Changing the Culture of Palliative Care through Positive Deviance: Acting One’s Way into a New Way of Thinking

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Palliative Care Summit
March 14, 2011
Outline

• What is Complexity Science?
• What is Positive Deviance?
• Billings Clinic Experience with Positive Deviance and Palliative Care
• Preliminary Results
• Next Steps
Complexity Science

- Science that attempts to:
  - Understand and explain the behavior and dynamics of systems composed of many interacting elements
  - Uncover the principles and processes that explain how order, change and innovation emerge in these systems
Before Complexity

- Scientists believed the future was knowable given enough data points
- Dissecting discrete parts would reveal how everything -- the whole system -- works
- Phenomena can be reduced to simple cause & effect relationships
- The role of scientists, technology, & leaders was to predict and control the future
- Increasing levels of control over nature would improve our quality of life
Focus on Systems

• **Study of Complex Adaptive Systems:**
  – Patterns of interactions within them
  – Outcomes that emerge from them
  – How systems actually behave, not how we think or expect them to behave
Interdependent Attributes

Self-Organization & Emergence
Order & Disorder
Diversity
Non-Linearity
Adaptable Elements
Embedded Systems
Distributed Control
Positive Deviance – A behavior change methodology supported by tenets of complexity science
Positive Deviance

A strength-based, problem solving approach that creates measurable and sustainable results by leveraging existing solutions (what works), thus promoting behavior and social change.
Positive Deviance is... 

Based on the observation that in every community there are certain individuals or groups whose **uncommon behaviors** or strategies enable them to find **better solutions** than their peers.
Malnutrition in Vietnam
Housewide Healthcare-associated MRSA Infections
1999 - 2010

2005 - 2010
63% reduction in Healthcare-associated MRSA Infections

PD Intervention
Conventional vs. PD Approach

Conventional Change Model

Positive Deviance Change Model

Discovery & Action
Dialogues
Positive Deviance
Inquiry
Improvisation
Define - Problem, causes, desired outcome

Determine - If desired outcome exists; common behaviors, challenges, barriers

Discover - Uncommon practices/behaviors

Design - Interventions for others to practice new behaviors
Figure 1. The Cyclical Process of Positive Deviance

ACT
Remove Barriers and Encourage Staff to Make Changes

DIALOGUE
Short dialogues with Usual and Unusual Suspects

DISCOVER
Notice and Capture Their Good Ideas
Conceptual Framework

Complexity Theory

Positive Deviance & Related Methods
- Discovery & Action Dialogues
- Positive Deviant Inquiry
- Improvisation

Identification of Positive Deviants
- ↑ Interactions
- ↑ Communication
- ↑ Diversity
- ↑ Group Decision Making

Self-Organization

System-level process and procedural changes
- Providers and staff use newly discovered PD practices

CULTURE CHANGE
- ↑ PC Referrals
Table 1. Discovery and Action Dialogue Questions

1. How do you know when the physical, emotional and spiritual needs of your patient are being met at the end of life?

2. How do you know when to explore the shift from therapeutic to palliative care?

3. In your own practice, what specific strategies do you employ to initiate discussions with patients and families about palliative care?

4. What stops you from using these strategies all of the time?

5. Do you know of anyone who has been able to overcome these barriers?

6. Do you have any ideas?

7. What can we do now? Are there any volunteers?

8. Who else needs to be involved?
Tools: Improvisation – making the invisible visible

Rules for Improv:

- Trust and accept all offers ("Yes, and...")
- Make action-filled choices, giving and taking
- Engage in one conversation at a time
- Listen, watch, concentrate (Look, don’t over analyze!)
- Work to the top of your intelligence
Define: Problem

Too many patients and their families suffering from a serious illness are not offered or receiving our most complete care for the relief of pain and/or suffering.
Define: Desired Outcome

Our desired state at Billings Clinic is increased community awareness of palliative care and improved access to palliative care services to reduce preventable pain and suffering throughout the organization.
Determine: Common Behaviors

- Determining common behaviors and perceived challenges/barriers around palliative care at BC:
  - Existing data suggests that certain physicians and departments refer more than others;
  - Continuing to collect data on PC opportunities during rounds;
  - Interviewing patients, families, and staff around their experience with palliative care or lack thereof.

- Identification of individuals who have been successful in advocating and accessing palliative care (PDs).
Discover: Specific Successful Behaviors

- Learning from the Positive Deviants – those staff, family and patients who have been successful in advocating for palliative care.
- ID specific behaviors, strategies used to negotiate referrals for palliative care.
Design: Different Processes

• Discovered behaviors explored and shared with larger community:
  – health care staff, administrators, pastoral care, families, patients.

• Based on discovered behaviors:
  – design new processes to begin practicing different, but effective way of communication.
Preliminary Results

Chart: Palliative Care Referrals

- Referrals
- Inpatient
- Outpatient

- Month: Oct-09, Nov-09, Dec-09, Jan-10, Feb-10, Mar-10, Apr-10, May-10, Jun-10, Jul-10, Aug-10, Sep-10, Oct-10, Nov-10, Dec-10, Jan-11, Feb-11

Key:
- Champions Meetings
- Start Positive Deviance Approach

Legend:
- Inpatient
- Outpatient
Next Steps

• ID additional “positive deviants”
  – Collect provider, staff, patient, family stories
  – Social Network Mapping

• Design activities at multiple levels that enable the community to practice discovered behaviors.
  – Patient, family, staff, provider interviews
  – Positive Deviance Inquiry
  – Improvisation
PD “Secret Sauce” for behavior & social/organization change

• Involvement of all stakeholders
• Community ownership of entire process
• Emphasis on practice versus knowledge
• Leaders as facilitators and enhancers
• Weaving networks across silos
• Monitoring change fuels behavior change
Challenges

• Paradigm shift for practitioners:
  – from expert to facilitator
  – discomfort with power sharing & lack of control

• Trust in non-conventional emergent process

• Labor intensive process = ↑ resources

• Requires comfort with uncertainty (donors, planners, implementers)
Complexity Resources – The Science


Complexity Science – Healthcare & Organizations


Complexity Science – Healthcare & Organizations

Positive Deviance Resources

- [www.positivedeviance.org](http://www.positivedeviance.org)
- E-mail: contact@positivedeviance.org
- Facebook: Positive Deviance Initiative
- Twitter: PDInitiative