



Research and learning from adverse events

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Strategic context

A joint strategy for 2025-2035

Strengthen knowledge-based supervision

Use knowledge from supervision and complaints to prioritize and target effective supervision.

Support service improvement

Provide knowledge about local and national risks, failures and quality challenges.

Improve data and analysis

Strengthen data sharing, develop analysis and communicate findings.

Why this matters for the project

Learning from adverse events can support quality, safety and public trust.

The PhD project is aligned with the need to better understand local risks, failures and follow-up – and strengthen knowledge-based supervision



A public-sector PhD

Collaboration between supervision, research funding and academia

Norwegian Board of Health Supervision

Employer and strategic owner of the public-sector PhD project.



Research Council of Norway

Funding partner for the public-sector PhD scheme.



University of Stavanger / SHARE

Academic partner through the SHARE Centre for Resilience in Healthcare.



- The project is an investment and strategic priority by the Norwegian Board of Health Supervision.
- The public-sector PhD model links practical supervisory needs with academic research.

Project team

PhD candidate

Siri Bækkevold

Main supervisor

Gunnar Husabø

Associate Professor, HVL Business School, Western Norway University of Applied Sciences; Department of Global Public Health and Primary Care, University of Bergen

Co-supervisor

Siri Wiig

Professor of Quality and Safety in Healthcare Systems; Centre Director, SHARE Centre for Resilience in Healthcare, University of Stavanger

Co-supervisor

Sina Øyri Furnes

Head of Quality and Patient Safety, Stavanger University Hospital; Associate Professor II, SHARE Centre for Resilience in Healthcare

Co-supervisor

Einar Hovlid

Director Knowledge and Analysis, Norwegian Board of Health Supervision; Professor, Western Norway University of Applied Sciences

The team combines supervisory practice, patient safety, quality improvement, resilience and organizational learning perspectives.

Why study adverse events in municipalities?

Persistent challenge

Patient harm resulting from adverse events remains a challenge despite many years of effort.

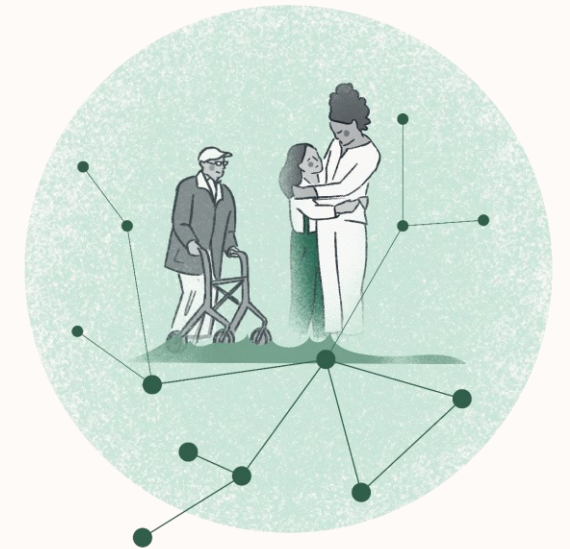
Knowledge gap

Most available knowledge comes from specialist health services. Less is known about primary healthcare.

Supervisory perspective



Learning perspective



The following research questions (RQ) will guide the study:

- RQ1: How do municipalities investigate and understand adverse events?
- RQ2: How are investigations of adverse events followed up by the municipalities?
- RQ3: How do the supervisory authorities influence learning and improvement processes in the municipalities following adverse events?

Study design and data collection

Qualitative multiple-case study

Design

Qualitative, multi-method design based on interviews and document analysis. Each adverse event constitutes one case.

Case selection

Five strategically selected cases from adverse events reported to supervisory authorities, covering homecare services and nursing homes.

Analysis

Qualitative content analysis for interviews and directed content analysis for documents.

Data sources

Documents

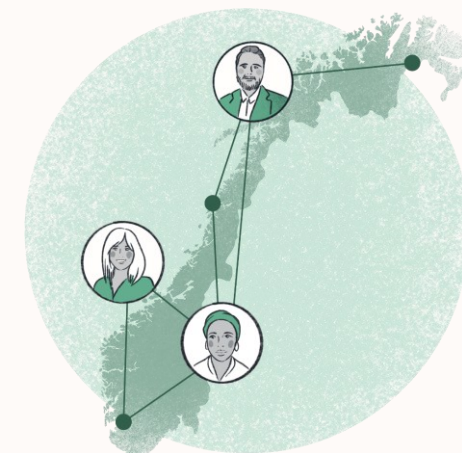
Adverse event reports, municipal investigation material, follow-up reports and other written material.

Focus groups

Leaders, employees and supervisory teams from the County Governors. Total approximately 10 focus group interviews.

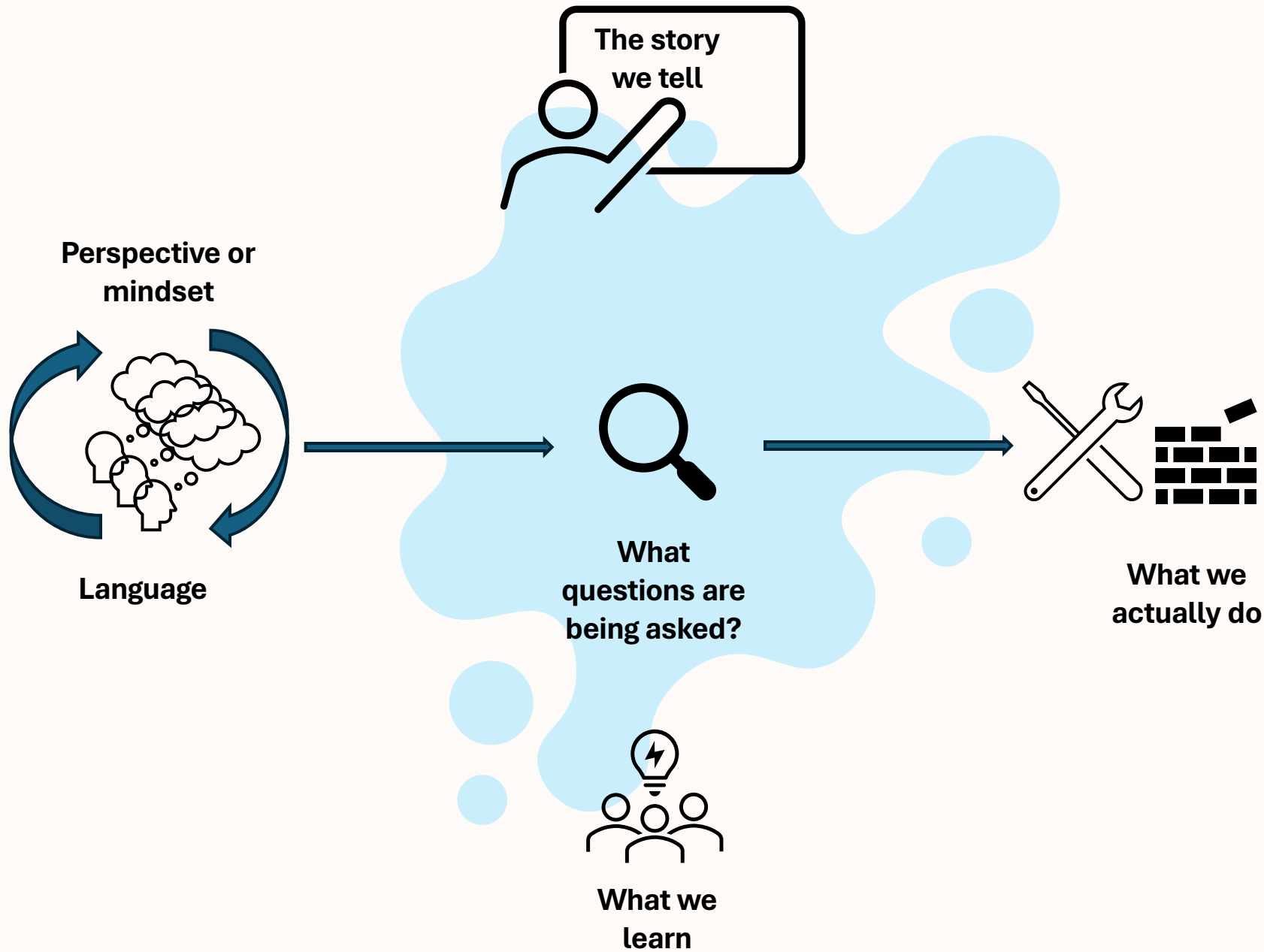
Individual interviews

Leaders and employees in municipalities. Patients or next-of-kin. Total approximately 30-50 individual interviews.



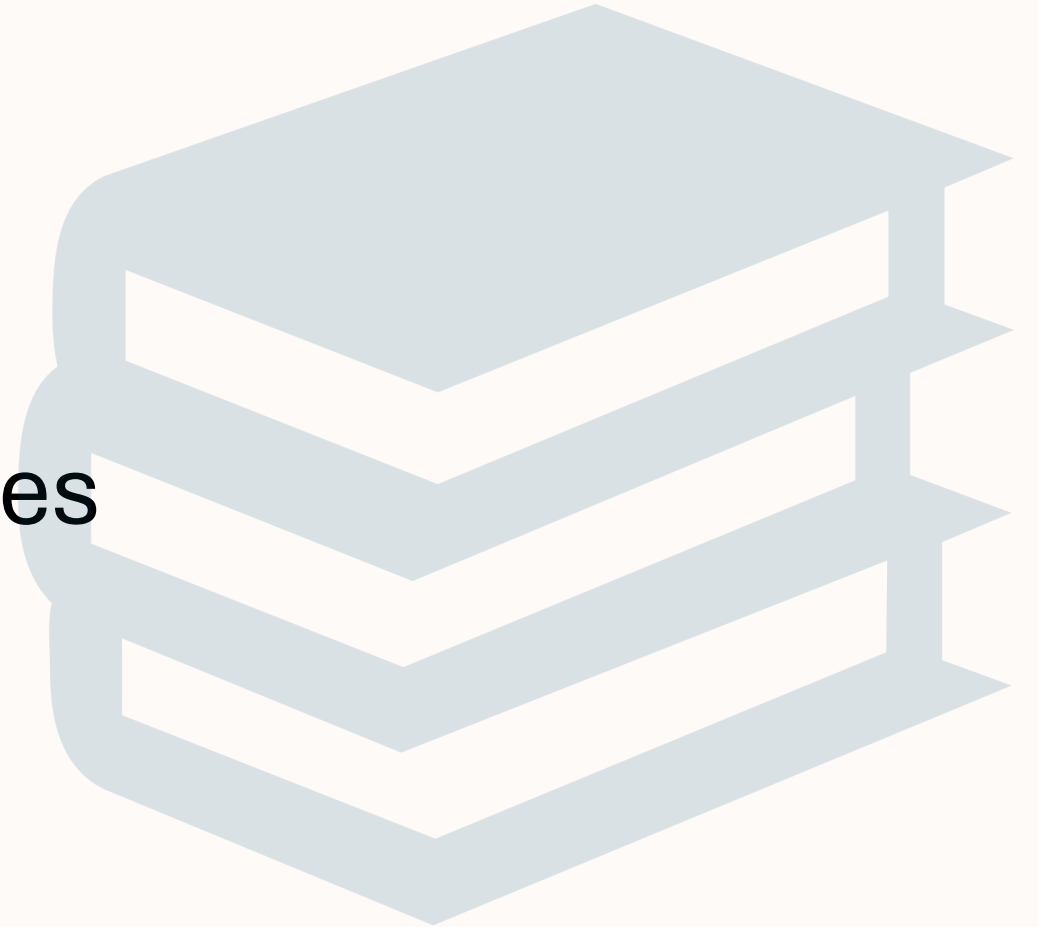
Participants

Frontline leaders and employees, patients or next-of-kin, and supervisory teams at the County Governor.



Theoretical Perspectives

- **Patient safety and accident theory**
- **Organizational learning**



Thank you for listening!

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The Norwegian Board
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