Humanising harm: The emergence of restorative initiatives

A complex adaptive system a system in which many independent elements or agents interact, leading to emergent outcomes that are often difficult or impossible to predict simply by looking at individual interactions.

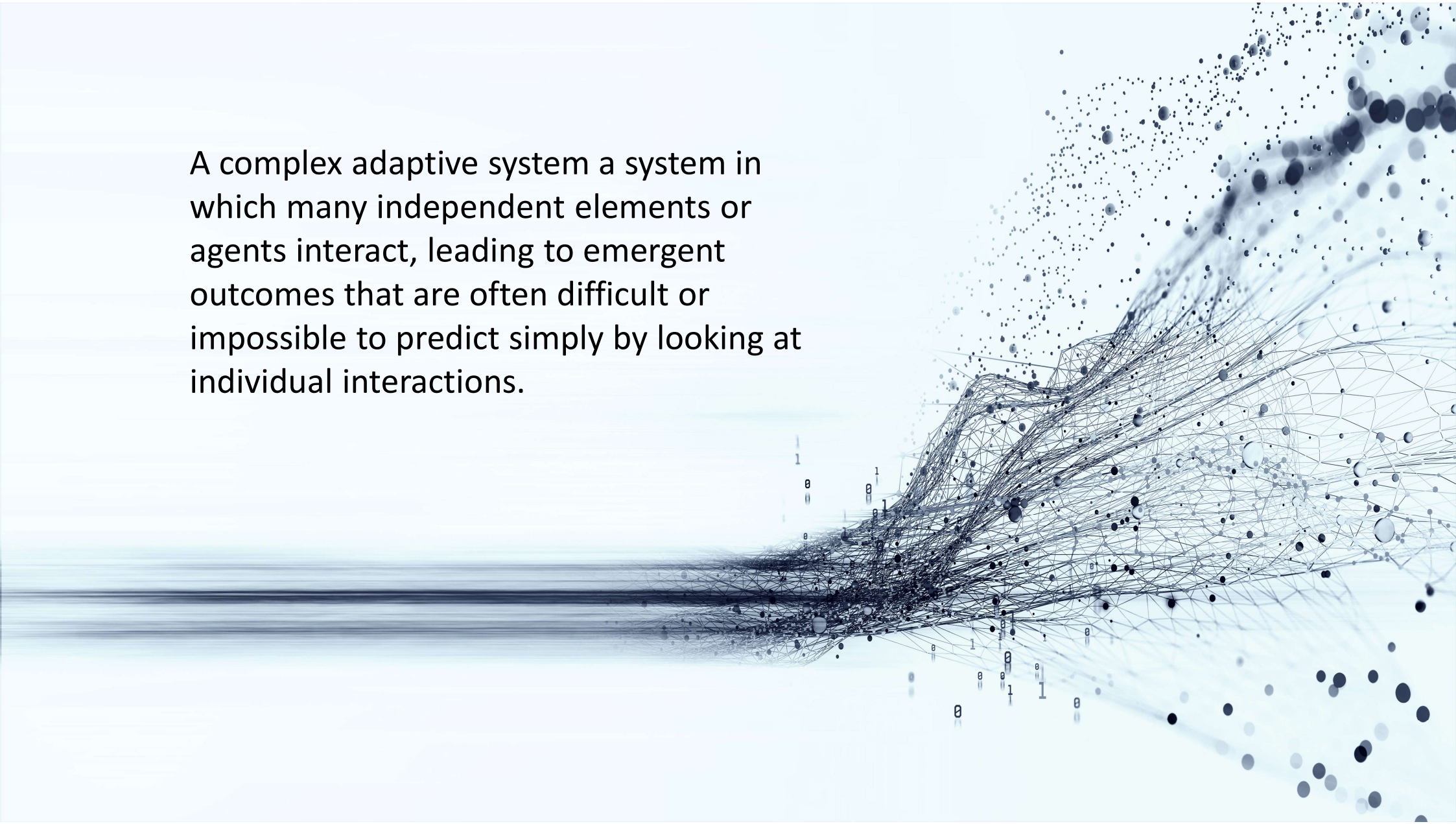



image from
Shutterstock

Healthcare harm is a physical, psychological, social, or spiritual injury or experience that occurs as a result of providing or receiving healthcare.

National Collaborative for Restorative Initiatives in Health

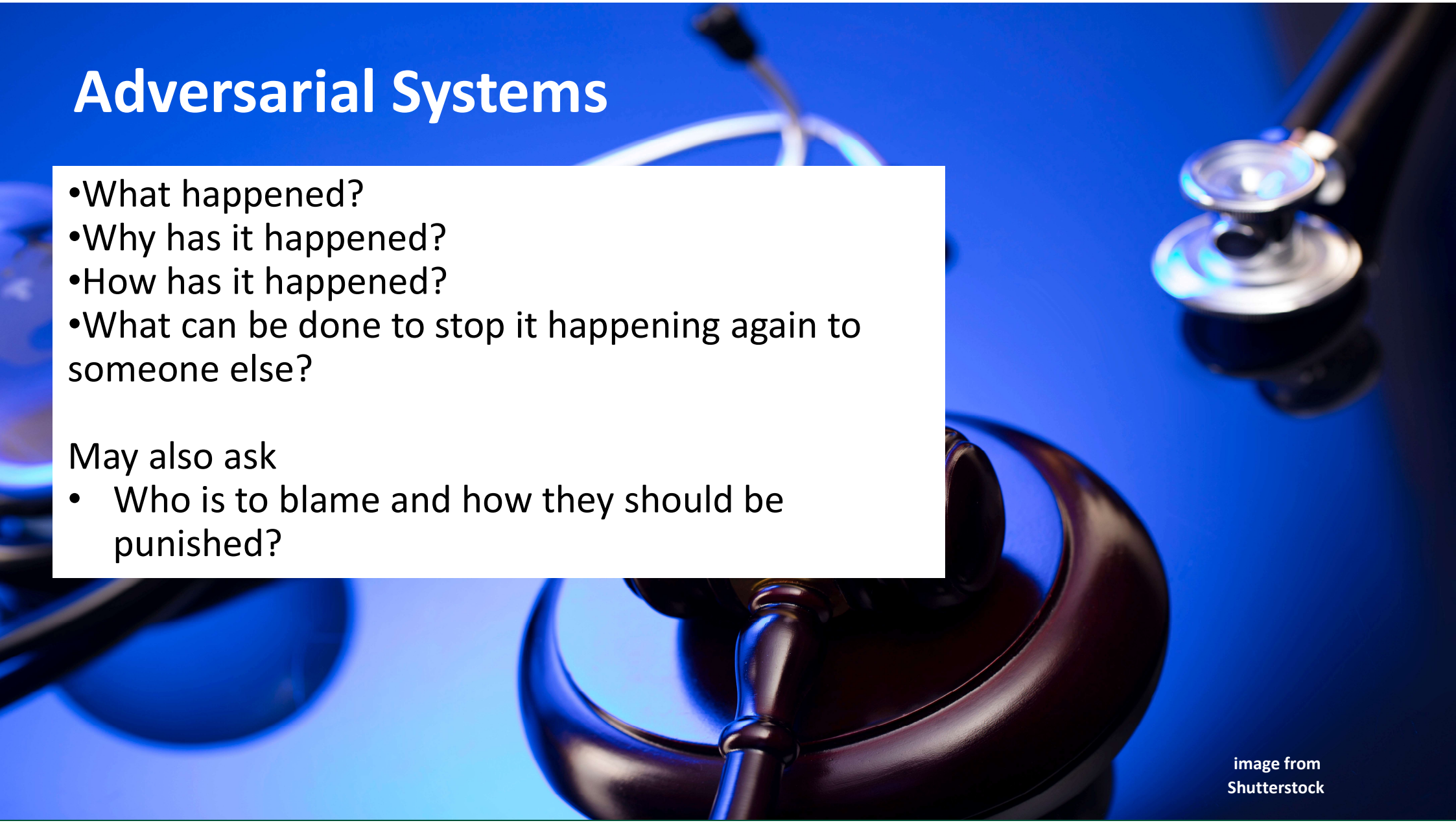

INVESTIGATION
321
image from
Shutterstock

Adversarial Systems

- What happened?
- Why has it happened?
- How has it happened?
- What can be done to stop it happening again to someone else?

May also ask

- Who is to blame and how they should be punished?



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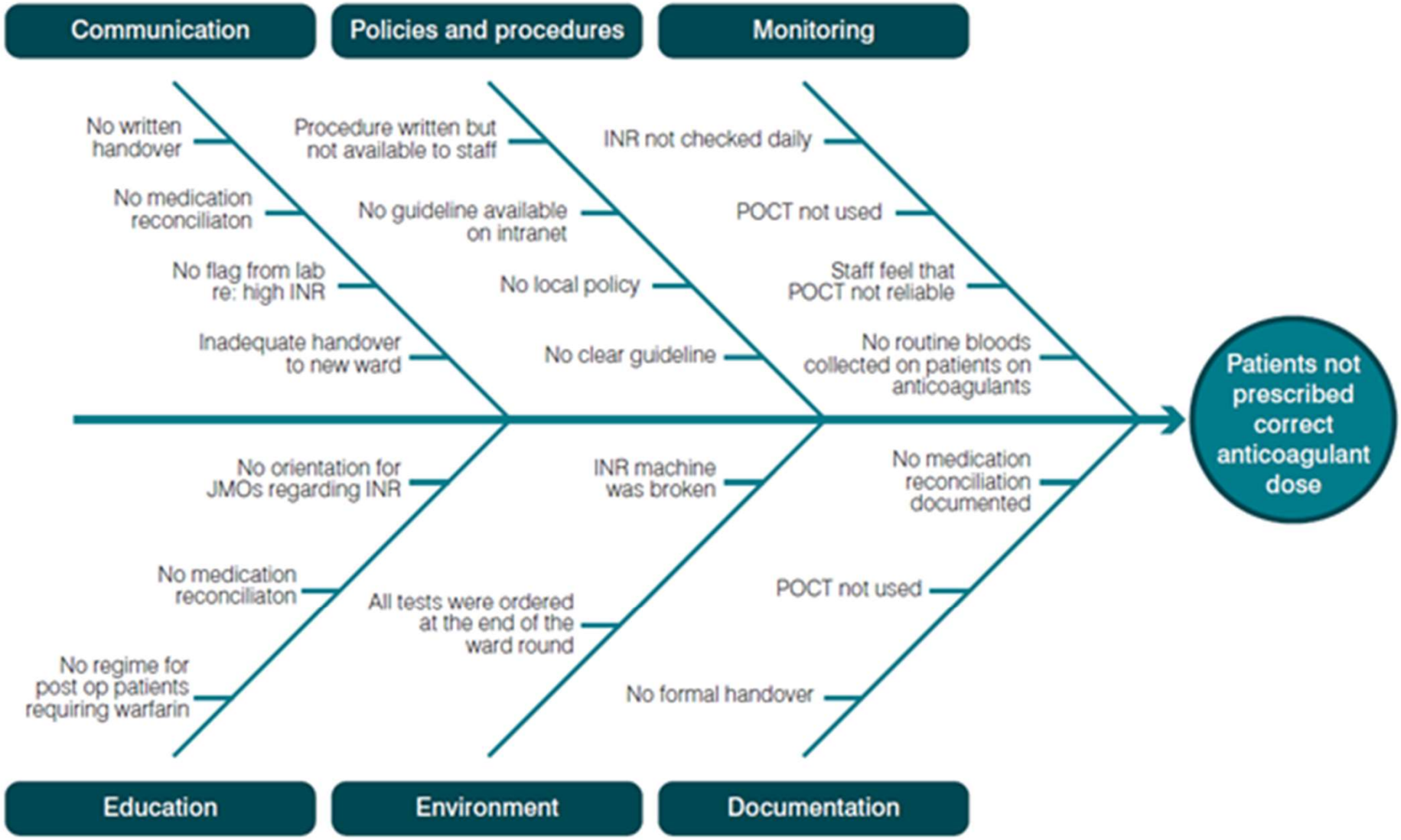
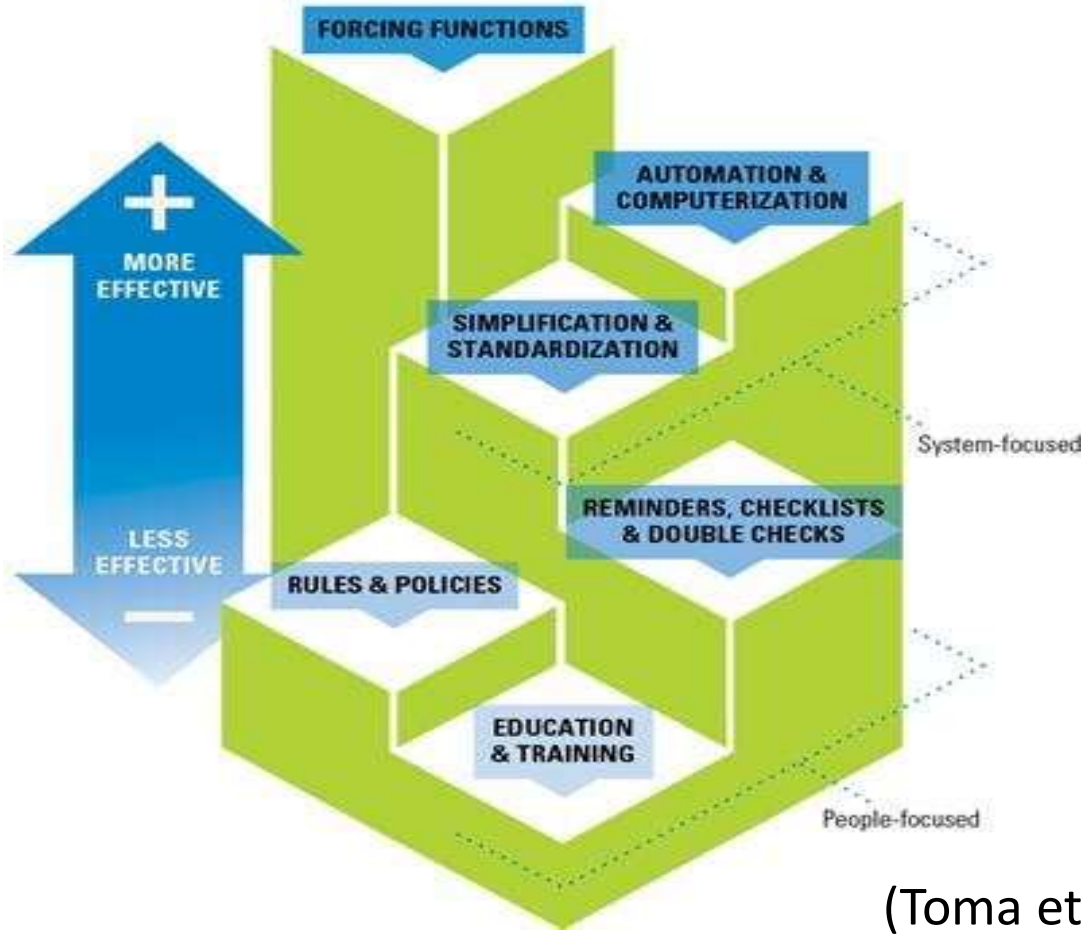


INR – International Normalised Ratio
POCT – Point of care testing

https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/cause-and-effect-diagrams

Recommendations



(Toma et al., 2018)

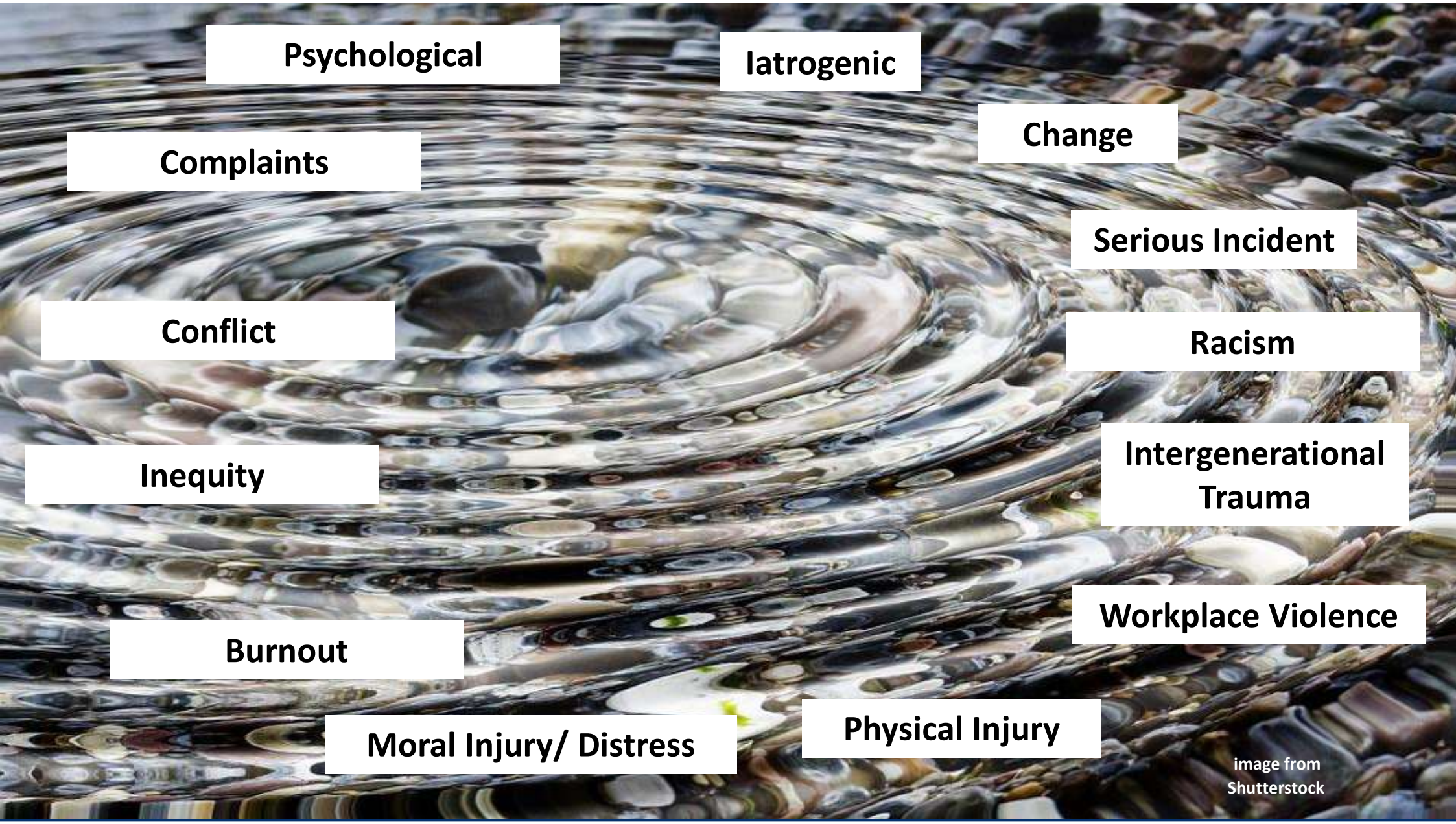

Psychological
Iatrogenic
Change
Complaints
Serious Incident
Conflict
Racism
Inequity
Intergenerational Trauma
Workplace Violence
Burnout
Moral Injury/ Distress
Physical Injury
image from Shutterstock


image from
Shutterstock


135 people are affected and 15-30 people are severely affected by a suicide death (Cerel et al., 2018).

Te Tāhū Hauora
Health Quality & Safety Commission

Mental health

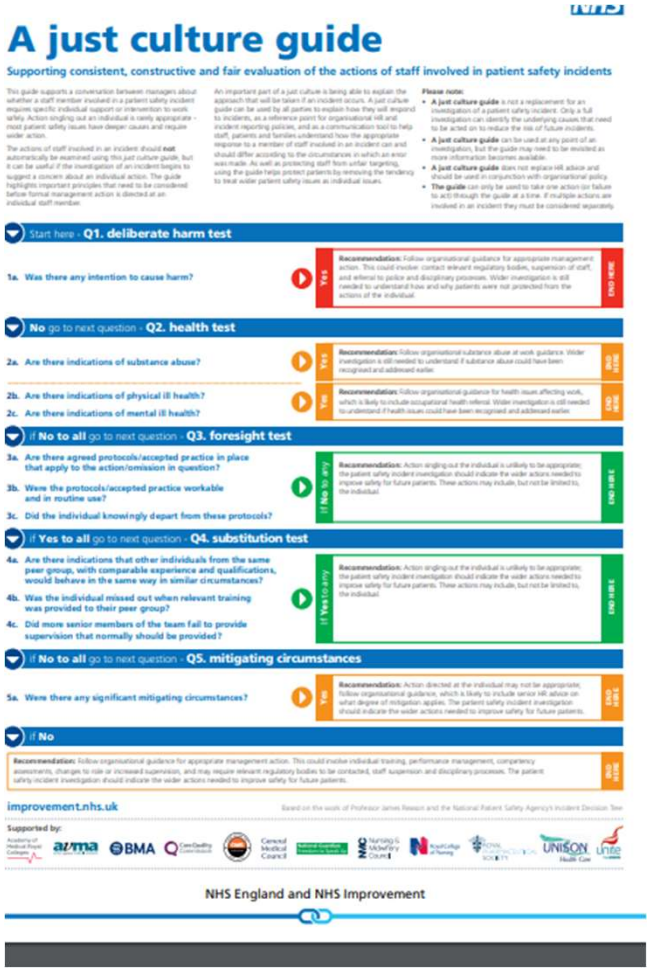
Category	Community	Inpatient
Serious adverse behaviour	5	1
Serious self-harm	4	1
Suspected suicide event on unapproved leave	0	1
Suspected suicide events	40	1
Total	49	4

Events reported in quarter 1, 2022/23 (July 1 to September 30 2022)

Just culture

A system of shared accountability in which organisations are responsible for the systems they have designed and for responding to the behaviours of their employees in a fair and just manner.

(Marx, 2001)



A just culture guide

Supporting consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents

Start here - Q1. deliberate harm test

1a. Was there any intention to cause harm?

No go to next question - Q2. health test

2a. Are there indications of substance abuse?

2b. Are there indications of physical ill health?

2c. Are there indications of mental ill health?

If No to all go to next question - Q3. foresight test

3a. Are there agreed protocols/accepted practice in place that apply to the action/omission in question?

3b. Were the protocols/accepted practice workable and in routine use?

3c. Did the individual knowingly depart from these protocols?

If Yes to all go to next question - Q4. substitution test

4a. Are there indications that other individuals from the same peer groups, with comparable experience and qualifications, would behave in the same way in similar circumstances?

4b. Was the individual missed out when relevant training was provided to their peer group?

4c. Did more senior members of the team fail to provide supervision that normally should be provided?

If No to all go to next question - Q5. mitigating circumstances

5a. Were there any significant mitigating circumstances?

If No

improvement.nhs.uk

Supported by:

NHS England and NHS Improvement

The Royal New Zealand College of General Practitioners
Te Whare Tohu Mata o Aotearoa

ORIGINAL RESEARCH PAPER

ORIGINAL RESEARCH

Health practitioner experience of Health and Disability Commissioner investigations

Jill Wilkinson RN, PGCertTertTchg, GCertRJ, MA, PhD;[1,2] Chris Marshall BA(Hons), BD, MA, PhD[1]

[1] The Diana Unwin Chair in Restorative Justice, Victoria University of Wellington, 55 Lambton Quay, Wellington 6011, New Zealand.
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J PRIM HEALTH CARE
2021;13(3):213–221.
doi:10.1071/HC21026
Received 1 March 2021
Accepted 7 July 2021
Published 13 August 2021

ABSTRACT

INTRODUCTION: The New Zealand Health and Disability Commissioner (HDC) Act 1994 was designed to protect the rights of consumers and provide a fair, simple, speedy, and efficient resolution to complaints. No recent studies have been published about the health practitioner experience of HDC investigations following a patient complain

AIM: To use a restorative inquiry framework to ur practitioners arising from an event that led to an

METHODS: A descriptive qualitative approach wa interviews with doctors, nurses, and midwives (analysis.

RESULTS: Participants worked in primary care, ag The emotional impacts arising from the event ar effects on participants' sense of self, reputation, Participants indicated a need for support from c investigation process, and a meaningful way of

Int J Law Psychiatry. 2023 Jan-Feb;86:101857. doi: 10.1016/j.ijlp.2022.101857. Epub 2022 Dec 24.

Australian and New Zealand doctors' experiences of disciplinary notifications, investigations, proceedings and interventions relating to alleged mental health impairment: a qualitative analysis of interviews

Owen Bradfield [1], Kym Jenkins [2], Matthew Spittal [3], Marie Bismark [4]

Affiliations + expand

PMID: 36571923 DOI: 10.1016/j.ijlp.2022.101857

Free article

Abstract

When poor mental health impairs a doctor's ability to safely practise medicine, poor patient outcome can result. Medical regulators play a critical role in protecting the public from impaired doctors, by requiring monitoring and treatment. However, regulatory processes may paradoxically harm doctors, with potential adverse implications for the community. There is little prior research examining the experiences of doctors with prior mental health or substance use challenges who are subject to regulatory notifications and processes relating to their health. Therefore, we explored this issue through the thematic analysis of semi-structured qualitative interviews. Participants reported that mandated treatment improved aspects of their health, but that fear of regulatory processes delayed them seeking treatment. Participants recognised being significantly unwell at the time of regulatory notification. Participants told us that regulatory processes triggered psychological distress, symptom relapse, and adverse financial and vocational implications. They also told us that these processes eroded their trust in regulators and regulatory processes. To improve health outcomes for unwell

Hearing and Responding to the Stories of Survivors of Surgical Mesh

Ngā kōrero a ngā mōrehu – he urupare

Report for the Ministry of Health

December 2019

https://www.health.govt.nz/publication/hearing-and-responding-stories-survivors-surgical-mesh

MANATŪ HAUORA
MINISTRY OF HEALTH

VICTORIA UNIVERSITY OF WELLINGTON
TE HERENGA WAKA

The Diana Unwin Chair in Restorative Justice

MESH DOWN UNDER ™

Dedicated to support and information sharing for New Zealanders injured by surgical mesh.

www.meshdownunder.co.nz

Ngā Taero a Kupe

NGĀ WHEAKO PĀNGA KINO KI NGĀ WHĀNAU MĀORI I RŌ HŌHIPERA | WHĀNAU MĀORI EXPERIENCES OF IN-HOSPITAL ADVERSE EVENTS

'Good health for everyone demands a society that is fair and just, committed to equal opportunities as well as equal outcomes and ready to shift the focus which is needed.'

Sir Mason Durie, 2019

Compounded harm

Emerges from responses that:

- Interfere with normal human or relational processes
- Erode dignity
- Fail to create a safe space where people can provide an honest account
- Fail to appreciate and respond to justice needs

Wailling, Kooijman, Hughes & O'Hara (2022)

Received: 16 December 2021 | Revised: 6 February 2022 | Accepted: 5 March 2022

DOI: 10.1111/hex.13478

VIEWPOINT ARTICLE

WILEY

Humanizing harm: Using a restorative approach to heal and learn from adverse events

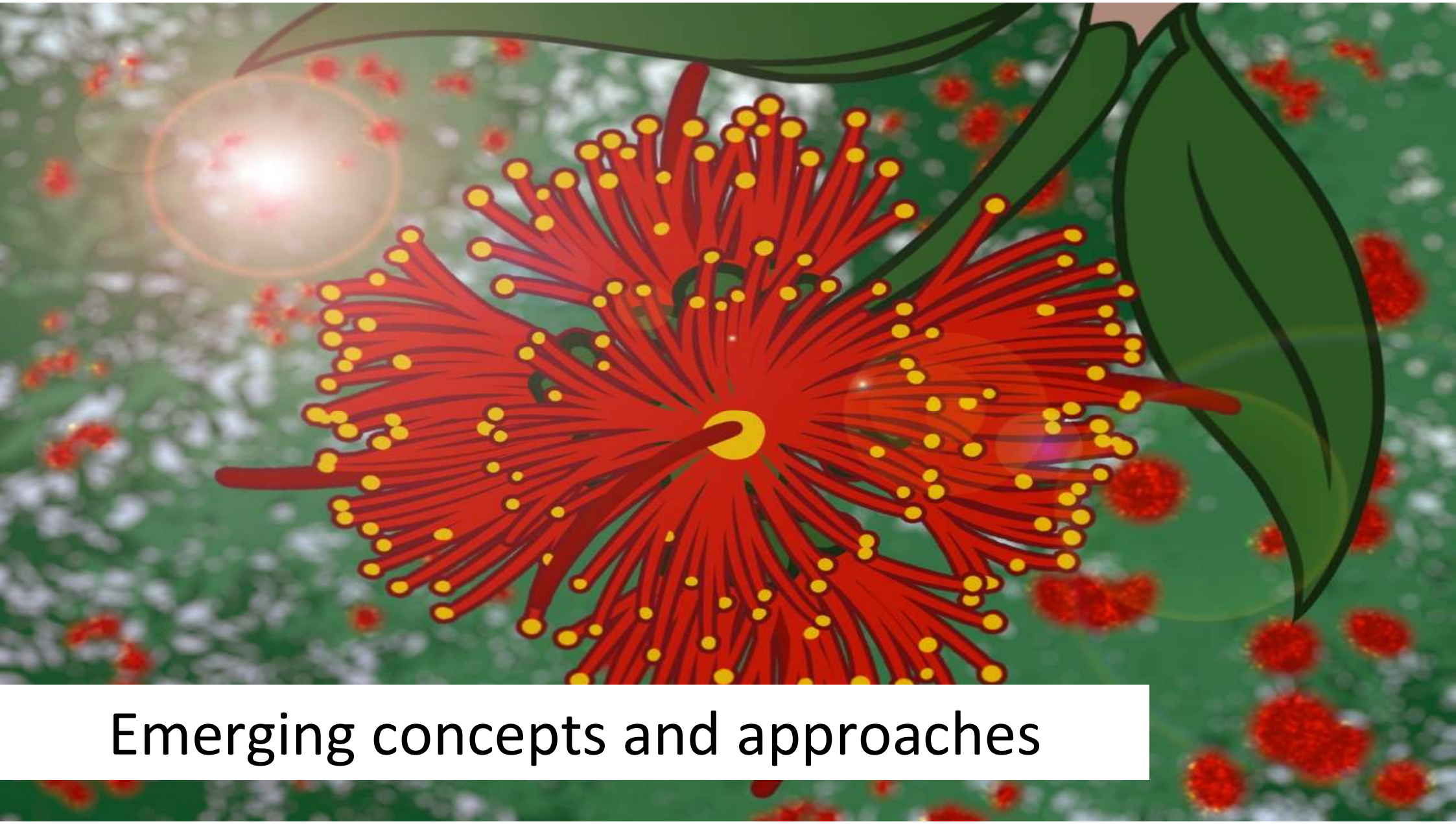
Jo Wailling MHR, RN, Senior Research Fellow[1] |
Allison Kooijman MA, Patient Advocate[2] | Joanne Hughes Patient Advocate[3] |
Jane K. O'Hara PhD, Professor[4]

[1]School of Government, Te Ngāpara Centre for Restorative Practice, Victoria University of Wellington, Wellington, New Zealand

[2]School of Nursing, University of British Columbia, Vancouver, Canada

Abstract

Background: Healthcare is not without risk. Despite two decades of policy focus and improvement efforts, the global incidence of harm remains stubbornly persistent,



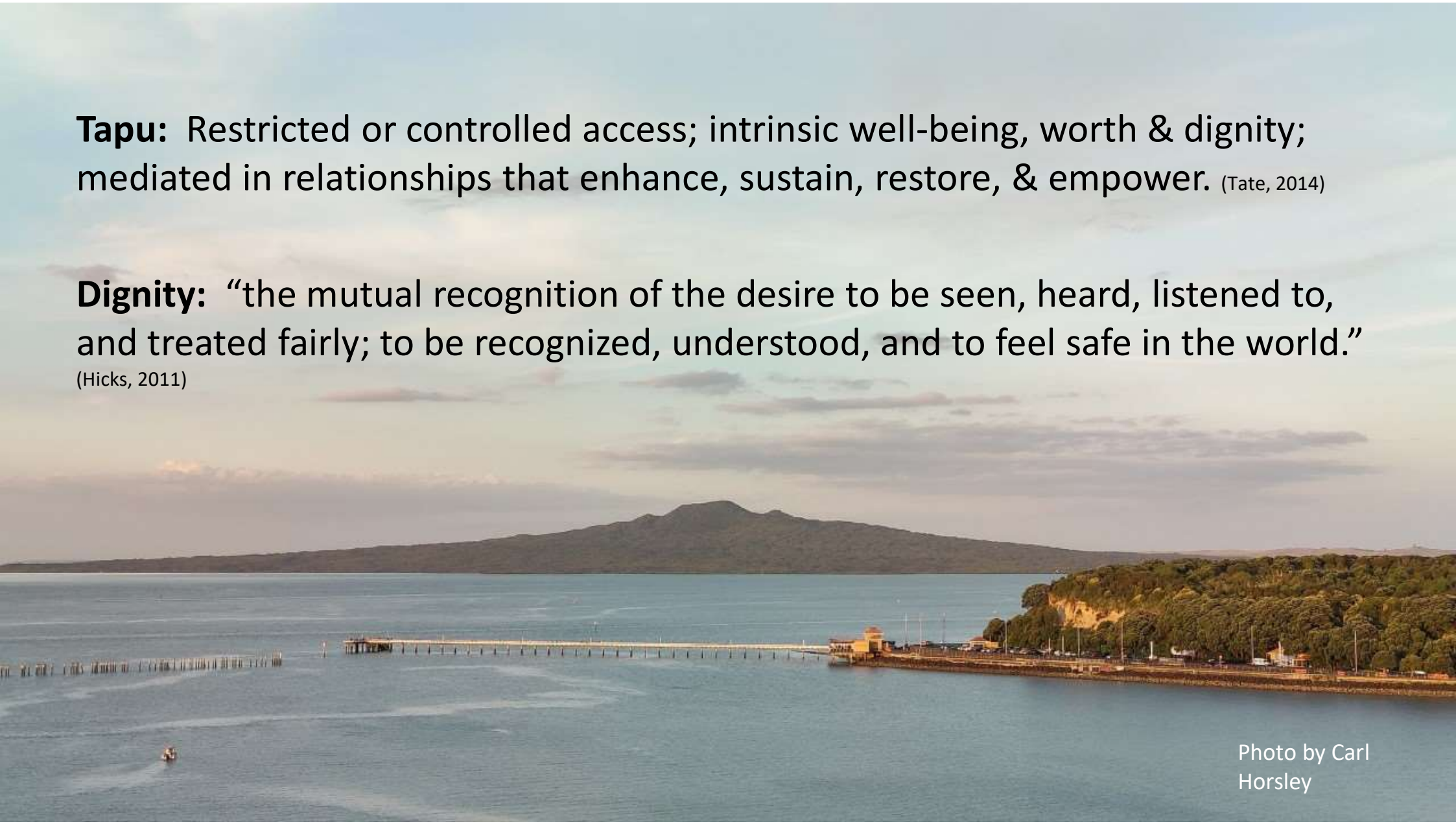
Emerging concepts and approaches

- Restorative Responses
- Indigenous Practices (e.g., hohou te rongo)
- Restorative Practice
- Restorative Just Culture/ Just and Learning Culture
- Restorative Learning

Restorative principles

Western	Māori
Voluntariness, informed choice, and truthfulness	Pono: integrity, honesty, and truth
Equity, safety, transparency, and responsibility	Tika: correct, right, worthy, fitting, and appropriate
Respect, compassion, empathy, validation	Aroha: Love, compassion, empathy, joy and kindness
Dignity enhancing decisions	Mana enhancing decisions

Wailling & Cameron (2022)



Tapu: Restricted or controlled access; intrinsic well-being, worth & dignity; mediated in relationships that enhance, sustain, restore, & empower. (Tate, 2014)

Dignity: "the mutual recognition of the desire to be seen, heard, listened to, and treated fairly; to be recognized, understood, and to feel safe in the world." (Hicks, 2011)

Photo by Carl Horsley

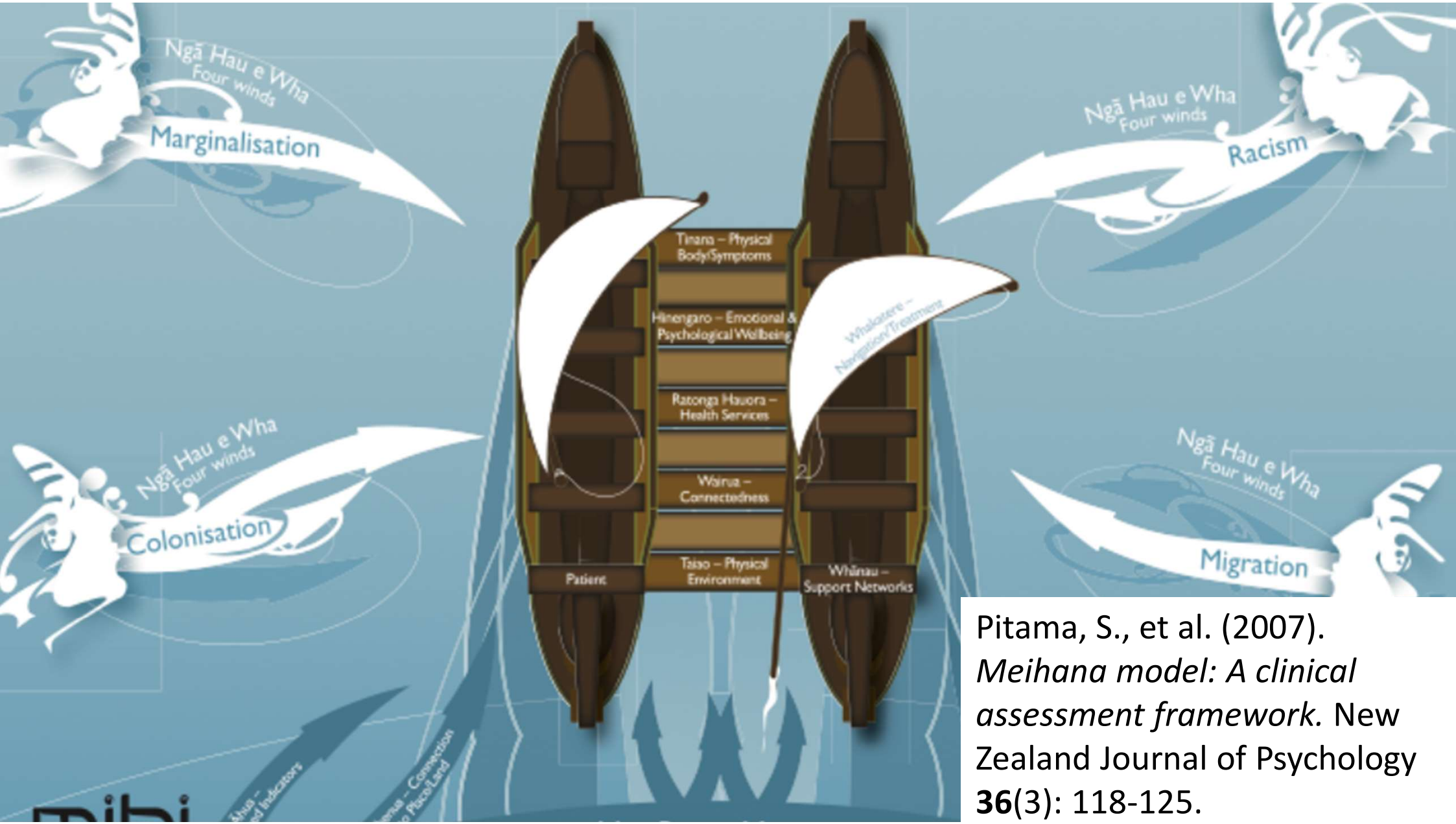
Restorative response

Restorative Practice	Hohou te rongo
What happened?	What is the reality? (Pono)
Who has been hurt and what are their needs?	What is right? (Tika)
Who is responsible for responding to needs and what are their obligations?	What is compassionate? (Aroha)
How can harms be repaired and relationships be made right again?	How can we restore diminished mana and tapu (utu)?
How can we mitigate the risk of reoccurrence?	What will it look and feel like to be free of this harm from now on (Whakawātea)?

Accountability includes the duty to disclose. When something goes wrong, health and care organisations and/or the individual practitioners involved have a professional obligation to provide an honest account of what has happened and their part in the story.

Responsibility involves the duty on the part of those who possess organisational authority or have a professional or moral obligation to those affected by events, to *respond* to a situation in a way that addresses the needs and rights of all those involved.

National Collaborative for Restorative Initiatives in Health



Pitama, S., et al. (2007). *Meihana model: A clinical assessment framework.* New Zealand Journal of Psychology **36**(3): 118-125.

Designing a restorative health system in Aotearoa NZ

Healing after harm: An evaluation of a restorative approach for addressing harm from surgical mesh

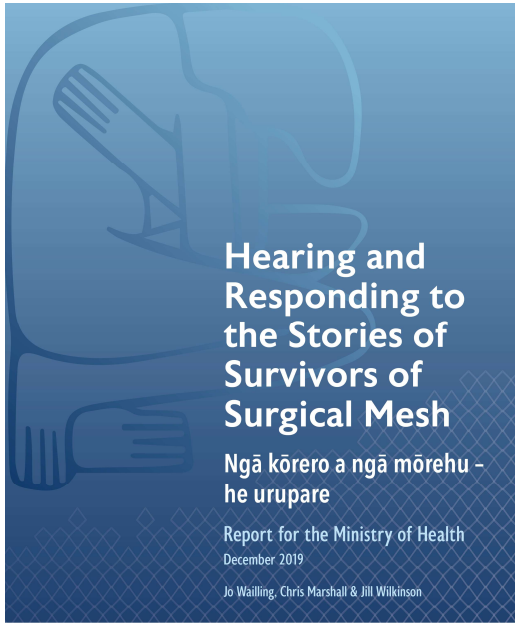
Kia ora te tangata: He arotakenga i te whakahaumanu
That all people would thrive: An evaluation of a restorative approach for addressing harm from surgical mesh

VICTORIA UNIVERSITY OF WELLINGTON TE HERENGA WAKA | The Diana Unwin Chair in Restorative Justice

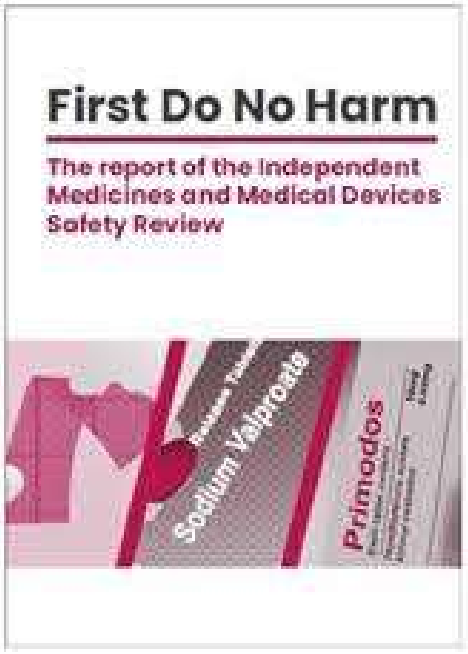
"I am definitely a convert to the restorative approach. While this process has not been perfect, I feel like it is miles better. Other adversarial ones ….neither party often wins with that." (IP4)

https://www.health.govt.nz/publication/healing-after-harm-evaluation-restorative-approach-addressing-harm-surgical-mesh

Supporting learning and improvement.



The Diana Unwin Chair in Restorative Justice



Te Whatu Ora
Health New Zealand

For the health workforce Jo

Our health system What's happening For the health sector Keep

Home / Keeping well / The New Zealand Female Pelvic Mesh Service

The New Zealand Female Pelvic Mesh Service

A new national service has been established to support and care for women who have suffered injury from pelvic surgical mesh.

National Collaborative for Restorative Initiatives in Health

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Graham.Cameron@health.govt.nz

Te Tāhū Hauora
Health Quality & Safety Commission

MANATŪ HAUORA
MINISTRY OF HEALTH

HDC
HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

National Collaborative for Restorative Initiatives in Health

WORKSAFE

He Kaupare. He Manaaki. He Whakaora.
prevention. care. recovery.

Systems – are developed and designed through ways of seeing and understanding the world.

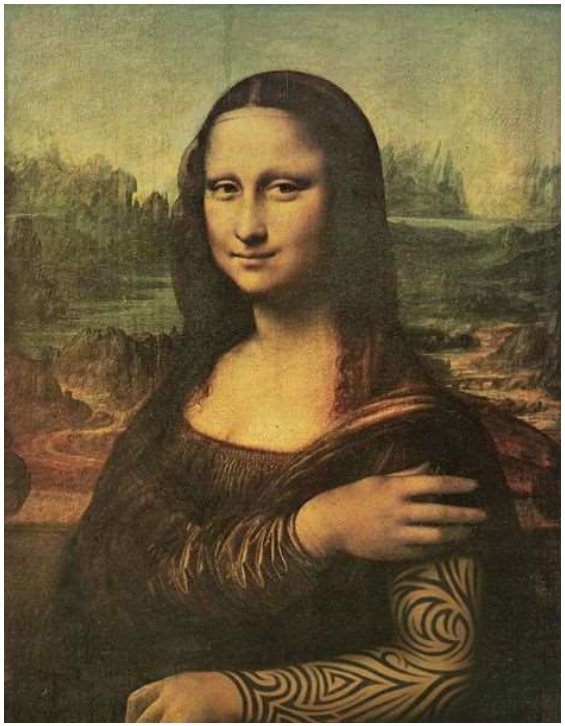
Our worldviews and cultural norms determine our structures, systems, and processes

Ka oho te wairua
Awaken the spirit

What are the cultural worldviews that have developed the system?

What are the spiritual norms of the organisation? where has this come from?

How do we shift spirit ? (soul, essence, life force, mauri)



Kia mataara te tinana
Be alert in the physical

…If we know our history ….

Acknowledge spirit in the physical day to day, to shift it

Have we considered that indigenous worldviews offer different system design and practice ops?

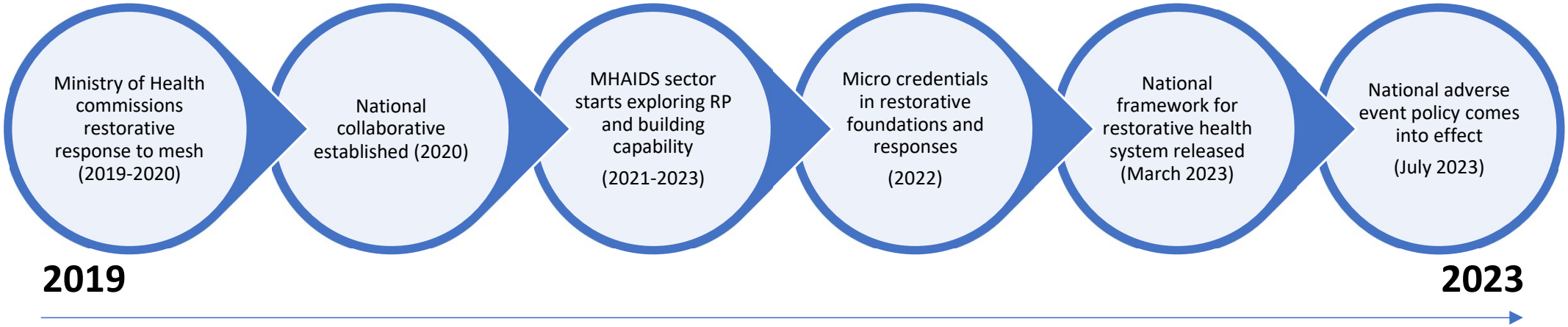
The context and influences of safety: An exploration of social networks, actions, and behaviour

J O Wailling ✉, Janet C Long, Iwona Stolarek

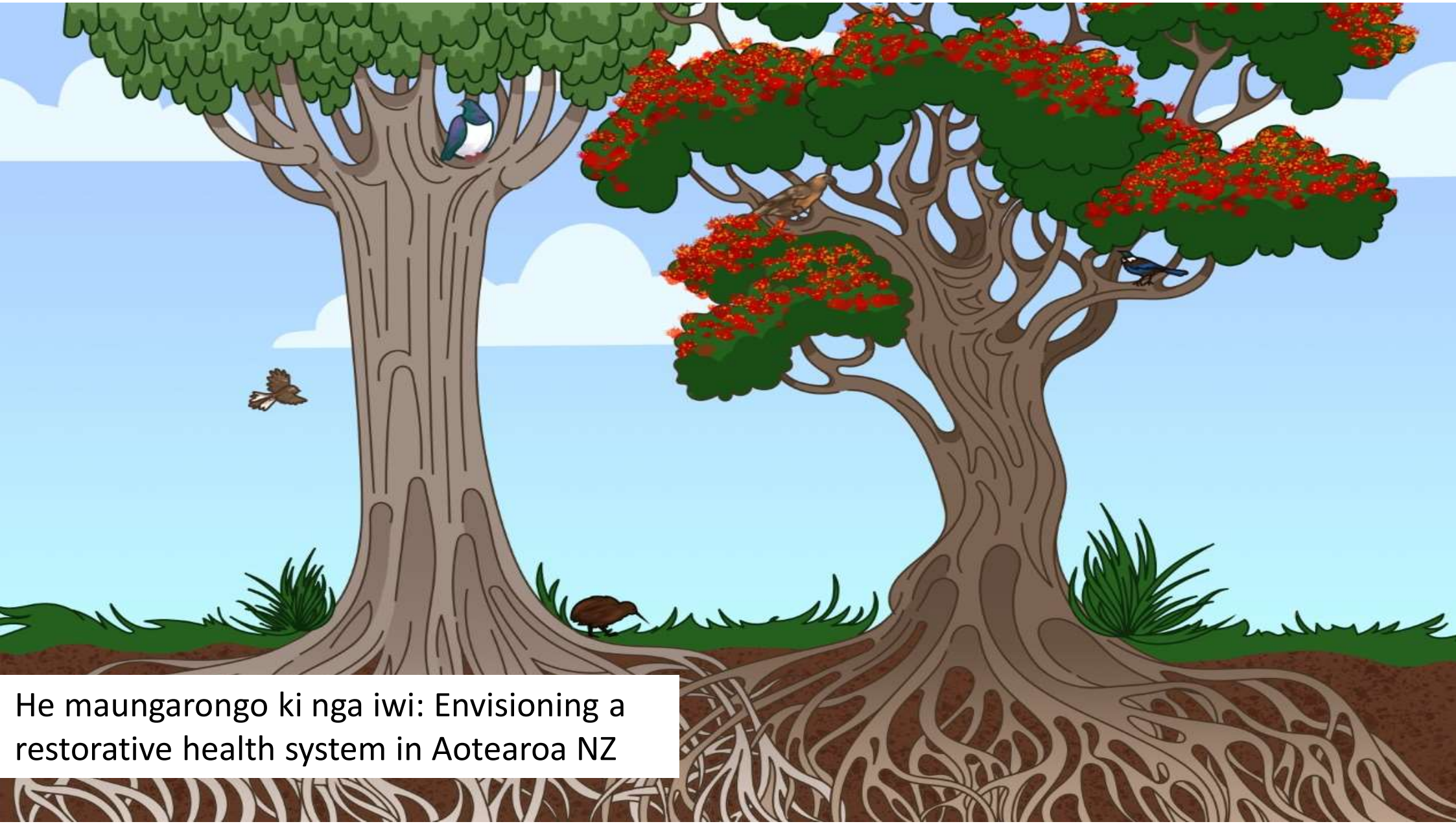
International Journal for Quality in Health Care, Volume 33, Issue 1, 2021, mzaa157,
https://doi.org/10.1093/intqhc/mzaa157

Published: 26 November 2020 **Article history** ▾

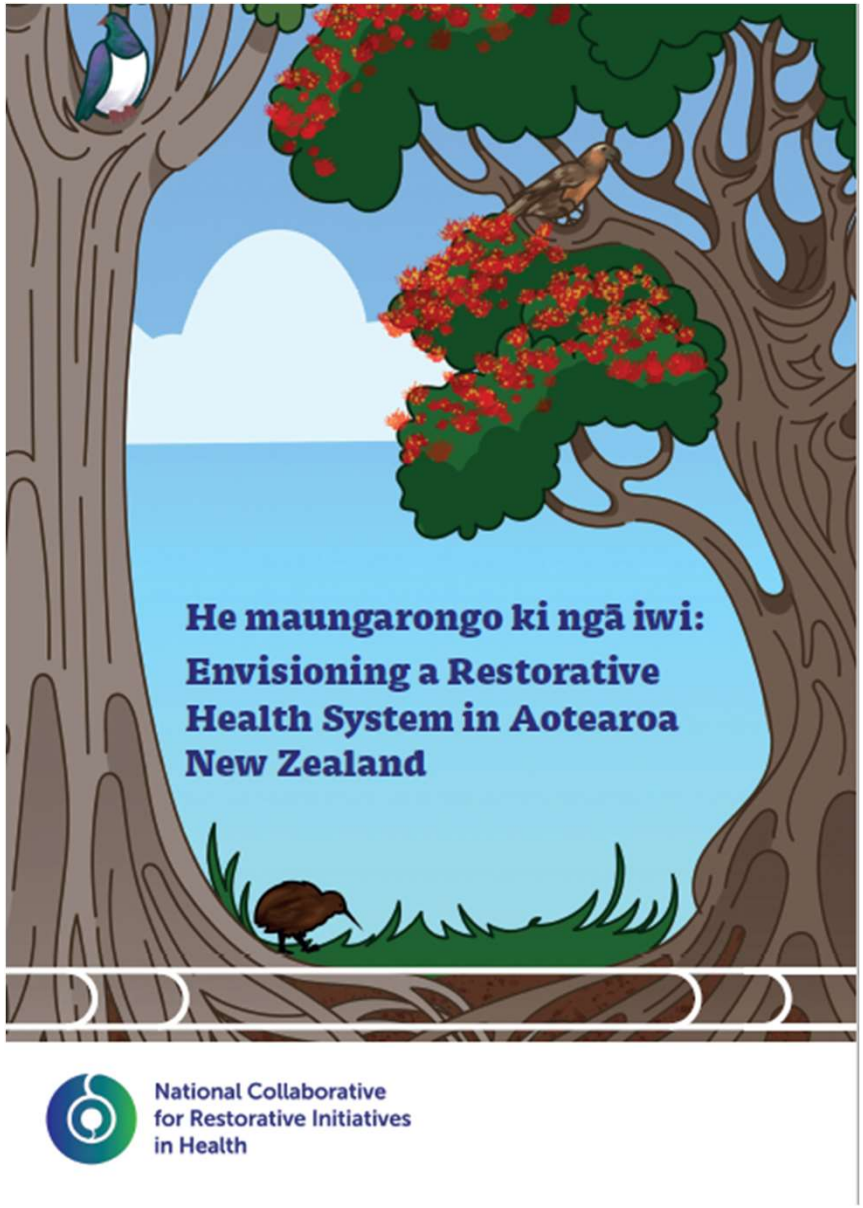
Initiatives to date



National Collaborative for Restorative Initiatives in Health



He maungarongo ki nga iwi: Envisioning a restorative health system in Aotearoa NZ



- Whanaungatanga |Systems are comprised of people and relationships
- Whakapapa| Human wellbeing and relationships are interdependent
- Tapu| Restorative systems maintain and enhance dignity through relationships
- Taiao| Contextual conditions affect people and their relationships
- Mahi Tahi| Relationships are enhanced by co-production and co-design

https://www.hqsc.govt.nz/resources/resource-library/he-maungarongo-ki-nga-iwi-envisioning-a-restorative-health-system-in-aotearoa-new-zealand/

Recommendations

- Embed restorative principles across the policy, programme delivery, and practice standards that intend to mitigate and respond to healthcare harm.
- Provide a navigation service for all serious harms – Tatau pounamu – the green stone door, the safe space.
- Partner with educational providers, restorative practitioners, and iwi and Māori communities to build capability and capacity in restorative practices and hohou te rongo.
- Partner with agencies, regulators, and other bodies to review the pursuit of restorative initiatives within current legislation to thus inform how legislation might be enhanced.
- Develop processes and practices that promote healing, learning, and improving.
- Evaluate restorative initiatives to develop evidence-based practice that appreciates what works, for whom, how and in what contexts will differ.

National Collaborative for Restorative Initiatives in Health

5. Restorative practice and restorative responses | Mahi haumanu, hohou te rongo

Restorative practice is a 'voluntary, relational process where all those affected by an adverse event come together in a safe and supportive environment, with the help of skilled facilitators, to speak openly about what happened, to understand the human impacts and to clarify responsibility for the actions required for healing and learning'.[4]

Restorative responses are principles-based and use specific practices or tikanga to create a safe and supportive environment to explore health care harm. Ideally, all parties affected will come together to safely and respectfully share their different perspectives to build mutual understanding and trust across their differences. When this is not possible, healing can still be achieved. The goal is to address *harms*, meet *needs*, restore *trust* and promote *healing* for all involved, alongside system learning. Healing is enabled by the restoration of relationships, wellbeing and trust.

The potential for a meaningful apology is achieved by focusing on essential apology characteristics: respectful dialogue, acknowledgement of responsibility and actions that address the needs of all involved. Practices of hohou te rongo (peace-making from a te ao Māori world view) address harm by restoring the mana, power, authority and tapu of people and their relationships.

Consumers and whānau | Ngā kiritaki me ngā whānau

The people most directly affected by a harmful event or experience will be offered the opportunity to participate in a restorative response.

Providers | Ngā kaiwhakarato

Providers are encouraged to build capability in restorative practice and partner with iwi to support the use of hohou te rongo. Both offer a person-centred pathway for resolving harm.

Criteria | Ngā paearu

5.1 Providers will build capacity with skills for restorative practice and partner with iwi to support the use and development of hohou te rongo.

5.2 Regions will support the development of networks to enable equitable access to restorative responses.

5.3 If all parties agree, recommendations and actions arising from restorative agreements will be shared at local, regional and national levels.

Healing, learning and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkino 2023

link

Emerging evidence about what works (or not) in health settings

- Use a co-design approach that is underpinned by restorative principles
- Share risk and opportunity with lived experience partners and communities
- Utilise skilled facilitators who are invested in providing a good outcome for all involved
- Adapt to changing conditions (individual, relational, procedural, structural)
- Listen, understand and respond to the needs of all parties
- Provide access to tailored support options
- Develop shared agreements that clarify responsibilities for mitigating and repairing harm
- Use SMART recommendations
- Agree the future relationship

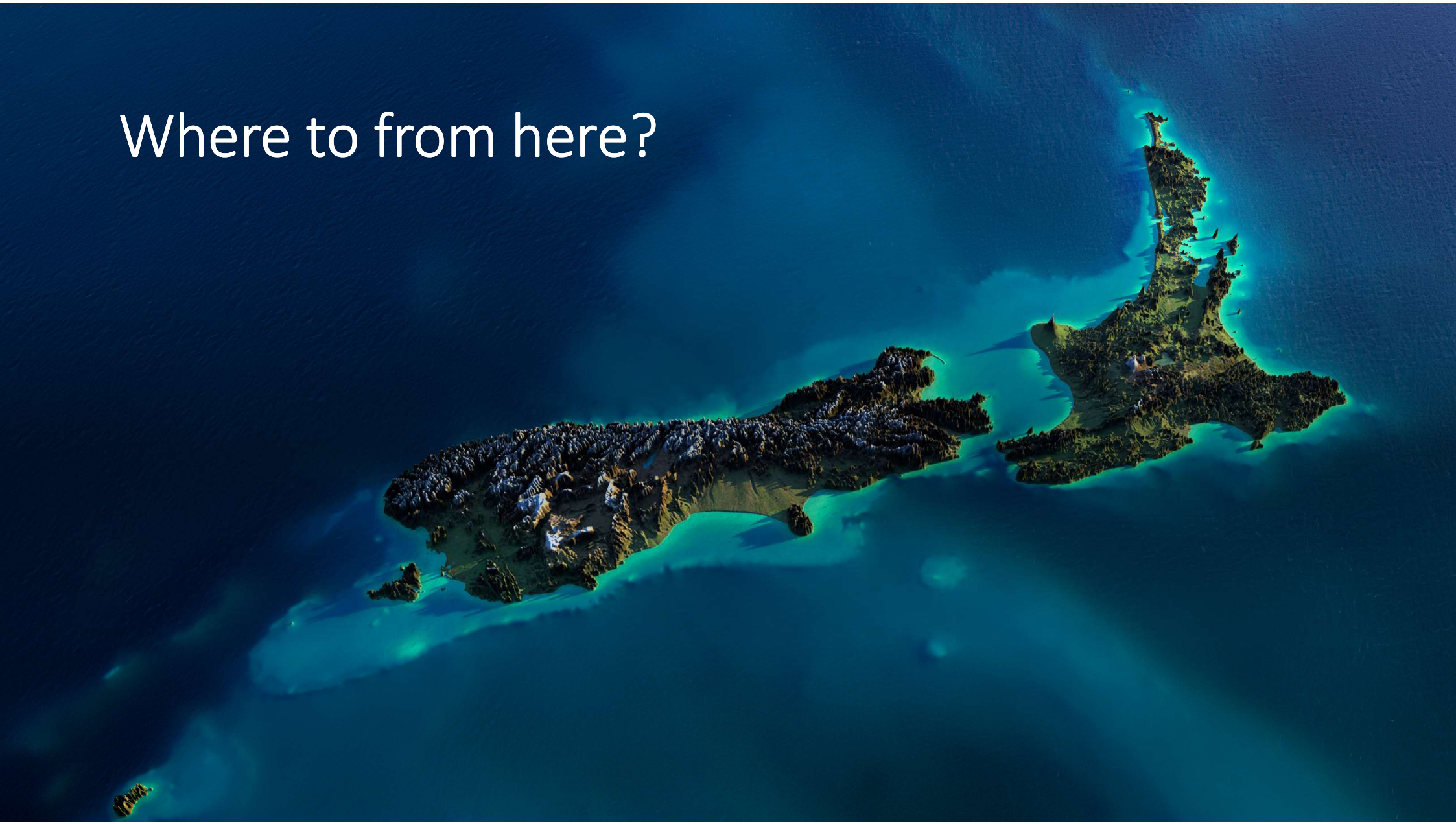
Wailling, J (2023) A realist evaluation of restorative responses to healthcare harm (unpublished PhD work)

Health and Disability Commissioner Act 1994

Code of Health and Disability Consumers Rights 1996

Accident Compensation Act 2001

Where to from here?

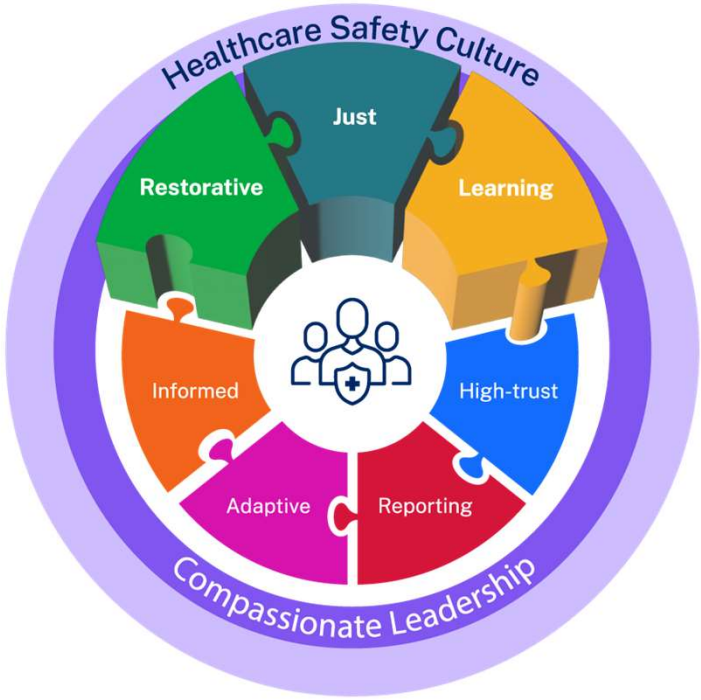


Emerging international initiatives

Restorative Just and Learning Culture

Restorative Just and Learning Culture (RJLC) is a development in Safety Culture thinking that addresses the importance of people, relationships and trust and applies a complex adaptive systems approach to improvement of healthcare.

RJLC merges restorative approaches with our developing understanding of learning and improvement in complex systems of care. A restorative just and learning safety culture recognises that we need new, systems approaches to leading, learning and improving. It is deeply accountable and forward looking.



N O'Connor, K Turner, Jo Wailling

Is it expensive and context dependant?

MATEC Web of Conferences 273, 01007 (2019)

Restorative Just Culture: a Study of the Practical and Economic Effects of Implementing Restorative Justice in an NHS Trust

Mannat Kaur[1], Robert J. De Boer[1,2*], Amanda Oates[3], Joe Rafferty[3] and Sidney Dekker[1,4]

NHS
Mersey Care
NHS Foundation Trust

METRO NORTH MENTAL HEALTH RESTORATIVE JUST AND LEARNING CULTURE FRAMEWORK

Setting the Culture; Psychological Safety; Learning Culture; Reflective Practice; Education.

Who is hurt and what are their needs? Who is responsible for meeting their needs?

How can harms and relationships be repaired? How can we prevent it from happening again?

	Immediate Response *(Healing)*	**Review Process** *(Learning)*	**Formal Open Disclosure** *(Healing)*	**Implement and Evaluate.** *(Improving)*
Consumer, Family	Clinician Disclosure (Supportive, Open dialogue) Referral for Post-Vention Support Provision of Information	Interview to gain their account. Their questions for the panel. Their ideas for improvement.	Formal Open Disclosure. (Facilitated; Supportive; Open dialogue; agree and document actions going forward.)	Evaluation of experience.
Service	Immediate actions for safety. Organizational response to first and second victims (Clinician Disclosure; Service response; Peer Response;). Triage process. Identify stakeholders.	Interview family, document and input into the review. Review of care pathway, using Safety II and Resilient Healthcare principles. High quality and strength recommendations.	Facilitate Formal Open Disclosure. (Facilitated; Supportive; Open dialogue; apology; agree and document actions going forward.)	Accountability to implement recommendations. Evaluate impact of implementation. Share lessons across the service.
Clinician	Clinician disclosure. Support of other clinicians. Receive support. Identify immediate risk to be addressed.	Participate in the review process. Open. account. Reflect Supported. Lool opportunities to system.	Formal Open Disclosure	Participate in the

Metro North Mental Health (2022) Metro North Mental Health Restorative Just and Learning Culture Framework. Metro North Health, Brisbane, Queensland, Australia. Kathryn.Turner@health.qld.gov.au)

Evaluation

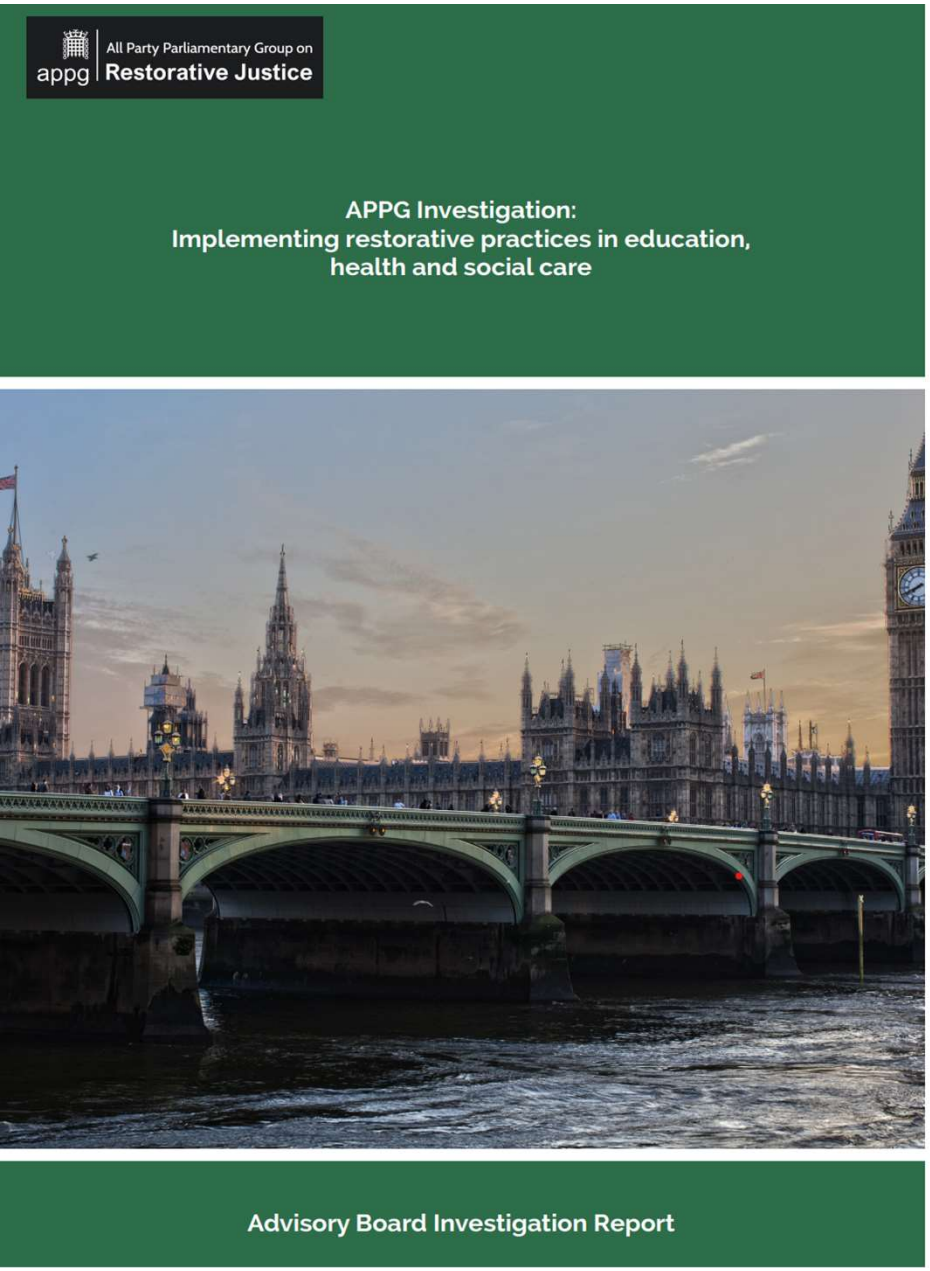
jha.sciedupress.com Journal of Hospital Administration 2022, Vol. 11, No. 2

ORIGINAL ARTICLE

Restorative just culture significantly improves stakeholder inclusion, second victim experiences and quality of recommendations in incident responses

Kathryn Turner*[1,2], Jerneja Sveticic[2], Diana Grice[2], Matthew Welch[2], Catherine King[2], Jenni Panther[2], Claire Strivens[2], Brad Whitfield[2], Geoffrey Norman[2], Alice Almeida-Crasto[2], Tamirin Darch[2], Nicolas J.C. Stapelberg[2,3], Sidney Dekker[4]

(2022) Journal of Hospital Administration



HPA
HARMED PATIENTS ALLIANCE

https://harmedpatientsalliance.org.uk/

Learn Together
Supporting involvement after safety incidents in healthcare

https://learn-together.org.uk/


The Restorative Leadership Symposium
Cultivating Caring Leadership & Embracing a Restorative Approach
NOVEMBER 28 & 29 | VANCOUVER, BC
BC Restorative Circle
British Columbia
Ministry of Health
HQBC
HEALTH QUALITY BC

Thank you/ Whakawhetai koe

Any questions? Please contact us.

Jo Wailling RN TechNZHFE

Co-chair The National Collaborative for Restorative Initiatives in Health, Aotearoa NZ

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