Welcome
to the
# QI BOOSTer Series Session #1

Thursday, March 11th, 2021

*The session will be recorded for educational purposes,
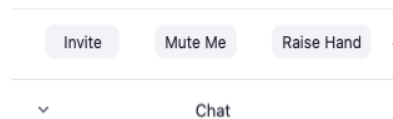if there are any concerns with this, please send a direct message to Angie Semple/CfE
BOOST (host)*

Welcome and Introductions

We would like to begin by acknowledging that the land on which we gather is the unceded territory of the Coast Salish peoples.
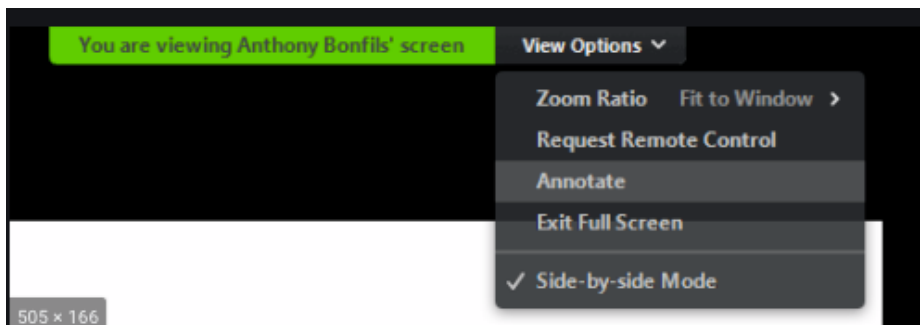
ZOOM Control Panel
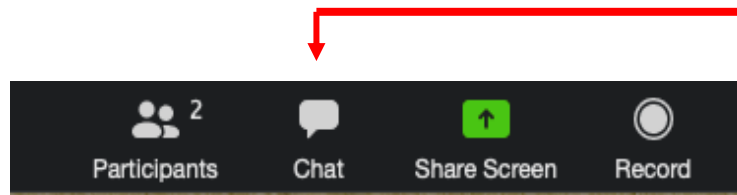
Chat or ask questions using the chat function

Use the "raise hand" feature to notify the host that you would like to be unmuted

Click "participants" and "raise hand" on the right-hand side of the screen

Click to use annotation tools

*Thank you
to all our funders and partners,
including
patient partners and family voices*

Use of Driver Diagrams in Quality Improvement

Thursday, March 11th, 9:00-10:00AM PST

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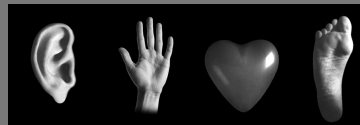
CLEMENS M. STEINBÖCK

Introductions

Please chat in the following:

- Your name and agency

- Rate your experience using Driver Diagrams

  - 1 - "I don't even know what a Driver Diagram is"

  - 5 - "I know how to develop, use and train others"

Objectives

- Learn what a driver diagram is and to understand the core components of a driver diagram

- Explore how to create a driver diagram as part of any improvement effort and practice how to use this QI tool to generate change ideas

- See how driver diagrams can make your improvement efforts more efficient, effective and joyful

Simple Exercise

Chat in the Following

A goal - one thing you want to improve this year (at work or personally)

2-3 things you will need to do to achieve that goal

Let's Get Started

What Changes Can We Make That Will Result in Improvement?

"What if we don't change at all ... and something magical just happens?"

Why Theory?
Effective Change Is Not a "Black Box"

Improvement Aim → **?** → A new process, system, culture…
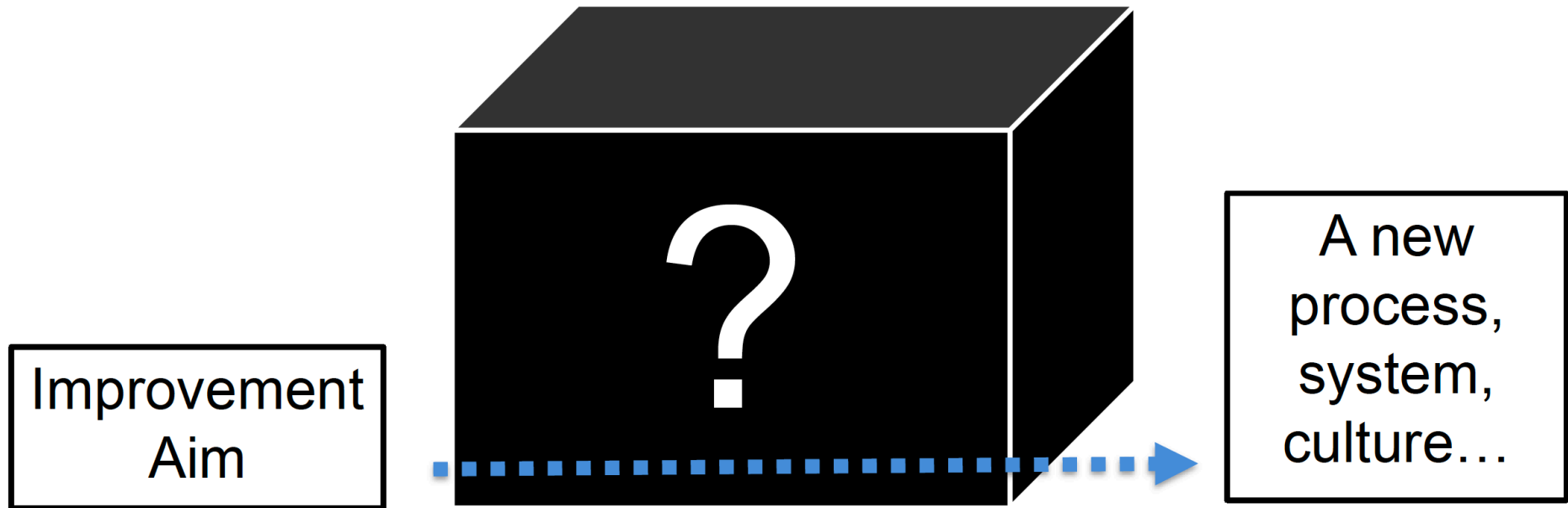
Two Kinds of Causal Theory Diagrams
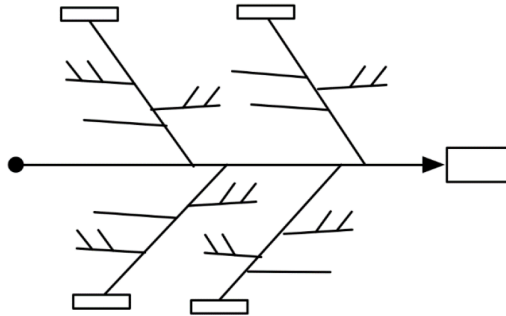
Fishbone:
Team theories about what **IS** causing an effect.

Account for
present *situation*
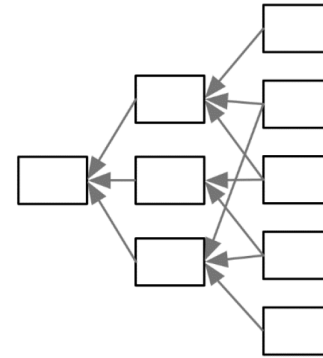
Driver Diagram:
Team theories about what changes **WILL** result in improvement.

Justify
action (change)

Beyond an Aspirational Aim

Effective change requires a **theory** of how you will achieve the goal

There are endless pathways to improvement. How do you think you'll get there?

Driver diagrams are one tool (among many) you can use to make the theory explicit, allow others to buy-in or share their theory, and help you document what you're learning as you go

AIM: What are we trying to accomplish?

MEASURES: How will we know if a change is an improvement?

CHANGE: What changes can we make that will result in improvement?

Act A | P Plan
Study S | D Do
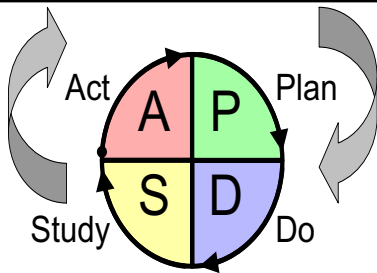
© Associates for Process Improvement

aim

drivers

changes

Outcome Measure

Process Measures

Drives

Effect ⟷ Cause
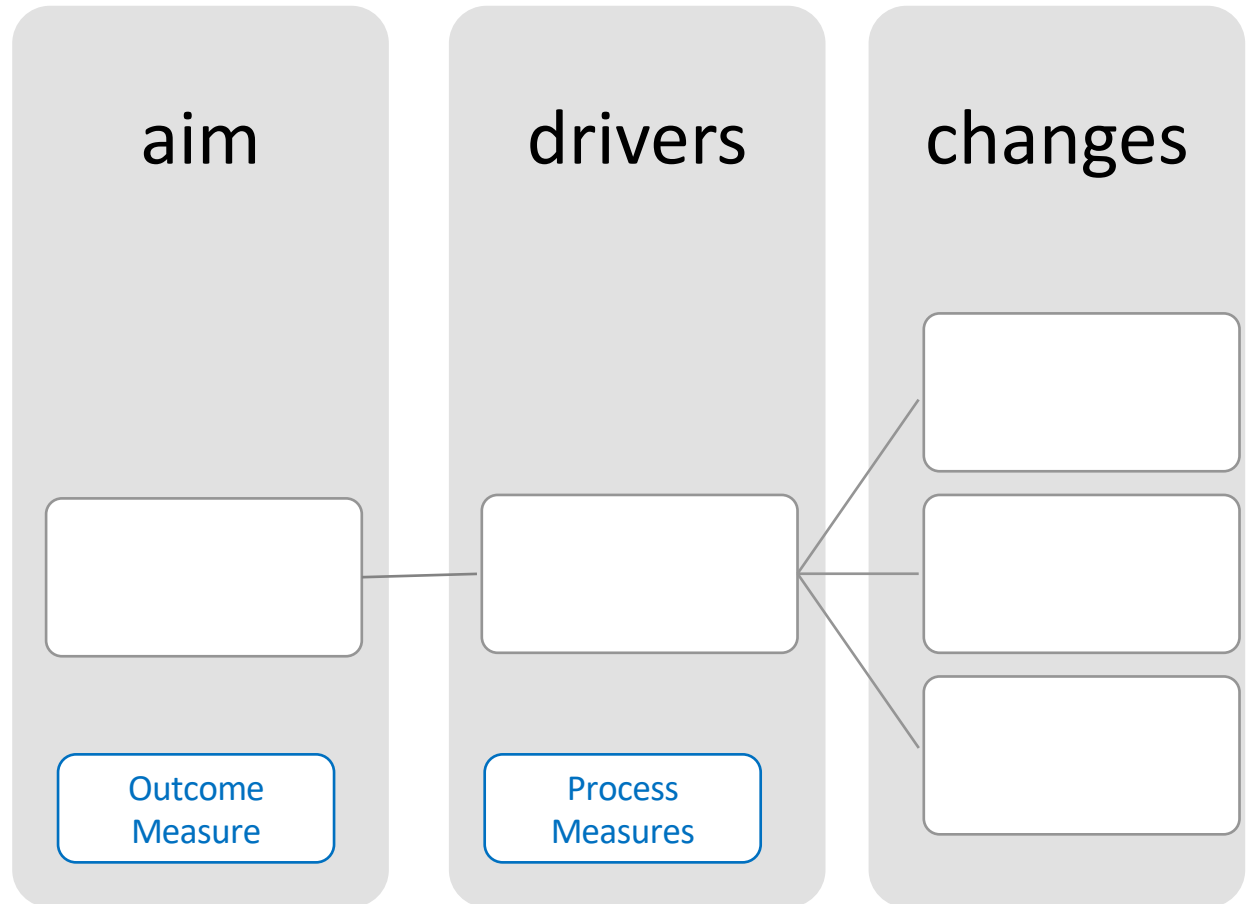
What we want to achieve (Measurable goal)	How we will get there (key drivers)	Changes we will test
Baby sleeps through the night	**Minimize awakenings**	Use a dimmer night light
		Feed baby a bedtime snack
		Use high-absorbency bedtime diaper
		Use a white noise machine
		Do dishes when baby is awake
	Teach baby to soothe him/herself if s/he awakens	Put baby to bed when drowsy but not asleep
		Rub baby's back if he wakes but don't pick him up
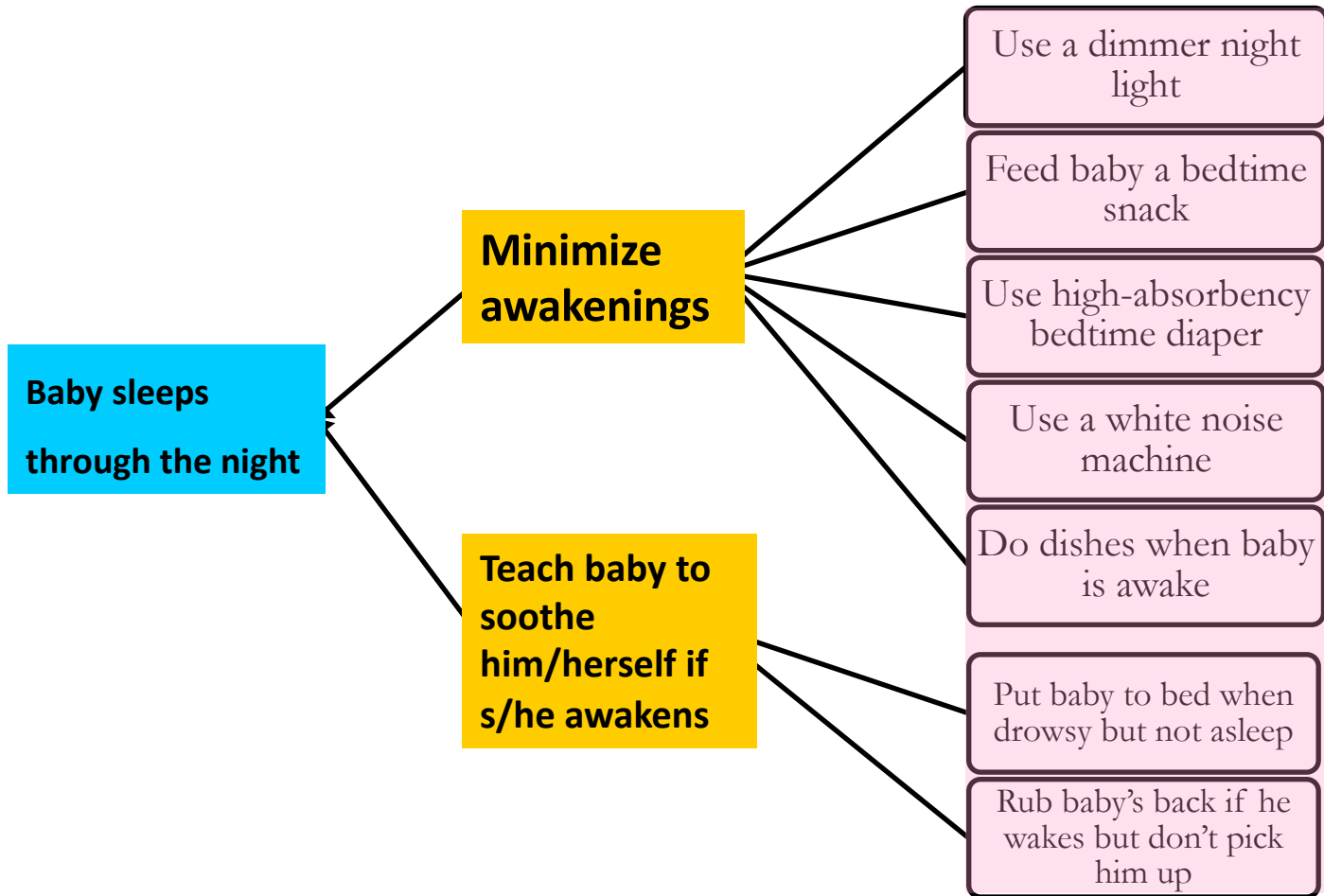
Why a Driver Diagram?

- A diagram is a visually tool that organizes the "theory of improvement" for a specific QI project

- Helps you to set priorities

- Identifies the drivers that will have the biggest impact

- Helps organize your theories about what it takes to achieve improvement

- Leads you to the third question in the model for improvement – What changes can you make that will result in improvement?

- Helps you then understand your current level of performance on these drivers

- Essentially is a set of concepts – to make these concepts operational you will need to identify measures that indicate progress towards aim(s)

Langley et al. *The Improvement Guide*. 2009, 2nd Ed., page 116-119, Appendix B

Anatomy of a Driver Diagram

Used to conceptualize an issue and determine its system components which then creates a pathway to get to the goal

Primary Outcome – SMART Aim

Primary Drivers System components – drive primary outcome

Secondary Drivers – Change Ideas
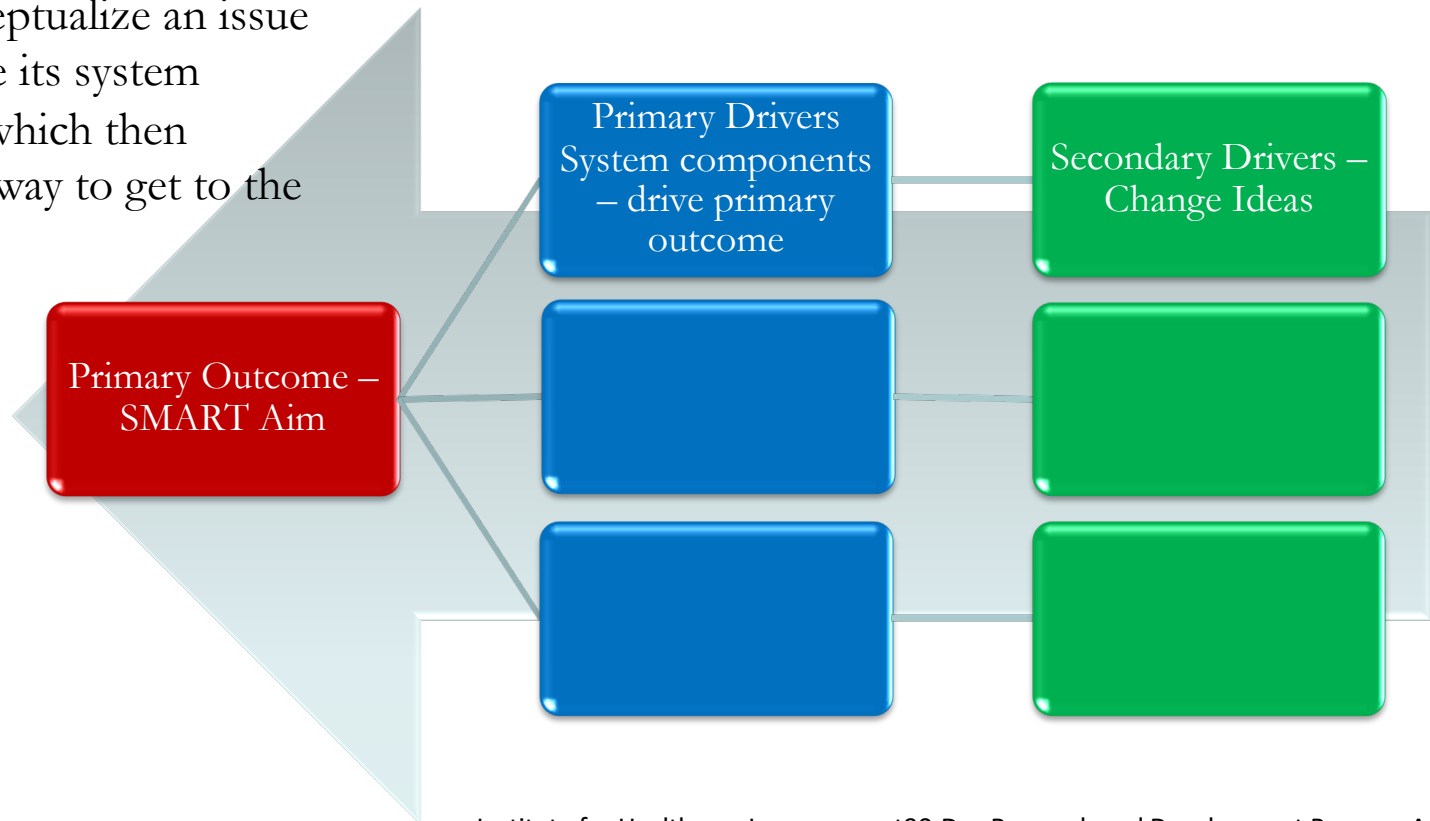
Institute for Healthcare Improvement90-Day Research and Development Process, Appendix B, http://www.ihi.org/about/Documents/IHI90DayResearchandDevelopmentProcessAug10.pdf

Anatomy of a Driver Diagram

Provost L, Bennett B. What's your theory? Driver diagram serves as tool for building and testing theories for improvement. Quality Progress. 2015 Jul:36-43.

Let's Create One Driver Diagram

What do you want to achieve? (Aim)

How will we get there? (key drivers)

What changes will we test?

Primary Outcome

To improve my active lifestyle by measurably losing weight

Outcome

To lose 10 lbs within 2 months

Primary Drivers
Regular exercise
Reduce calorie intake
Improve sleeping patterns
Plan for meditation

Secondary Drivers
Renew gym membership
Walk/cycle to work
Identify an activity you enjoy doing
Count calories
Plan meals
Replace snacks

Let's Do One Together: Active Lifestyle

What do you want to achieve? (Aim)	*How will we get there? (key drivers)*	*What changes will we test?*

Secondary Drivers
Monitor calory intake
Reduce calory intake
Go to the gym more often
Conduct gym activities to lose weight
Identify friends for social activities
Engage in routine activities
Learn how to use meditation

Primary Drivers
Eat healthier
Increase # of activities
Socialize with friends to be active
Improve body and mind

Primary Outcome
Improve my active lifestyle to measurably loose weight

Outcome
Loose 8 kg within 2 months

Let's Do One Together: Active Lifestyle

Instructions

Step 1: On the left, set overall aim (what will be improved, by how much, for whom, and by when) and draw a box around it

Step 2: To the right of the aim, list a 2-4 "primary drivers" — the most significant high-level influencers on the aim you've identified. Draw a box around each of the primary drivers, and draw lines to connect the primary drivers to the aim.

Step 3: To the right of each primary driver, list as many "secondary drivers" that influence the primary driver as you can think of. Draw a box around each secondary driver, and draw lines to connect the secondary drivers to the primary drivers. Note: Secondary drivers can connect to more than one primary driver.

Step 4: To the right of each secondary driver, list change ideas you will test to influence the secondary driver. Note: Change ideas can connect to more than one secondary driver.

Step 5: Identify relevant, appropriate measures for each driver to show progress towards your overall aim

Let's Look at Examples

Aim	Primary Drivers	Secondary Drivers

Aim

Ryan White HIV/AIDS Program-funded clinics end disparities in viral suppression outcomes for affected HIV sub-populations due to use of substances (licit and illicit)

Primary Drivers

Clinic tracks substance use status and health outcomes of all clients

Clinic and care team is fully prepared to care and support clients with substance use and/or mental health concerns

Clients are successfully linked with relevant services and support to reduce harm caused by use of substances and/or mental health concerns

Secondary Drivers

Ongoing engagement in HIV care ensures clients are comfortable discussing use of substances

Procedures in place for regularly screening and documenting client use of substances

Care team understands the signs of substance use that could cause a barrier to viral suppression

Procedures in place to review substance use outcome reports and take actions if indicated

Indicator definitions are well established to track health outcomes for clients with substance use disorders and/or no substance use status

Judgement-free clinic environment using harm-reduction principles

Effective clinic flow to care for and support new and ongoing clients with substance use issues, i.e., coordinating HIV care and substance use care

Strategies to address additional barriers, such as food security, legal support, etc.

Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support

Customized care plan for all clients experiencing substance use issues and/or mental health concerns

Process for engaging clients to take advantage of linkages and promote offered substance use and behavioral health services, case management

Processes in place for making customized referrals (after vetting potential referrals), following-up on referrals and ensuring successful linkages

Substance use providers are integrated into the HIV care team and participate in case conferences

Substance Use

Aim	Primary Drivers	Secondary Drivers
Ryan White HIV/AIDS Program-funded clinics end viral suppression rate inequities among Black people	Clinic is specifically designed and then re-structured/continuously improved to meet the needs of Black people	All clinic staff understand how anti-blackness and white supremacy culture can be "baked into" policies, procedures and practices
		Clinic staff receive ongoing training on implicit bias, microaggressions, meeting the needs of black people and this training is reinforced
		Clinic staff use assessments (including client and staff surveys) to identify with black staff and black clients the policies, procedures
		Clinic looks at all parts of its system from outreach and engagement and linkage to care, to provision of care/treatment, to successful
	Measure(s)	Clinic uses Quality improvement methods (a Theory of Change, small tests of change, etc.) and co-design to continually improve policies, procedures and practices to better meet the needs of Black people
		Hiring, Professional Development and Promotion policies, procedures and practices are redesigned to better meet the needs of Black staff
	Clinic works to distribute power to Black People. Black people are always "in the room where it happens" as authentic co-designers and co-decionsmakers, whether staff or clients.	All staff receive ongoing training on co-design and this training is reinforced by policies, procedures and practices that help ensure co-design is practiced
		Black clients receive any needed education and tools (health literacy, treatment options, etc.) to be authentic co-designers of their own treatment and understand that the clinic "works for them"
		An active Consumer/Client Advisory board (including robust membership of Black people) and various spaces to be involved in clinical work, along with training opportunities to enhance such skills to participate more fully in CQM teams/clinical teams which drives
		Black clients have robust, multi-level and multi-modal engagement processes to be involved in co-design (from their own care to the overall operation of the clinic)
	Measure(s)	Staffing at all levels of the clinic is reflective of the local black community and its diversity
		Black clients and staff are routinely assessed to determine the extent to which they feel they are authentic co-designers
Outcome Measure(s) for This Aim	Clinic actively and comprehensively addresses intersectionality, co-morbidities and the Social Determinants of Health (SDOH) so that the clinic can fully meet the needs	All staff trained on meeting the full range of needs of black people and this training is reinforced by policies, procedures and practices
		Clinic develops and continually improves its practices for "warm-handoffs" to outside services and supports that meet the needs of Black clients
	Measure(s)	Black clients routinely assessed to determine the extent to which the clinic is helping them address their full range of needs.
Black people with HIV have the same viral suppression rates as white people, with the same percentage becoming undectable.	Clinic actively works to build and deepen relationships and build trust (address mistrust) with Black clients and Black communities	Clinic actively works to be viewed as an authentic and trusted partner within their community and for Black people in the community
		Clinic staff understand the history as well as current practices that lead to mistrust among Black people and redesign the clinic's policies, procedures and practices to increase the trust of Black staff and Black clients
		Clinic addresses the cultural of pathologizing black people and their health
		Clinic employs community health workers, peer educators and others that are reflective of the Black populations they are serving
	Measure(s)	Clinic develops feedback mechanisms to continually and transparently report on how recommendations made by Black clients, by Black staff, and the Consumer/Client Advisory board are being acted upon
		Black clients have a choice with who they work with at the clinic and are able to find staff and other providers that think and look like them.

Resources

- http://www.ihi.org/resources/Pages/Tools/Driver-Diagram.aspx

- http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/GoldmannDriver.aspx

- http://www.apiweb.org/QP_whats-your-theory_201507.pdf

- Langley, Gerald; Kevin Nolan; Thomas Nolan; Cliff Norman; and Lloyd Provost; "The Improvement Guide" Second Edition San Francisco, CA; Jossey-Bass, 2009

Aha! Moments and Reflections

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TIME TO EVALUATE!

Link in Chat →

THANK YOU!

CONTACT US: boostcollaborative@bccfe.ca

VISIT THE WEBSITE: http://www.stophivaids.ca/oud-collaborative