

# Exploring positive deviance in the enhanced recovery pathway for total hip and knee arthroplasty.

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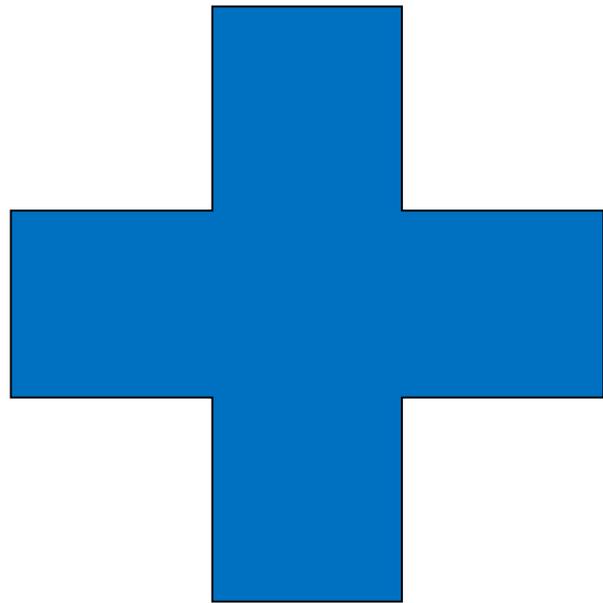
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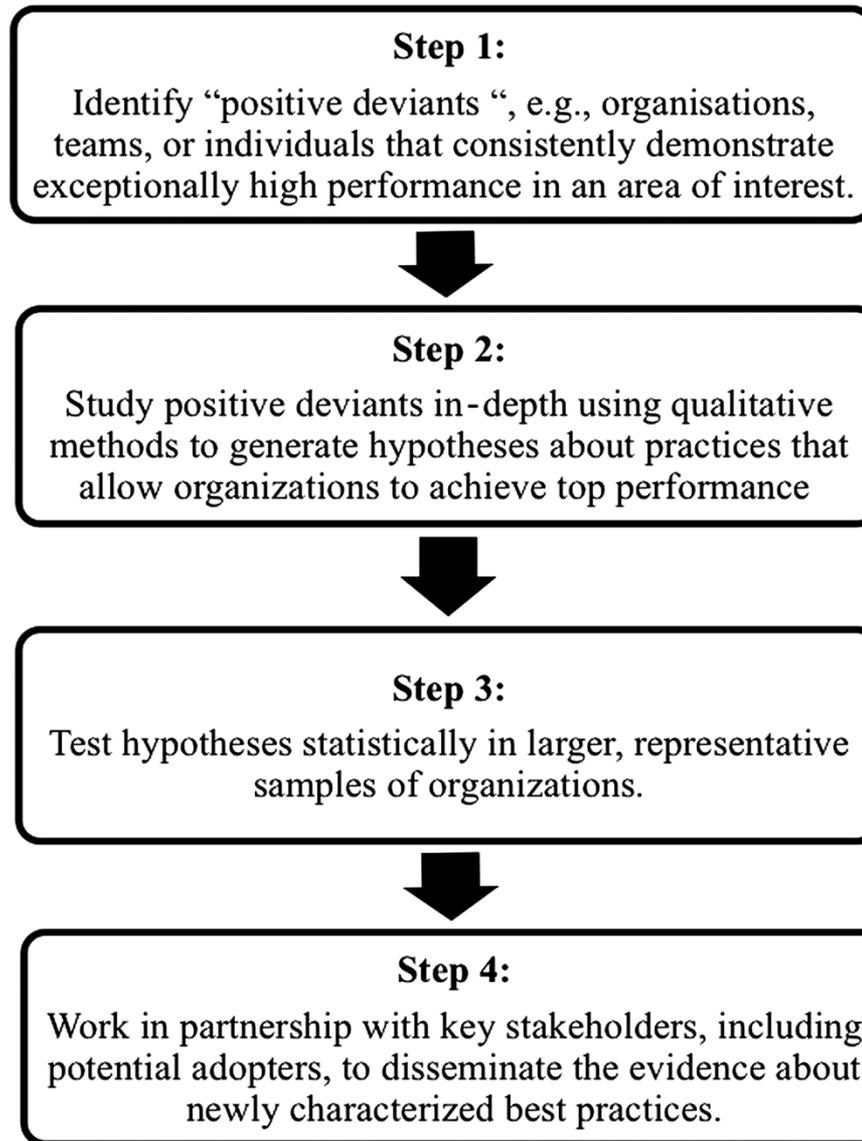


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Deviance



Bradley et al. 2009. Research in action: using positive deviance to improve quality of health care. *Implementation Sci.* 4:25

Lawton et al 2014. Positive deviance: a different approach to achieving patient safety. *BMJ Qual Saf.* 0:1-4



# Identifying positive deviants in healthcare quality and safety: a mixed methods study

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## Summary

**Objective:** Solutions to quality and safety problems exist within healthcare organisations, but to maximise the learning from these positive deviants, we first need to identify them. This study explores using routinely collected, publicly available data in England to identify positively deviant services in one region of the country.

**Design:** A mixed methods study undertaken July 2014 to February 2015, employing expert discussion, consensus and statistical modelling to identify indicators of quality and safety, establish a set of criteria to inform decisions

## Keywords

Positive deviance, quality measurement, safety measurement, outliers

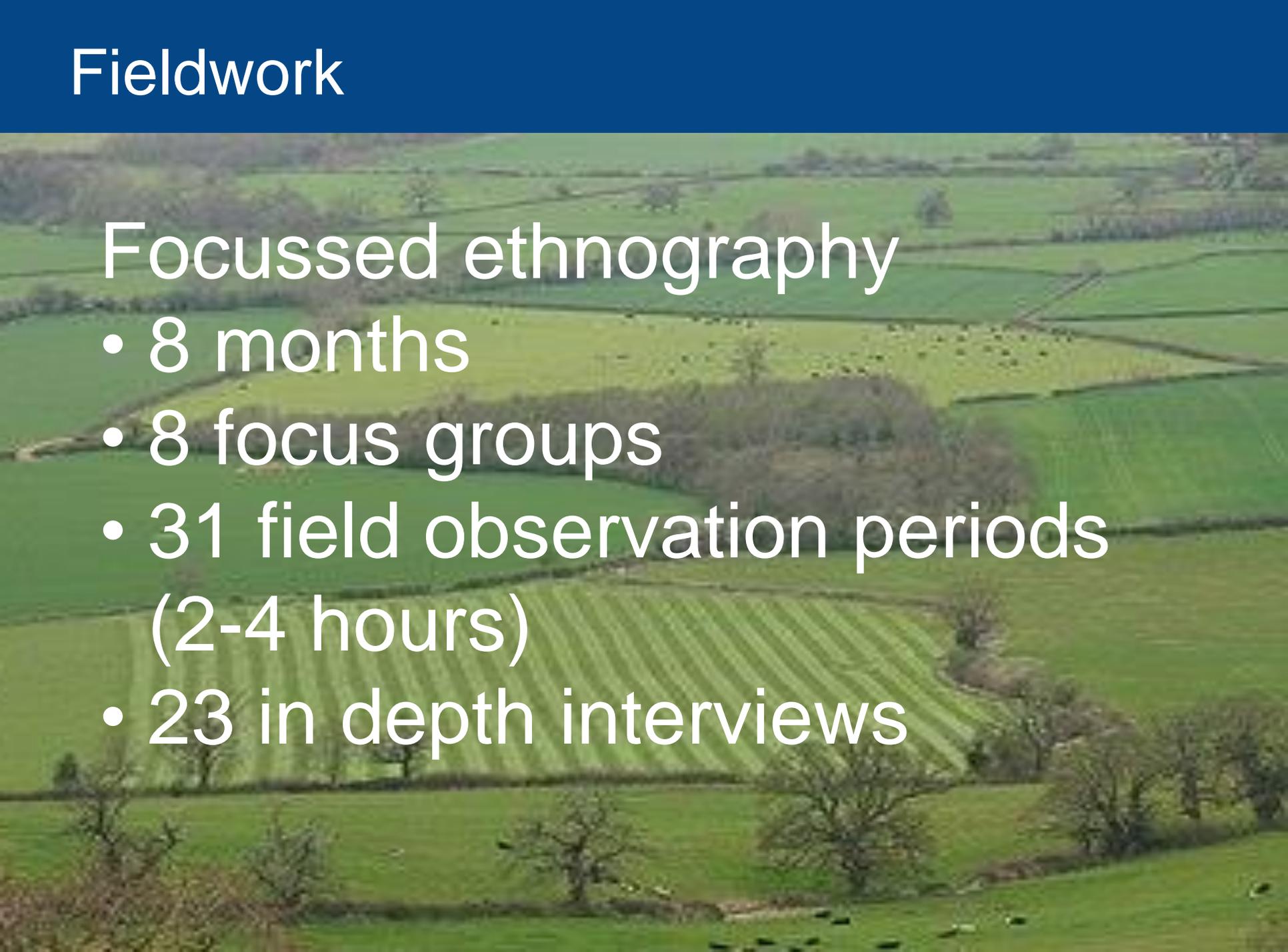
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## Introduction

Positive deviance, originally founded in international public health<sup>1</sup> is an approach to supporting quality

**A B**

# Fieldwork

An aerial photograph of a lush green landscape, likely a rural or agricultural area. The terrain is hilly and divided into various fields and pastures by stone walls or hedges. There are scattered trees, some bare and some with green foliage, across the landscape. The overall scene is vibrant and natural.

## Focussed ethnography

- 8 months
- 8 focus groups
- 31 field observation periods  
(2-4 hours)
- 23 in depth interviews

# 5 Key Themes

Leadership and Engagement

Autonomy

Relationships and Communication

Patient Empowerment

Resilience

# 5 Key Themes

## Leadership and Engagement

*“We had been through change several times, change had been forced upon us, but this [change] has been a positive experience, and the nurses and physiotherapists have been an integral part of that.”*

*(Anaesthetist, Site A)*

*“We end up policing the consultants, you know, like Mr X is exceptionally good, as is Mr Y, and Mr Z, but you’ve just got to make sure that the other consultants follow the pathway, because some do and some don’t. And it’s making sure they tell the patient ‘it’s only three days you’re going to be in’, or ‘it’s going to be four days’, and it’s also telling the therapist, so it’s trying to get everybody singing from the same hymn sheet.”* (Senior nurse, Site B)

# 5 Key Themes

## Autonomy

*“They [other surgeons] were worried about follow-up [of patients afterwards], we said, ‘Don’t worry about that, they will do it, the nurses, the registered medical officer, the physios, the health care assistants, we’re there every day if there’s a problem’, and they were stunned, because that’s just not what happens where they work.”* (Consultant, Site A)

*“Staff nurse x knows that she doesn’t have to wait for a doctor to discharge somebody, and I don’t have to wait, we can make that decision.”*  
(Staff nurse 1, Site A)

# 5 Key Themes

## Relationships and Communication

*“I need people to worry to tell me their concerns, when they think it is unsafe and what’s unsafe about something. . . . It’s a mind change thing . . . unsafe doesn’t mean we’re not going to do it, it means were going to work out why its unsafe and put in policies to make it safe.” (Consultant, Site A)*

*“The senior consultant was expecting his next patient in theatre; trouble was we didn’t have anyone to leave the ward to take the patient so things were delayed. He doesn’t like that, he prefers things to go smoothly and patients to be ready – which you can understand but we have our problems to deal with but he doesn’t want to know that. When I say, ‘we are short staffed’, he goes off on one. I mean what can I do – where can I get staff from?” (Ward sister, Site B)*

# 5 Key Themes

## Patient Empowerment

*“Patients have a separate section where they are spoken to by the occupational therapists, and physiotherapists and the nurses. This is a big investment where patients are taken through the process step by step to understand what is going to happen to them.” (Consultant, Site A)*

*“(it) renders patients unprepared emotionally and physically for surgery” (Physiotherapist, Site B).*

# 5 Key Themes

## Resilience

*“Without us as a level 3, at the weekends a lot of patients wouldn’t be going home” Health care assistant, Site A).*

*“Our problem, especially after 4 pm on Friday and until Monday, or Tuesday if it is a bank holiday, is that my nurses have to do the job of the physio. We are not trained for this, and so until a physio gives the all clear for discharge the ward is blocked and we have a backlog of patients - blocking up admission.” (Senior nurse, Site B)*

# 5 Key Themes

Leadership and Engagement

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# Stage 3: Testing hypotheses



# References

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