From Reflection to Redesign: How a Safety-II Approach Transformed Postoperative Cardiac Transfer Practices
"Embedding Safety-II in Surgical Transfers through Learning from Excellence"

Safety-II focuses on understanding why things go right and amplifying those factors to strengthen reliability and resilience

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1. Define: Opportunity for Learning

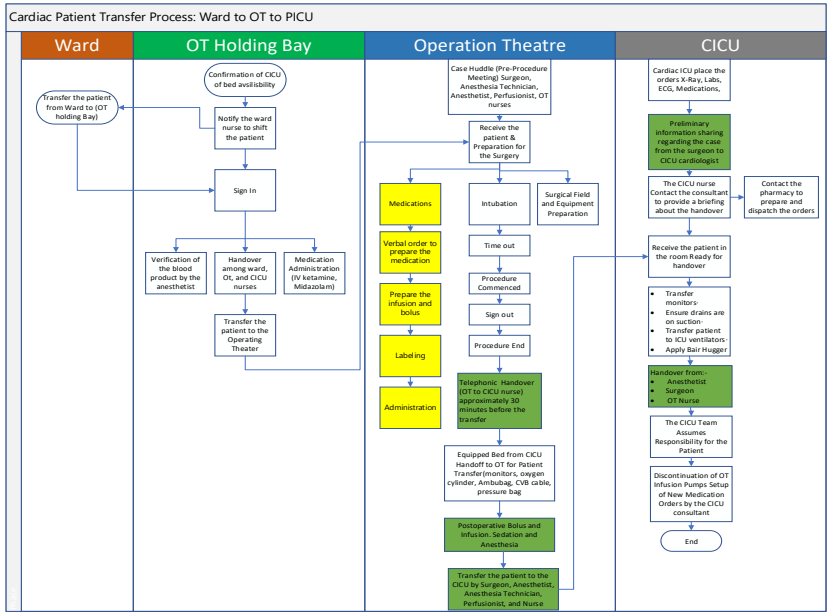
A postoperative non-cardiac transfer prompted a Learning from Excellence review. The team explored why cardiac transfers achieved safe, coordinated outcomes—supported by clear roles and teamwork—while identifying opportunities to improve the medication process.

⚠️ Safety- I	💡 Safety-II
Focuses on what goes **wrong**	Focuses on what goes **right**
Emphasizes **reactive learning**	Emphasizes **proactive learning**
Aims to **correct errors and prevent harm**	Aims to **amplify success and strengthen reliability**

🎯 **Objective:**
To explore, **through the Learning from Excellence approach**, why postoperative cardiac transfers achieve safe, coordinated outcomes and identify strengths that can enhance reliability in other surgical transfers.

2. Discover: What Worked Well

Methods:
💬 **Stakeholder Interviews** → *Captured insights* → 💬 **Appreciative Inquiry** → *Identified strengths* → 🗺️ **Process Mapping** → *Visualized workflow*



3. Dream: Envision What Could Be

The team envisioned expanding the successful **cardiac transfer practices** to all **surgical specialties**, creating a unified, surgeon-led, multidisciplinary transfer model. This dream aims to **replicate the reliability, teamwork, and safety culture** seen in cardiac pathways across all postoperative transfers.

Cardiac Transfer Process Strengths

- 💬 Pre-arrival case sharing
- 🔁 Structured multilevel handover
- 🤝 Multidisciplinary collaboration
- 📋 Defined Handover Rules
- 🩺 Surgeon-led transfer

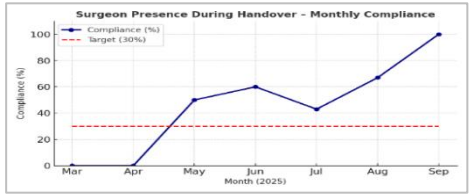
→ **To Expand to Other Postoperative Transfers** → **Unified Safe Transfer Model**

4. Design: Co-Creating Safer Systems

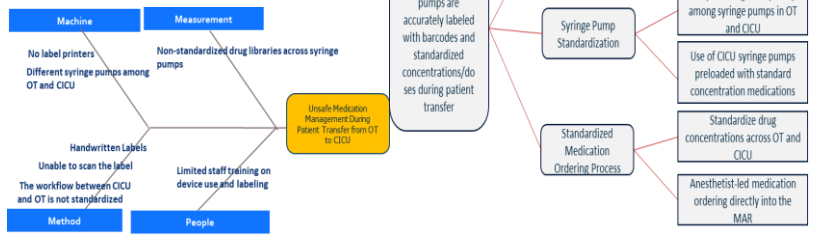
Surgical Transfer Process Improvement:
Cardiac transfer strengths were extended to other surgical specialties, enabling surgeon-led handovers. Audit showed improved compliance and reliability.

AUDIT TOOL: SURGEON-LED TRANSF
AND HANDOVER COMPLIANCE — PITAL

Date of Transfer	Surgery	Surgeon Present During Handover
12/05/2025	Craniotomy	✓
13/05/2025	Lt Inguinal Hernia	No
19/05/2025	Fundoplasty	✓
22/06/2025	Craniectomy	✓
09/06/2025	Bone Marrow Biopsy, PICC Line Insertion Lymph Node Biopsy	✓
18/06/2025	Craniectomy	✓



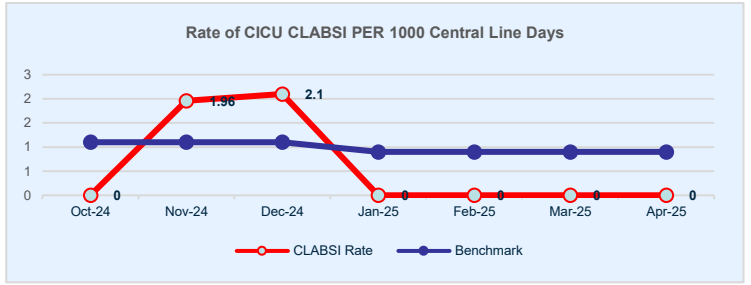
Medication Safety Enhancement:
An LfE review identified risks in cardiac medication transfers. Improvements targeted handwritten labels, pump library inconsistencies, and OT–CICU system gaps.



5. Destiny/Delivery

Between November 2024 and April 2025, 73 cardiac cases used the new process. Results included:

- 100% maintenance of hemodynamic stability during transfer,
- Reduction in CLABSI from 2 to 0 cases,
- 50% cost savings in key cardiac medications, totaling approximately AED 18,750 annually



6. Sustaining and Scaling Excellence

LfE will be institutionalized across the Women and Children's Campus to foster learning, collaboration, and recognition of excellence.
We are automating the reporting process to enable easy sharing and spread of high-impact practices.

7. Key Lessons and Reflections

Studying success fosters aspiration and collaboration, while studying failure alone can breed fear and resistance.
Team Reflection: "We realized that excellence isn't random — it's reproducible."

8. References

- Hollnagel, E. (2018). *Safety-II in Practice: Developing the Resilience Potentials*. CRC Press.
- Cooperrider, D. L., & Whitney, D. (2008). *Appreciative Inquiry Handbook: For Leaders of Change* (2nd ed.). Berrett-Koehler Publishers.
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