekemiseen osallistuvat henkilöt, joilla on pääsy käytettävään potilaskertomustietoon (kohtien 4-6 henkilöiden lisäksi)
Nimi, oppiarvo/virka, toimipaikka, sähköpostiosoite

8. Lyhyt selvitys toimialueen resurssien käytöstä. Mitä ja kenen kanssa asiasta on sovittu?

Tutkimusta varten saan 50 LfE-raporttia ilman tunnistetietoja. Raportit ovat kerätty VSSHP/EPLL:n alueella ja ne toimittavat minulle projektin vetäjä, kenttäjohtaja Teijo Ristimäki.

9. Tutkimuksen tyyppi ja tietoon perustuva suostumus (täytetään vain tutkimuksista)

a. ☐ prospektiivinen rekisteritutkimus, jossa rekisteröidyiltä pyydetään suostumukset. Kuvaile suostumuksenpyyntöprosessi

b. retrospektiivinen rekisteritutkimus
☒ jossa rekisteröidyiltä pyydetään suostumukset. Kuvaile suostumuksenpyyntöprosessi Raporttia täyttäessä kirjaaja suostuu siihen, että raportteja voidaan käyttää tutkimuksiin ilman tunnistetietoja.

jossa rekisteröidyn suostumusta ei voi saada:
☐ tietojen suuren määrän tai
☐ tietojen iän tai
☐ muun sellaisen syyn vuoksi

Lyhyt selvitys syystä, jos valitsit "muun sellaisen syyn vuoksi":

c. näytetutkimus

☐ jossa rekisteröidyiltä pyydetään suostumukset.
Kuvaile suostumuksenpyyntöprosessi

☐ jolle hankitaan Valviran lupa ja eettisen toimikunnan puoltava lausunto

☐ jossa näytteenantajat ovat kuolleet; ja tutkimukselle haetaan eettisen toimikunnan puoltava lausunto

☐ jossa ei missään vaiheessa käsitellä henkilötietoja

d. biopankkitutkimus

☐ jossa tietoja tarvitaan biopankin näyte- ja tietorekisterin lisäksi VSSHP:n potilasrekisteristä

☐ jossa kaikki tutkimusmateriaali saadaan biopankin näyte- ja tietorekisteristä (mutta tutkija on VSSHP:ssä palvelussuhteessa oleva henkilö ja/tai tutkimuksen toteutukseen käytetään VSSHP:n tiloja/laitteita)

e. ☐ muu, mikä?
(esim. THL:n rekistereillä tai näytteillä tehtävä tutkimus, jossa tutkija on VSSHP:ssä palvelussuhteessa oleva henkilö ja/tai tutkimuksen toteutukseen tarvitaan VSSHP:stä tiloja/laitteita)

10. Mitä näytteitä tutkimusta varten tarvitaan ja mistä näytteet saadaan? Montako näytettä? (Kysymys koskee vain näytetutkimuksia.)

11. Tutkimuksen/ laatuhankkeen kesto (lupa myönnetään kerralla enintään kymmeneksi vuodeksi)

2017-2019

12. Tarvittavien tietojen yksilöinti

a. Poimitko tiedot itse potilaskertomuksesta vai tarvitsetko poimintapalvelua (ks. ohje)

☐ poimin itse

☐ tarvitsen poimintapalvelua

b. Millä kriteereillä potilaat valitaan kohorttiin?
Toimenpiteistä ja diagnooseista numerot. Uusi toimenpideluokitus 1997 alkaen,
diagnoosit: ICD-8: 1977-1986, ICD-9: 1987-1995, ICD-10:1996 alkaen

c. Potilasrekisteristä poimittavat tiedot sekä vuodet tai ajanjakso

13. Tarvitaanko tutkimuksen suorittamiseen henkilötunnuksia

☒ ei ☐ kyllä, miksi?

14. Lisätietoja

Tutkimusaineistossa ei ole minkäänlaisia tunnistetietoja ja raportit valitaan tutkimukseen sattumanvaraisesti.

Liitteet

Tutkimuksen liitteet:

☒ Tutkimussuunnitelma, **pakollinen liite**

☐ Tieteellisen tutkimuksen rekisteriseloste, **pakollinen liite**

☐ Eettisen toimikunnan lausunto, jos sellainen on pyydetty tutkimuksesta

☐ Valviran lupa, jos sellainen on haettu tutkimukselle

☐ Mallit tutkimus- ja verrokkihenkilöiden yhteydenottokirjeistä ja tietoon perustuvasta suostumuksesta

☐ Kopiot tutkimukselle aiemmin myönnetyistä luvista

☐ Tutkimus- ja yhteistyösopimukset

☐ Ulkopuolinen hakija, CV

Laatuhankkeen tai muun selvityksen liite:

☐ Suunnitelma

Vastuullinen tutkijan allekirjoitus (kohdassa 4 ilmoitettu henkilö)

Allekirjoituksellani sitoudun omasta ja tietoja käsittelevän ryhmän puolesta tietojen salassapitoon ja niiden käyttöön vain lupapäätöksen ehtojen mukaisesti.

Sitoudun siihen, että tutkimuksessa noudatetaan hyvää tutkimustapaa ja tieteellistä käytäntöä ja että tutkimuksen tulokset julkaistaan viivyttelemättä riippumatta siitä, ovatko ne hakijalle tai tutkimuksen rahoittajille toivottuja tai ei.

Mahdolliset epäilyt hyvän tieteellisen käytännön loukkaamisesta käsitellään noudattaen Tutkimuseettisen neuvottelukunnan ohjetta "Hyvä tieteellinen käytäntö ja sen loukkausepäilyjen käsitteleminen Suomessa" (www.tenk.fi).

Tieteellistä tutkimusta koskevia ehtoja on soveltuvin osin noudatettava myös laatuhankkeissa.

Nimi Christoffer Ericsson

Päiväys 7.5.2018

Allekirjoitus

Lomake toimitetaan liitteineen TurkuCRC:hen (rakennus 9, 2 kerros)
TurkuCRC toimittaa lomakkeen puollettavaksi ja hyväksyttäväksi. Saatte lupapäätöksen sähköpostiinne.

Toimialueen, palvelualueen, tulosalueen tai liikelaitoksen
TUTKIMUKSEN JA OPETUKSEN VASTUUHENKILÖN PUOLTO (koskee vain tutkimuksia)

Päätösnumero

Päiväys 8.5.2018

Allekirjoitus

Nimenselvennys T. Iiro

Toimialueen, palvelualueen, tulosalueen tai liikelaitoksen johtajan päätös
tai johtajaylilääkärin päätös
LUPA TEHDÄ REKISTERITUTKIMUSTA / LAATUHANKETTA

Päätösnumero

Päiväys 9.5.2018

Allekirjoitus

Nimenselvennys KAARINA TAATTO

Luvan edellytykset

Lupa tietojen saamiseen salassa pidettävästä asiakirjasta voidaan myöntää hakijalle tieteellistä tutkimusta, tilastointia tai viranomaisen suunnittelu- tai selvitystyötä varten. Lupa voidaan myöntää, jos on ilmeistä, ettei tiedon antaminen loukkaa niitä etuja, joiden suojaksi salassapitovelvollisuus on säädetty.

Luvan ehdot

- Luvan nojalla saadut tiedot ovat salassa pidettäviä ja niitä saa käyttää vain lupahakemuksen liitteenä olevassa tutkimussuunnitelmassa määriteltyyn tutkimukseen.
- Tutkimuksen muut tiedot tulee saada laillisesti joko viranomaisluvalla tai tutkittavan suostumuksella.
- Saatuja tietoja ei saa luovuttaa, siirtää taikka myydä kolmannelle osapuolelle, eikä niitä voida liittää muihin kuin tätä tutkimusta varten suostumuksella tai viranomaisluvalla saatuihin tietoihin tai rekistereihin.
- Tutkimuksen aikana tutkimusrekisterin pitäjän on huolehdittava siitä, että tutkimuksessa muodostuvat yksittäisen henkilön identifioinnin mahdollistavat tutkimusaineistot säilytetään tutkimuksen aikana omina, potilasasiakirjoista / sosiaalihuollon asiakirjoista / muun asiakas-, palvelu- tai hallintotoiminnan asiakirjoista erillisinä aineistoinaan ja suojattuina asiattomalta pääsyltä tietoihin kaikissa käsittelyn vaiheissa sekä manuaalisten että atk-tiedostojen osalta siten, että vain luvassa mainituilla henkilöillä on oikeus käsitellä tietoja.
- Luvan nojalla saatuja salassa pidettäviä tietoja ei käytetä yksittäisiä tutkimushenkilöitä koskevassa päätöksenteossa.
- Tutkimuksen tulokset tulee julkistaa.
- Tietosuojasyistä tutkimuksen tulokset tulee julkaista siten, ettei niistä voi tunnistaa yksittäisiä henkilöitä. Tulosten raportoinnissa ja julkaisemisessa on noudatettava tieteen yleisiä eettisiä ohjeita.
- Tutkimusluvan saajan on toimitettava tutkimusluvan myöntäneelle viranomaiselle julkaisujen kopiot tai muu vastaava selvitys tutkimuksen etenemisestä tutkimuksen päättyessä.
- Tutkimuksen päätyttyä yksittäisen henkilön identifioinnin mahdollistava tutkimusaineisto tulee hävittää tai siirtää arkistoitavaksi tai sen tiedot tulee muuttaa sellaiseen muotoon, ettei tiedon kohde ole niistä tunnistettavissa, kun henkilötiedot eivät ole enää tarpeen tutkimuksen suorittamiseksi tai sen tulosten asianmukaisuuden varmistamiseksi.
- Yksityisen tutkimusrekisterin osalta henkilötietoja sisältävä tutkimusaineisto voidaan arkistoida vain, jos se on tieteellisen tutkimuksen kannalta tai muusta syystä merkityksellinen ja kansallisarkisto on antanut siihen luvan. Aineisto tulee arkistoida korkeakoulun tai tutkimustyötä lakisääteisenä tehtävänä suorittavan laitoksen tai viranomaisen arkistoon kansallisarkiston määräysten mukaisesti. Kansallisarkisto voi antaa yhteisölle, säätiölle ja laitokselle luvan siirtää arkistoonsa omassa toiminnassaan syntyneitä henkilötietoja sisältäviä tutkimusaineistoja, jotka ovat tieteellisesti tai muusta syystä merkittäviä.
- Lupa voidaan peruuttaa, jos lupapäätökseen sisältyviä ehtoja rikotaan, jolloin luvan saajan on palautettava tutkimusta varten saamansa tiedot.
- Tutkimuksen vastuullisen johtajan tulee antaa lupapäätös tiedoksi kaikille tutkimusryhmän jäsenille ja valvoa lupaehtojen noudattamista.
- Jos tutkimusta suorittavassa organisaatiossa tai rekisterinpitäjän osalta tapahtuu olennaisia muutoksia, niistä tulee ilmoittaa luvan myöntäjälle, joka harkitsee edellyttääkö muutos uutta lupaa.