

Positive Deviance : Another Tool for Infection Prevention

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What is Positive Deviance?



Solutions before our very eyes

- In every community or organization there are certain individuals or groups whose **uncommon practices/behaviors** enable them to find **better solutions** to problems than their neighbors or colleagues who have access to the **same resources**

Positive Deviance (PD) Approach

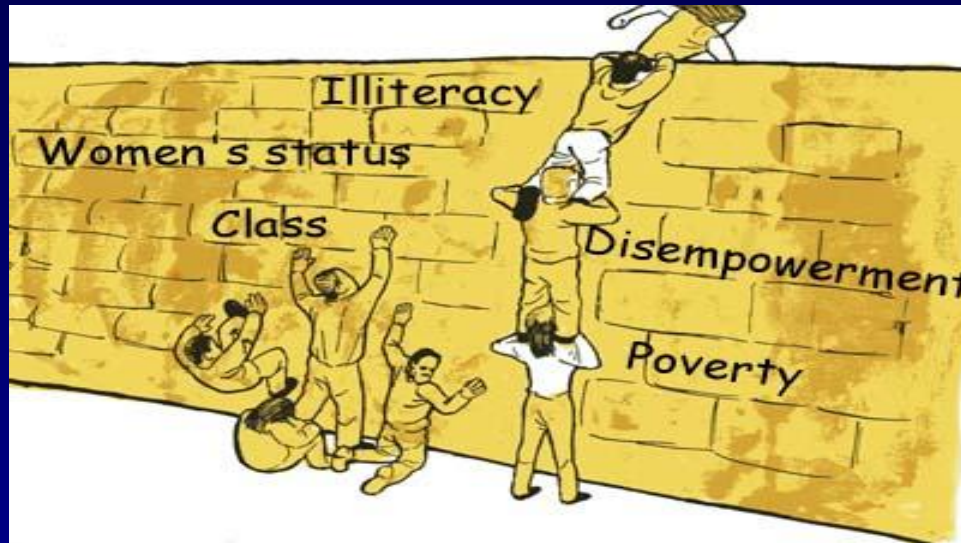
- **Strength-based approach** for solving problems requiring **behavior and cultural change**
- **Community members** identify existing solutions to a specific problem from within their community through identification of “Positive Deviants”

PD Focus on **Practice** Rather than Knowledge



- “It’s easier to **ACT** your way into a new way of **THINKING**, than to **THINK** your way into a new way of **ACTING**”

PD Enables us to Act TODAY



The presence of Positive Deviants demonstrates that it is possible to find successful solutions TODAY before all the underlying causes are addressed



**The Five Ds
of the Positive Deviance Design**



Define

- The problem & its perceived causes
- Explore behavioral **norms** related to the problem
- Define what a successful outcome would be (described as a behavioral or status outcome)

Determine

- If there are any individuals or entities in the community who **ALREADY** exhibit desired behavior or status (PD identification)

Discover through an Inquiry

- Uncommon behaviors or strategies enabling the PDs to outperform/find better solutions to the problem than others in their “community”

Design

- and implement initiatives enabling others in the “community” to access and **PRACTICE** new behaviors

Develop

- Method to measure, monitor, and evaluate the progress and effectiveness of the initiative at regular and frequent intervals and share the results

PD Key Words

- **Community Ownership**
- **Self-Discovery**
- **The people are “the experts”**
- **Immediacy of action**
- **Emphasis on practice**
- **On-going measurement reinforcing change**

New PD Language

- **DAD – Discovery & Action Dialogue**
- **Capture the butterflies**
- **Nothing about me without me**
- **What do others think?**
- **Ownership rather than buy-in**

DAD: Discovery & Action Dialogue

- **Brief multidisciplinary meetings at local level**
- **Encourages participation & dialogue by front-line workers**
- **Ideas (“butterflies”) captured & developed**
- **Inspires community ownership**
- **Facilitator-assisted conversation**

Capture the butterflies

- **Ideas express by dialogue participants that could be overlooked & fly away (eg lost)**
- **Facilitator & other listen for them**
- **Capture the butterfly & build on the idea until it becomes a solution**

Nothing about me without me

- **Cannot make assumptions or assign actions without including a voice from the departments or individuals who would be affected**
- **Next step: “How can we bring them to the table?”**

What do others think?

- **Expand on ideas proposed during dialogue**
- **Encourage other participants to express thoughts or offer alternatives prior to moving into actions**

Twenty seconds of silence

- **Facilitation skill used when participants become quiet during dialogue**
- **Facilitator remains quiet at least 20 seconds**
- **Pause will either cause a participant to restart the conversation or it may signify true feelings that can be explored by other questions e.g., “So what does this silence mean?”**

What, So What, Now What?

- **Debriefing method at end of dialogue or meeting; round table format**
- **What? – participants express factual things that happened during the meeting**
- **So what? – what did participants think about what happened during meeting**
- **Now what? – ask for actions and person(s) responsible for the action**

Unusual Suspects

- **Individuals or departments who have not been thought of traditionally as having a pivotal role in infection prevention such as patient transport, housekeeping, dietary, etc**
- **Frequently identified during DADs**
- **Ex. “Palmer method”**

Who doesn't need to be here?

- Question is asked to clarify the stakeholders in the process so that the appropriate people can be invited to the table.
- Response is often shorter than asking “Who does need to be here?”

Make the invisible visible

- **Activities or practices that assist in gaining new perspective on our behaviors, practices, and environment**
 - **Simulating a practice or procedure, noting the number of surfaces touched, then revising practice**
 - **Using glitter on hands to show transmission of “germs”; hand prints on agar plates to show germs**
 - **Data feedback on compliance with expected behavior**



Ownership v Buy-in

- **Ownership evolves from individual or group participation in creation of idea or plan from the beginning; they choose to embrace (own) it**
- **Buy-in signifies creation of plan or idea by another individual or group who then convinces others to accept (buy-in) the plan or idea**

Changing Roles In PD Culture

- **Front-line staff: the experts on identifying problems & the solutions**
- **Leadership:**
 - listen and facilitate ideas
 - remove the barriers to identified problems; support the solutions
- **Everyone: Listen more and impose less**

Positive Deviance at Einstein

- **Journey began in 2006 as a participant in Positive Deviance/MRSA partnership**
 - **RWJ sponsored project**
 - **6 beta site hospitals nationally**
 - **AEMC, Pittsburgh VA, 2 MD hospitals, Waterbury CT and Billings MT**
 - **Other local/regional hospitals may be “partners” who come to learn from beta sites**
 - **6-9 month intensive training in PD concepts and applications**

Objectives of PD/MRSA Partnership

- Pioneer and evaluate the use of Positive Deviance (a social and behavioral change approach), to address the MRSA challenge
- Achieve a 75% reduction in MRSA infections in Beta Site Hospitals
- Share learning broadly

Methodology

- Kickoff and initiation of PD on pilot units
- Weekly coaching calls on using PD techniques
- DADs on pilot units
- Tracking & data feedback on compliance with contact precautions, hand hygiene, and active surveillance cultures for MRSA

PD Impact at Einstein

- **Before PD**

- Infection prevention belongs to IPs
- Poor compliance with isolation precautions
- Poor compliance with hand hygiene
- 60% *Staph. aureus* = MRSA

- **After PD**

- Infection prevention is everyone's role
- Improved knowledge of & compliance with isolation precautions
- Improved hand hygiene
- Decreased MRSA infections
- Cultural changes

Examples of PD in Action

- PPE supply boxes outside every patient room & restocked voluntarily by staff
- Hand sanitizer everywhere
- Staff selected isolation gown improved compliance
- Staff designed & produced video demonstrating patient transport
- Palmer method for removing PPE
- Interdepartmental problem-solving
- Ownership of solutions

Summary

- PD provided a new approach and tools to prevent healthcare-associated infection
- Using PD resulted in cultural changes improved patient outcomes

More about PD

- Plexus Institute www.plexusinstitute.org
- Positive Deviance Initiative www.positivedeviance.org
- Singhal A, Buscell P, Lindberg C. Inviting Everyone: Healing Healthcare through Positive Deviance. PlexusPress, 2010. Available at www.createspace.com/3473033
- Sternin J and Pascale R “Your Company’s Secret Change Agents”, *Harvard Business Review*, May 2005.
- Sternin J and Choo R “The power of positive deviancy”, *Harvard Business Review*, January 2000.
- Lindberg C et al. “letting Go, Gaining Control: Positive Deviance and MRSA Prevention.” *Clinical Leader*, December 2009, 60-67.

Thanks

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Questions?