

Designing for Safe and Resilient Performance: bridging theory and practice

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ENGENHARIA DE PRODUÇÃO
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What is safety?



- **Safety I**

- Absence of harm to people and damage to physical assets
- Measured through accident rates, costs of accidents, fines,...

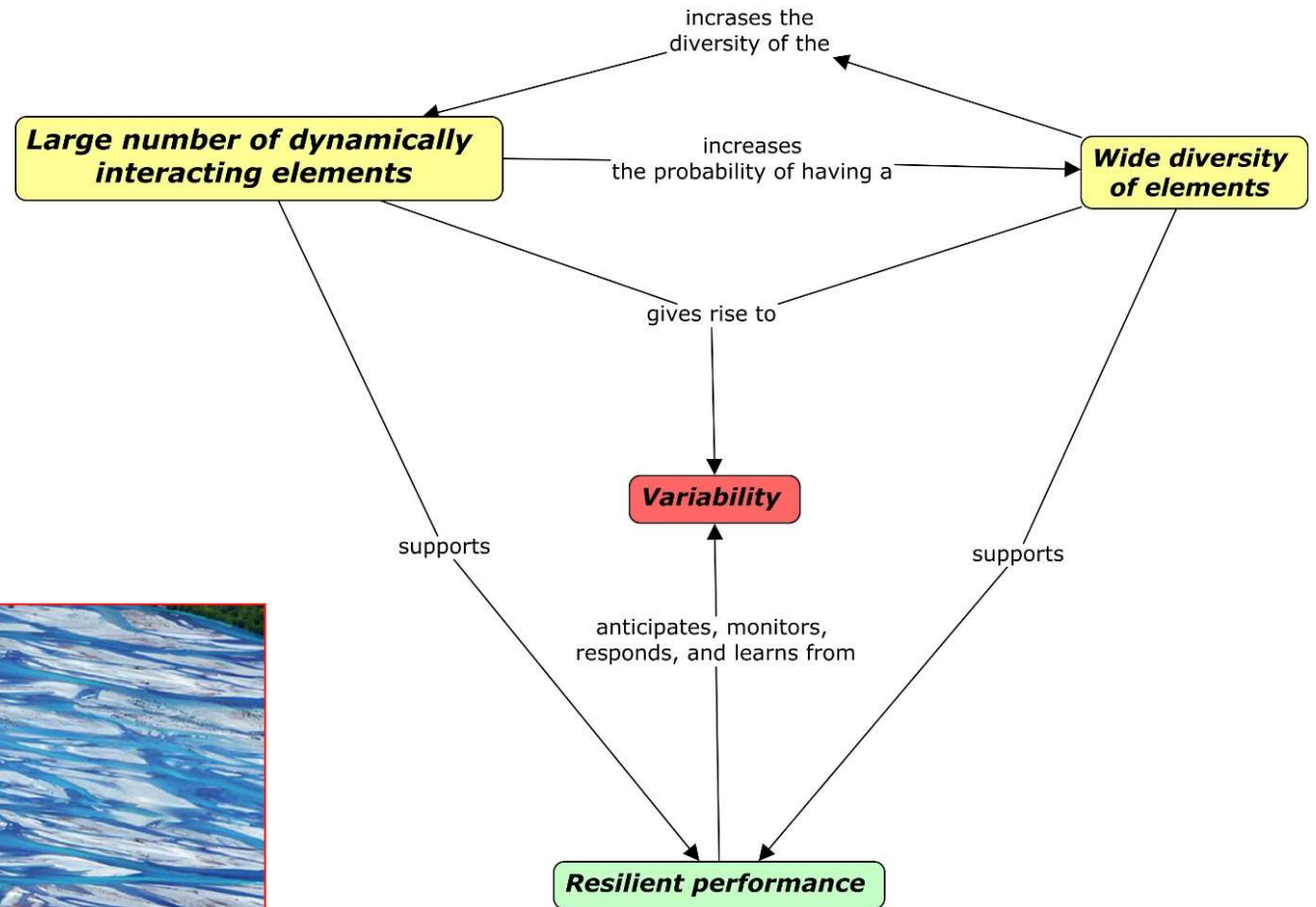


- **Safety II**

- Presence of activities, resources, and **adaptive capacity**
- Measured through proactive indicators. E.g., quality and quantity of training, investments, **buffers/slack resources**,...

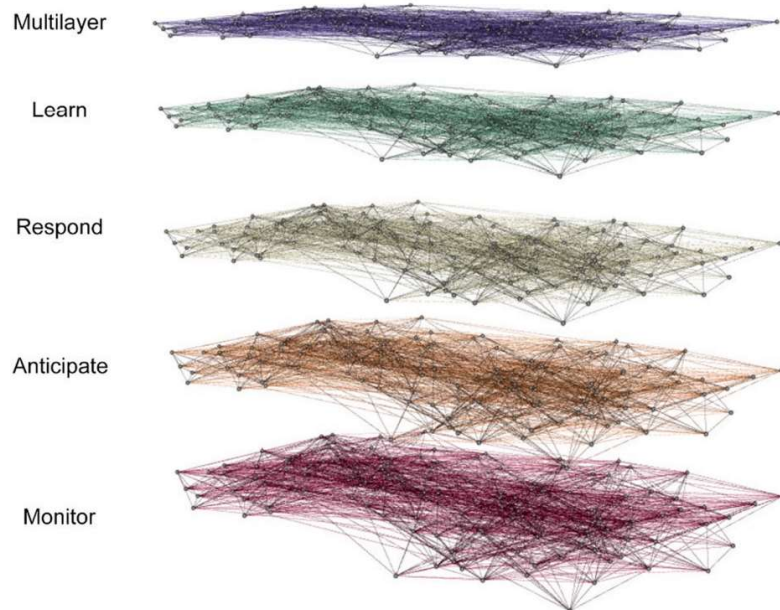
$$\text{SAFETY} = \text{SAFETY I} + \text{SAFETY II}$$

Safety-II and complexity



What is resilience?

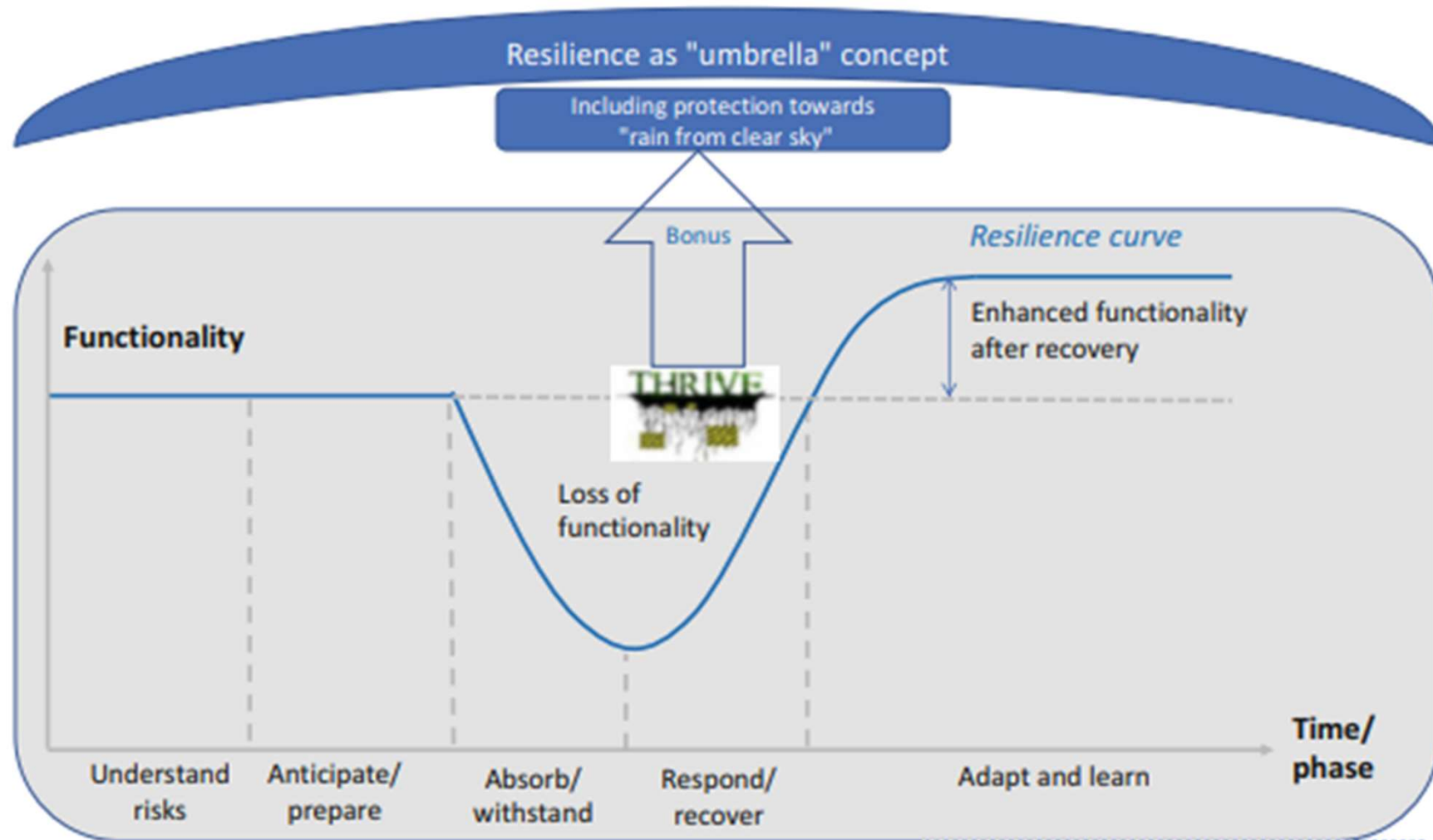
Resilient **performance** describes how well a system adjusts its functioning **before, during, or after** changes and disturbances, sustaining operations under **expected** and **unexpected** conditions
(Erik Hollnagel)



4 potentials of resilient systems

Monitor
Anticipate
Respond
Learn

Resilience as an umbrella concept



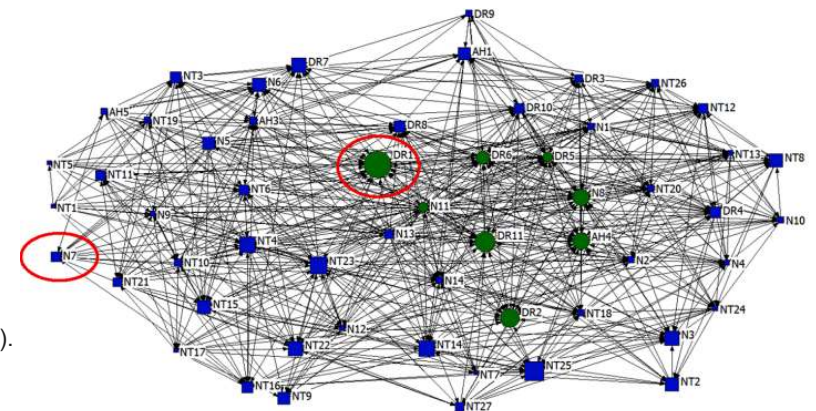
Adapted from Grøtan, T.O., Antonsen, S. and Haavik, T.K., 2022. Cyber Resilience: A Pre-Understanding for an Abductive Research Agenda. In: Matos, F.; Selig, P.; Henriqson, E. (Eds.), *Resilience in a Digital Age: global challenges in organisations and society*, pp. 205-229, Springer, Cham.

Resilience and safety

SAFETY I: safety benefits resilience because a resilient system must survive to accidents

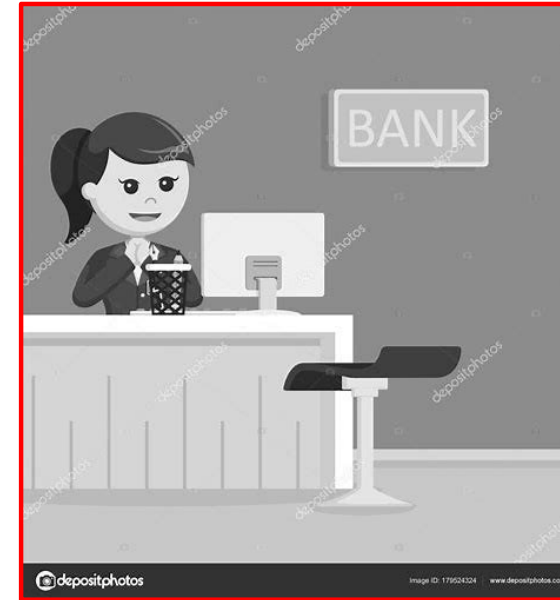
SAFETY II: resilience benefits safety because adaptive capacity helps cope with dynamic risks

WARNING: resilience can occur at the expense of workers health and safety. Thus, resilience and safety do not always go hand-in-hand

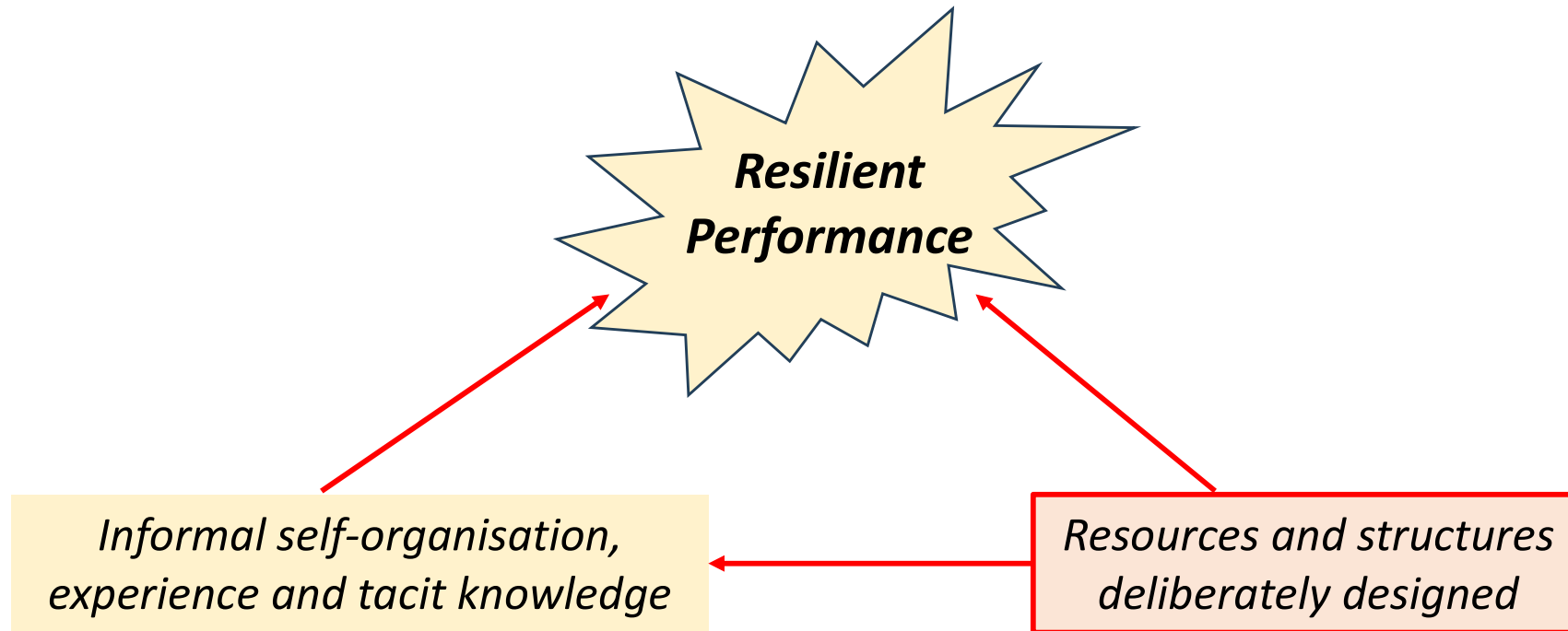


Terra, S. X., Saurin, T. A., Fogliatto, F. S., & de Magalhães, A. M. M. (2023). Burnout and network centrality as proxies for assessing the human cost of resilient performance. *Applied Ergonomics*, 108, 103955.

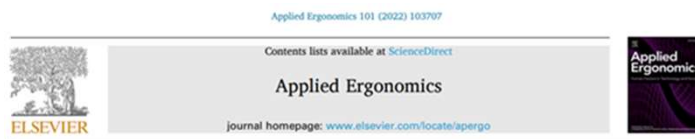
What is the most resilient and safe design?



Design for Resilient Performance (DfRP)



The use of design principles to support integrated human, technical, and organisational adaptive capabilities



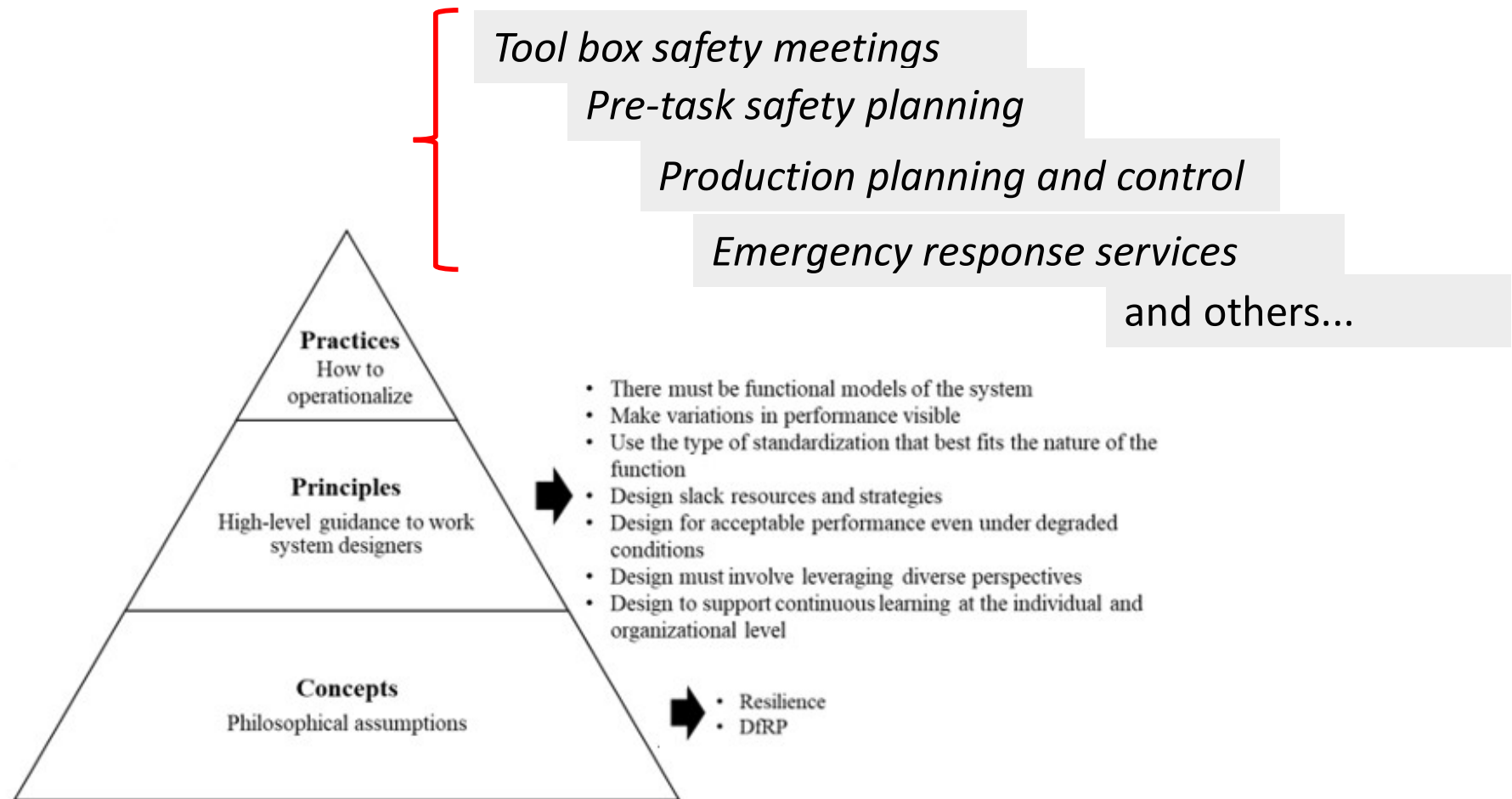
Design for resilient performance: Concept and principles
Claudia Maria Dias Guerra Disconzi^a, Tarcisio Abreu Saurin



Principles and practices of designing for resilient performance: An assessment framework
Claudia Maria Dias Guerra Disconzi^a, Tarcisio Abreu Saurin^{b,*}



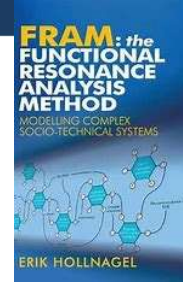
A knowledge framework of DfRP



Practices are designed managerial processes and tools that operationalize the principles, necessarily including a human component

Design principles

(1) Develop *models* of the system



(2) *Learning* at the individual and organisational level



(3) Standardization that *best fits the nature of the function*



(4) *Slack* resources and strategies



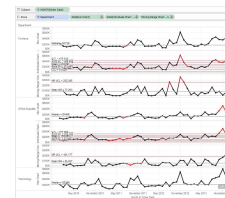
(5) Acceptable performance under *degraded conditions*



(6) *Leverage diverse perspectives*



(7) *Variations in performance* visible



1

There must be models of the system

Functional model – Value Stream Mapping (VSM)

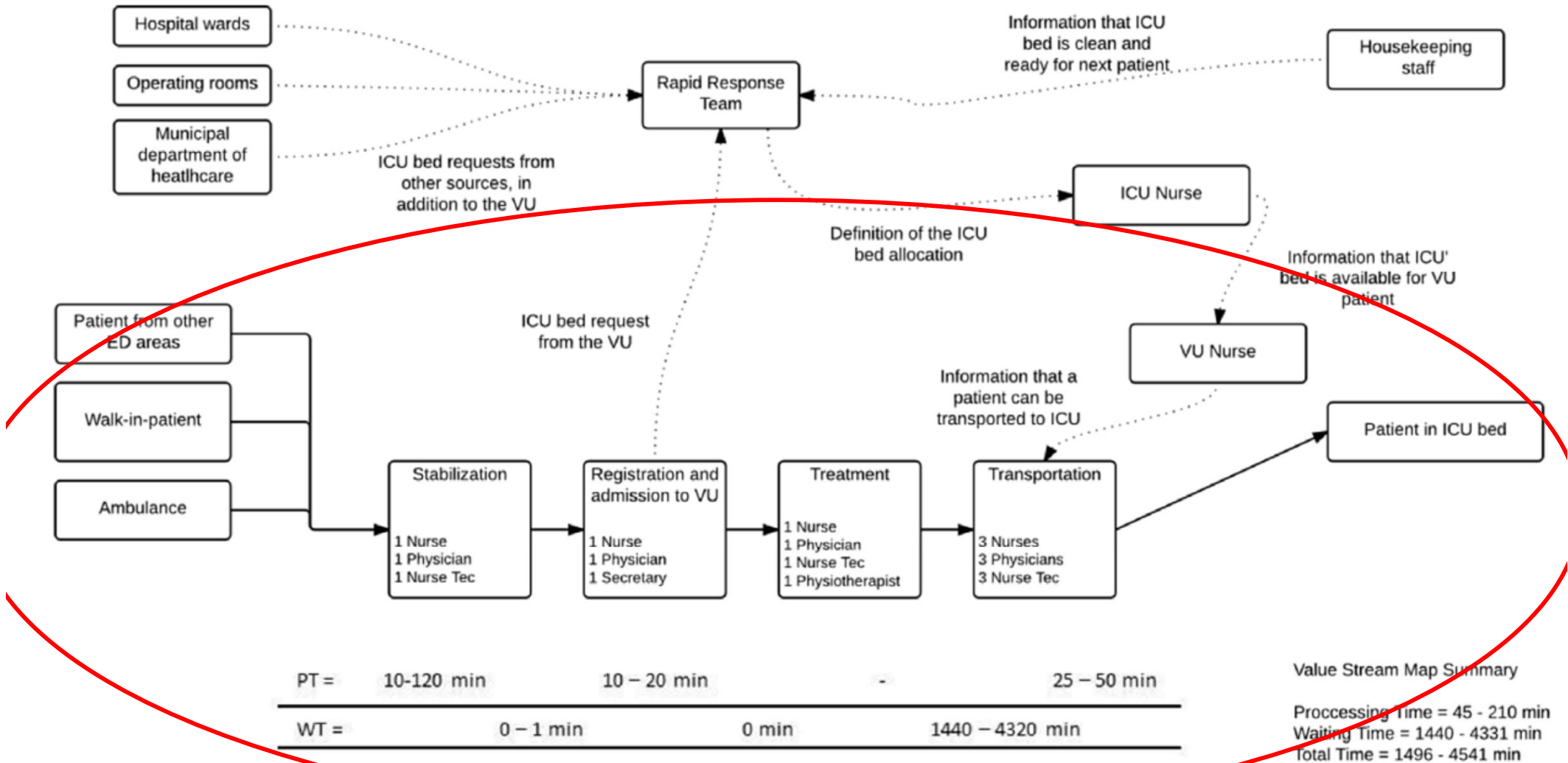
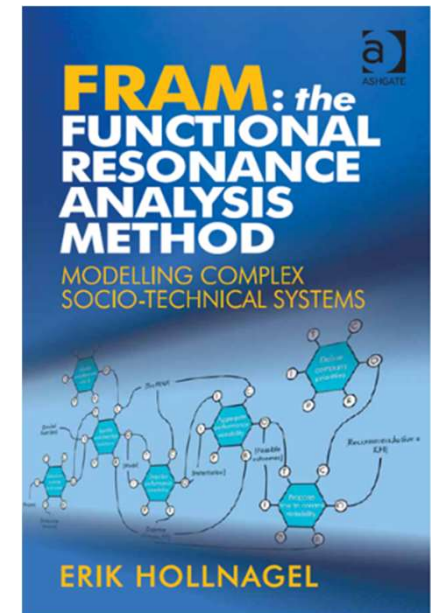
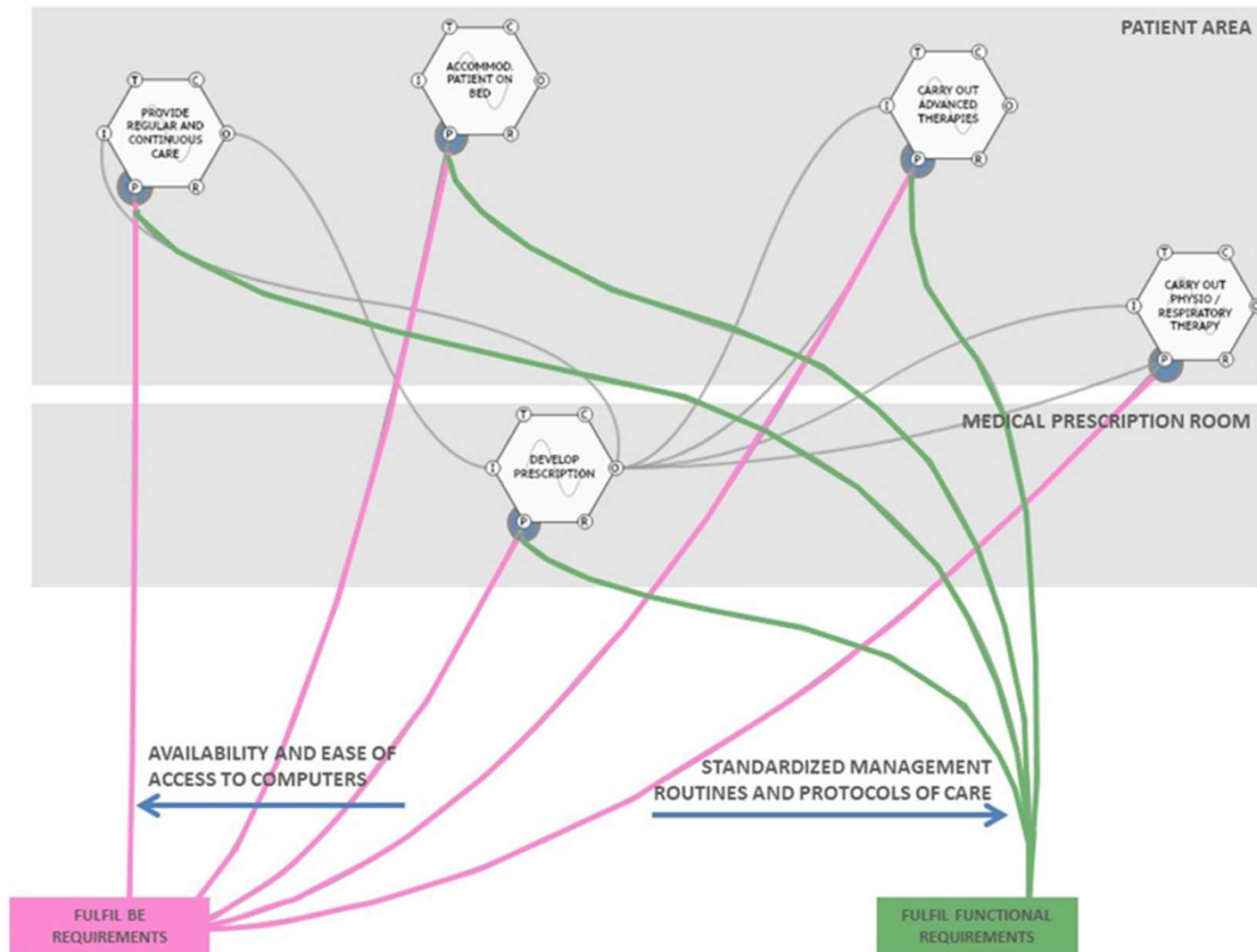
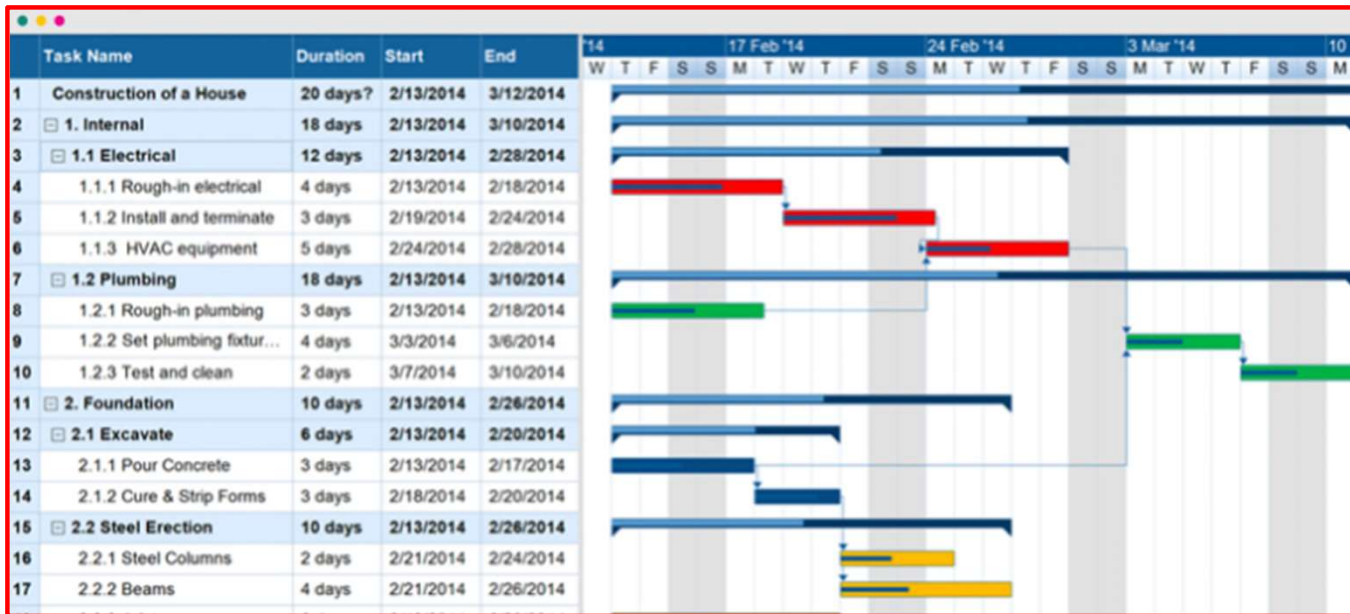


Fig. 2. The value stream map of the VU-ICU system

Functional model - FRAM

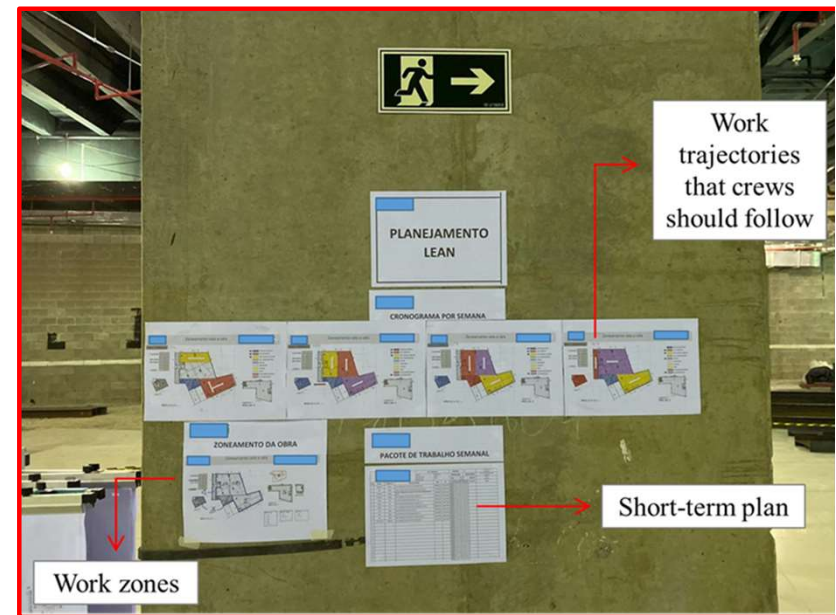
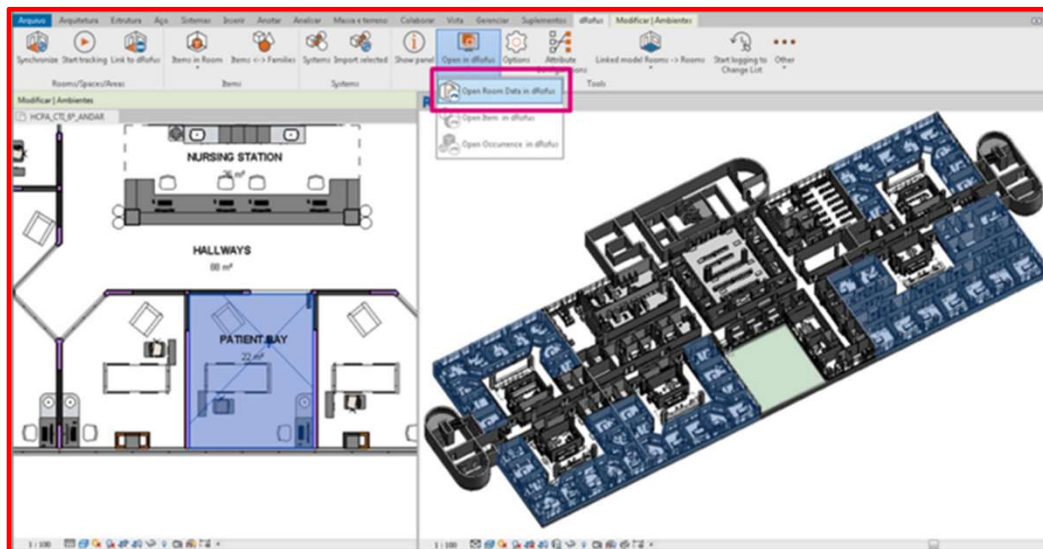


Other types of models



These models serve different purposes and play complementary roles

Safety implications are not usually emphasized



2

Design to support continuous learning at the individual and organizational level

Learning from both what goes wrong and what goes well

Reflective meetings

- Resilient Performance Enhancement Toolkit (RPET)

- Hospital example (Nawal Khattabi, 2022, <https://rhcs.se/wp-content/uploads/2022/08/16-august2022-6-nkhattabi.pdf>)

Daily meetings at the end of the shift to discuss what went well and what went wrong

Patient with wrist trauma

Traditional X-ray view did not detect the injury

Technician tested an alternative view and it detected the trauma

This new view has been used as a standardized procedure



Development of resilience skills

Resilience skills (RSs) support performance adjustment in order to work safely and efficiently during both expected and unexpected situations

- RSs are typically social and cognitive
 - Hazard identification, decision-making, communication,...
 - Conventional training usually focuses on procedural skills



Example: electricity distribution company

- Training did not account for the complexity of work-as-done



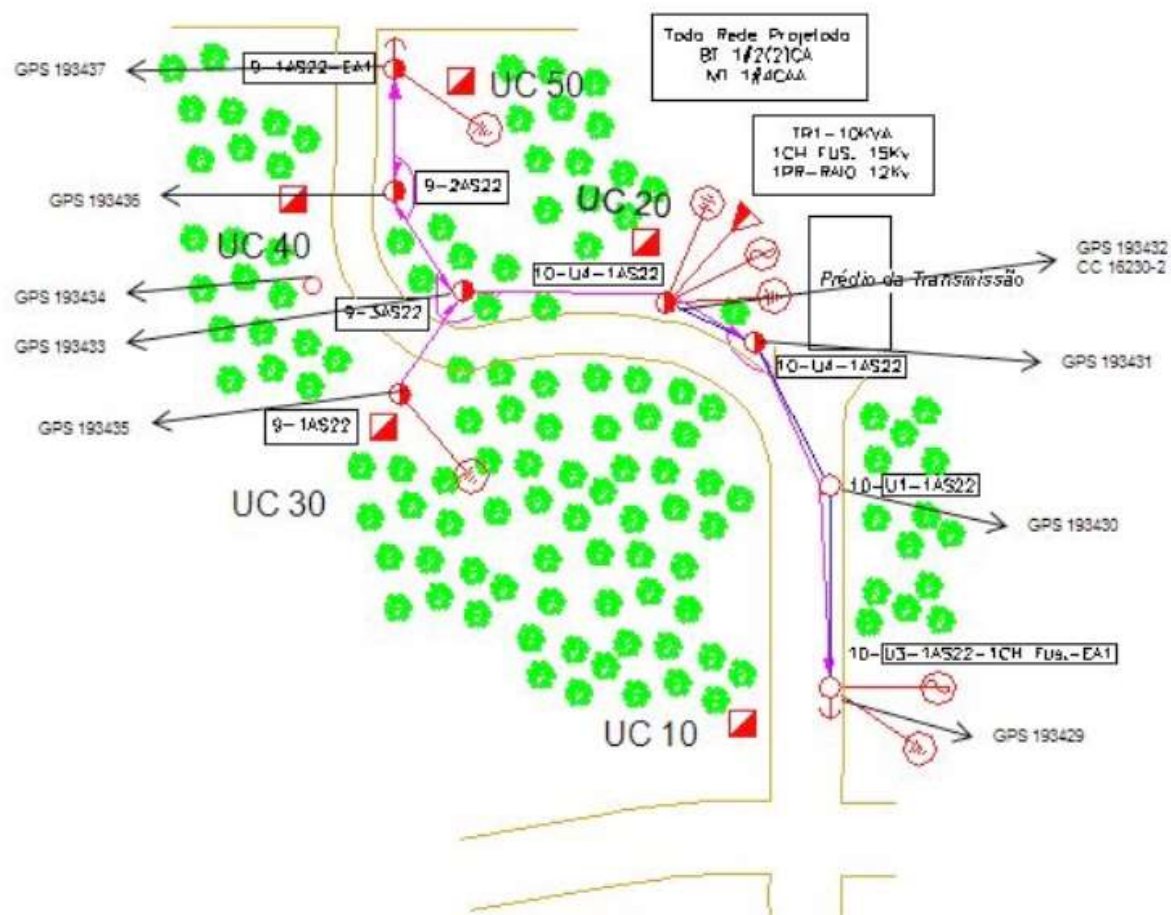
Saurin, T.A., Wachs, P., Righi, A.W. and Henriqson, E., 2014. The design of scenario-based training from the resilience engineering perspective: A study with grid electricians. *Accident Analysis & Prevention*, 68, pp.30-41.

How were the resilience skills identified?

Data sources	Detail	Quantity
Observations	Training course	60 h
	Work-as-done	20 h
Documents	Accident investigation reports	61 documents
	Incident reports	57 documents
	List of competences, skills, and attitudes	1 document
	Training course syllabus	1 document
Interviews	<i>Critical Decisions Method</i>	<i>13 interviews</i>
	Focus group 1	24 company represent.
	Focus group 2	2 experts

Cognitive Task Analysis

Scenario-Based-Training



Typical training session

- Theoretical background (1 h)
- Briefing (10 min)
- Simulation (40 min – 2 h)
- Debriefing (1 h – 1.5 h)



3

**Use the type of standardization that best fits
the nature of the function**

There are different types of procedures

- ▶ Goal-oriented procedures
- ▶ Process-oriented procedures
- ▶ Action-oriented procedures

Move to this direction as complexity grows



Hale, A. and Borys, D., 2013. Working to rule or working safely? Part 2: The management of safety rules and procedures. *Safety Science*, 55, pp.222-231.

Wachs, P. and Saurin, T.A., 2018. Modelling interactions between procedures and resilience skills. *Applied Ergonomics*, 68, pp.328-337.

Joint design of procedures and training for resilience skills

- ▶ Case study of preparation and administration of medications in an emergency department



POP de Via oral - administração de medicamentos

Página

1/5

POP-GENF-0133

Local de execução

Unidade do paciente.

Resultados esperados

Administração correta e segura do medicamento.

Executor

Equipe de Enfermagem

Material

- Bandeja;
- Medicamento prescrito;
- Copo descartável 25 ml;
- Prescrição médica;
- Etiqueta;
- Caneta;
- Compressas;
- Álcool 70%.
- Seringa dosadora oral;
- Copo descartável 50 ml;
- Pistilo;
- Gral ;
- Ampola de água destilada 20 ml;
- Água potável.

Atividades

Are these specifications detailed enough?

- ▶ *“Check if the patient is allergic before administering the medication”*
- ▶ *“Observe adverse reactions of the patient, during and after drug administration”*
- ▶ *“Medications must be safely prepared and administered”*
- ▶ *If more detailed specification does not make sense, these issues should be prioritized in training*

Resilient procedures?

- ▶ Are the goals of the activity stated in the procedure?
- ▶ Are the minimum inputs and preconditions required to start the activity stated?
- ▶ Are there examples of under / no specification that should have been specified?
- ▶ Are there work constraints that can make it difficult to follow the procedure stated?
- ▶ Are there over specifications?
- ▶ Are the direct relationships with other procedures mentioned?



Scenario-Based-Training

- ▶ Design of training scenarios
 - ▶ Story, work constraints, resilience skills
 - ▶ Debriefing
 - ▶ Insights into work system and procedures redesign
 - ▶ **Table with information on the dilution of medications**



4

Designing slack resources and strategies

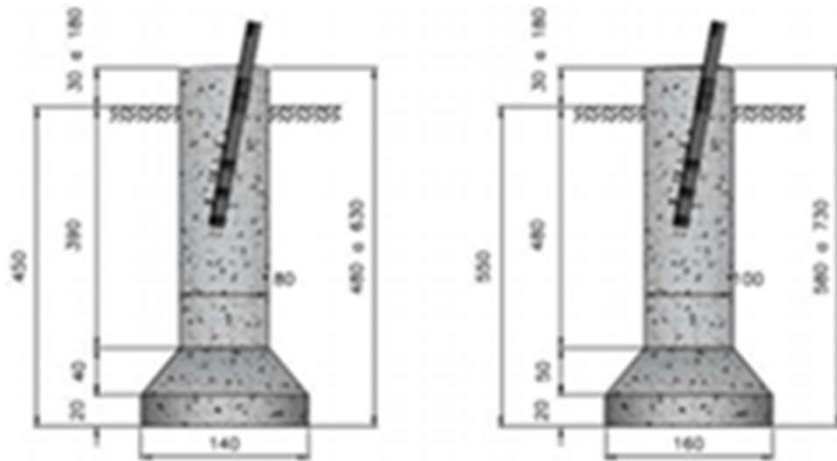
What is slack?

- Slack is a cushion of actual or potential *resources* which allows an organization to *adapt* successfully to internal or external *pressures* for adjustment (Bourgeois, 1981)

Variety of resources

People, materials, space, money, time, equipment, procedures,...

Examples of slack



Amaral 2015



Strategies: redundancies

- Resources provided in addition to the minimum necessary or more than one resource performing the same function

- Redundant procedures: double-checks



- Active/hot: redundant resource is involved in the task at hand







- Standby/cold: redundant resource is not involved in the task



Rapid Response Teams (RRTs) – Example of resource on standby

- ✓ Identification of ward patients whose condition is deteriorating, early notification to responders, rapid intervention and evaluation of the processes of care

Triggers for calling the RRT.

Clinical conditions	Triggers
 Airway	Need for intubation
 Breathing	Respiratory frequency <8 or >35 movements per minute Oxygen saturation <90%
 Blood circulation	Heart rate <40 or >140 beats per minute Systolic blood pressure <80 mmHg Systolic blood pressure between 80 and 90 mmHg and deterioration of the clinical condition
 State of consciousness	Decrease in Glasgow coma scale >2 points Repeated or prolonged seizure (>5 min)

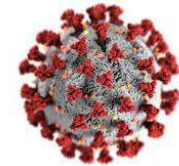
Afferent arm (i.e., those who monitor the patients and call the RRT)

Efferent arm (e.g., those who respond to the call)

Strategies: margins of manoeuvre

- Defensive

- Maintain local margins by restricting other units' margins or borrowing margins from them
- Ex: lockdowns during the pandemic, suspension of elective surgeries



- Autonomous

- Creating margins via local reorganization or adaptation of resources
- Ex: process improvement that frees up resources



- Coordinated

- Resources that can be easily reallocated or repurposed
- Ex: multifunctional workers and equipment



Strategies: inventories

- Raw materials
- Intermediate products
- Finished products

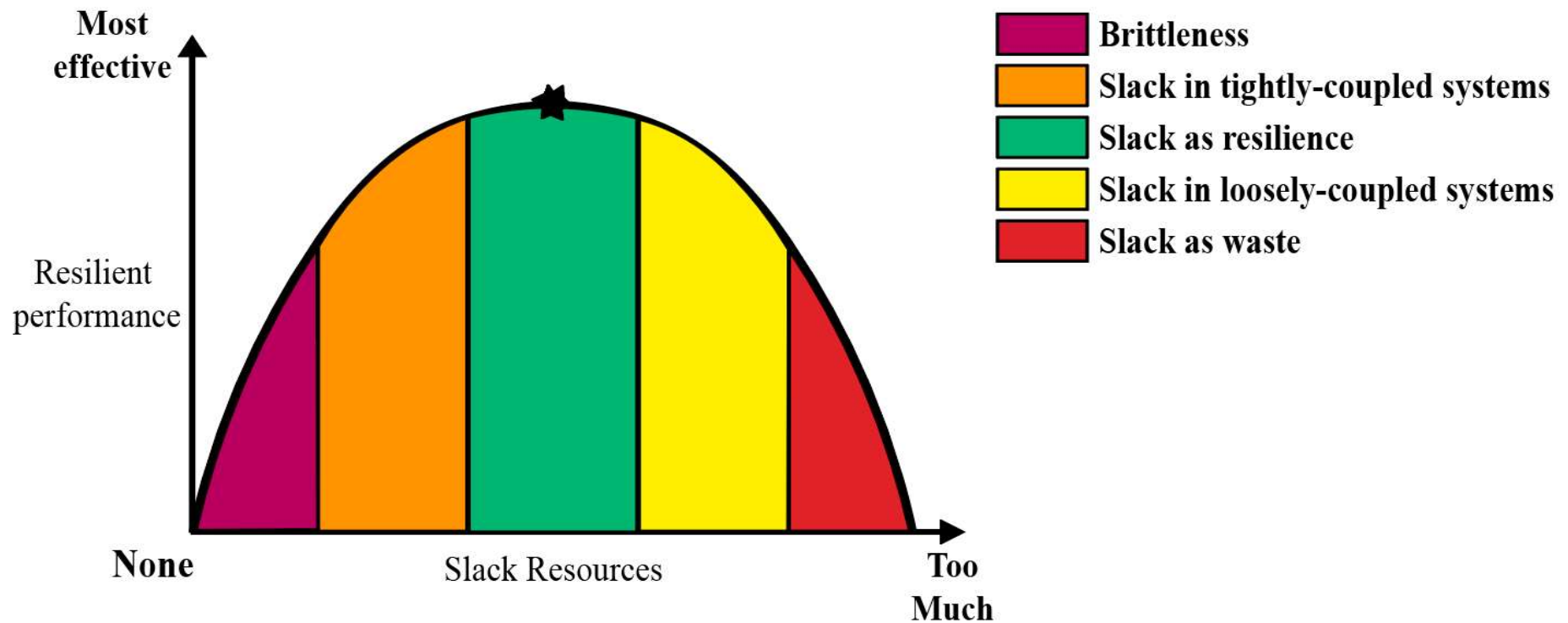


Taxonomy

- Nature of resources
- Strategy
- Designed vs. opportunistic
- Availability
- Visibility
- Durability
- Versatility
- Performance of the replacement
- Side-effects
- Legal requirement

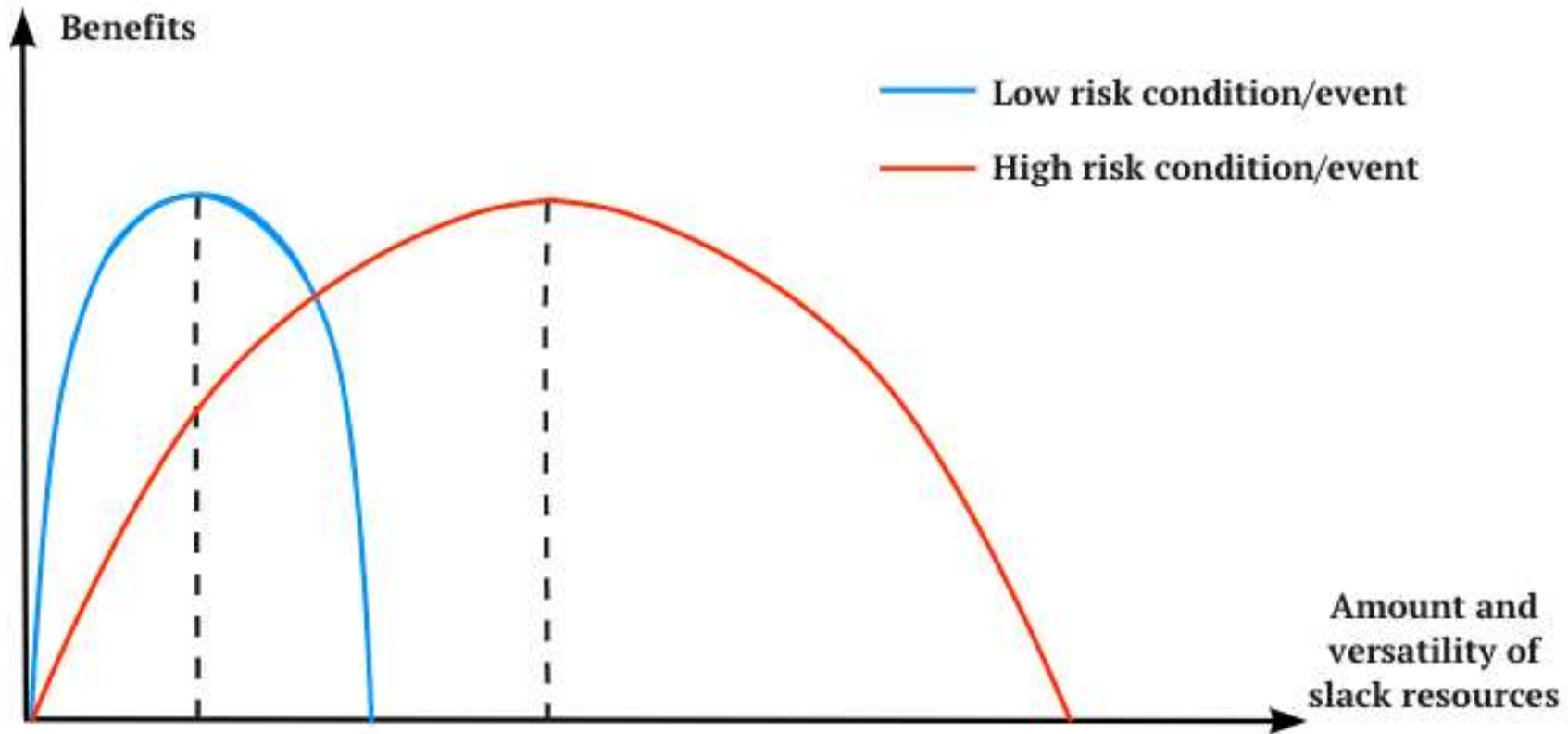


How much is enough?



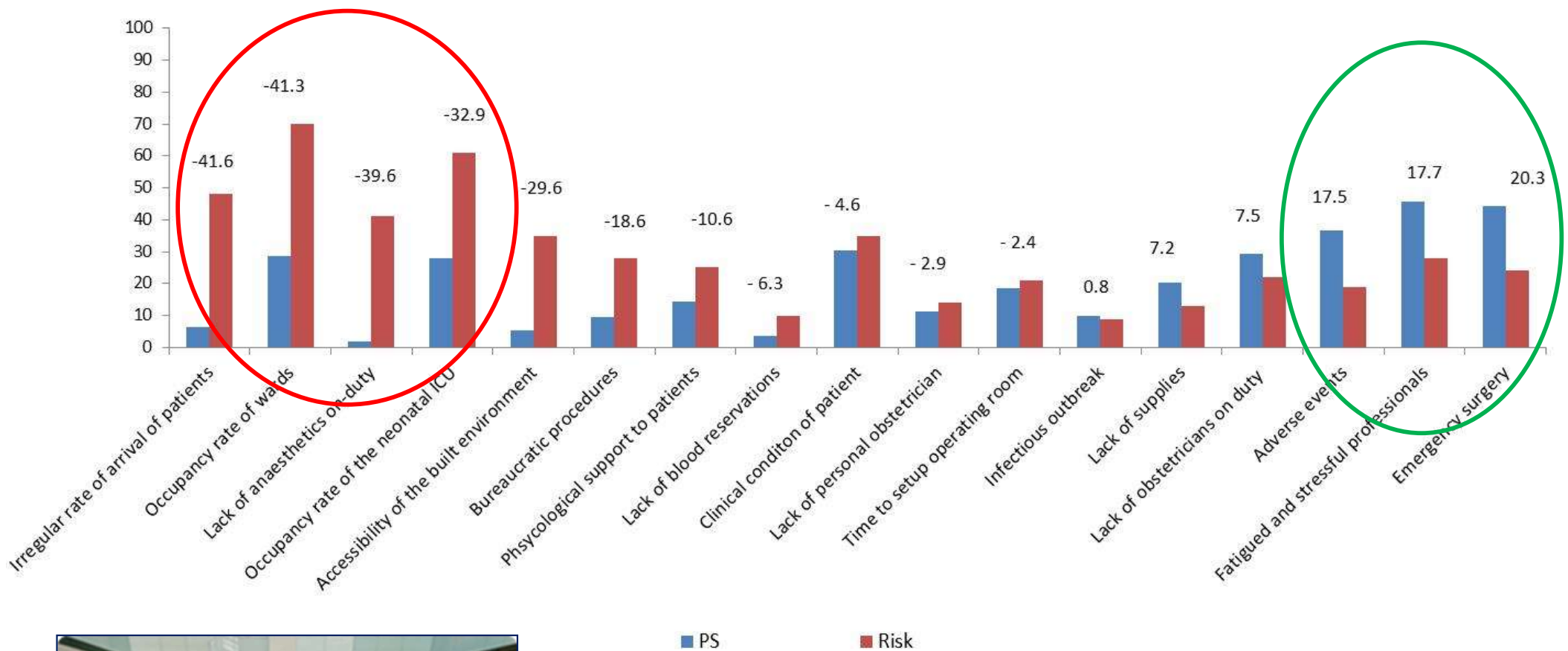
What counts as best can vary depending on the stakeholders' perspective

It depends on risk



Role of non-technical factors (e.g., political pressures) on what counts as low / high risk

How much is enough?



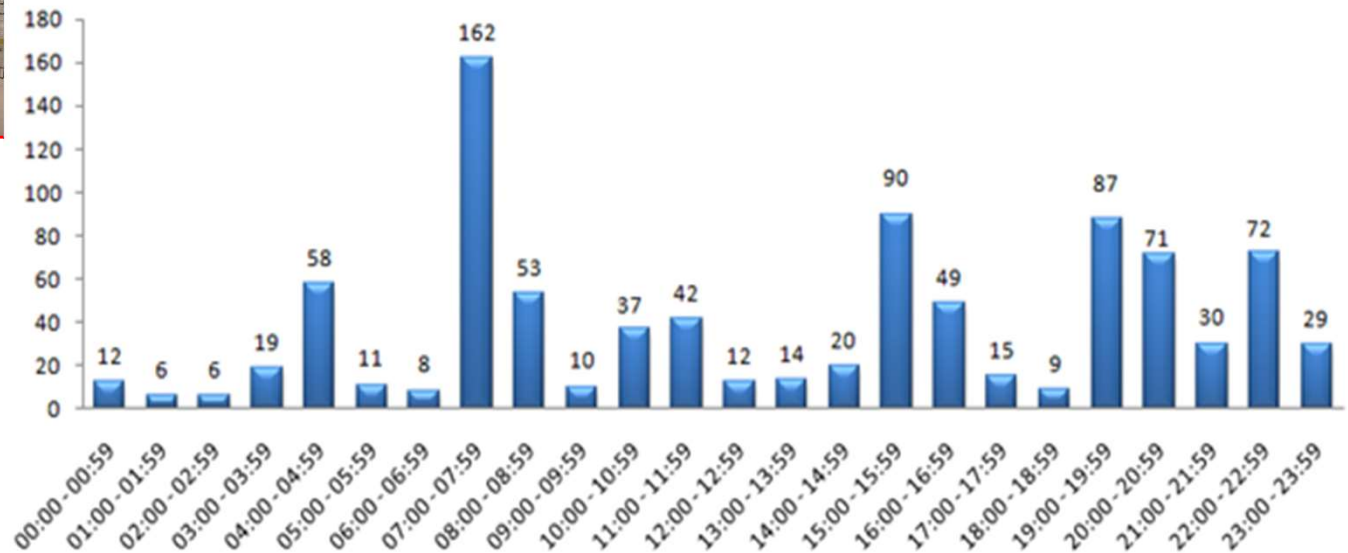
Hospital hired a full-time anesthetist e changed the composition of the committee that manages the blood bank

Too much slack can hide waste

- Two automatic dispensing cabinets were necessary due to the peak of demand at 8:00 am



Demand of medications during the day



Unintended consequences

Waste (e.g., unlevelled demand) should be removed before adding more resources – more complexity

Unintended consequences are less likely to occur if major wastes are reduced before adding slack resources

5

Designing for acceptable performance under degraded conditions

Particularly important for disaster management

Adapted areas for ICUs



Other hospital units (e.g., recovery rooms, in-patient wards, emergency departments) could be designed to accommodate ICU patients

- Oxygen supply, electricity supply, air quality, size, etc.

Marczyk et al. *BMC Health Services Research* (2023) 23:579
<https://doi.org/10.1186/s12913-023-09495-4>

BMC Health Services Research

RESEARCH

Open Access

Slack in the infrastructure of intensive care units: resilience management in the post-pandemic era



Built environment climate resilience



6

Design must involve leveraging diverse perspectives

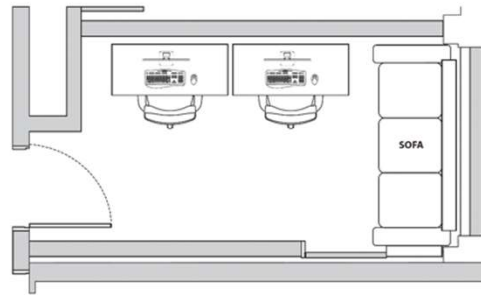
Diversity of perspectives

- Take advantage of diversity to reduce uncertainty
- Requirements
 - Trust, low power differences, capable decision-makers
- Hard to implement under time pressure
- Collaboration costs

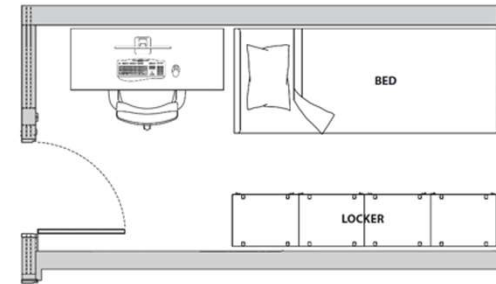


Workspace layout supportive of diverse perspectives

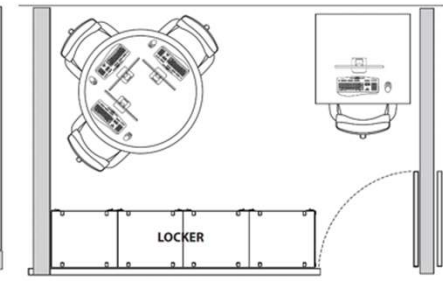
Before: teams in different rooms and floors



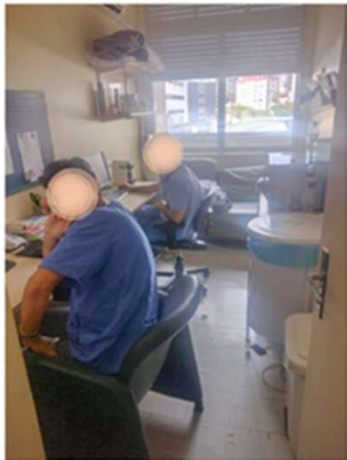
(a) Rapid Response Team



(b) Medical On-Call Team



(c) Nursing Supervision



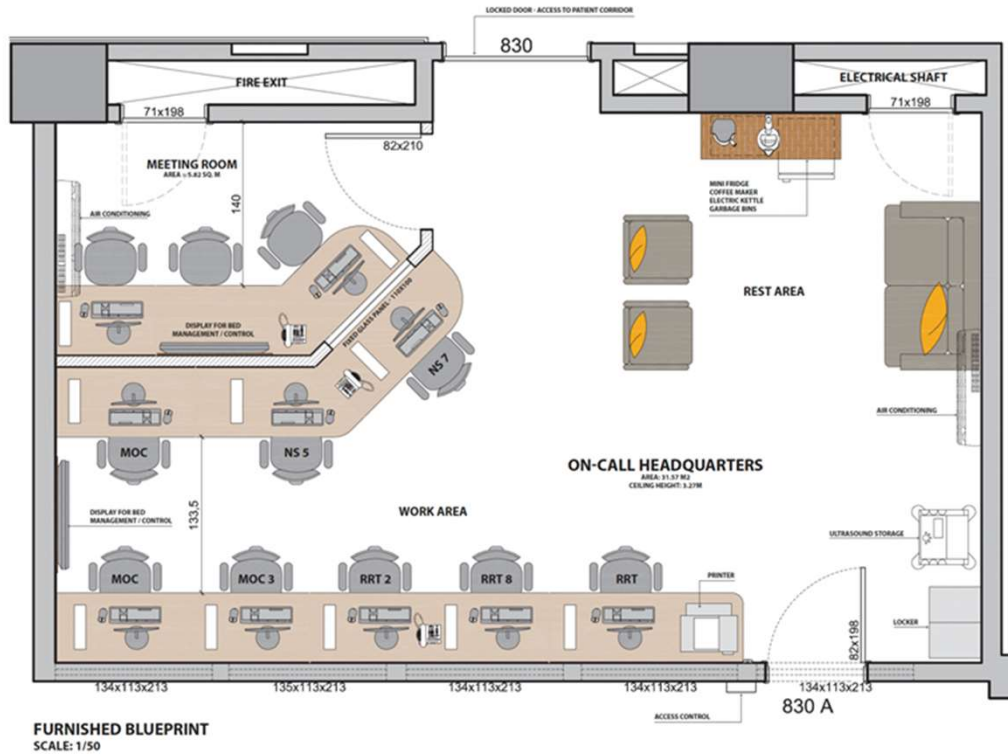
(a) Rapid Response Team



(b) Medical On-Call Team



(c) Nursing Supervision



After: shared workspace



Learning becomes easier, accounting for diverse perspectives

Time saved from seeking for colleagues becomes slack

Interactions between kaizen projects

Esc Anna Nery 2018;22(4):e20170402



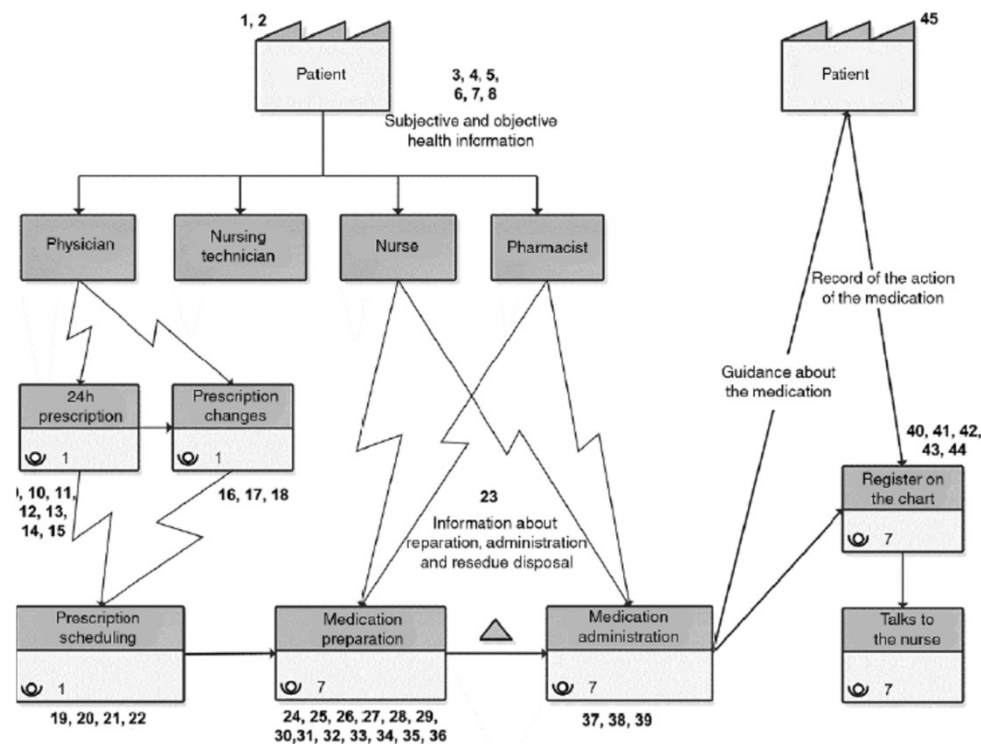
RESEARCH | PESQUISA

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Analysis of the preparation and administration of medications in the hospital context based on Lean thinking

Análise do preparo e administração de medicamentos no contexto hospitalar com base no pensamento Lean

Análisis de la preparación y administración de medicamentos en el contexto hospitalario con base en el pensamiento Lean



Not all improvements were synergistic



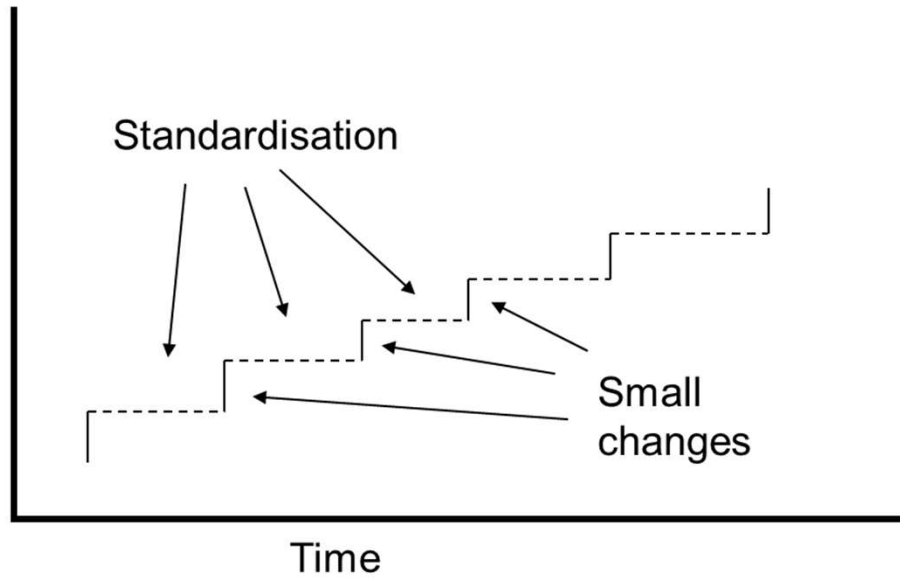
Repositioning of supplies in the cabinet reduced awkward postures and workload

Patient dashboard increased workload



What do interactions between kaizen projects look like?

Performance



PRODUCTION PLANNING & CONTROL
2019, VOL. 30, NO. 16, 1337-1353
<https://doi.org/10.1080/09537287.2019.1615649>

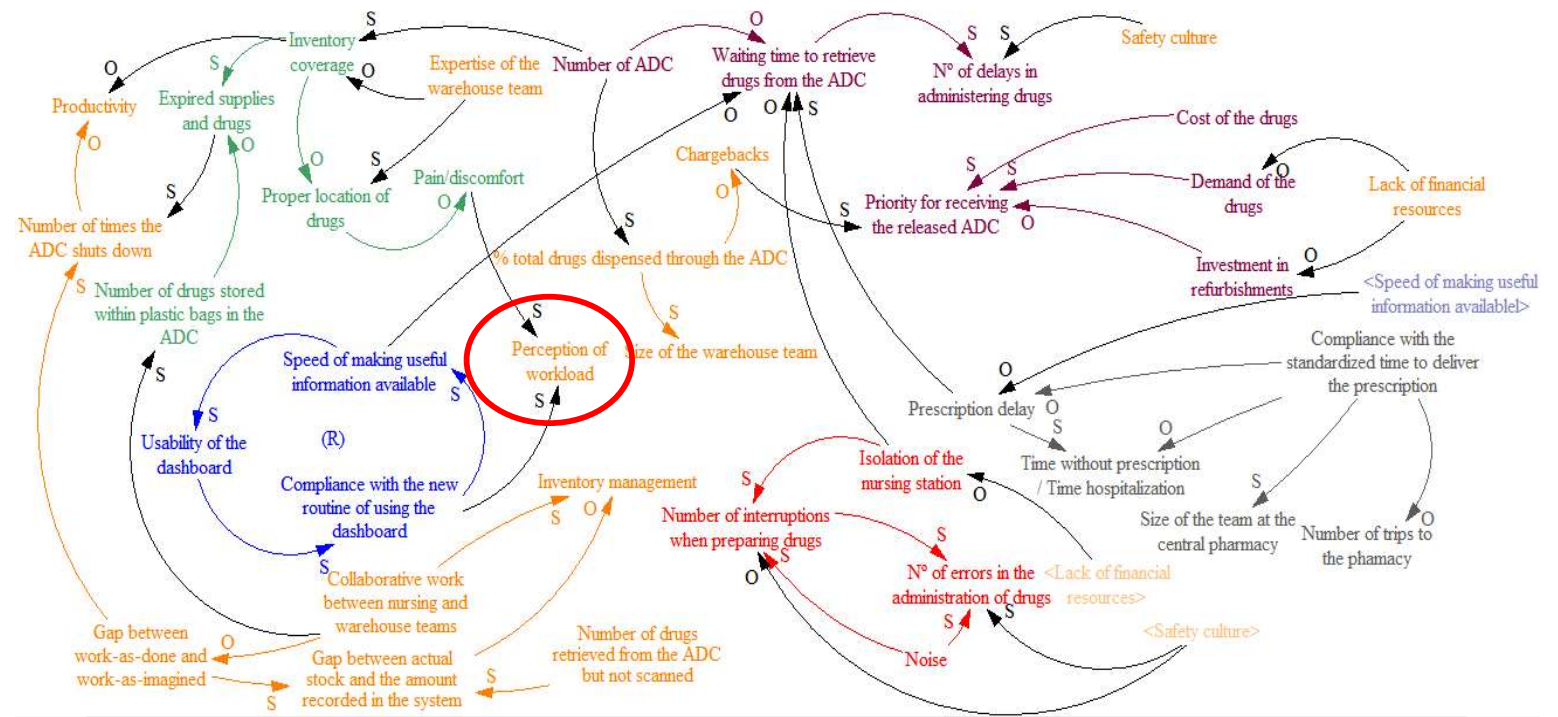
Taylor & Francis
Taylor & Francis Group

Check for updates

A complexity theory perspective of kaizen: a study in healthcare

Dayane Maximiano Carvalho Ferreira and Tarcisio Abreu Saurin

Industrial Engineering and Transportation Department, Federal University of Rio Grande do Sul, Porto Alegre, Brazil



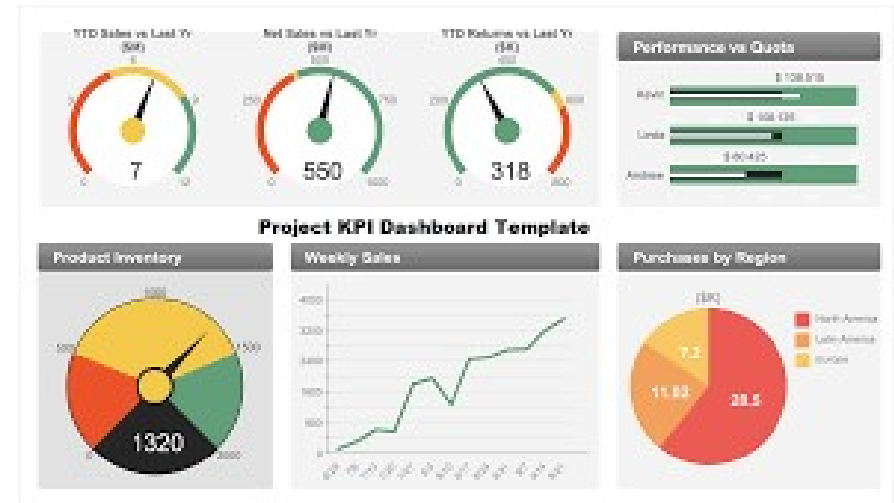
7

Giving visibility to performance variations

Examples of visual management



Real time inspection of dehydration when peeing



Oil leak is easily detected if the equipment is clean

Understanding how visual devices interact with each other in an ICU



Cartazes geral



Cartazes medicamentos/equip.



Cartazes pacientes



Display equipamentos



Dispositivo pressão negativa



Etiquetas



Limitação física de objetos



Faixa adesiva demarcando área



Dispositivo de temperatura e umidade



Painel de informações



Prontuário



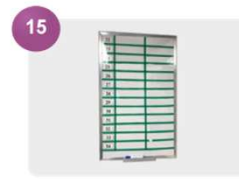
Plano de cuidados diário



Poka-yokes



Quadro brigada



Quadro branco



Relógio



Identificação leitos e salas



Campanha de chamada da enfermagem



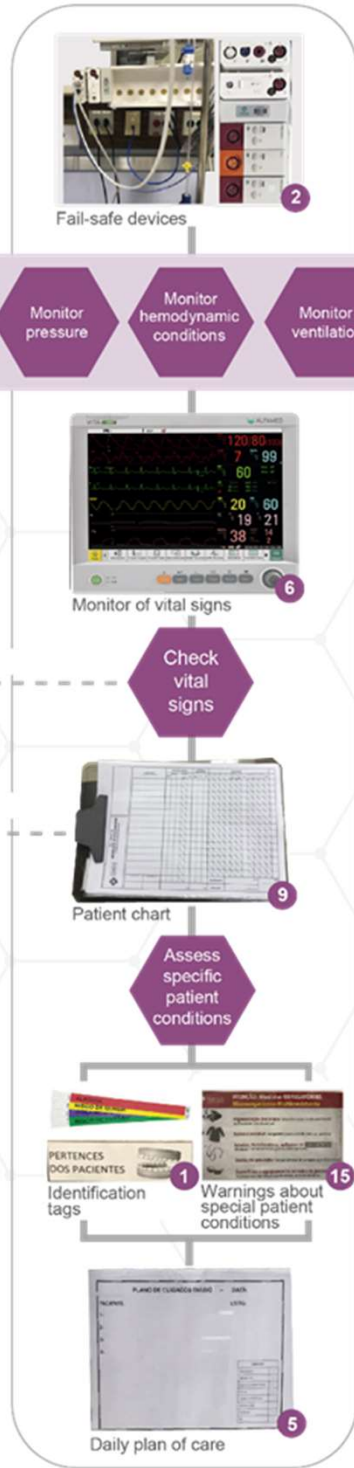
Telas digitais informativas paciente



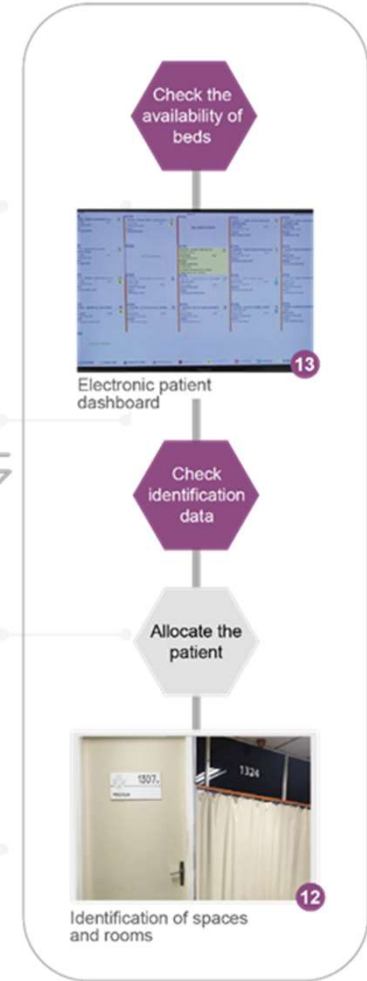
Monitores multiparâmetro de sinais vitais do paciente

FRAM allows the identification of emergent visual systems

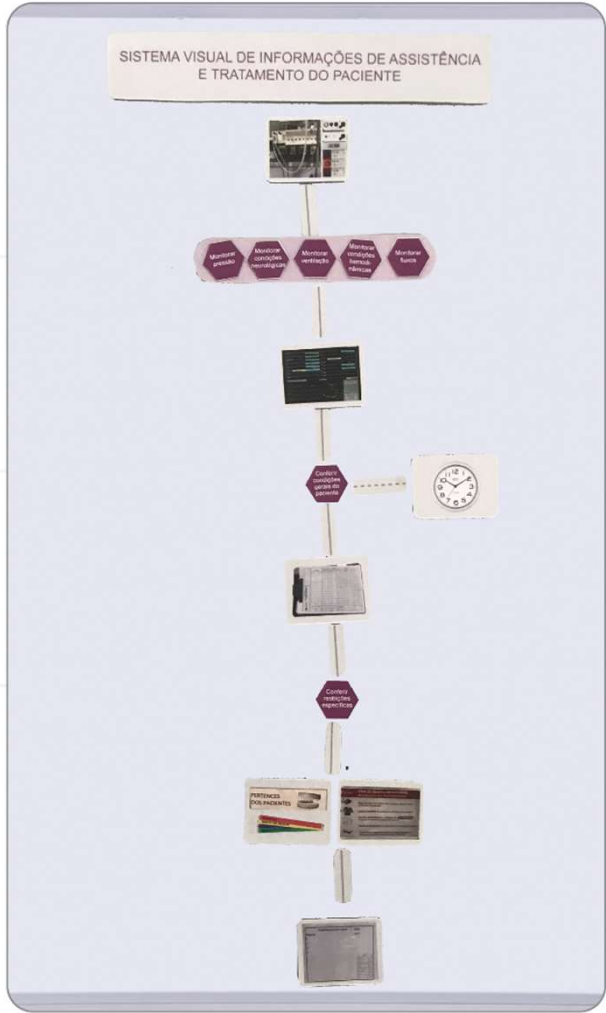
Functional sub-system "patient care"
Visual system "patient care and treatment"



Functional sub-system "patient transfer"
Visual system "patient localization"



Game with magnets to connect visual devices to functions that use them, identifying hidden visual systems



Resilience Assessment Grid (RAG) – Systemic Potentials Management (SPM)

Appendix A. Resilience Assessment Grid (RAG) questionnaire. Notes: (i) questions referred to as “original” are those from the original RAG by Hollnagel (2011); (ii) questions referred to as “adapted” correspond to those from the original RAG by Hollnagel (2011), which were reworded as to facilitate their understanding in the construction context

	Functions of the SPMS	Questions	Sources
Respond	1. Use of indicators in safety and production planning meetings	1.1 Do results of safety indicators support decision-making in safety and production planning meetings? 1.2 Which safety indicators are used in these meetings? 1.3 How often are the indicators used in safety planning? 1.4 How often are the indicators used in production planning?	Hinze et al. (2013)
	2. Collaboration with front-line workers, supervisors, managers, and other departments (design, production, quality, etc.)	2.1 How are project participants involved in safety activities, such as job hazard analysis, planning meetings, and inspections? 2.2 Who has the authority to stop work, without waiting for approval from site management? 2.3 How is the stop work authority put into practice?	Hallowell and Gambatese (2009) Saurin et al. (2008)
	3. Managing the trade-off between safety and productivity	3.1 How are conflicts between safety and productivity managed? 3.2 In which construction phases are these conflicts more likely to occur?	Adapted from original (<i>Is there a trade-off between, e.g., safety and productivity?</i>)
	4. Improving training	4.1 Are the results from safety indicators used to improve training? How?	Hinze et al. (2013)

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journal homepage: <http://www.elsevier.com/locate/apergo>

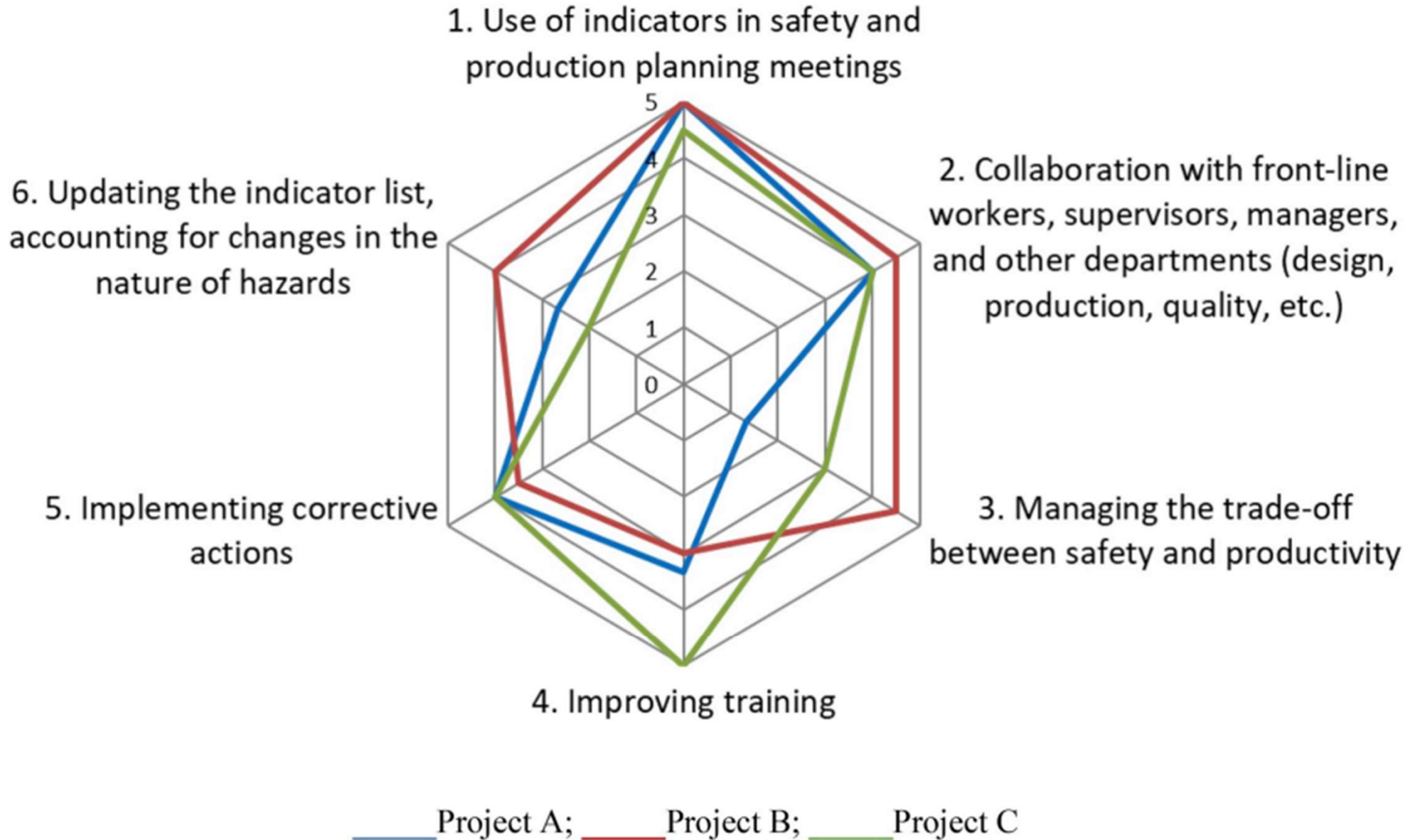


Monitoring complexity and resilience in construction projects: The contribution of safety performance measurement systems

Guillermina Andrea Peñaloza^{a,*}, Tarcisio Abreu Saurin^b, Carlos Torres Formoso^c



Presenting results of RAG

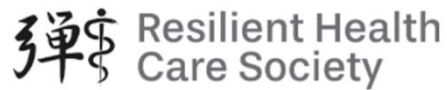


What else makes a good design for RP?

- ✓ Consistent designs across the micro, meso, and macro levels
 - ✓ E.g., regulations (macro level) demanding the use of certain slack resources
- ✓ Information from direct sources, time lag as low as possible between information gathering and decision-making
 - ✓ Pre-task safety planning on the site where activities will occur
- ✓ Customized designs that meet preferences of designers
 - ✓ Note-taking during tool box safety meetings



Joint 11th Biennial Symposium of the Resilience Engineering Association and 14th Annual Resilient Health Care Society Meeting



Collaboration Across Boundaries for Adaptation in the Era of Complexity

Canela, Brazil, 20-24 October 2025

www.ufrgs.br/resilience



Gracias!

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