

# Superbugs, Superheros

Michael Gardam

University Health Network

National Lead, STOP Infections Now! Collaborative

# This job can be frustrating because:

- Nobody else seems to care
- IPAC always seems to own the problem
- Everybody pushes back
- Nobody has time
- We keep having outbreaks
  
- Patients die from HAIs.

# These things work

- Hand hygiene
- Environmental cleaning
- Surveillance (clinical, laboratory)
- Routine practices, additional precautions
- Appropriate antibiotic use

If we do these well, our problems  
should largely go away...



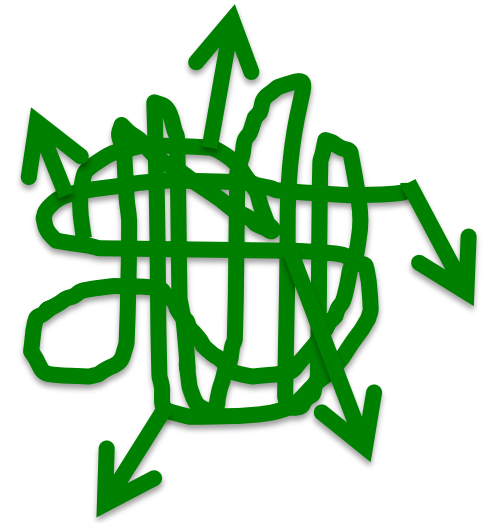
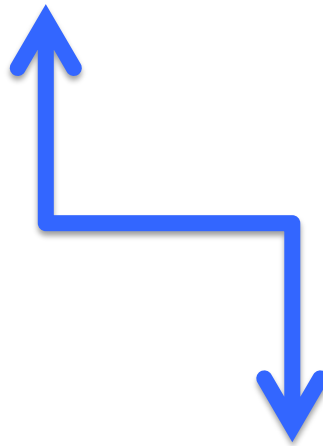
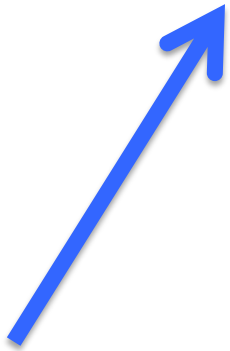
“Insanity: doing the same things over and over again and expecting different results.”

-Albert Einstein

Simple

Complicated

Complex



More Certain  
More Agreement

Less Certain  
Less Agreement

# Simple versus the complex

- Search for solutions
- Problem solve
- Checklists
- Algorithms
- Best practices
- “Social immune response”
- Sensitive to local culture
- No one size fits all
- Local solutions,
- Multiple actions
- Allows for paradoxes
- Importance of relationships, intuition
- “Minimum specifications”

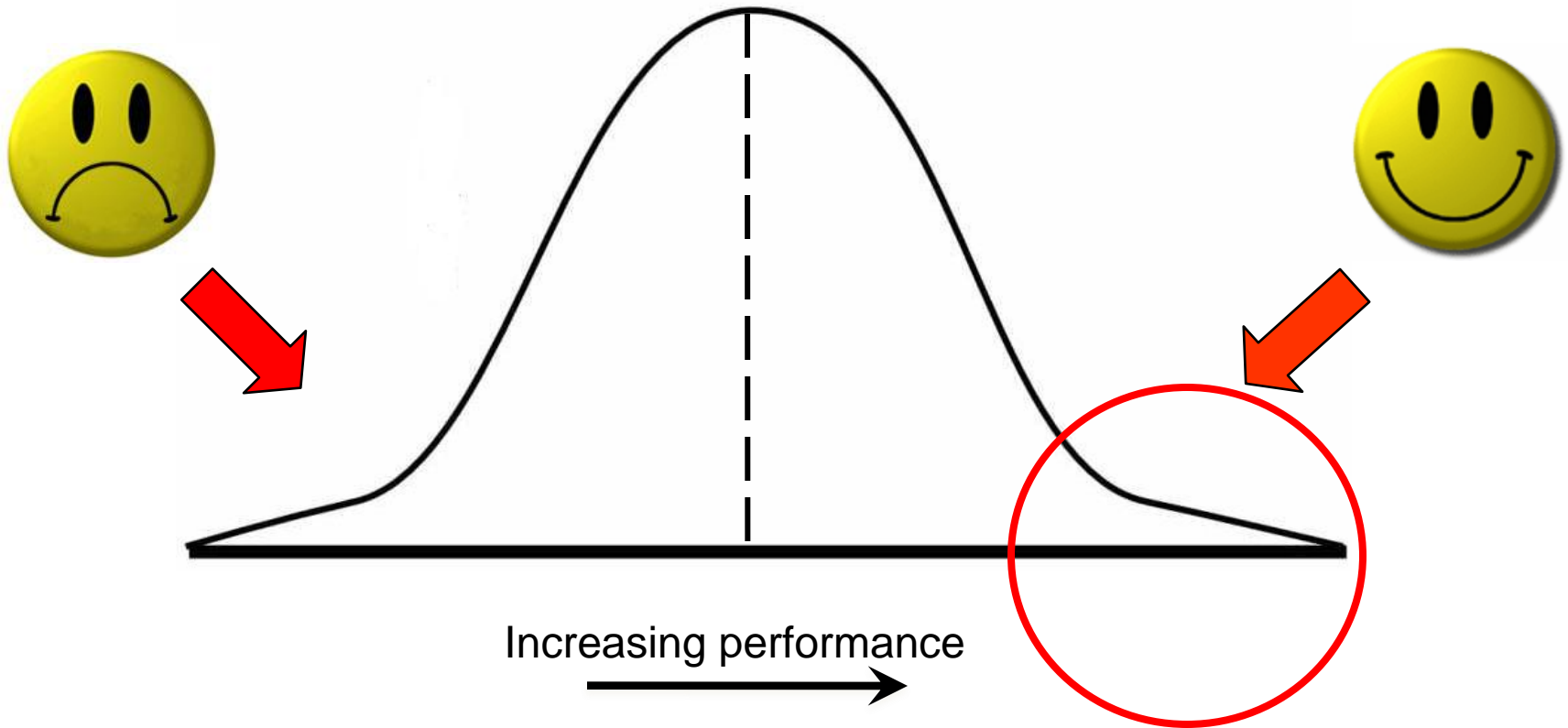
# Strategies

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





# Positive Deviance



# Liberating Structures

Methods that make it easy and quick for groups to:

- Liberate energy
- tap into collective intelligence
- be creative, adaptable
- build on each other's ideas, and get results



# 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
- What works for one group may not work for another despite a similar challenge

# The Canadian Positive Deviance Study

- Wanted to try something different
- US pilot hospitals had some success with MRSA
- Proposed to try using PD approaches in Canadian acute care hospitals
- Sponsored by CPSI, BD, BCPSQC

# Methods

- 6-1 acute care hospitals applied
- 18 month intervention
  - 4 month baseline
  - 10 month change
  - 4 month end state
- Coaching
  - Face to face
  - telephone

# Measures

- Outcomes
  - MRSA, CDAD, VRE rates
- Process
  - Alcohol based hand rub use
  - Soap use
  - Gown use
  - Glove use
  - +/- hand hygiene

# Measures (continued)

- Social network mapping
  - Who is talking to who about what?
- Qualitative interviews
  - What did this process do to people's attitudes, thinking, behaviour, approaches?

Site	Unit	Hospital	Unit with respect to Hospital
	% Change	% Change	% Change
<b>1A</b>	+3	+36	-33
<b>1B</b>	-51	+51	-102
<b>1C</b>	-100	-83	-17
<b>2A</b>	-48	-11	-37
<b>2B</b>	+2	-15	+17
<b>3</b>	+257	+198	+58
<b>4</b>	-100	+175	-275
<b>5</b>	NA	+35	NA
<b>Overall</b>			<b>-56</b>



# “Interconnectivity”

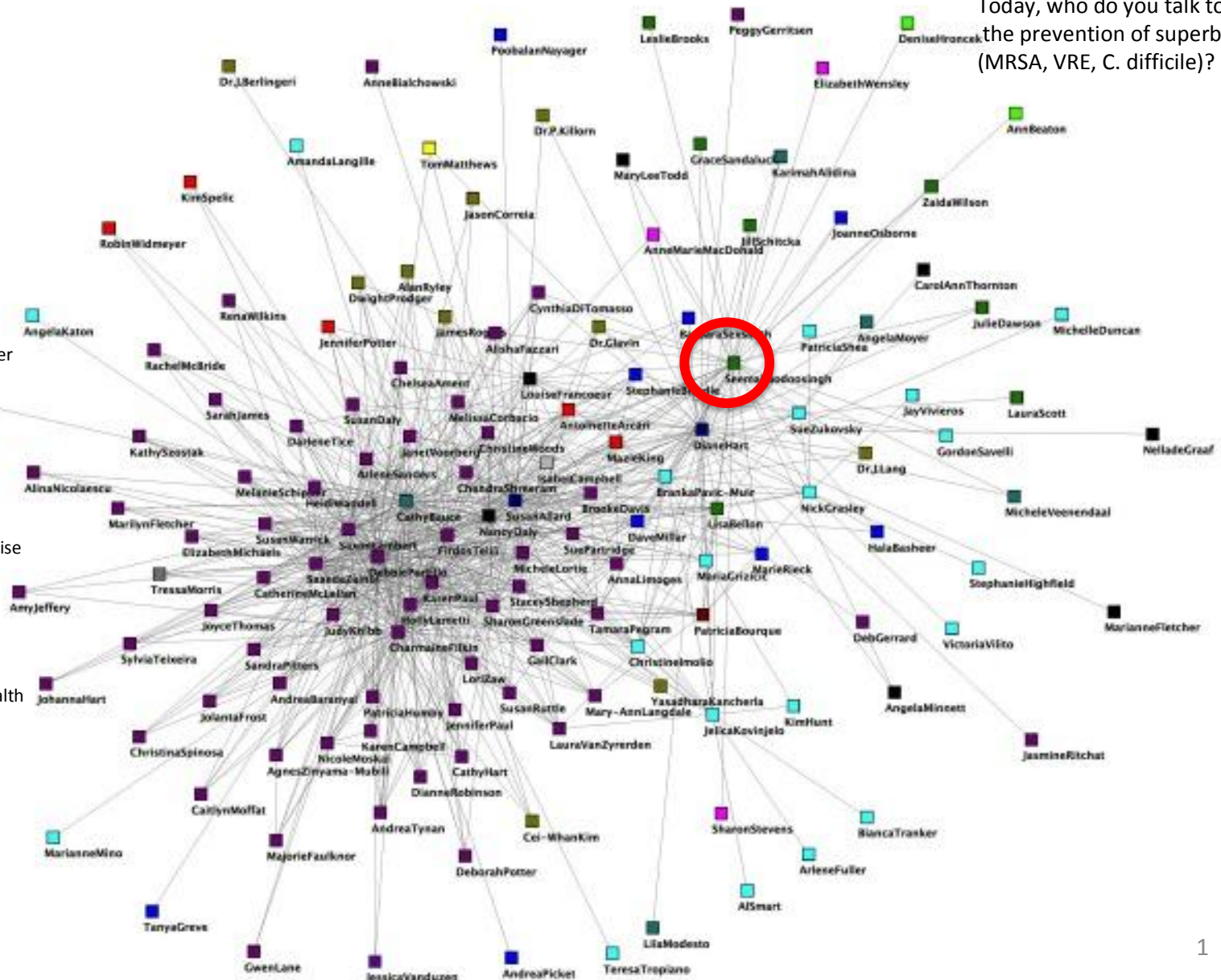
How many people do you work with?

Site	Before Links/node	After Links/node	% Change
5	24	33	+38
4	37	69	+88
3	50	63	+26
2	31	32	+2
1	26	31	+24

# Who do you talk to today about superbugs?

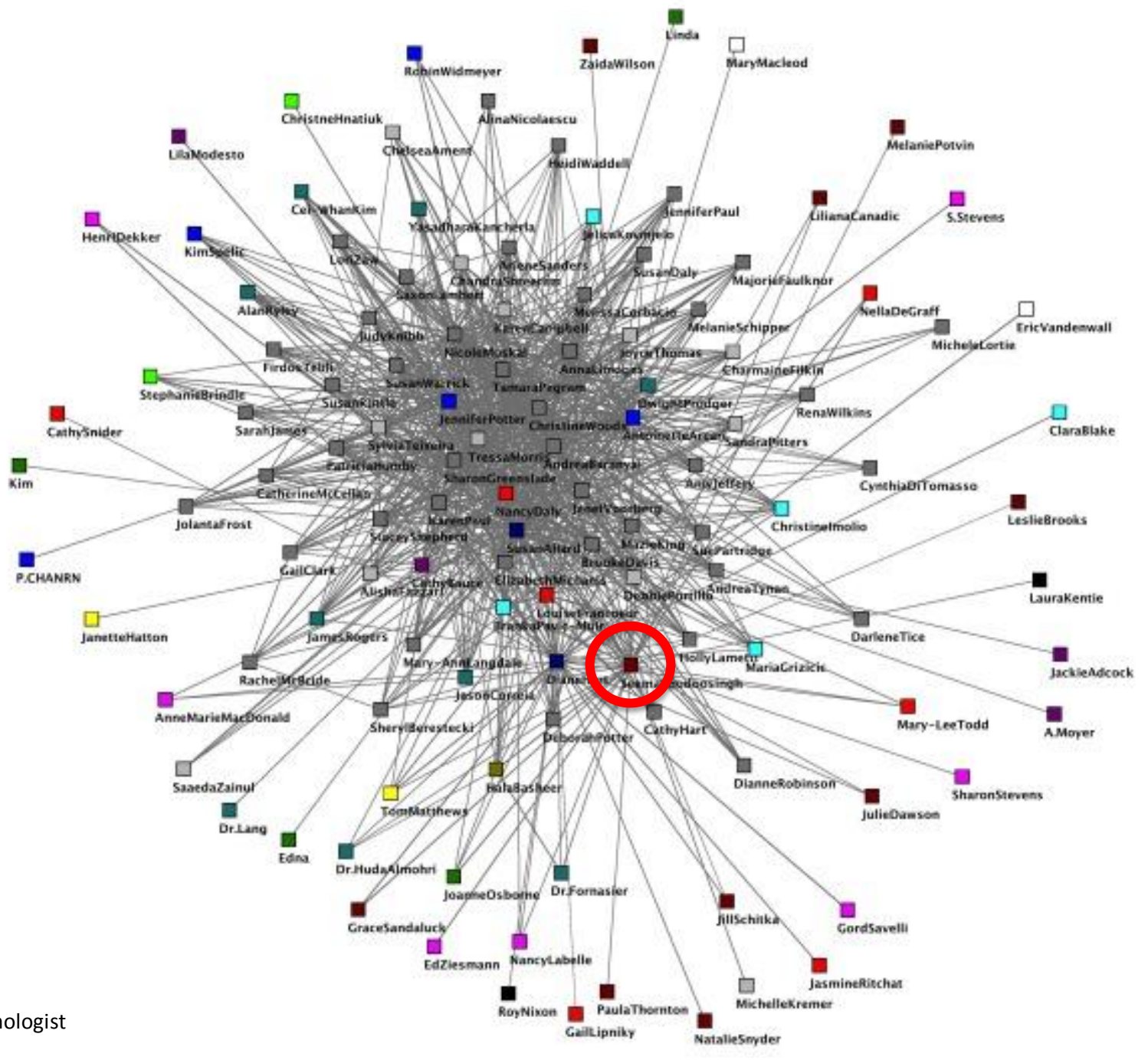
Today, who do you talk to about the prevention of superbugs (MRSA, VRE, C. difficile)?

- Registered Nurse
- Director
- DES
- Clerk III Support
- Allied Health
- Clinical Care Leader
- Administration
- Engineering
- Professional Practise Educator
- Physician
- Manager Occ. Health
- Volunteer
- Manager
- Surgical Flow Specialist
- Infection Control Professional



# Rank to Today Round 2

- Allied Health
- Registered Nurse
- Clerk
- Clinical Care Leader
- Director
- Professional Practice Educator
- Senior Administration
- Infection Control Professional
- Distribution and Environmental Services
- Manager
- Coordinator
- Pharmacist
- Hospital Wide Staff
- Registered Practica Nurse
- Physician
- Laboratory Technologist



“Do-er” culture gets things done stat



Take time for discovery & learning

Hierarchical, go to people based on rank



Go to people based on local know-how

Evidence-based practice



Practice-based evidence (social proof)

Find problems and  
analyze each detail



Identify problems  
AND identify  
solutions

Report problems  
up the chain of  
command



Find and solve  
problems locally

Hard, well-vetted  
data are trusted



Stories are trusted

Serious work is not fun



Fun can facilitate serious work

Change is complicated



Change can be extraordinarily simple

One perfect answer



Experiment to find many right answers

# safer healthcare *now!*



**STOP INFECTIONS NOW COLLABORATIVE**

TAKE YOUR INFECTION PREVENTION  
& CONTROL EFFORTS TO THE NEXT LEVEL

**cpsi icsp** Canadian Patient Safety Institute  
Institut canadien pour la sécurité des patients

safer healthcare  
*now!*



Reducing Harm | Improving Healthcare | Protecting Canadians

# STOP Infections Now!

## Join us!

- 12 + 6 month collaborative
- Melding of liberating structures and the model for improvement
- Melding of hand hygiene and everything else
- Information sessions October 5<sup>th</sup> and 12<sup>th</sup>
- Collaborative starts November 10<sup>th</sup>.

safer healthcare  
*now!*