



## Making the Most of An Hour

Well soon I will be off to New Mexico to give a presentation for an MRSA Collaborative Launch.

This is great - but my challenge is how to use the hour that I have to make a difference.



I have been thinking about "Positive Deviance" as an approach - and the intensity of the effort that usually goes into bringing it to a new problem in a new country.

When Jerry and Monique Sternin started in Vietnam - they worked very closely with a few villages - but within a couple of years the PD way of doing things spread to many more villages without them. Millions of people were identifying existing solutions and acting on their own ideas. Nutrition improved - and really most of the people in those villages - maybe even all of them - had no idea that PD had been the overarching approach.

The PD MRSA journey began in the US with 6 facilities - and our group in the Mid-Atlantic is part of that first wave of adoption and this MRSA Prevention Network is the first wave of spread. But I think we may all unknowingly be edging toward the tipping point for using PD inspired actions as a tool for MRSA prevention.

People in one unit inside your facilities talk to people from another, then they talk at their pre-school, or volunteer EMS group. You speak at your vocational or professional group meetings. You prn or moonlight at another hospital and without thinking find yourself asking PD questions or taking action there too.

In May, I spoke at the Maryland State Employee Risk Management Association (SERMA) conference. It was a packed audience. Some people were standing the whole time. I used slides and ideas that I gathered on this listserve as a guide.

But I couldn't teach PD in 45 minutes - so I barely mentioned "it."



What I did instead was say that a bunch of people are making headway with MRSA in our region - by recognizing that among themselves and their peers there are already practices that lead to superior outcomes and that great ideas are just below the surface waiting to be uncovered.

I gave the audience this set of questions - and I told them to use them to start figuring out for themselves what they can do to make their own environments safer.

- Are there times that you think you might be exposed to MRSA?
- What do you do to minimize the risk to yourself and others?
- What stands in your way?
- Can you think of any examples of people or places where this barrier is overcome?
- Any ideas?
- What would it take to make it happen? Any volunteers among those of us here today?
- Who else needs to be included? How should we go about doing that?

They left with some basic knowledge as I had done about 25 minutes of talking about Community Associated and Healthcare Associated MRSA.

They knew that there are people in the community that they can turn to for answers - like the CDC, their public health departments and the Infection Preventionists from their community hospitals.

But when a policewomen eagerly raised her hand and said "when I give people a ticket to sign - I always have them use their own pen" and another gentleman said "I am coaching wrestling and I am thinking it might make sense to wipe down the mats after each match" they realized **THEY ALSO HAD THE SOLUTIONS.**



So in New Mexico - I think I am going to lose the lingo - no talk of Discovery and Action Groups or butterflies. Instead I am going to use the questions on the attached slide to help the audience experience what PD feels like - *and then I will suggest they go out and listen and use what they hear as an invitation to gently prompt their peers to think of ways to act on their solutions.*

Of course I will ask them to let us know how they come along - because here in our region we have a load of early adopters- generous in spirit and experience -that are quietly changing the landscape of MRSA - one conversation at a time.



## “WHAT” we ALL need to DO

- ◆ Identify the **reservoir** of infected and colonized patient
- ◆ **Wash hands** before and after every interaction with a patient and before and after putting on gloves
- ◆ **Protect clothing** from becoming a transmission source by wearing gloves and gown when interacting with an infected or colonized patient
- ◆ Keep equipment from becoming a transmission source by using **designated equipment** or cleaning
- ◆ Effectively **clean the patient care environment**



## Has any one ever.....

- ◆ Noticed a colleague that seems wash hands all the time?
- ◆ Notice a unit/ward where it is always clear who has MRSA?
- ◆ Been reminded or offered a gown?
- ◆ Had a concern about transmission that you've wondered about?
- ◆ Done something just a bit different on your own about that risk – or had some ideas?



## Has any one ever.....

- ◆ Forgotten, or been rushed?
- ◆ Entered an isolation room – without noticing the sign?
- ◆ Encountered a patient whose MRSA status did not get conveyed from the lab to the floor?
- ◆ Come across an empty glove box, or soap/ sanitizer dispenser?
- ◆ Noticed family or someone else fail to follow precautions?