

Positive Deviance: A Culture Change Management Approach to Reducing Health Care Acquired Infections

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Consider...

- A family member is admitted to the ICU following a heart attack. She initially does well but then suddenly dies after inadvertently being given too high a dose of a beta blocker.

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Consider...

- A family member is admitted to the ICU following a heart attack. She initially does well but then suddenly dies after developing septic shock from a hospital-acquired MRSA infection.

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### Are these different?

- Both events resulted in death
- Both events were preventable

But:

- One is an "error"
- One is a "cost of doing business"

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### ...We know what to do

- Hand hygiene
- Environmental cleaning
- Surveillance, precautions
- Practice bundles
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### Why don't we do these well?

- Funding
- Lack of awareness of the issue(s)
- Quality of data supporting the intervention
- Focus on treatment rather than prevention
- Depersonalization of the issue
- Somebody else's problem
- Nothing works so why bother?

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### Time for an attitude adjustment...



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

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### Why turn to a behaviour change approach?

- Current "top down" approaches have had limited success and are resource intensive
- "best practice" approach has been disappointing
- *We need to acknowledge that healthcare workers are human!*

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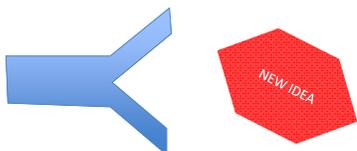
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### Sharing best practices

- Solutions imported from external sources results in "social immune response" in the same way that our body triggers an immune defense response



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### The Premise Of Positive Deviance

*No matter how seemingly intractable a problem, in every community there are individuals whose uncommon practices/behaviours enable them to find better solutions to problems than their neighbours who have access to the same resources*

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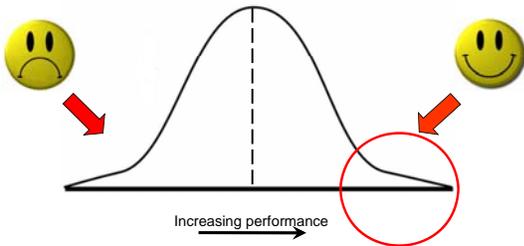
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In any group...



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### Malnutrition in Vietnam Children



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### This is about...

- Creating sustainable change
- Transforming culture
- Developing new behaviours so that they become habits
- *Acting your way into a new way of thinking*

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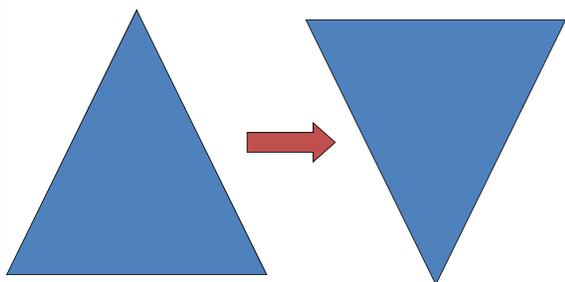
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### Who have the knowledge?



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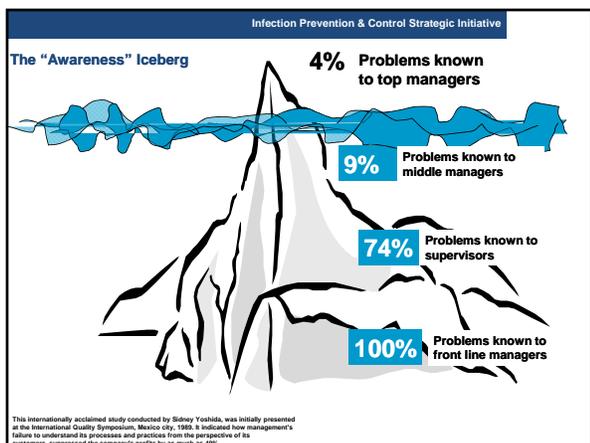
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### PD and MRSA

- US pilot project
- Implementation of PD followed by 20 month follow up period
- No attempt to decolonize patients
- 26-62% reduction in MRSA clinical infections
  
- 1 site had an 80% drop in MRSA infections

SHEA 2009

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### How does it work?

- Invite those who are interested
- Front-line staff must be there (the "Gurus")
- Let them discover and adopt their own solutions
- Identify and analyze the positive deviants
- Track and publish results



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### Reinventing the wheel

- The role of infection control is to define the what the wheel looks like...not how to build it



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### Who is included?

- Who are “the touchers”?
  - Get the right people around the table
  - Who isn’t here?
  - “nothing about me without me”
- Don’t answer questions nobody has asked yet- work on those that people have asked and want to find solutions for

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### Who is Included?

- The front line owns the project
- Everyone that touches the problem are invited to join in
- Often “unusual suspects” join and take unexpected leadership roles

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### PD Tools

- Kick offs
- Improvisation
- Sharing Stories
- Discovery and Action Dialogues
- Social Network Analysis

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### Discovery and Action Dialogues

- Organized discussions with interested staff
- “tongue biting” required
- Stay tuned for Part III!

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### The power of storytelling

- *One death is a tragedy; one million is a statistic.*



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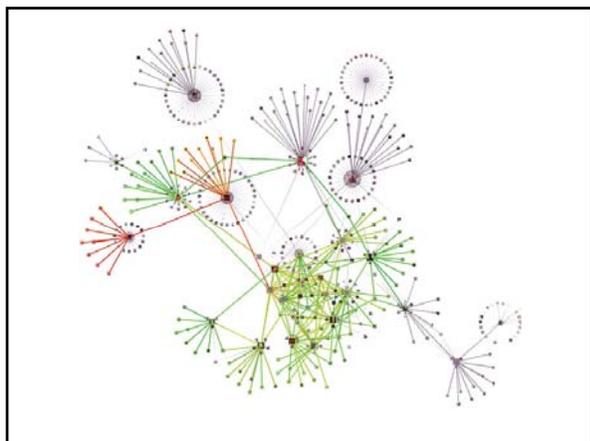
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**Canadian PD study**

- CPSI-funded study of 4 CDN hospitals
- Collaborative effort:
  - ID/infection control
  - Positive deviance coach
  - Anthropologist
  - Complexity theory expert
  - Social networking expert

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*Learn from the people  
Plan with the people  
Begin with what they have  
Build on what they know.  
Of the best leaders  
When the task is accomplished  
The people all remark  
We have done it ourselves*



Lao-Tzu's Tao Te Ching  
(6<sup>th</sup> Century BCE)

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