



BC Patient Safety
& Quality Council



Positive Deviance: *An Approach for Behavior and Social Change*

November 25, 2009



Background

- Marian Zeitlin first documented the existence of “Positive Deviant” children in poor communities who were better nourished than others
- “Positive Deviance” term first appeared in her nutrition research literature from Tufts University in the early 1990s
- Identified and amplified what was going right in the community versus the focus on fixing what was going wrong.





POSITIVE DEVIANCE INITIATIVE



THE PD INITIATIVE

ABOUT PD APPROACH

NEWS & EVENTS

PROJECTS

FROM THE FIELD

RESEARCH & EVALUATION

RESOURCES

BY SECTOR | BY COUNTRY | BY ORGANIZATION

SEARCH GO

Projects

- Education
- Healthcare
- Nutrition
- Public Health
- Vulnerable Groups
- Other
- All





Illustrative Impact to 2008

- Sustained 65 – 80 percent reduction in childhood malnutrition in Vietnamese communities with a population of 2.2 million people
- Significant reduction in childhood malnutrition in communities among 41 countries around the world
- Documented 30% to 62% reduction in MRSA transmissions in 3 US hospitals
- Reduction in neo-natal mortality and morbidity in Pakistan and Vietnam
- 50 % increase in primary school student retention in two districts participating schools in Misiones province, Argentina
- Documented 30% reduction in girl trafficking among 900 children in poor villages in East Java

How does it work?

- “The traditional model for social and organizational change doesn’t work. It never has. You can’t bring permanent solutions in from the outside.”

Jerry Sternin

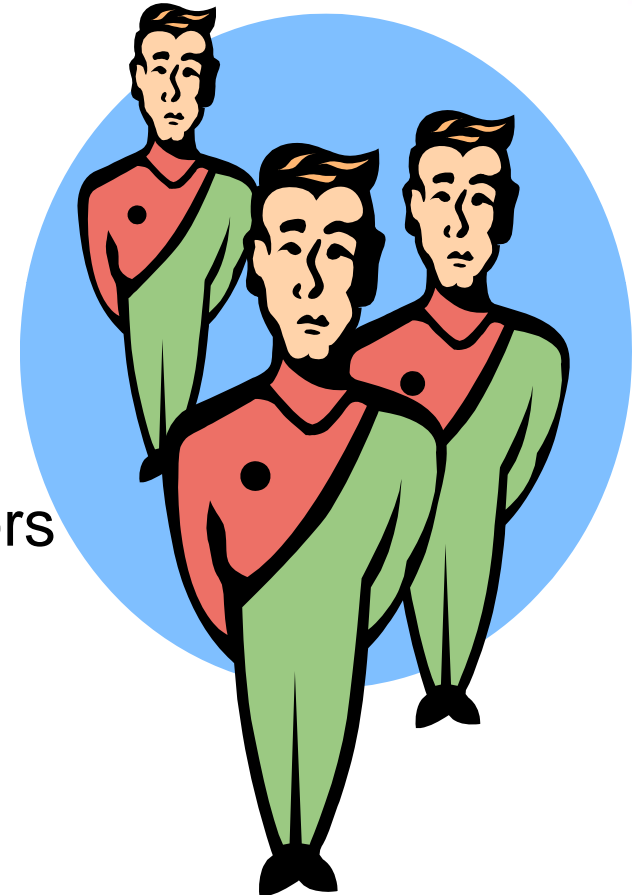
- Find small, successful, deviant in a positive direction, practices that are already working in the organization and amplify them



Working Together, Accelerating Improvement

Focus is on Behavior

- If you can't clone your people ...
- You sure can clone successful behaviors and strategies





PD bridges the gap between what people know and what they do!!

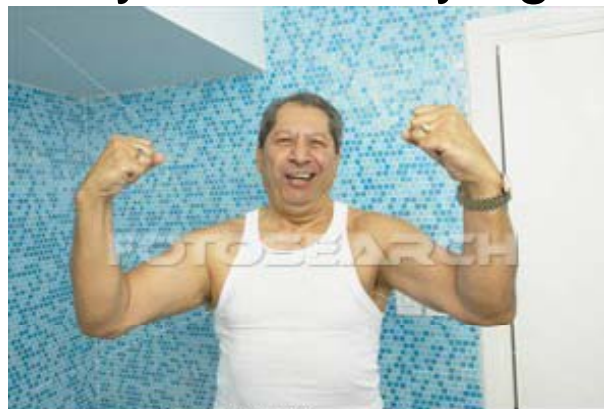
Wow, we get another chance to practice our landings!!



“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 assists us to act NOW

- Finding your Positive Deviants shows us that you can find successful solutions IMMEDIATELY
- Then the Positive Deviant Champions spread them
- You don't need to have all your underlying causes addressed first



bld065182 fotosearch.com



Discovery and Action Dialogues (DAD)

- Using a process called Discovery and Action Dialogues, the solutions to problems emerge from the interactions among staff on the unit
- This leads to huge empowerment, ownership, and greater sustainability



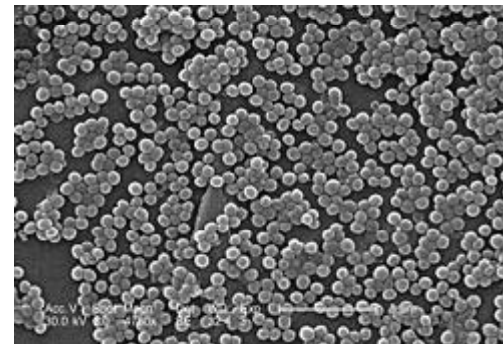


MRSA

- Methicillin resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (CD) are two types of bacteria that harm patients in our hospitals.
- Controlling the spread of MRSA and CD is theoretically simple.
 - For example, scrupulous environmental and equipment cleaning and near perfect compliance with hand hygiene practices should significantly limit transmission. Unfortunately, we know that compliance with these and other control measures is generally quite poor.

PD in MRSA

- In the USA between 2006 and 2008, 6 hospitals were selected as Beta Sites in the PD MRSA Prevention partnership
- The Beta Sites agreed to use PD strategies to engage staff to use:
 - Active surveillance MRSA cultures on all patients on admission/discharge/transfer
 - Hand hygiene before and after every patient contact
 - Contact isolation precautions on all patients colonized or infected with MRSA and
 - Environmental Cleaning





Results!!

- Aggregate decline in the MRSA infection rate in the pilot units was 73%.
- Aggregate rate/1000 patient days dropped from 4.36 in 2006 to 1.17 in 2008
- Two hospitals reduced their rates of infection/1000 patient days to zero!!

The Canadian PD Project



- 6 Canadian hospitals recruited to act as PD pilot sites over the next 18 months.
- We will provide PD coaching, local training, and close mentoring throughout the process.
- These hospitals will empower staff to apply their knowledge and unique experiences to address ongoing infection control issues within their own facilities and nursing units to bring about sustainable culture change and decreases in MRSA and CD.
- This project also aims to help develop local expertise in PD in order to enable future PD projects in the Canadian healthcare system.



- The BC Patient Safety and Quality Council is one of the funders of the Canadian PD Project
- Actively provides coaching, local training, and close mentoring on PD to the two BC sites:
 - Kelowna General Hospital
 - Vancouver General Hospital

www.bcpsqc.ca



When to use the PD approach??

- Problem needs behavioral and/or social change
- Seemingly unsolvable problem – compelling enough to need a new approach
- Presence of pockets of Positive Deviants
- PD Champions and leadership commitment
- Skilled facilitation





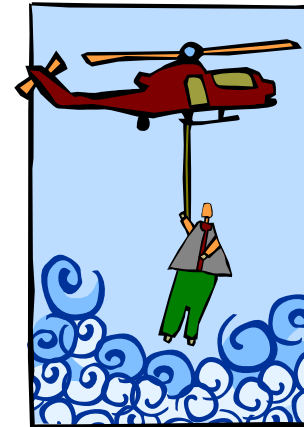
Some Challenges

- Complete shift for practitioners – from expert to pure facilitator
- Need comfort with power sharing and lack of control
- Scaling up strategies
- Time and human resources/ labor intensive
- Needs comfort with uncertainties
- You can't predict all outcomes and consequences



Some Resources

- www.positivedeviance.ca
- www.plexusinstitute.org/
- www.positivedeviance.org/
- www.fastcompany.com/magazine/41/sternin.html
- www.biomedcentral.com/1471-2458/8/94
- www.positivedeviance.org/pdf/publications/Good%20Companies.pdf
- www.longwoods.com/product.php?productid-20922





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