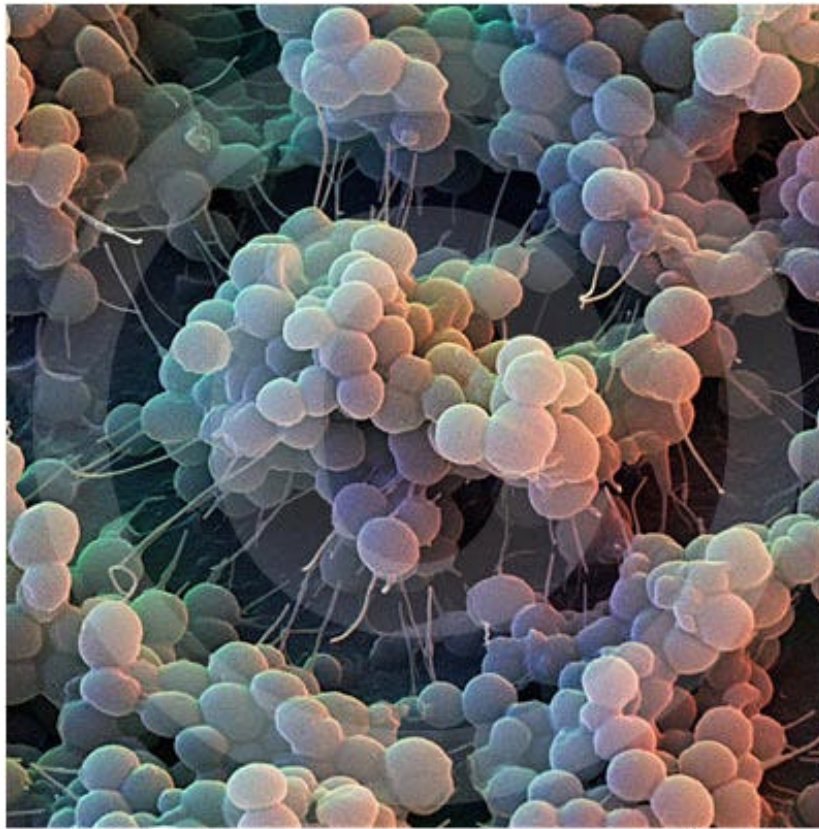


Plexus Institute Conference

Positive Deviance: Busting the MRSA Myth

January 8-9, 2008

AT ALBERT EINSTEIN MEDICAL CENTER
PHILADELPHIA PA



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Plexus
Institute

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Positive Deviance: Busting the MRSA Myth

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OPENING THOUGHTS

Somewhere in your community or organization, groups of people are already doing things differently and better. To create lasting change, find these areas of positive deviance and fan their flames.

Jerry Sternin

In US healthcare facilities more than 46 of every 1,000 patients were infected or colonized with MRSA—a rate as much as 11 times greater than previously estimated.

Association for Professionals in Infection Control and Epidemiology

We've made more progress on MRSA in the last six months than we have in the last 14 years.

Jerry Zuckerman, MD

As a healthcare professional who works to make hospitals safer, Positive Deviance is the most effective approach I've seen in a 23-year career.

Nancy Iversen, RN



Healthcare associated infections are among the top ten leading causes of death in the United States. These infections afflict two million patients every year and a growing number of infections are resistant to standard antibiotic treatment. The antibiotic resistant infection most frequently identified in US hospitals is **Methicillin Resistant Staphylococcus Aureus (MRSA)**. In 1972, the CDC reports, only two percent of *staph aureus* infections were antibiotic resistant. By 2004, sixty three percent of them were.

An October 2007 *Journal of the American Medical Association* article reports MRSA infections rates in the healthcare settings are far higher than previously believed, with more than 94,000 invasive infections and more than 18,000 deaths for the year 2005 alone. Despite the diligent efforts of many healthcare professionals, these infections continue to increase, causing needless suffering, death, and billions of dollars of additional costs in healthcare.

The Myths

Many healthcare practitioners believe MRSA and other hospital associated infections are an inevitable part of doing business—an expected outcome from caring for sick patients. That attitude fosters denial and hopelessness about the work of fighting infections.

Some healthcare professionals say the transmission of MRSA is not thoroughly understood, so the recommended guidelines for MRSA prevention are unlikely to succeed.

Some consumers and professionals dismiss MRSA infections as relatively harmless, and believe they are only really serious for people whose immune systems are compromised anyway. They suspect growing public attention is caused by “media hype” about a bacterium that has been with us for eons.

And many healthcare experts think an all out fight against MRSA would be prohibitively expensive.

The Facts

The Association for Professionals in Infection Control (APIC) calls MRSA a “major public health problem.”

Infections are not inevitable. MRSA is a sturdy bug, but it can be killed and its spread halted. The basic procedures to prevent the transmission of MRSA and other healthcare associated infections have all been well known for years: hand washing, gloves and gowns, and isolation of infected and colonized patients. The challenge is getting every single member of a hospital community—physicians, nurses, aides, technicians, housekeepers, patients, families and volunteers—to follow all infection control practices all the time.

Very young, very old, and very ill patients, especially those who have had invasive procedures, face the greatest infection risk. But once MRSA gets inside the body, it can also disable and kill the young and healthy.

An all-out effort to fight the spread of infection can be expensive, but such initiatives save lives and money. Studies have shown a MRSA infection adds an average of 9.1 days to a patient’s stay in the hospital, and an average additional \$20,000 to the cost of treatment.

Every professional knows the importance of hand hygiene and environmental cleanliness but national studies have shown that compliance rates are alarmingly low.

Myth Busting

APIC and other healthcare authorities recognize fighting MRSA is primarily dependent on cultural transformation rather than education or technological change. That means engaging the energy and resolve of every person who has any potential ability to spread germs or prevent transmission of infections. And that’s just about everyone.

How is that possible? A change process called Positive Deviance offers one way to do it. PD builds on successful but unusual practices that are identified within a community or organization. It is based on the idea that in every group there are individuals whose uncommon, but demonstrably successful practices enable them to solve problems better than neighbors or colleagues who have exactly the same resources.

The story of PD’s use to tackle the MRSA began in 2005 when Plexus Institute received a grant from The Robert Wood Johnson Foundation to launch a pioneering initiative with the Positive Deviance Initiative at Tufts University, the Centers for Disease Control and Prevention, the Southwest Pennsylvania MRSA Prevention Collaborative, the Delmarva Foundation, the Maryland Patient Safety Center, and a network of six “Beta Site” hospitals. Promising results from the Beta Sites are demonstrating that it is possible to bust the MRSA myth.

- Billings Clinic reports a **49% drop in MRSA infections** from 2006 to 2007. Nancy Iversen, Quality Resources Manager for Billings Clinic says PD has elicited unprecedented staff engagement in the fight against infection. “We’re getting staff volunteers for things we never imagined...” she says. “As a healthcare professional who works to make hospitals safer, this is the most effective approach seen in a 23-year career.”
- At Albert Einstein Medical Center, where five pilot units have been using PD, there has been a **20% reduction in MRSA infections** hospital-wide in 2007. Dr. Jerry Zuckerman, Infectious Disease physician at Albert Einstein observes, “We’ve made more progress on this in the last six months than we have in the last 14 years.”
- At the VA Pittsburgh Healthcare System, hospital-acquired surgical site **MRSA infections declined by 50%** from July 2005 to October 2006.

The other Beta Site hospitals, where promising reductions are also being experienced, are:

- Franklin Square Hospital Center
- Johns Hopkins Hospital
- University of Louisville Hospital

PD was pioneered in developing countries where its use led to lasting improvements in seemingly intractable challenges:

- Sustained 65% - 80% reduction in childhood malnutrition in communities with 2.2 million people in Viet Nam
- Sustained reduction in childhood malnutrition in 41 countries around the world
- Successful advocacy against female circumcision in Egypt, and thousands of genital mutilations averted
- Reduction in neo-natal mortality and morbidity in Pakistan and Viet Nam
- Increased condom use among commercial sex workers and intravenous drug users in Viet Nam, Burma and Indonesia
- 45% – 50% increase in student retention in schools in poor communities in Argentina and enhanced educational outcomes in US schools
- Documented reduction in girl trafficking in poor villages in East Java, Indonesia

The *Harvard Business Review* features PD in its May 1, 2005 edition. Corporations are using the approach. Goldman Sachs used PD to change the behavior and practice of its investment advisors. Hewlett Packard has applied PD to unusual technical challenges, and hospitals have begun to use PD to address quality improvement. A PD workshop was held at the January **2005 World Economic Forum** in Davos.

PD differs from expert-driven models for change. Like the human immune system, individuals and institutions reject what is perceived as “foreign matter”. The PD approach provides an antidote to the immune system defense: the problem and the solution share the same DNA. Change comes from the inside. People are engaged in the process of discovering successful practices and helping to spread them. In hospitals, thousands of people are involved in hundreds of thousands of decisions and interactions. Those who impact patient care include physicians, nurses, aides, therapists, van drivers, housekeepers, technicians, executives, clerical staff, kitchen and food service workers, chaplains, visitors and families. And patients themselves.

We are an intelligent species and the use of our intelligence quite properly gives us pleasure. In this respect the brain is like a muscle. When we think well, we feel good. Understanding is a kind of ecstasy.

Carl Sagan

CONFERENCE DESIGN AND OBJECTIVES

The conference will feature an interactive design, enabling participants to learn in large and small groups about the PD process, experiences from the six Beta Sites, results achieved in MRSA reductions, and about topics and questions raised by those attending. Attendees will have the opportunity to:

- Hear Jerry and Monique Sternin, the pioneers of the Positive Deviance change process, tell the story of PD and its uses on challenging health issues around the world
- Interact with leaders and infection control staff from the Beta Sites hospitals and learn about their experiences using the PD process
- Tour PD MRSA pilot nursing units at Albert Einstein Medical Center to gain a direct sense for the impact of PD on staff engagement in the hospital's MRSA initiative
- Learn about the results of the CDC's assessment of the impact of PD on MRSA rates in the participating hospitals from John Jernigan, MD, the CDC's authority of MRSA
- Gain insights from The Robert Wood Johnson Foundation's authority on patient safety, Rosemary Gibson, on how the PD MRSA initiative can contribute to new approaches to patient safety and healthcare quality
- Take part in self-organized small group discussions on topics of special interest to conference participants
- Learn and practice core PD facilitation skills
- Build new relationships with others who are working on MRSA prevention and PD

INTENDED PARTICIPANTS

The conference has been organized for: people who are dedicated to eradicating MRSA and other healthcare acquired infections and who are looking for social change and improvement processes that can make this possible; healthcare professionals from hospitals, nursing homes, dialysis centers and outpatient facilities; healthcare leaders and infection control and quality improvement professionals; public health officials; and healthcare policy makers and funders. To make the most of this exceptional learning experience, participants are encouraged to attend with colleagues – those staff involved in preventing infections and those senior leaders responsible for fostering and guiding improvement and patient safety work.

Knowing is not enough; we must apply. Willing is not enough; we must do.

Goethe

CONFERENCE FACULTY WILL INCLUDE

Jerry Sternin – a principal investigator under the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and the Director of the Ford Foundation funded Positive Deviance Initiative housed at Tufts University. He has worked for more than a decade refining the concept of PD for application in diverse settings all over the world. He has served as country director for Save the Children (US) and Peace Corps in Bangladesh, Philippines, Viet Nam, Egypt and Myanmar, Rwanda, Mauritania, Nepal and the Philippines. He was also Assistant Dean and Student Advisor at the Harvard Business School.

Monique Sternin- a principal investigator under the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and the Technical Director of the Ford funded Positive Deviance Initiative housed at Tufts University. Her work spans such areas as reduction of childhood malnutrition in many countries, advocacy for eradication of female circumcision in Egypt, advocacy for condom use among commercial sex workers in Myanmar and improvement in maternal and newborn care in Pakistan.

Jon Lloyd - a principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership. He has served as Pittsburgh Project Coordinator for the Building Regional Coalitions to Prevent MRSA Infections in Healthcare Facilities Initiative - supported by the Centers for Disease Control and Prevention and the Veterans Administration Pittsburgh Healthcare System. Previously, he was a general and vascular surgeon for 35 years and former Chairman of the Department of Surgery at UPMC-Shadyside in Pittsburgh, PA.

Margaret Toth - a principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and the Chief Quality Officer for Delmarva Foundation. She is nationally known for her expertise in patient safety and quality improvement and is currently spearheading efforts with the Maryland Patient Safety Center to collaborate with hospitals in the Maryland region in using Positive Deviance for MRSA prevention.

John Jernigan - special advisor and principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and Chief of Interventions and Evaluation Sections in the Division of Healthcare Quality and Promotion at the federal Centers for Disease Control and Prevention. He is a leading authority on infectious diseases and is also teaching at Emory University School of Medicine in the Infectious Diseases Division. He has served on the Board of Directors for both the Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA). He was named the SHEA Investigator awardee in 2005.

Rosemary Gibson - a senior program officer at The Robert Wood Johnson Foundation serving on the Quality/Equality and Pioneer Teams. She led a national strategy to improve end-of-life care and establish palliative care in mainstream health care. Working with physicians and nurse leaders, she was instrumental in launching faculty development programs in palliative care, revising medical and nursing textbooks, expanding palliative care-related content on the medical and nursing licensing exams, and initiating a series in *JAMA*, "Perspectives on Care at the Close of Life." Gibson received the Lifetime Achievement Award from the American Academy of Hospice and Palliative Medicine in February 2007.

Beta Sites and Positive Deviance Facilitators

Albert Einstein Medical Center in Philadelphia, PA - Jeffrey Cohn, Chief Quality Officer; David Hares, Quality Project Manager; Jerry Zuckerman, Infectious Disease Physician; Dottie Borton, Infection Control Practitioner; and team members

Billings Clinic in Billings, MT - Nancy Iversen, Quality Resources Coordinator; Christy Baxter, Quality Specialist-Infection Control; Jennifer Mellgren-Blackford, Quality Specialist- Infection Control; and team members

Franklin Square Hospital Center in Baltimore, MD - Patricia Norstrand, Senior Director of Quality, Risk and Safety; Jacquelyn Curry, Manager- Employee Health; Hasnain Photowala, PI Manager- Clinical Information; Marybeth Their, Education Specialist; and team members

Johns Hopkins Hospital in Baltimore, MD - Trish Perl, Associate Professor of Medicine and Pathology and Hospital Epidemiologist and team members

University Louisville Hospital in Louisville, KY - Kay Lloyd, Vice President of Operations Improvement, Linda Goss, Director of Infection Control and Infusion Services; and team members

VA Pittsburgh Healthcare System in Pittsburgh, PA - Candace Cunningham and Cheryl Creen, MRSA Co- Coordinators, and team members

Sharon Benjamin-Bothwell - a co-principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and the principal of Alchemy, Inc.

Kevin Buck - a co-principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and the President and co-founder of Emergent Success Inc.

Lisa Kimball - a co-principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and the Executive Producer of Group Jazz.

Curt Lindberg - one of the principal investigators of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and President of Plexus Institute.

Keith McCandless - a co-principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and a principal of Oblique Strategy and co-founder of the Social Invention Group.

Mark Munger - a co-principal investigator of the RWJF funded Plexus Institute PD-MRSA Prevention Partnership and a senior associate at Valeocon Management Consulting.



What lies behind us and what lies before us are tiny matters compared to what lies within us."

Oliver Wendell Holmes Sr.

DATES, TIMES AND LOCATION OF WORKSHOP

The conference will be held January 8-9, 2008 at:

Albert Einstein Medical Center
Gouley Auditorium, Braemer Building
5501 Old York Road
Philadelphia, PA 19141

The conference will run from 8:30am to 5:00pm on Tuesday January 8th and 9:30am to 4:00 pm on Wednesday January 9th.

TRAVEL AND LODGING

Hotel and conference site is located in Philadelphia, PA about 30 minutes from the Philadelphia International Airport. Taxis and shuttle arrangements can be made at the airport Ground Transportation Information Desk located in each baggage claim area. Reservations at the **Downtown Courtyard by Marriott**, 21 North Juniper Street, Philadelphia, PA 19107, can be made by calling 1-800-321-2211. Ask for the group rate of \$139.00 a night for Plexus Conference attendees. Deadline for special conference rate is Monday **December 17, 2007**.

REGISTRATION AND CANCELLATION POLICY

To register, complete the attached registration form and return by mail or fax. Registration fees cover tuition, conference materials, continental breakfasts, lunches, and break refreshments. Enrollment is limited, and early registration is advised. An email confirmation will be sent upon receipt of payment and completed registration form. Your registration fee, less a \$50 administrative fee, will be refunded if Plexus Institute receives written cancellation notice at least 14 days before the conference. No refunds will be made after that time.

ABOUT PLEXUS INSTITUTE

Plexus Institute is a community of diverse people – nurses, scientists, business executives, artists, educators, journalists, researchers, physicians, university students, and community leaders. Its mission is to foster the health of individuals, families, communities, organizations and our natural environment by helping people use concepts emerging from the new science of complexity. To learn more visit www.PlexusInstitute.org.

IN APPRECIATION

The hospital Beta Sites and Plexus Institute wish to acknowledge **The Robert Wood Johnson Foundation** for its support of the PD-MRSA Prevention Partnership. The efforts of **Albert Einstein Medical Center** in hosting this conference are also very much appreciated.

Plexus Conference Registration

Positive Deviance: Busting the MRSA Myth

January 8-9, 2008

Mail or FAX your form and payment to:

Plexus Institute
PO Box 395
Allentown, NJ 08501

Telephone: (609) 208-2930
Fax: (609) 208-2934
Website: www.PlexusInstitute.org
E-Mail: Tuyen@PlexusInstitute.org
Curt@PlexusInstitute.org

(Please print or type all information. You may duplicate this form for multiple registrations.)

Name _____
First Name Middle name or Initial Last Name

Organizational Title _____

Institution _____

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Work Phone () _____ FAX () _____

E-mail address _____

Conference Registration Fees

- Standard registration (\$500) \$ _____
- Organizational Plexus Member Registration (\$0) * \$ _____
- Full time student (\$250) ** \$ _____

Total Payment Enclosed \$ _____

Payment Method

- Check Enclosed (make checks payable to **Plexus Institute**)
- Credit Card: Visa MasterCard

Card Number _____ Expires (Month/Year) __/__

Cardholder Address _____

Signature _____ Date _____

* Plexus Organizational members can send two individuals for free.

** This special rate for full-time students is made possible by the generosity of Henri Lipmanowicz.

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Institute

