Let’s Talk Informatics

Normalization Of Deviance In Infusion Therapy Practice

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One Person
One Experience

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NORMALIZATION OF DEVIANCE IN INFUSION THERAPY PRACTICE

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Acknowledgement

We acknowledge we are gathered today
in Mi’kma’ki (*Mig-***_maw_**-gee), the traditional ancestral
unceded territory of the Mi’kmaq (*Mig-**maw**) people.

Informatics

Informatics utilizes health information and health care technology to enable patients to receive best treatment and best outcome possible.

Let’s Talk Informatics Objectives

This series is designed to enable participants to:

- Identify knowledge and skills healthcare providers need in order to use information now, and in the future.
- Prepare healthcare providers through an introduction to concepts and experiences in Informatics.
- Acquire knowledge to remain current by becoming familiar with new trends, terminology, studies, data and news.
- Collaborate with a network of colleagues to establishing connections with leaders who can provide advice on business issues, best-practice and knowledge sharing.

Session Specific Objectives

At the conclusion of this activity, you will be able to:

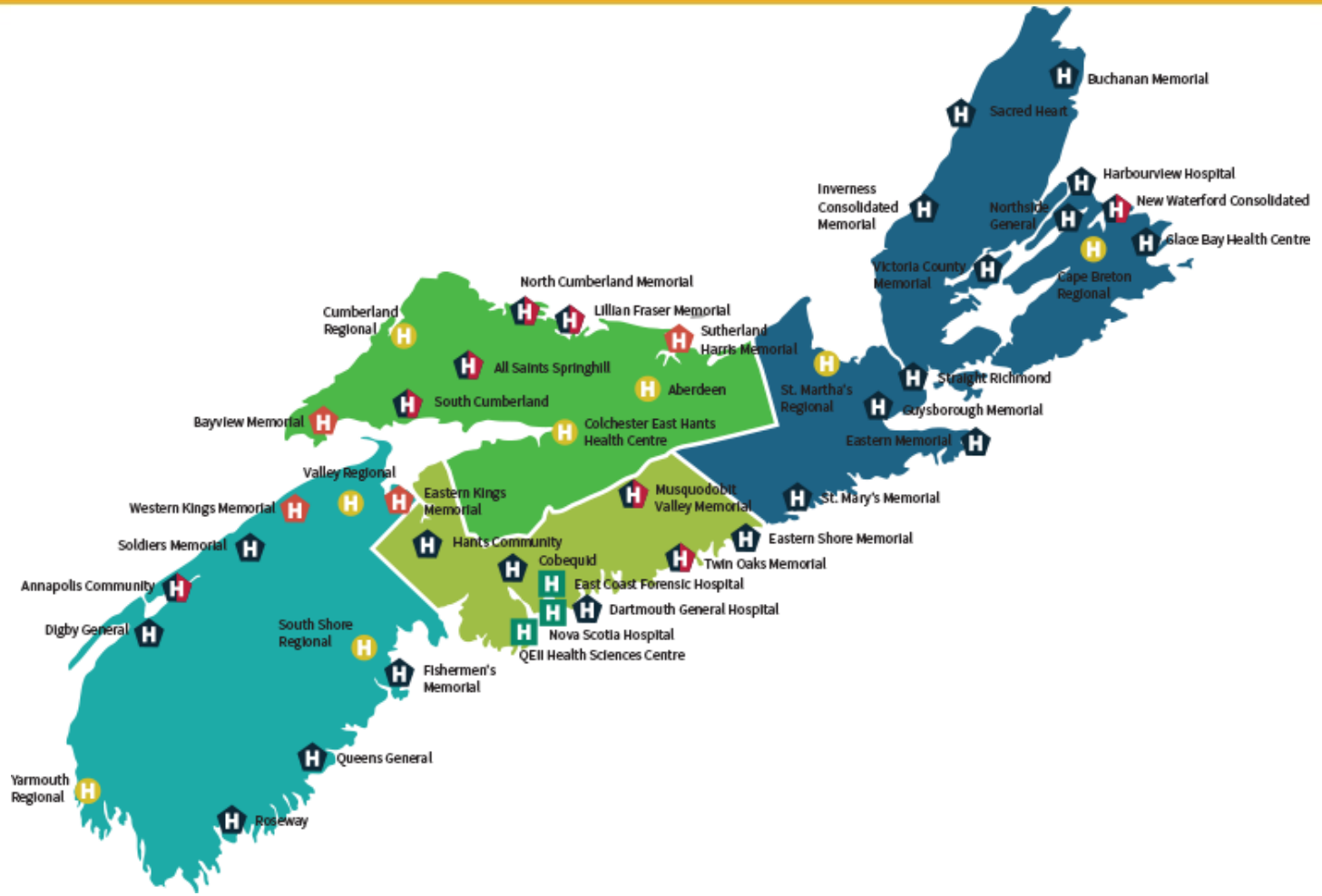
- Describe the concept of normalized deviance and the antecedents of its development in infusion therapy practices
- Identify the consequences of deviant infusion therapy practices
- Recognize strategies to strengthen adherence to infusion therapy guidelines and clinical standards

Smart Pump Project

- A patient safety initiative to reduce drug dosing errors
- Replace the aging fleet of infusion pumps
- ~6,200 volumetric and syringe pumps were implemented in 284 care areas across 44 facilities province-wide
- ~ 4,837 staff were formally trained

Background

- Nova Scotia Health is one of 2 Health Authorities in Nova Scotia.
- It provides healthcare to 1,000,000 Nova Scotians, and is a mix of urban and rural healthcare facilities, providing various levels of care.



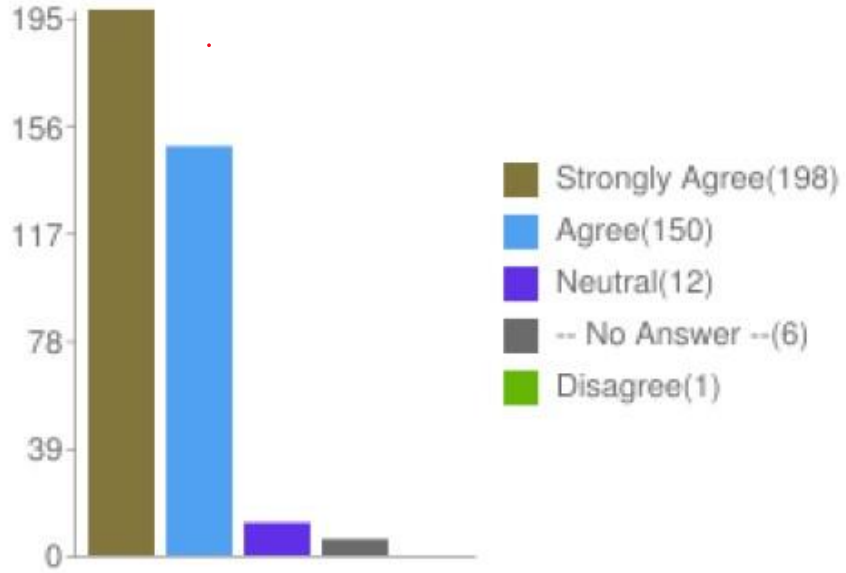
Our Anticipated Challenge

- The current pump had been in use for over 10yrs.
- Policies guiding infusion practice were conflicting and outdated.
- Isolated pockets of best practice while many others were outdated.
- Adjust the training to meet the needs of a wide audience.

Training Evaluations

Please rate the following... - Overall, the training was effective

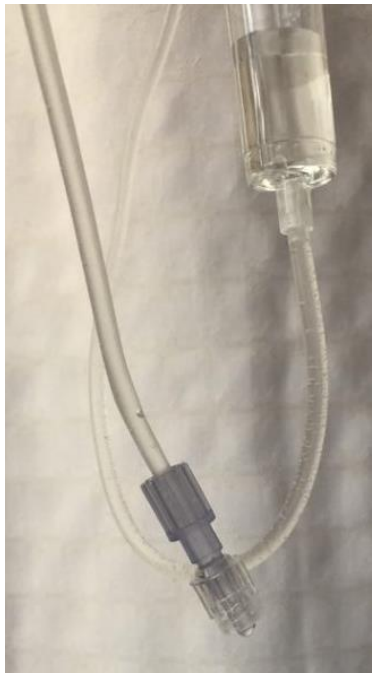
Average value:Agree *Results based on 367 responses to this question.*



Our Actual Challenge

- Failure to follow standard infusion practices
- Resistance to using the drug library
- Sustaining existing practice
- Unwillingness to using the pumps – at all!

Our Actual Challenge

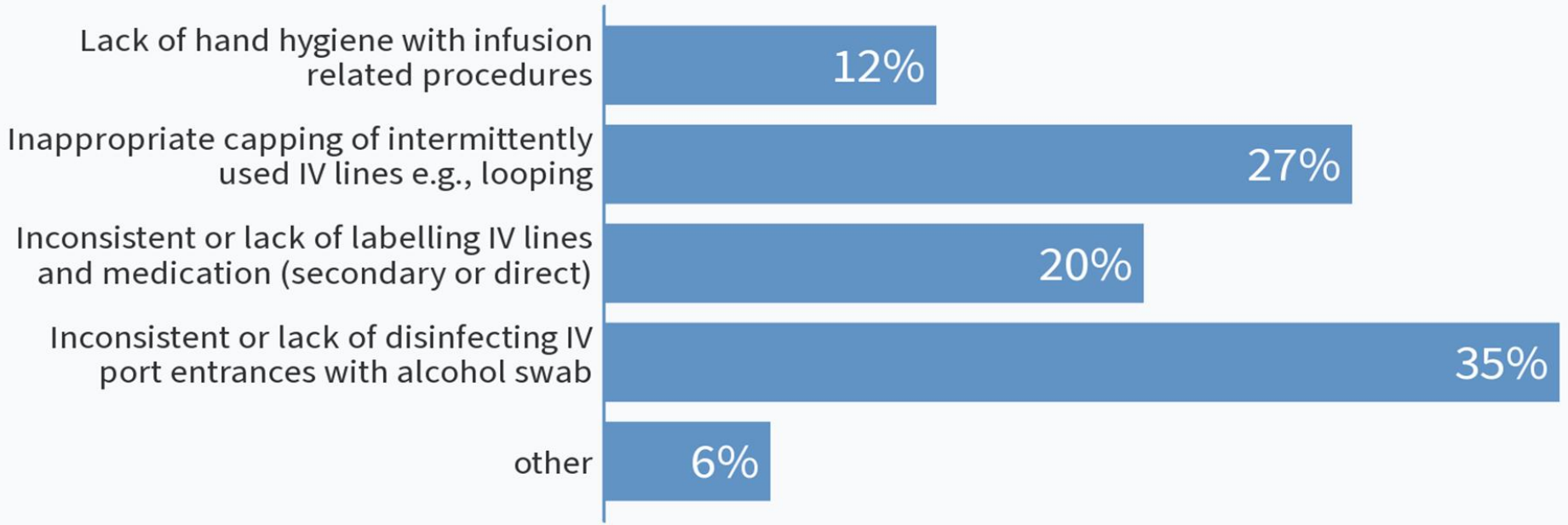


Suboptimal infusion practices jeopardizing patient safety

How did we get here?

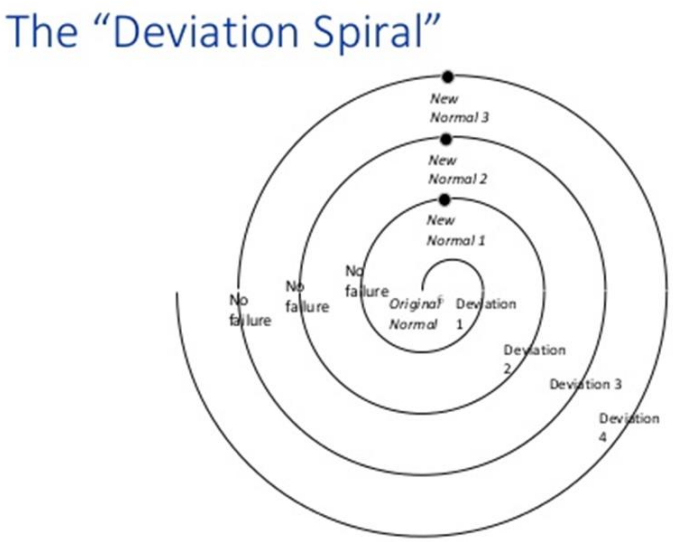
Staff created work arounds to preserve ‘how they have always done it’

What are the most common deviations in infusion therapy in your practice area?



Normalization of Deviance

Normalization of Deviance



- "The gradual process through which unacceptable practice or standards become acceptable. As the deviant behavior is repeated without catastrophic results, it becomes the social norm for the organization."

Vaughan, 1996

https://www.dbei.org/news/applying-lessons-from-columbia-and-challenger

Deviation or Deviance?

Deviation is the isolated or single incident of drifting from an established standard.

Deviance involves repeated (chronic) systemic deviations that is a broader departure from usual behavior or accepted standards.

- *Destructive deviance*
- *Constructive deviance*

Bodankin & Tziner, 2009, Pinto, 2014

Normalization of Deviance Characteristics

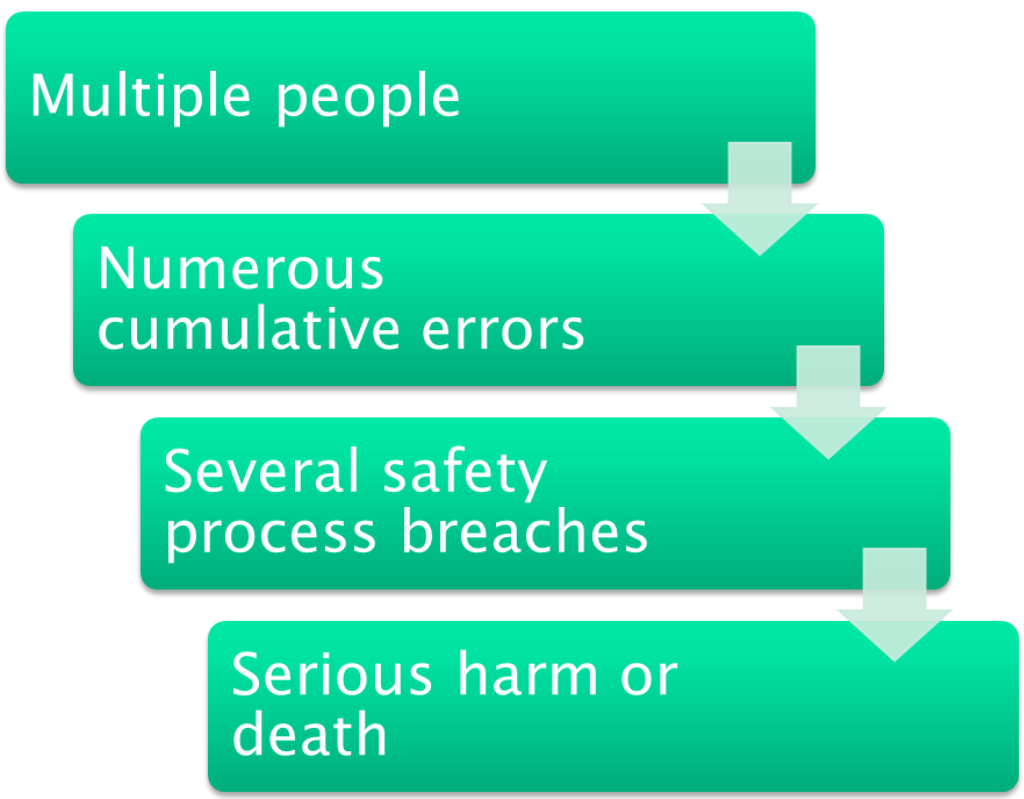
CCPS, 2018

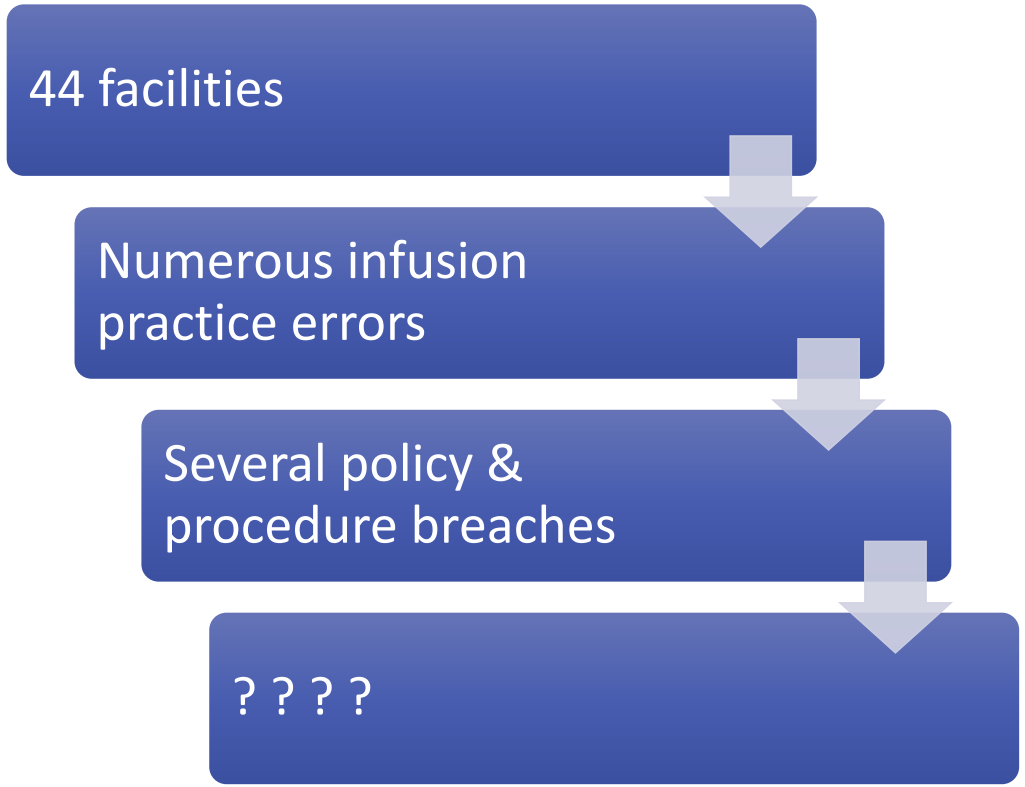
Normalization of Deviance Origins

- NASA Challenger explosion
- NASA Columbia explosion
- Chernobyl nuclear disaster
- Three Mile Island nuclear disaster
- Bhopal India toxic gas release

https://www.space.com/18084-space-shuttle-challenger.html

Common Themes in Major Incidents



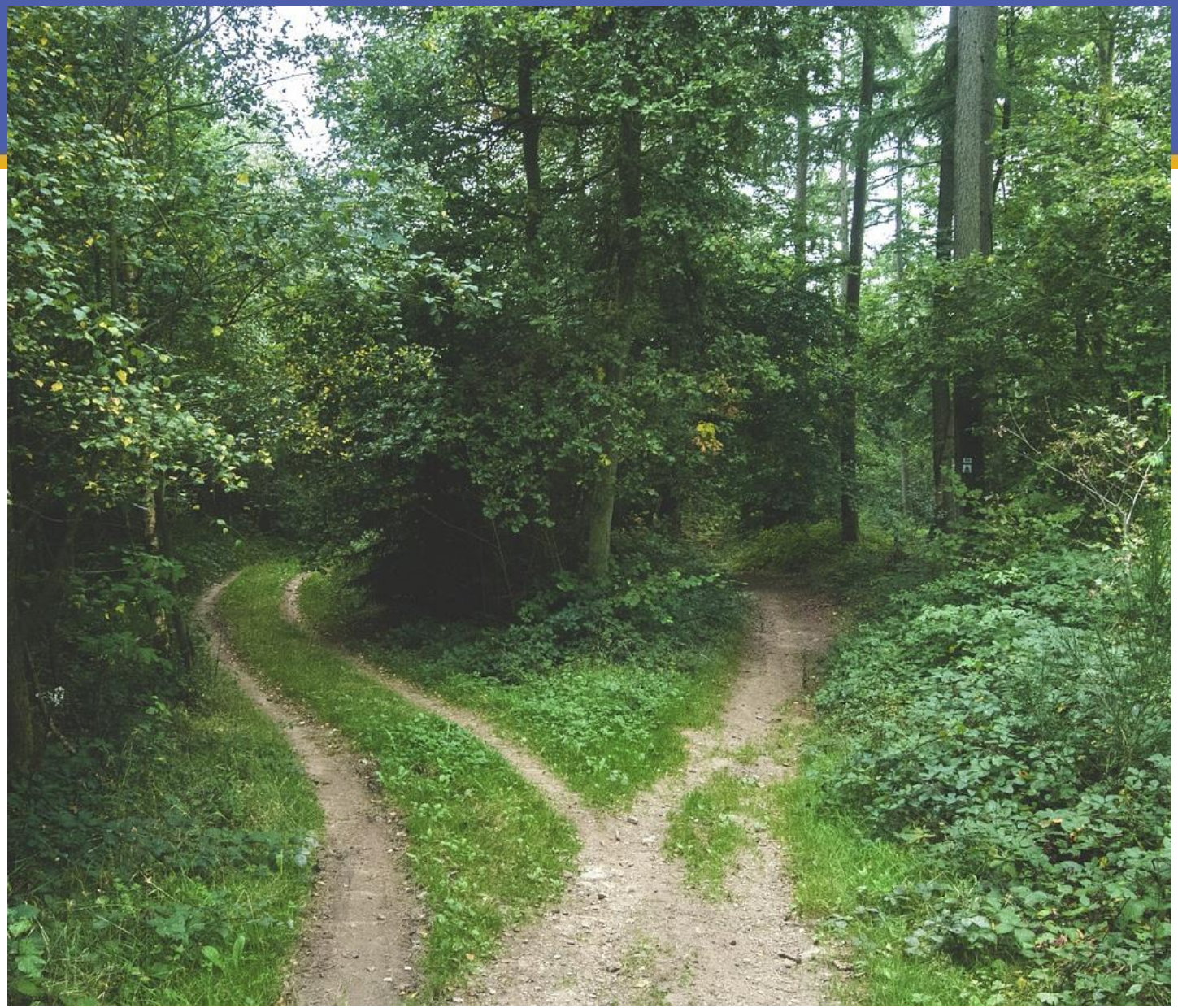


CCPS, 2018

Why do we Deviate?

- Many contributing system and human factors.
- Healthcare providers **DO** deviate if they feel it is in the best interest of the patient e.g., alleviate pain.
- Healthcare providers **DO NOT** deviate with malice or unlawful intent.

Banja, 2010



System Factors

- Common system antecedents contributing to normalized deviance:
  - Initiative overload
  - New technology
  - Organizational pathology e.g., vulnerable systems syndrome
  - Production pressures

King, 2010; McNamara, 2011

Findings

Exploring Normalization of Deviance among Perioperative Registered Nurses in the Operating Room

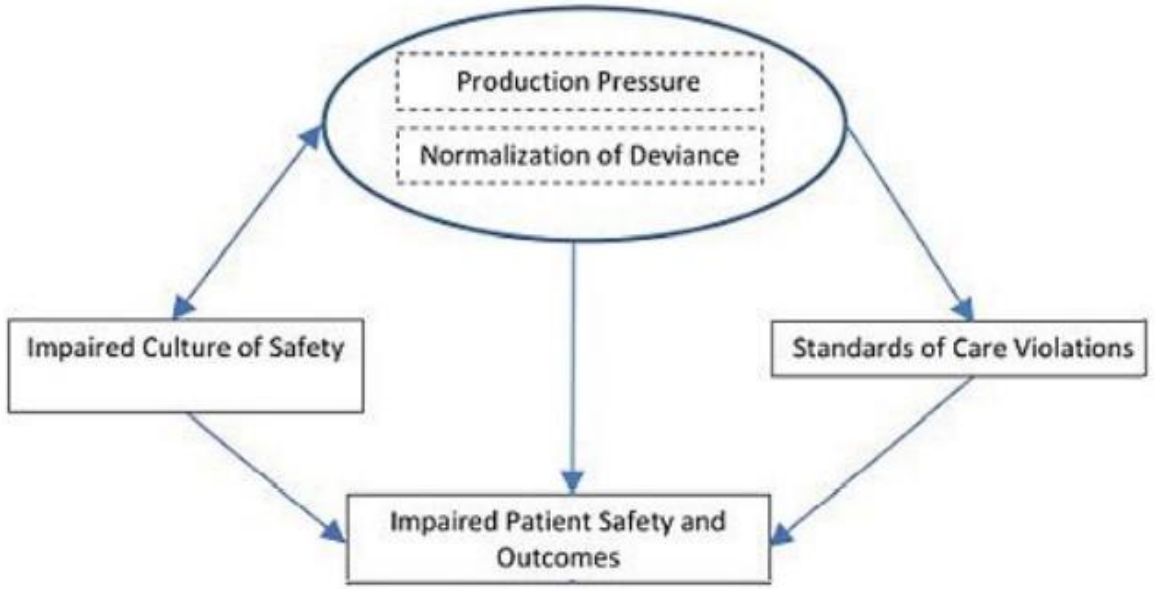
M. Imelda Wright[1], Barbara Polivka[2], and Paul Clark[1]

- Productivity pressures
- Generalized complacency
- Complacency related to length of experience
- Social pressures
- Negative acculturation

Wright et al., 2021

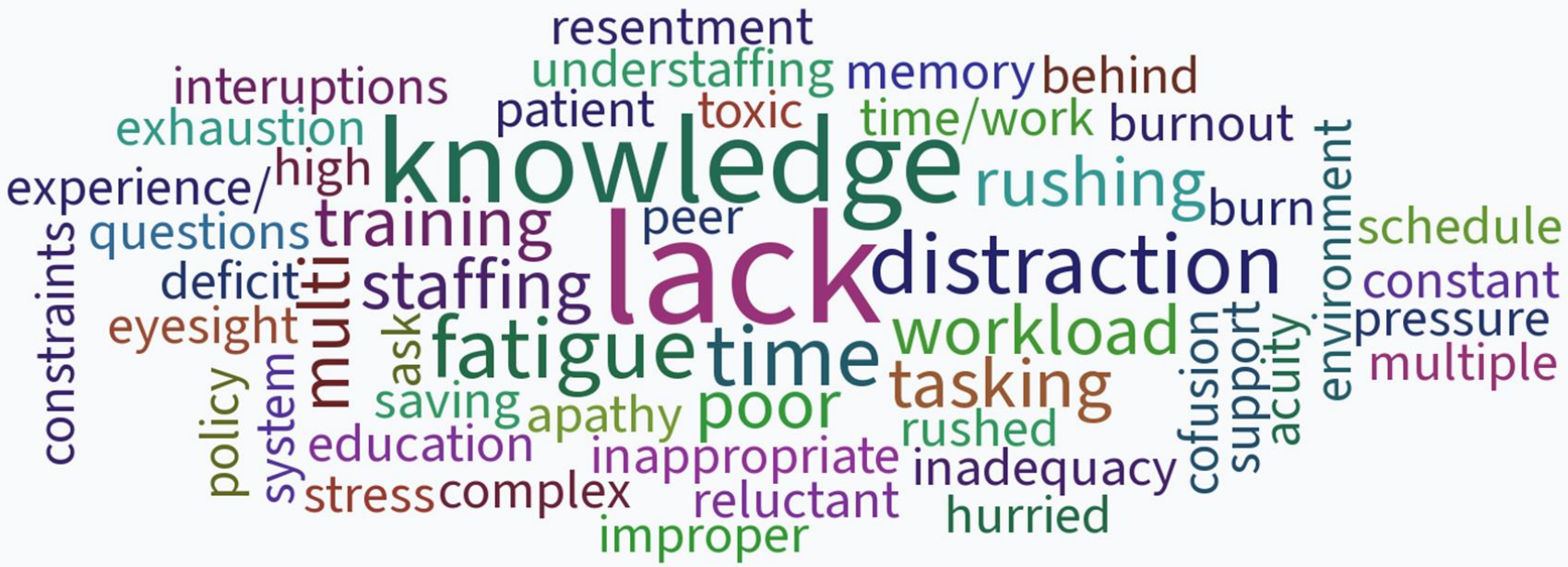
Exploring Production Pressure and Normalization of Deviance and Their Relationship to Poor Patient Outcomes

Marjorie Geisz Everson, PhD, CRNA, FNAP
Bryan A. Wilbanks, PhD, DNP, CRNA
Rebecca R. Boust, MSNA, CRNA



Everson et al., 2020

What are some human factors that contribute to infusion therapy errors?



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Normalized Deviance Predispositions

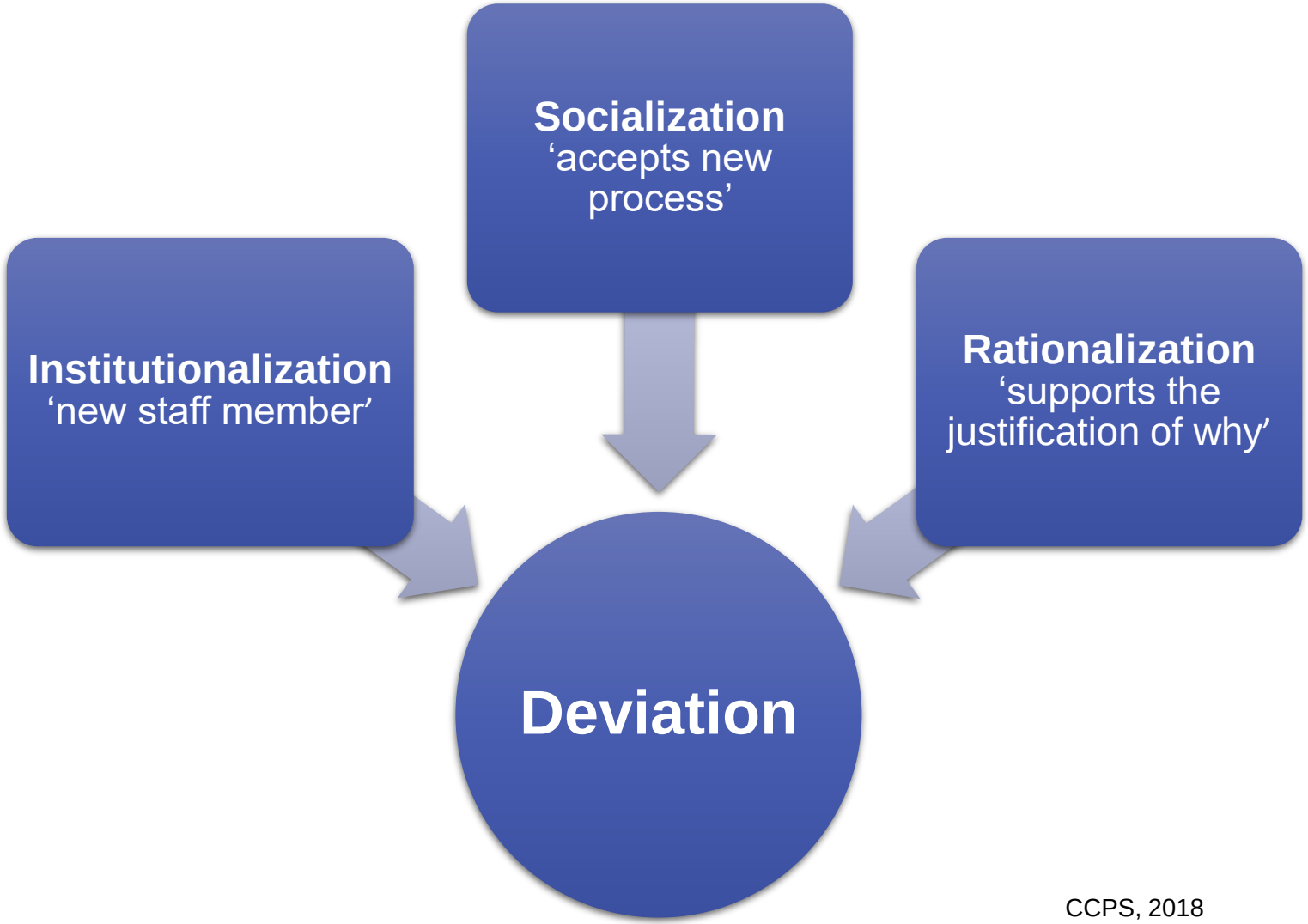
- Unknowing the hazard of the deviant act
- Unbelieving the probability of occurrence
- Underestimating the severity of the outcome

CCPS, 2018

Human Factors

Three common factors:

- Institutionalization
- Socialization
- Rationalization



Have you ever heard…

‘The rules are stupid and inefficient!’

- Rules are viewed as not being in sync with reality.
- Hinder the ability to complete work in a timely manner.
- Likely to result in workarounds and shortcuts
  - Preparing infusion lines in the outpatient clinic 24 hours prior to administration

Banja, 2010, CCPS, 2018

Have you ever heard…

‘I am breaking the rule for the good of my patient’

Following the rule diminishes quality of care provided.

Deviating is okay if the ‘rule’ is blocking the bigger goal:

- Time saved to do more work
- Minimizing pain for patient
  - IV insertion and blood draw simultaneously

Banja, 2010, CCPS, 2018

Have you ever heard…

‘You can trust me; I know what I am doing’

Staff have feelings of high moral values and superiority.

Deviant behavior is okay because they would never do any harm:

- Leaving bedside with unlabelled blood tubes

Banja, 2010, CCPS, 2018

Have you ever heard…

‘I have not heard of that policy before’

Lack of awareness of ‘new rule’ because they were taught the deviated ‘rule’.

Confusion over what process to follow when numerous variations exist.

Banja, 2010, CCPS, 2018

Have you ever heard…

‘I can’t say anything; I can’t speak to that person’

Staff may not have the skill or comfort level to challenge witnessed deviant practices.

- Fear of retaliation
- ‘Not my job’ mentality
- Compromise work relationships

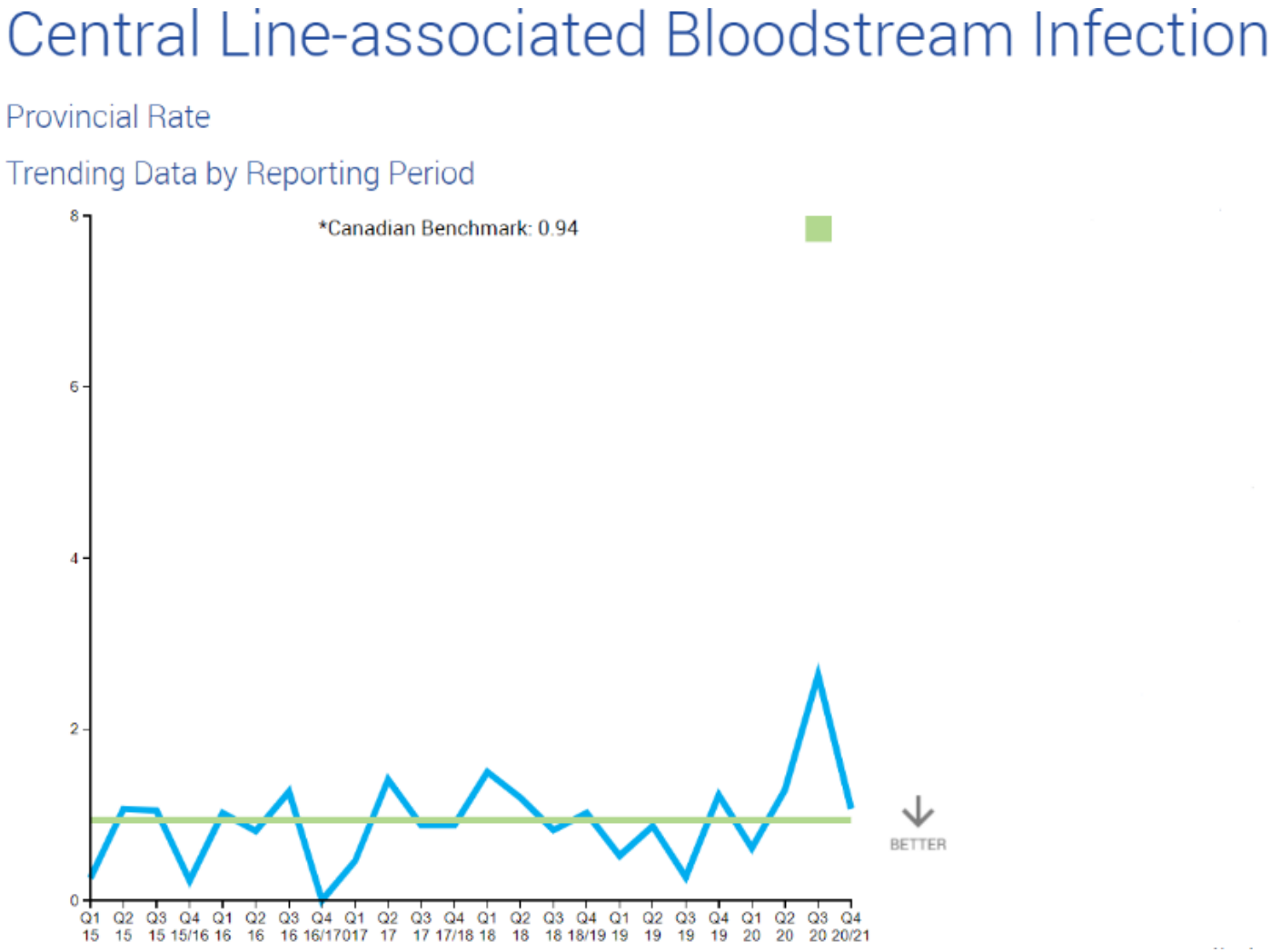
Banja, 2010, CCPS, 2018

Risks of Normalization of Deviance

Complications are expensive and life threatening!

Breaches in insertion and maintenance of central lines, increase the risk of CLABSI.

Meyer, 2014; Nickel, 2019



https://novascotia.ca/dhw/hsq/public-reporting/clabsi-data-trending.asp

Findings

Examination of nursing drug administration practices via central venous catheter: An observational study

Gülşah Gürol Arslan [1], Dilek Özden [1], Nurten Alan [1], İlkin Yilmaz [2], Cahide Ayik [2], Gizem Göktuna [2]

- 100% compliance rate with med prep and administration.
- Most common tasks performed incorrectly:
  - Hand hygiene (82.2-87.8%)
  - Disinfection (55.6-81.1%)
  - Flushing (75.6-84.4%)
- Recommendations - implementation of evidence-based care of CVC lines.

Arslan et al., 2020

Findings

Procedural and documentation variations in intravenous infusion administration: a mixed methods study of policy and practice across 16 hospital trusts in England

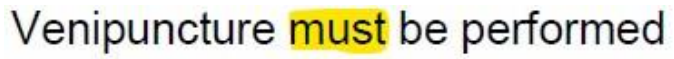
Dominic Furniss[1*], Imogen Lyons[1], Bryony Dean Franklin[2,3], Astrid Mayer[4], Gillian Chumbley[5], Li Wei[3], Anna L. Cox[1], Jolien Vos[1], Galal Galal-Edeen[1,6] and Ann Blandford[1]

- Deviations in procedure and/or documentation of IV infusions occurred 47.9%.
- Gap in infusion practices (work as done) and policy (work as imagined) across the country due to:
  - General lack of awareness
  - Vague policy & procedure
  - Policy not in alignment with clinical standards
- Recommendations - standardizing policies with staff awareness and regular auditing of practice.

Furniss et al., 2018

Identifying Normalized Deviation

- Look for trigger words in organizational documents e.g., policy & procedures, standard operating procedures, internal memos or emails:
  - **SHOULD**
  - **MAY**
  - **SHALL**
  - **MUST**

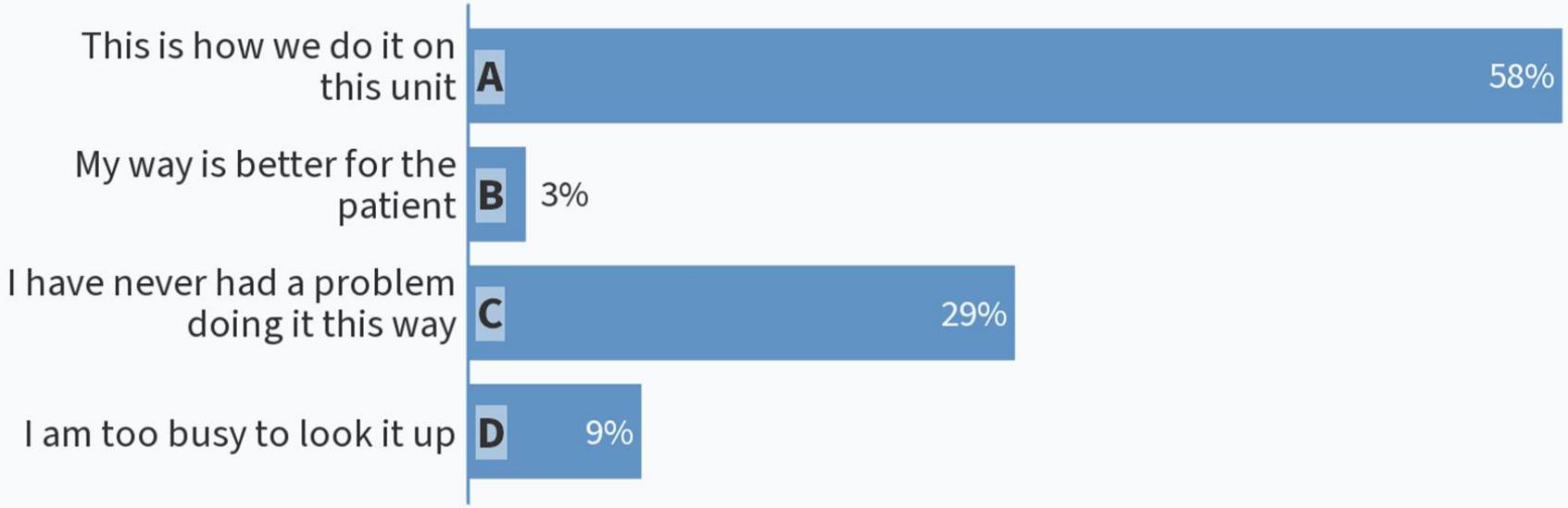


- Listen and watch for trigger phrases in the workplace:
  - That is good enough
  - I never do that step
  - We made it work

‘How come nobody asked us if we wanted these new pumps?’

- *‘That is not how we do it here’*
- *‘I am sure the policy says it’s okay to do it this way’*
- *‘Nobody ever told me to do it this way’*
- *‘I am too busy to do it the right way’*
- *‘Everyone else is doing it this way’*
- *‘My way is faster’*

Which statement have you heard most frequently in your practice when you ask, "Why are you(we) doing it this way?"



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Solutions

What can we do?

Organization

- (Re)Commit to developing and fostering a Just culture.
- Ensure policies and procedures are current and reflective of national standards.
- Be aware of the work climate.
- Where does infusion therapy stand in organizational priorities?

King, 2010; McNamara, 2011

Management

- Keep your staff engaged.
- Ensure your staff are aware of current policy & procedures.
- Correct deviant behavior early.
- Share data for transparency and feedback e.g., CQI, incident reports.
- Offer training in having difficult conversations.
- Look for your positive ‘deviants’.

King, 2010; Ludwig, 2016; McNamara, 2001;Odom-Forren, 2011

Educators

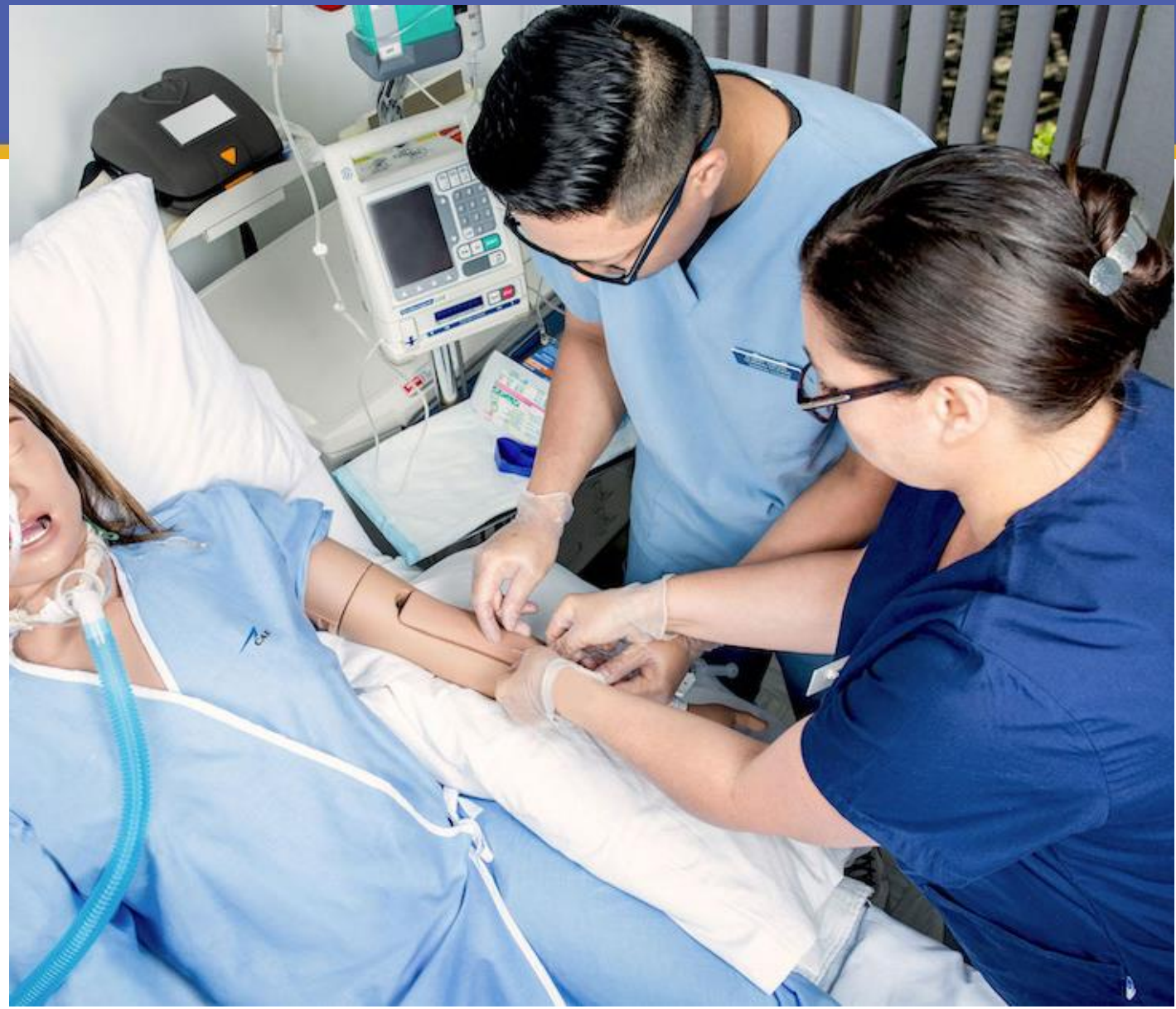
Keep your staff engaged:

- Be creative
- Use multiple teaching methods
- Incorporate simulation into orientation and annual education days

Reinforce best practice and policies guiding infusion procedures.

Emphasize the danger of noncompliance.

McNamara, 2011



https://www.healthysimulation.com/nursing-mannequin/

Individuals

- Reflect on your own infusion practices:
  - Do I have any at risk practices?
  - Am I in alignment with the national standards and guidelines?
- Keep current on the latest evidence on infusion therapy.
- Model best practice.
- Identify deviated practices and constructively correct.

King, 2010; McNamara, 2011

Starting the Conversation…

- “I notice you did not allow the skin prep to dry before accessing the port-a-cath. I have not seen it done this way before. Can you walk me through why you do it this way?”
- “Help me understand…..”
- “My understanding of the policy/procedure/practice is this. How do you interpret it?”
- “I notice we do this procedure differently. I do X this way because… How did you come to do it your way?”

Final Thoughts

Stopping the cycle of normalized deviant practices in infusion therapy requires:

- Identification
- Team solutions
- Diligent monitoring
- Positivity

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Questions?

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