

m i l d e n b e r g e r + c i e.
v e r s i c h e r u n g s m a k l e r



B e h a v i o r a l
R i s k M a n a g e m e n t

IMPO Forum 2018, 14.11.2018, Düsseldorf
Dr. Dr. Carl David Mildenberger



A g e n d a

- I. Basic idea of bRiMa
- II. What is a bias?
- III. What is a nudge?
- IV. What is new about bRiMa?
- V. Why bRiMa?
- VI. A short excursus on ethics
- VII. Method
- VIII. First findings of pilots



B a s i c i d e a

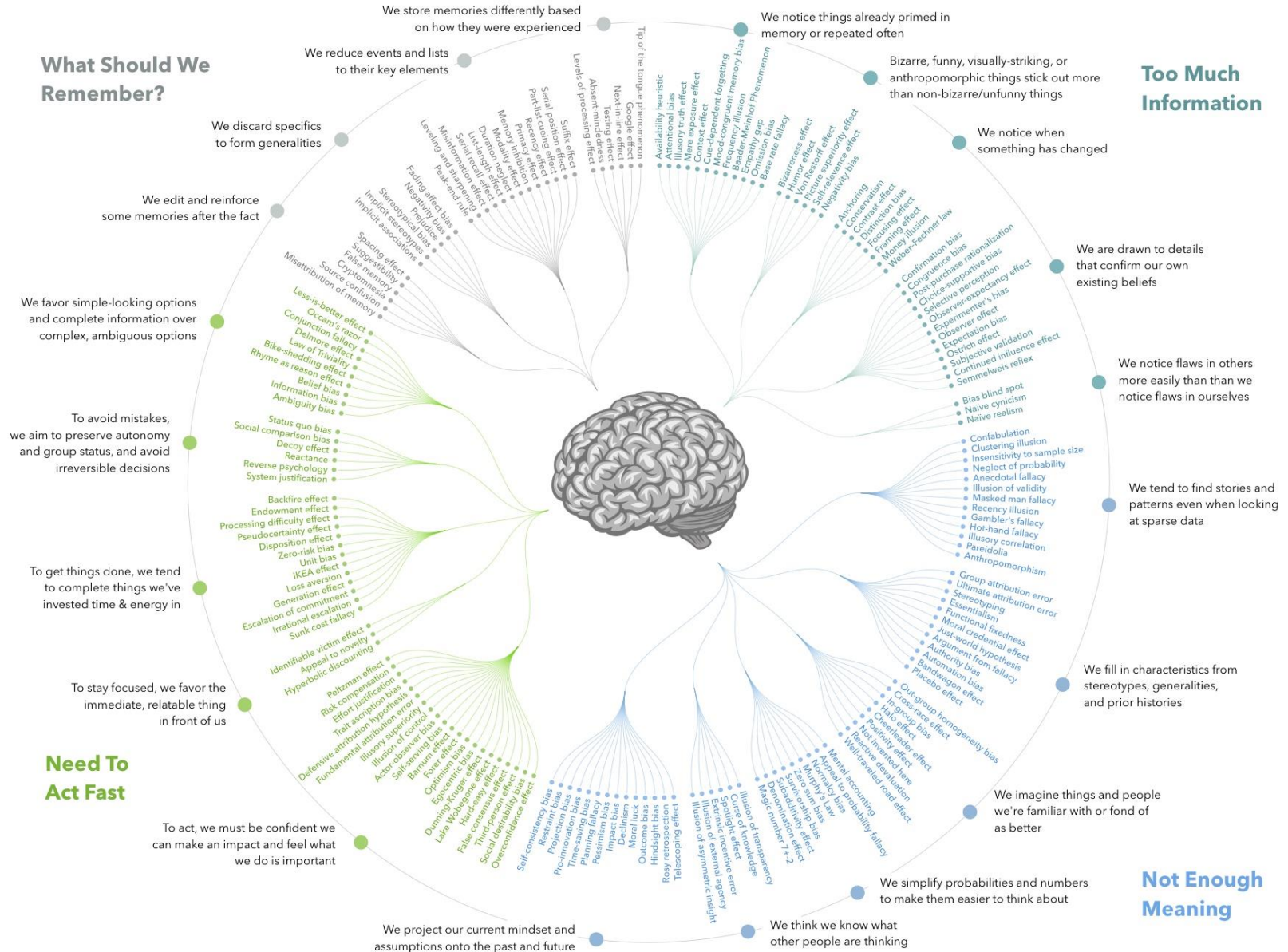
- + „behavioral revolution“ driven by the behavioral sciences
- + scientific findings can be put to use for (clinical) risk management
- + behavioral Risk Managment (bRiMa)



W h a t i s a b i a s ?

- + a certain way of thinking or acting, which is deeply human
 - + e.g. salience bias
 - + e.g. default bias
- + In a certain sense, human behavior might be best conceived of as a series of «mis»-perceptions, «mis»-processing of information, and «mis»-behavior

COGNITIVE BIAS CODEX





W h a t i s a n u d g e ?

- + a change in the circumstances or situations of decision-making
- + a nudge
 - + changes the behavior of people in a predictable way
 - + without restricting the agents' choices
 - + although it would be easy and inexpensive to circumvent the nudge
- + the most important tool to deal with predictably «irrational» behavior
- + Not a financial incentive, so no crowding out of intrinsic motivation



b R i M a : w h a t ' s n e w ?

- + focus not on routines, but on decision-making
- + nudging works best in situations in which we think – if ever so little – about what we should be doing
- + where to use it: whenever risk/security is «a people's thing»



W h y b R i M a ?

- + no training, no new rules and procedures, no changes in handbooks etc., for nudges work «automatically»
- + a powerful and necessary addition to systematic approaches: no size fits all!
- + no stand-alone approach, but an additional safety net



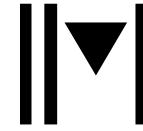
E x c u r s u s : e t h i c s

- + Nudging \neq coercion or force
- + In a healthcare environment: paternalism
less of a problem



M e t h o d

- + e.g. on the basis of CIRS data
- + workshops with people who perform the activities in question
- + guided brainstorming to view processes from the biases/nudges-perspective
- + identify situations in which biases negatively affect behavior – and the corresponding nudges
- + repeat!



F i r s t f i n d i n g s

+ Basic situation:

Under time pressure and exposed to all kinds of distractions, complex routines have to be performed over and over again in the exact right way

- + Change smell of disinfectant
- + Signs in random patient rooms
- + Yellow line in front of medicine cupboard
- + Visualization of different units: pieces \neq milligrams \neq milliliters
- + Self-commitment to patient safety by preceding signature

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