How do we make good things happen more often? Positive Deviance can change the way we work

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Outline

- Different problems require different approaches
- Introduction to Positive Deviance
- Trying out some techniques

"Insanity: doing the same things over and over again and expecting different results."

-Albert Einstein

Implementing the surgical checklist can be *surprisingly* difficult

SURGICAL SAFETY
CHECKLIST & SCORECARD
www.safesurgerysaveslives.ca

Your Organizational Logo

BRIEFING – Before induction of anesthesia

Hand-off from ER, Nursing Unit or ICU

- ☐ Anesthesia equipment safety check completed
- ☐ Patient information confirmed
  - Identity (2 identifiers)
  - Consent(s)
  - Site and procedure
  - Site, side and level marked
  - Clinical documentation
  - History, physical, labs, biopsy and x-rays
- ☐ Review final test results
- ☐ Confirm essential imaging displayed
- ☐ ASA Class
- ☐ Allergies
- ☐ Medications
  - Antibiotic prophylaxis: double dose?
  - Glycemic control
  - Beta blockers
  - Anticoagulant therapy (e.g., Warfarin)?
- ☐ VTE Prophylaxis
  - Anticoagulant
  - Mechanical
- ☐ Difficult Airway / Aspiration Risk
  - Confirm equipment and assistance available
- ☐ Monitoring
  - Pulse oximetry, ECG, BP, arterial line, CVP, temperature and urine catheter
- ☐ Blood loss
  - Anticipated to be more than 500 ml (adult) or more than 7 ml/kg (child)
  - Blood products required and available
  - Patient grouped, screened and cross matched

BRIEFING *(continued)*

- ☐ Surgeon(s) review(s)
  - Specific patient concerns, critical steps, and special instruments or implants
- ☐ Anesthesiologist(s) review(s)
  - Specific patient concerns and critical resuscitation plans
- ☐ Nurses(s) review(s)
  - Specific patient concerns, sterility indicator results and equipment / implant issues
- ☐ Patient positioning and support / Warming devices
- ☐ Special precautions
- ☐ Expected procedure time / Postoperative destination

TIME OUT – Before skin incision

- ☐ All team members introduce themselves by name and role
- ☐ Surgeon, Anesthesiologist, and Nurse verbally confirm
  - Patient
  - Site, side and level
  - Procedure
  - Antibiotic prophylaxis: repeat dose?
  - Final optimal positioning of patient
- ☐ "Does anyone have any other questions or concerns before proceeding?"

DEBRIEFING – Before patient leaves OR

- ☐ Surgeon reviews with entire team
  - Procedure
  - Important intra-operative events
  - Fluid balance / management
- ☐ Anesthesiologist reviews with entire team
  - Important intra-operative events
  - Recovery plans (including postoperative ventilation, pain management, glucose and temperature)
- ☐ Nurse(s) review(s) with entire team
  - Instrument / sponge / needle counts
  - Specimen labeling and management
  - Important intraoperative events (including equipment malfunction)
- ☐ Changes to post-operative destination?
- ☐ What are the KEY concerns for this patient's recovery and management?
- ☐ Could anything have been done to make this case safer or more efficient?

Hand-off to PACU / RR, Nursing Unit or ICU

CHECKLIST SCORE

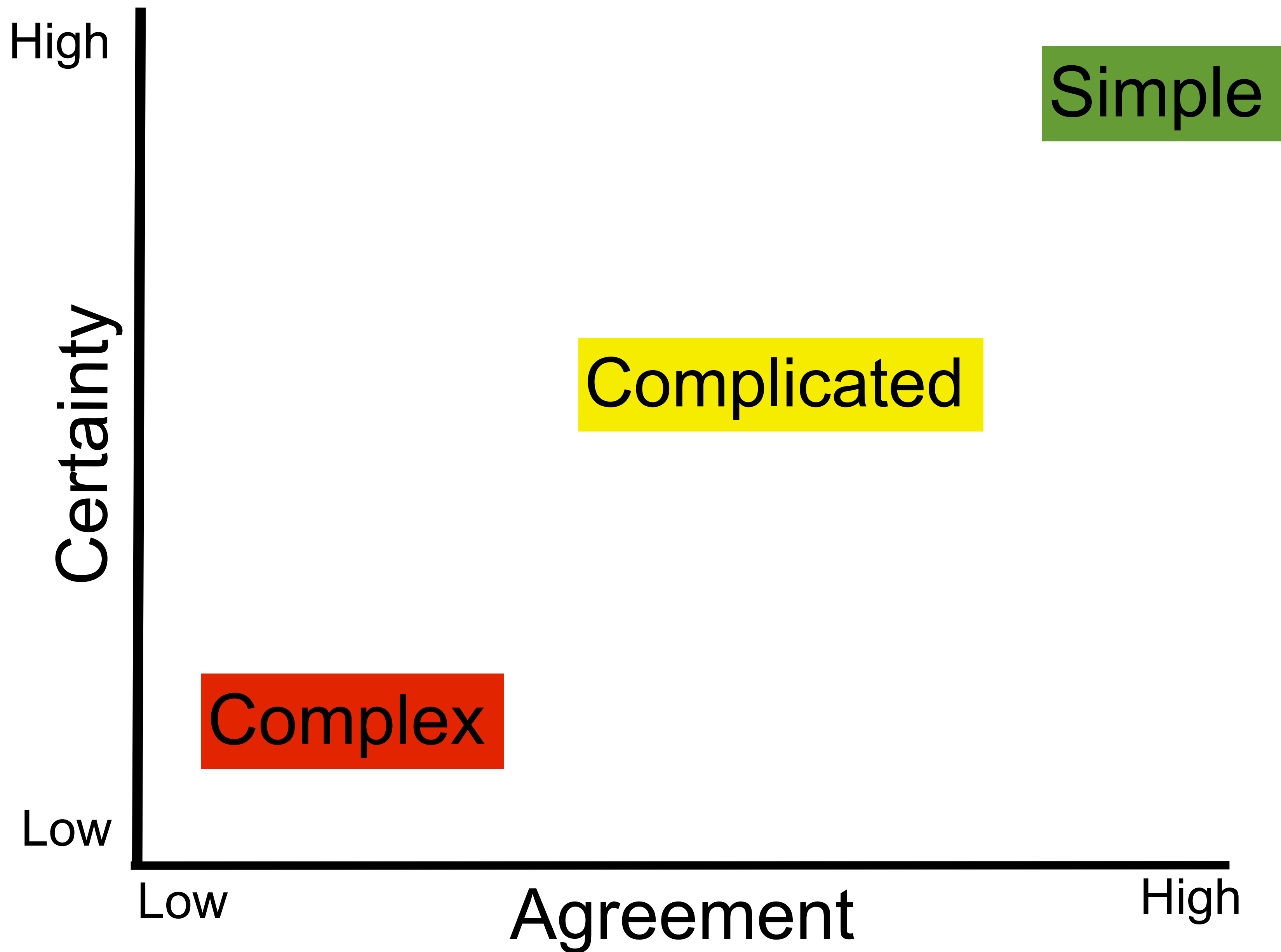
Add all checkmarks for 3 sections and enter below

Briefing	_______	/17 =	_______		
Time Out	_______	/3 =	_______		
Debriefing	_______	/6 =	_______		
TOTAL	_______	/26 =	_______	x 100 =	_______

PATIENT INFORMATION

Adapted from the WHO Surgical Safety Checklist, © World Health Organization, 2008

Surgical Safety Checklist: Canada
Version 1, January 9, 2009



Adapted from Brenda Zimmerman, 2010

Simple or complicated problems

- Search for solutions i.e. “fix it”
- Problem solve
- Checklists
- Algorithms
- Best practices

Complex problems

- “Social immune response”
  - highly sensitive to local culture and conditions
- No one size fits all
- Local solutions, multiple actions
- Allows for paradoxes
- Importance of relationships, intuition
- “minimum specifications”

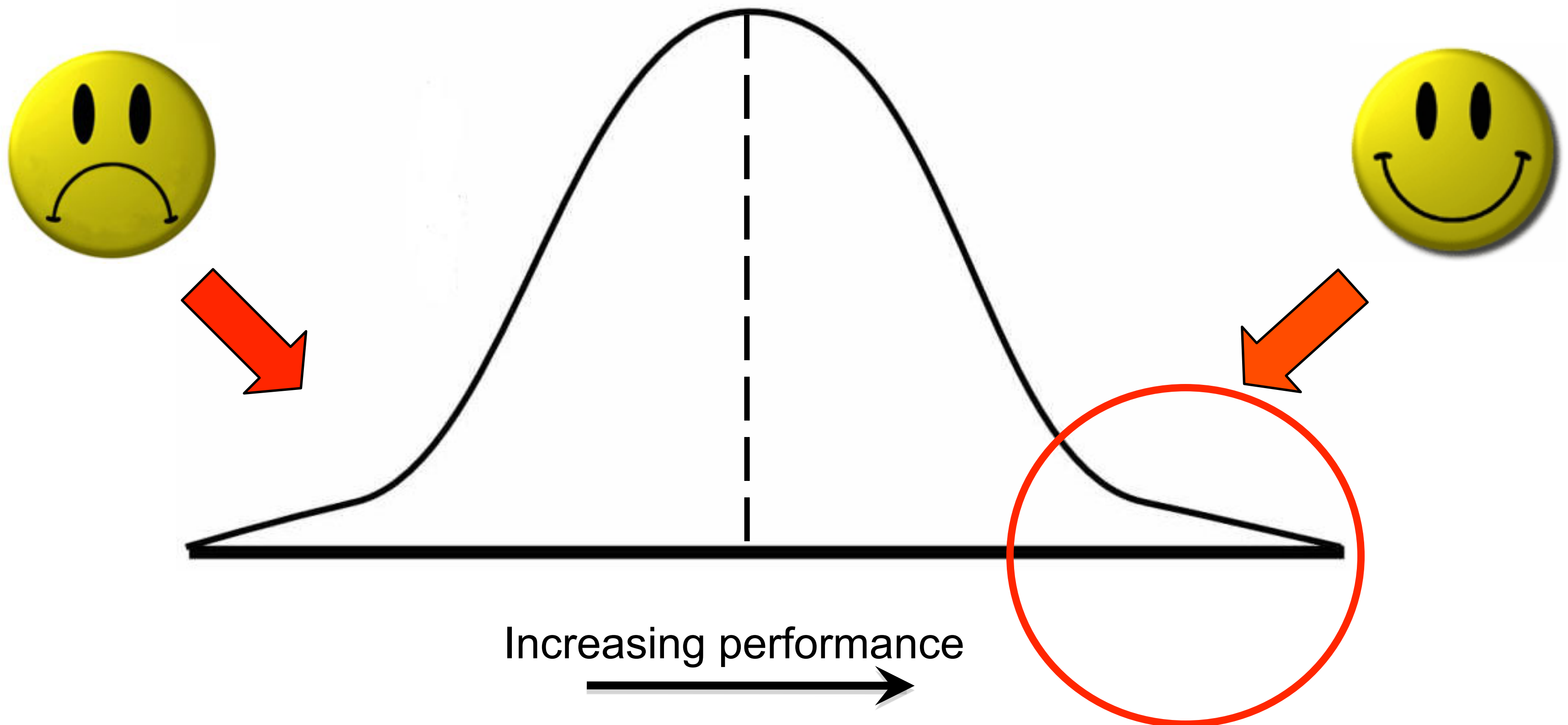
Strategies

- Simple/complicated problems may respond better to "top down" approaches
- Complex problems may respond better to "bottom up" approaches
- Infinite variations of both approaches

Our approach

- Tackle behaviour and culture head on
- Specific engagement of front line staff
  - Unusual suspects
- Shifting of ownership from whomever is implementing SSSL to the front line
- Use a variety of techniques referred to as “liberating structures” to achieve this
  - Positive Deviance is one liberating structure

An introduction to Positive Deviance



Some examples

- Smoking cessation
- Medication reconciliation
- Malnutrition
- Gang violence and inner city youth
- Controlling healthcare associated infections

Some Questions

- Is there a surgical team that already does the checklist well?
- Any vocal champions?
- Are you telling teams how to implement the checklist?
- Who owns the checklist process in your organization?

Key points

- Ideas come from those who are ”touching” the problem
- The group acts on ideas from “someone just like me”
- The groups succeeds and fails
- Actions supported by measurement
- What works for one group may not work for another despite a similar challenge

"Culture Eats Strategy For Breakfast."

-Attributed to Henry Ford

LS Tools

- Sharing Stories
- **TRIZ**
- **Improvisation**
- **Discovery and Action Dialogues**
- **Social Network Analysis**
- **Wise crowds**
- 25 gets you 10
- 15% solution

TRIZ

Design a system whereby you can ensure that EVERY patient will have unsafe surgery resulting in a complication

Look at your list

- What on the list are you already doing right now?
- Are there any items on the list you want to tackle?

Improv

Scenario

- 4 players
  - Surgeon
  - Scrub nurse
  - Anesthetist
  - Awake patient
- Someone wants to lead the team through the checklist
- “Action”

Discovery and Action Dialogues

- 15-20 minute facilitated discussions with front line staff in their work setting
- Different people will be at different sessions
- Look for the **unusual** suspects
- Allow ideas to float to the surface

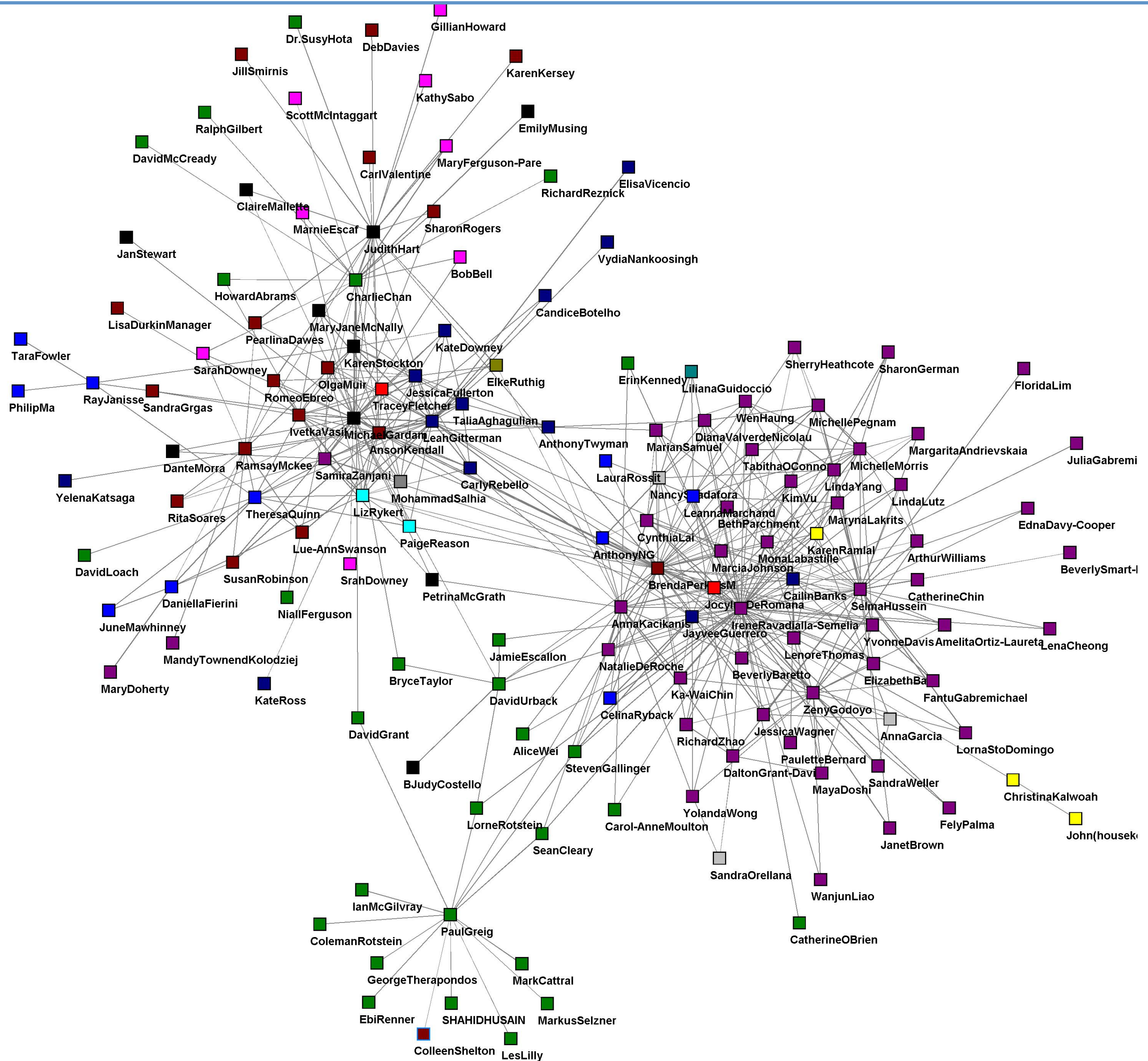
Questions

1. How do you know when patients are going to have a complication from their surgery?
2. How do YOU contribute to patients NOT having a complication
3. What prevents you from doing this all the time?
4. Is there anyone you know who is able to practice so they prevent complications?
5. Do you have any ideas?
6. Any volunteers to make this happen?
7. Who else needs to be involved?

Who do you talk to about the prevention of superbugs?

Legend

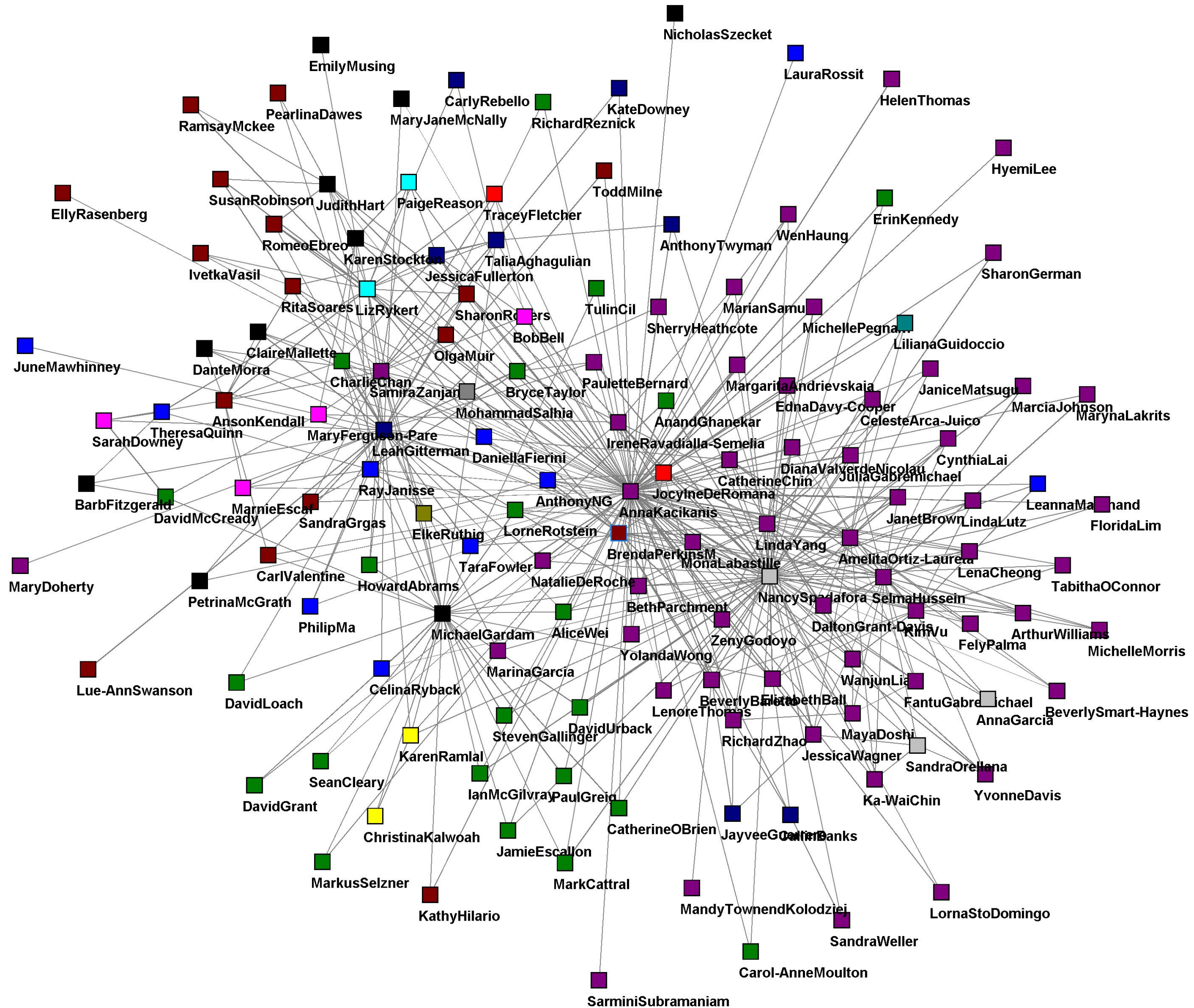
- RN
- External
- Clinical Educator
- Allied Health
- Director
- ICP
- Admin
- Housekeeping
- MD
- Executive
- Volunteer Resources
- Ward Clerk
- Patient Education
- Manager



Who do you want to work with in the future?

Legend

- RN
- External
- Clinical Educator
- Allied Health
- Director
- ICP
- Admin
- Housekeeping
- MD
- Executive
- Volunteer Resources
- Ward Clerk
- Patient Education
- Manager



Wise crowds

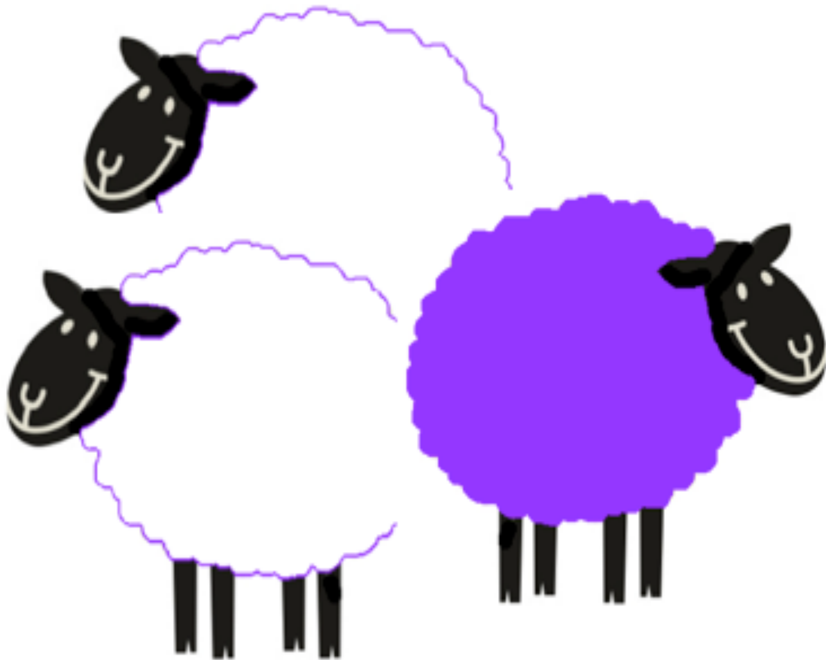
- Works best in groups of 6-8 people
- One person tells the group of a challenge
  - maybe something from TRIZ?
- The group clarifies, asks questions
- The person with the challenge turns around
- The group discusses

“It’s a lot easier for an organization to adopt new words than it is to actually change anything.

Real change is uncomfortable. If it’s not feeling that way, you’ve probably just adopted new words.”

-Seth Godin

Will *deviate* for change



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