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](http://www.plexusinstitute.org)
- Positive Deviance Initiative  [www.positivedeviance.org](http://www.positivedeviance.org)
Thanks

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Questions?