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Is your Behavior-Based Safety program suffering from a limited 'Field of View'?

Most BBS programs start with great intentions and are based on solid processes. At the beginning you probably engaged with an outside expert with proven results, management and front-line workers are engaged, and energy levels are high. Your steering committee researched previous incidents to identify your exposures and built a checklist to address them. Observers where trained on how to conduct an observation and provide feedback.

At the beginning everything goes well, you see improvement in at-risk behaviors and incident rates decline, but over time something changes. Your percent safe and participation rates are still high, but incident rates level out. Workers and management start saying that the process is stale. What happened?

DEKRA SMS decided to look at why this happens. Through our systems, we have access to millions of observations entered by hundreds of different organizations. Using the latest machine learning tools available, we started to analyze why BBS programs shift towards failure over time. One of the first things we discovered is that organizations' "field of view" starts to narrow over time.

***What is "Field of View"*?** When you first established your program, your team built a checklist of all the major exposures that historically caused injuries. In the early stages of a well-organized BBS process, we emphasize creating a good checklist. One that can provide full "360 degree" coverage of the exposures in your workplace. Overtime, due to various reasons, that field of view begins to shrink leaving significant blind spots in your program. The charts below show what a limited field of view looks like.

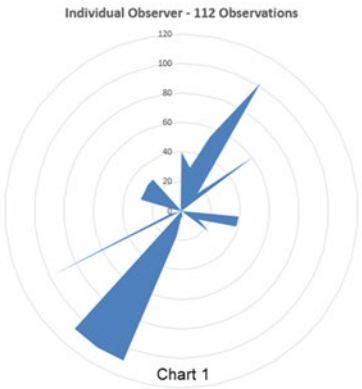

Chart 1

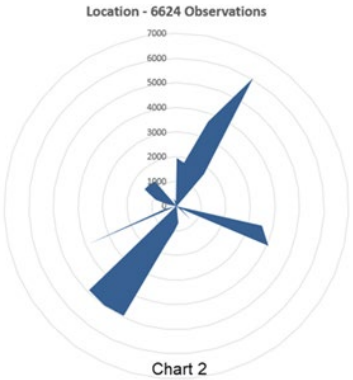

Chart 2

'Chart 1' shows the field of view of an individual observer over a 12-month period. As you can see, there are significant blind spots that are not being observed. You may think this is just one observer, no

problem, the other observers will fill out the field of view, right? 'Chart 2' shows the 12-month field of view for the observer's location; the field of view is almost the same.

According to our data, this is not an isolated case, but more the norm in many mature programs. This organizational blindness can be caused by many things, including social thinking, but that can be saved for future articles. The actual exposures were removed to protect the identity of the client, but most of the exposures observed were PPE related. These are the easy ones that can be filled in quickly without giving the worker being observed any feedback.

***What cause limited field of view*?** We have identified several causes and have listed the major ones below;

- Reinforcing the wrong behaviors, are you pushing quantity over quality? If you currently system requires observers to complete x-observations per month, you may be reinforcing quantity over quality.
- Lack of feedback to the observer. When was the last time you thanked your observers for doing a good job? What is their motivation for doing good observation? Are you sharing success stories from their activities? Research proves that maintaining multiple feedback channels leads to program sustainability. In discussing processes sustainability with multiple organizations, we have heard many stories of thousands of observations sitting in a box collecting dust. Valuable data being wasted. This can quickly kill an observer's motivation, leading to pencil whipping and a "why should I care if you don't?" attitude.
- Inadequate tracking systems. Can your current system track field of view by observer, departments, locations, etc.? Many systems seem to think the steering committee are data scientists. In most cases committee members have other jobs they need to get done and do not have time to develop these insights themselves.
- Frequency Illusion. We are doing hundreds or even thousands of observations, we must be safe! The charts above prove the illusion, just because your observers are going through the motions does not mean they are giving you and adequate view of your risk.
- Your risks have changed, has your checklist? Not updating your checklist to reflect current exposures can lead to cognitive bias and missing new hazards.
- Observation quality. The quality of your observations drives the quality of your program. Are you measuring observer quality? Can your current system point out observers that may be pencil whipping or ones that might need additional coaching?

So how can we help? DEKRA SMS has designed the Adaptive BBS™ Software Platform based on the science behind behavior-based safety. We are using the latest machine learning technologies to identify shifts in your process before they become problems. Our reports are designed to deliver usable insights to your organization. For more information about how Adaptive BBS™ can help your organization reduce organizational blindness by expanding observers' field of view, increase communication and revitalize your BBS program, visit our website at www.dekra.us/adaptive or email us at sms.na@dekra.com.