



### What Makes Positive Deviance So Different

We had another excellent All Cluster Call this Thursday. Our theme was updates from the field.

After the call I was energized by the enthusiasm and eagerness of the call participants to use some of the great ideas that were cropping up at other sites.

---**AND THEN** I realized how easily I had slipped back into my BEST PRACTICES mind set and totally forgotten that the **POWER** of the Positive Deviance approach is that it gets us beyond the "PUSH-BACK" and "BUY-IN" struggles we encounter when we **IMPORT** ideas from **OUTSIDE** - by creating the conditions for even higher quality ideas to **EMERGE** from within.

I realized again - that one of the reasons the behavior changes associated with PD outlast the short-term changes that occur with campaigns, roll-outs and observational audits - is that they are owned and come from the minds of the people who have to act differently.

Here is an example - it is almost universal for staff to point out that patients who are transported from their isolation room - to let's say radiology - get to their destination - but are not always identifiable as an MRSA patient.

It would be easy for the Maryland Patient Safety Center to write up the approach used by one hospital to successfully overcome this barrier. We could call it a "best practice" and tell you all that you should put it in place.

But by doing that we would be making it **HARDER** for your organization to solve this problem in a long-lasting way. We would be setting you up to fail - because we would be asking you to take a practice that worked elsewhere and force it to work for you.

We would be putting you in the tough position of having to convince your staff or peers that this was a good idea. Because we put you in the position of "cheer leading" the outside idea - we would be adding to your burden - because you would have to constantly "dog" the idea or it would most likely fall by the wayside as soon as your attention was diverted.

The people that you brought the idea to - would be carrying out your (our) vision - and they would not only not be too crazy about it - they might even instinctively oppose it because of their **SOCIAL IMMUNE RESPONSE**.

**INSTEAD** - we are asking you to **TRUST** the **PROCESS** of the "Discovery & Action" because it's your way of **CREATING THE CONDITIONS AND THE PRACTICE** for the solutions to be "discovered" by the staff. Solutions that are born this way are really "theirs" so they stick.

I promise that we have observed dozens of "Discovery & Action" and its offspring type interactions - where this MRSA transport problem was identified. Everytime a great solution was emerged - almost without prompting. All the solutions from all the different organizations are very similar **BUT** what is different is they came from the people that would have to use them- and for that reason alone - they were perpetuated and shared almost effortlessly by the informal grapevine of influence, peer teaching and "culture."

This is my reflection of the week - any reactions?

**Friday Afternoon Thoughts**  
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