Erasmus School of
Health Policy
& Management

Dealing with uncertainty through care

An ethnographic study into risk work in an acute care network

Karin van Vuuren
Robert Borst
Roland Bal
Bert de Graaff

Erasmus University Rotterdam

What about us:

- Erasmus University Rotterdam
- Pandemic and Disaster Preparedness Center (PDPC)
- Sociology | Governance | STS | Anthropology – Healthcare
- Governance of the health system related to disasters
    - Resilience and the health system
    - Collaboration with other "systems" during the 2021 floods
    - Collaboration within the system

Theoretical lens

- Resilience unfolds in the continuous management of uncertainty and risk (Borst et al., 2023) → focus on **"doing"** resilience in a network
- Networks are in motion (Latour, 2005); can solidify or unsettle
- Risk work: what actors do in their daily practice to deal with risks (Power, 2016) *(descriptive)*
- How does risk work interact within a network?

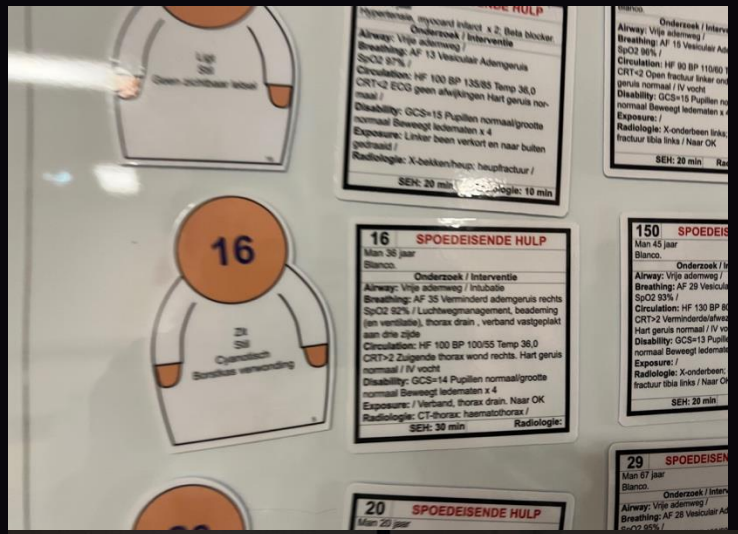
Ethnographic research

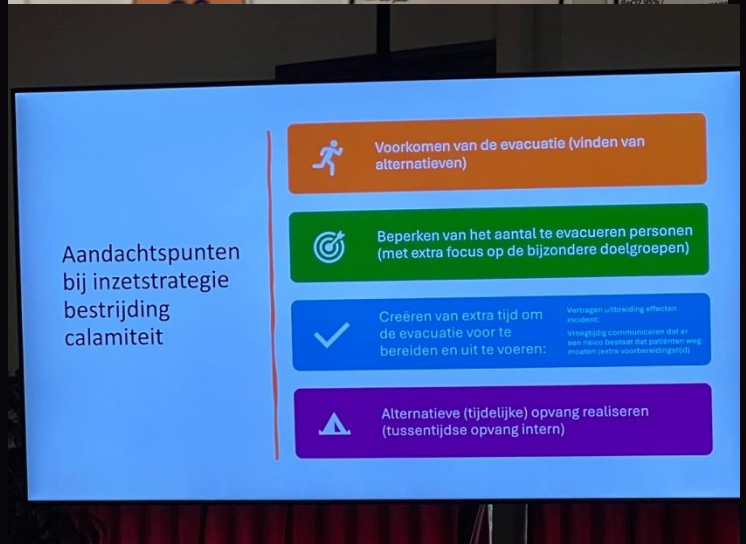
Understanding processes, and decision-making in an acute care network

Methods:

- Observations (140h)
- Interviews (13)
  - *Healthcare and safety domain*
- Document analysis

We are grateful to our participants for their hospitality and openness during the conversations and observations.





Results

a. Institutional origin and geographical outline of acute care networks
b. Uncertainties dealt with in the network
c. Risk work that solidifies the network
d. Risk work that unsettles the network

The Dutch health system (and counter parts)

Acute care system

Ministry of Health

Regional acute care networks (ROAZ) (10)

Acute care network bureau

Hospitals

GP (out of office)

Midwifery care

Emergency services

Regional Public Health (GGD)

+/- 40

Safety and crisis management

Ministry of Justice and Safety

Safety Regions (25)

Police

Crisis and risk management

Crisis and risk management

Regional Medical Assistance organisation (GHOR)

Fire department

Institutional perspective

- 1999 Trauma centers appointed by law
- 2005 Trauma centers made responsible for care continuity in their respective region – Chair of the acute care network

Trauma centers must account for agreements made in the annual report, but at the same time, the trauma center bears no responsibility for activities at other institutions. Therefore, it is unclear who is responsible for what. Could the minister explain this?

Parliamentary document 29247-41 p. 2

Institutional perspective

- 1999 Trauma centers appointed by law
- 2005 Trauma centers made responsible for care continuity in their respective region
- 2022 New General Administrative Order:
  - States what is perceived as an acute care partner
  - Establishes a legal obligation to **participate** in the network and **share** changes in acute care capacity within their own organization

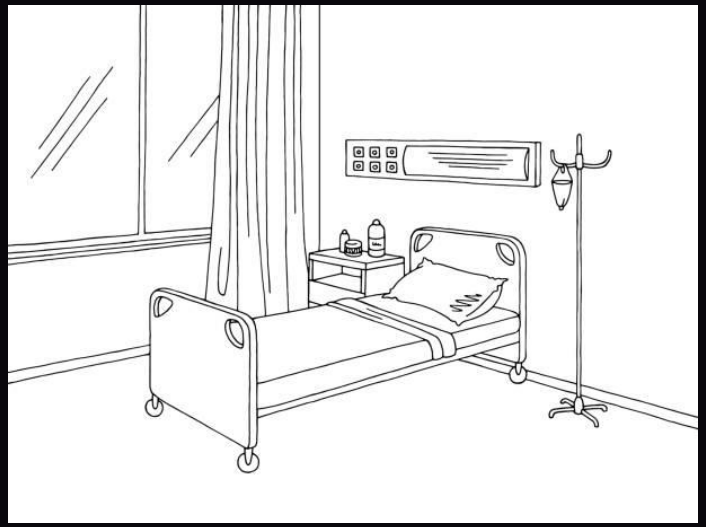
Networks in motion

On paper:

a. All acute care actors participate
b. Actors share their current capacity

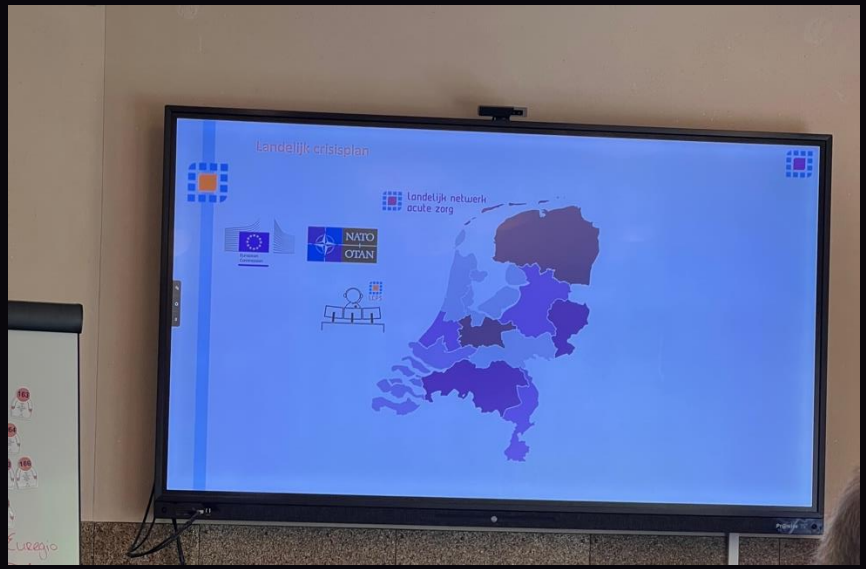
In reality:

a. Hospital centered perspective
b. Competition-based system does not support data-sharing



Uncertainties dealt with

- Lack of staff
- Demographic changes
- Cyber attacks
- War
- Power outages
- ….



Dealing with uncertainties within a network

Practices that solidify

- Defining risks by reaffirming practices and building structures familiar to the network
- Valuing network risks over organizational risks

Practices that unsettle

- When practices disrupt the institutional boundaries of the network – connections made outside the network
- When uncertainties between organizations in the network differ

Implications for crisis governance

1. How risks are defined determines who is relevant to include (or not) in a network
2. Take into account that the institutionalization of networks could diminish the opportunities for resilience of individual organizations and the network as a whole
    - When: organizations need organizations outside the network to deal with uncertainties
    - When: the geographical outline of an organization is not taken into account
    - When: being part of a network is (both enabling and) time consuming
3. How does the retrospective (previous crises) impact the prospective?

To get in touch:

Karin van Vuuren
vanvuuren@eshpm.eur.nl

- Collaboration between different systems
- Cross border collaboration in crisis governance
- Network governance
- Experiential knowledge use in crisis governance

Erasmus School of Health Policy & Management