

DR. JON LLOYD

The Power of Positive Deviance: Using Practical Ideas from Frontline Workers Can Cut HAI Rates in Half

At a recent press conference of the Association for Professionals in Infection Control and Epidemiology in Washington, D.C., Dr. Jon C. Lloyd M.D., FACS, revealed how process improvements can help health care organizations dramatically reduce infection rates. As medical advisor for the Plexus Institute's national Positive Deviance/MRSA Prevention collaborative, and former regional MRSA prevention coordinator at the VA Pittsburgh Healthcare System, Lloyd has advocated the notion of "positive deviance" as a way to reduce health care-associated infections. At the APIC press conference, he spoke to Laura Miller of Knowledge Is Infectious about focusing on the inherent strengths of frontline staff members and tapping into their ideas—an approach that helped cut VA Hospital's health care-associated MRSA rates in half within one year.

INTERVIEWER: I wanted to talk to you a little bit about the key takeaway I got from your presentation—that health care-associated infections are a cultural problem. Can you elaborate on that? How can people band together to effect change?

JON LLOYD: The traditional approaches have been "best practice"; some have taken a more aggressive approach, with system redesign using "Lean" or Six Sigma, or the Toyota Production System, and the results have not yielded dramatic, sustainable results that have been scaled up and adopted by very many hospitals.

But in regions that have started working on this problem, we have seen some things that worked. And it usually boiled down to ideas that emerged out of the thinking of the frontline workers, and somebody listening to them and supporting them in implementing their ideas.

It looked like there were some great ideas out there, some latent solutions that were waiting to happen. If the people who were coming up with them could be supported in acting on those ideas, we might be on to something.

This idea came about when we read about the work of Jerry and Monique Sternin in dealing with the problem of childhood malnutrition in Vietnam. They started out in two villages in the early '90s and found that health aides had growth charts on all children under the age of 3. The Sternins asked if any of the very poorest families had adequately nourished kids. Once the villagers discovered from their own data that there were well-nourished kids among the poorest families, they couldn't wait to find out what these families were doing that differed from what the other families were doing.

The Sternins could have gathered their own data and interviewed the successful families and said: “We have the answer.” They resisted the temptation to come in as experts from the outside with solutions and decided to function as catalysts with questions. They asked the villagers why it was that among the poorest families there were well-nourished kids. The health workers and village representatives talked with the families, and found out that what they were doing was really contrary to the conventional wisdom.

So the villagers organized opportunities for the families of the poorly nourished kids to spend a few hours each day for a couple of weeks with the successful families. The families whose behavior needed to change brought their kids and the readily available foods that the well-nourished kids were getting. It happened to be freshwater shrimp, crabs and sweet potato greens that were viewed as trash food by most people to feed kids less than five years of age. But the families of the well-nourished kids, who were robust and developing normally—that’s what they were feeding them.

So the price of admission was to bring these things that they weren’t getting up in the morning and gathering every morning—to change their behavior. So these families, in acting their way to a new way of thinking, saw their kids over that two-week period begin to gain a little weight and look and behave stronger and healthier. They began to realize their children could also live a normal life and develop normally.

We thought this was probably adaptable in health care: that there were, in every hospital, people—groups of people across all the different vocations—whose unique behaviors or great ideas enabled them to achieve better results than people that were working with the same constraints and the same resources. Discovering these more successful (positive deviant) practices and ideas and then creating the freedom and opportunities to amplify and implement them was something that we wanted to try.

So that’s why we literally listened to about 1,000 health care workers across the different vocations and specialties. We met with nurses, aides, support service technicians, social workers, housekeepers, clergy, van drivers and doctors to get their ideas and to ask for volunteers to work on them. What happened was that hundreds of frontline health care workers came up with thousands of ideas—small ideas, small solutions—that, once they were implemented by the staff, had a very powerful, dramatic impact on our health care-associated MRSA infection rates. Within a year, they were cut in half.

These results should come as no surprise. Every frontline health care worker has countless opportunities to transmit MRSA. Given the freedom and opportunity to think about how, when and where these transmissions take place and how to prevent them in their work area, these same frontline workers represent the only true experts who are capable of preventing MRSA transmissions and associated infections.

This cultural approach to preventing MRSA infections has spread from VAPHS to 40 other health care facilities nationally during the past two years. These facilities are beginning to reproduce the same dramatic reductions in MRSA infection rates by focusing on the inherent strengths of their staff and drawing on this untapped resource.

Editor's note: After the audio recording, Dr. Lloyd expanded on his remarks. This document combines the transcript and Dr. Lloyd's modifications.