



## Time

Sharon Benjamin, PhD, caught something I missed during one of our Pulse Checks.

We were listening to a story about an innovation used to track turning over inpatient hospital rooms.

As we all tackle the pressures associated with overcrowded Emergency Departments, the ability to reliably spot rooms as they empty and become available for new admissions has improved “flow” and the quality of care for patients at some facilities, including the one we learned with during this particular pulse check.

At this facility, equally reliable tracking data identified an increase in MRSA infections. “I eagerly asked - so what did you do?” And heard - “well - I went up to the care unit and asked the staff what they thought was going on and they immediately suspected that the rooms were being turned over so fast that they were not being thoroughly cleaned”



[laniadouk.com/er.html](http://laniadouk.com/er.html)

“Oh really - what did your tracking system show?”

“They were right - we looked and the rooms were turning over very fast - too fast”

I was so struck that the staff knew at the same time, or maybe even before what was really going on- that I was stuck in that train of thought. As a “coach” I was thinking - ok - what questions could I ask - to encourage this team to engage the housekeeping staff - I knew from past experience that this could be one of those “big boost” opportunities.

I was also thinking that if we were going to measure stages of engagement - this was an incredible accomplishment. This staff was able to immediately pinpoint a gap. Thinking ahead, I wondered what would lead this same staff to act on their hunch - BEFORE they were asked. I wondered why the PACU staff, Coco told us about last Thursday, not only noticed a gap in identifying isolation patients but also took it upon themselves to come up with a solution on the spot?

Anyway - that is what I heard. But Sharon heard something else. She heard that *time* was a scarce resource, so precious it was being actively measured.

This is an important observation because it is something that is different about the conditions under which the Positive Deviance approach is applied in US schools and hospitals in contrast to villages in other parts of the world. Teachers, doctors, nurses, housekeepers, administrators, principals - all work in a very fast, overloaded world. Villagers have time to sit under a tree and talk.

Yet, Positive Deviance has been a huge success for some of the facilities on this list - others are at different stages on the path to replicating those successes. But what we don't know is how you have accommodated the scarcity of time. I am going to listen more carefully - because I know you have the answers.



Photo: Ann Jones  
their.files.wordpress.com/2007/12/14a.jpg