



Driver Diagrams: Linking Ideas to Action

*Provincial BOOST Collaborative
Learning Session 2*

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**BC PATIENT SAFETY
& QUALITY COUNCIL**
Working Together. Accelerating Improvement.



Faculty Disclosure

Faculty: Ben Ridout

- No disclosures

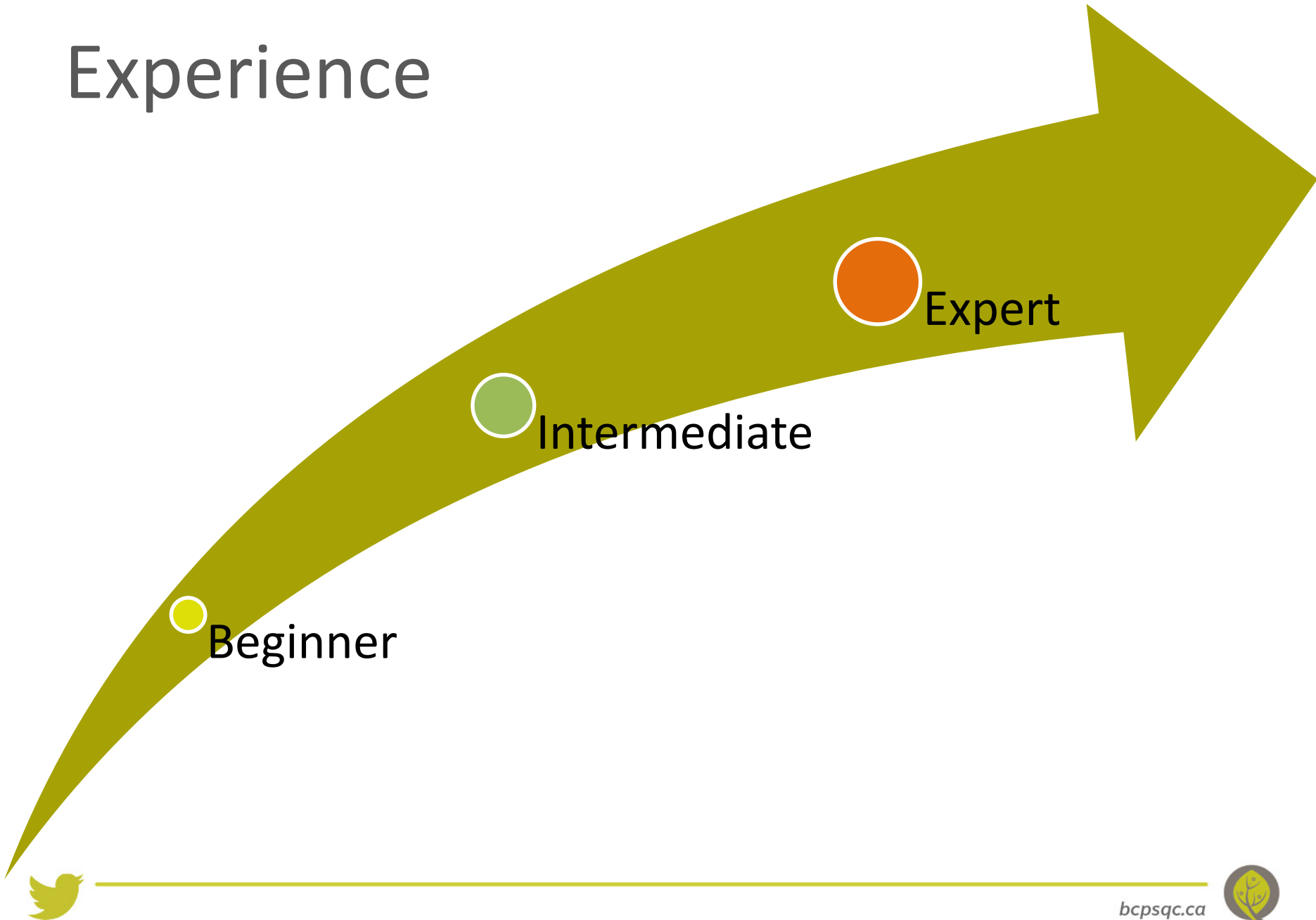


Overview

- What are driver diagrams?
- Key features
- Create your own



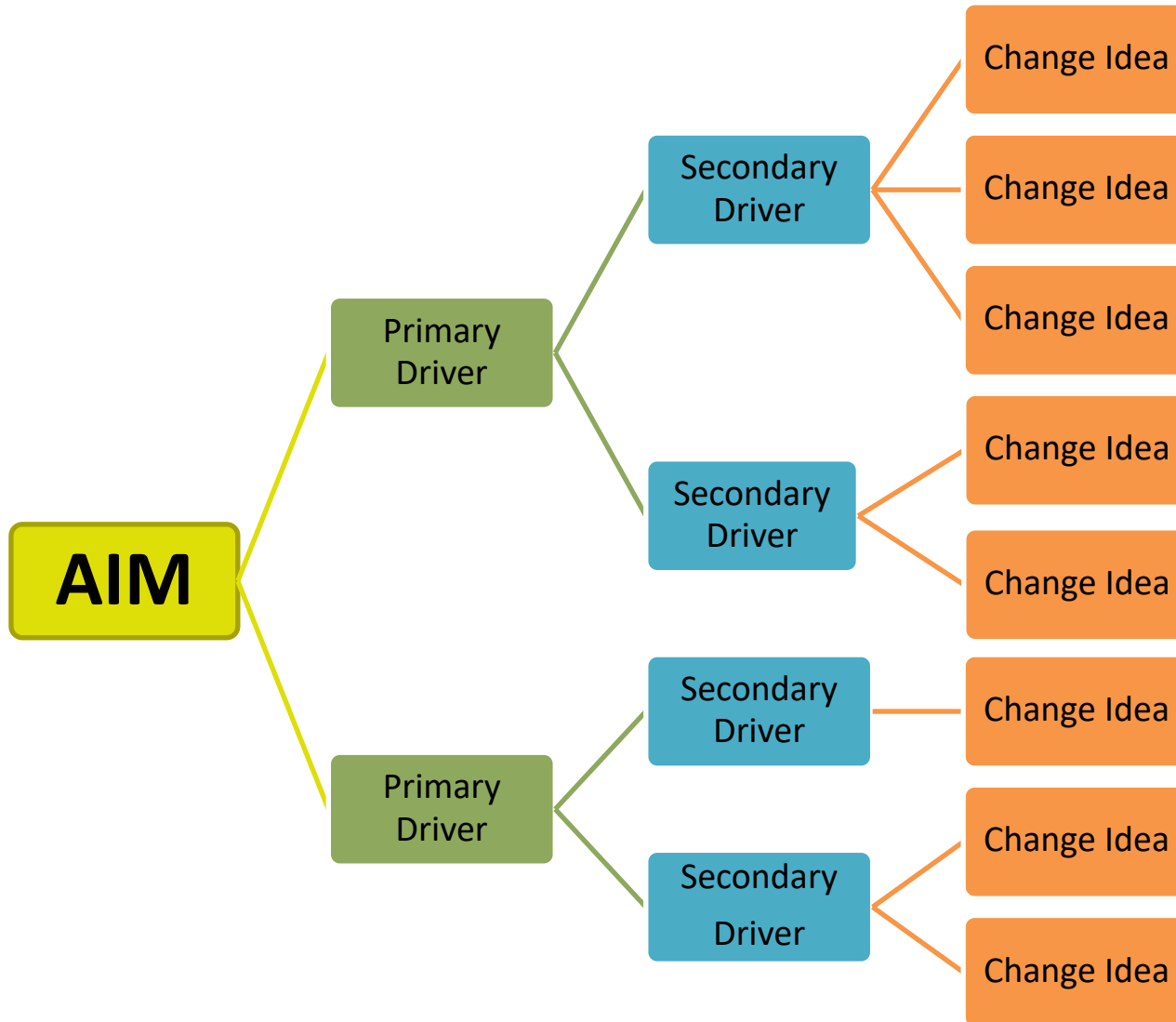
Experience



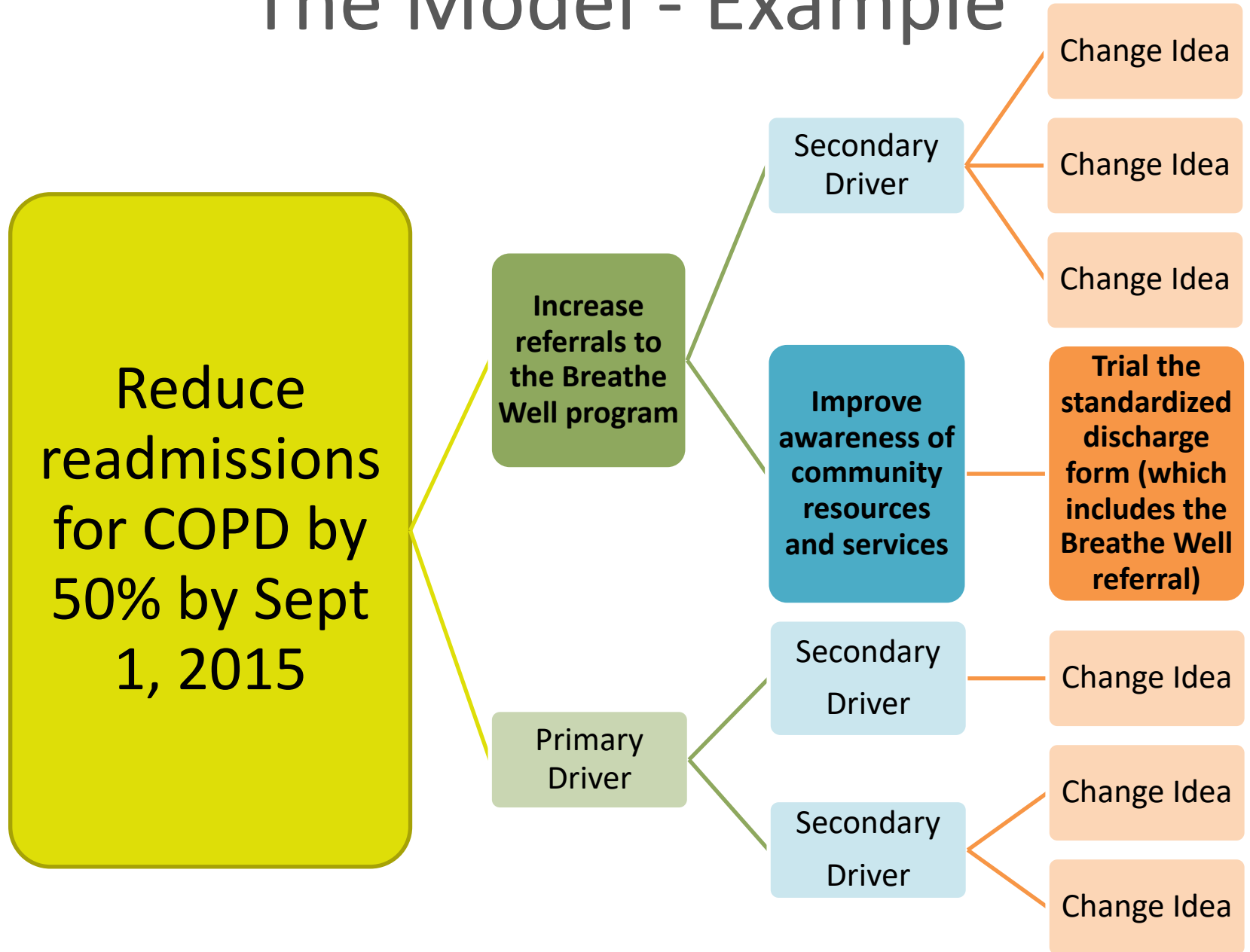
WHAT ARE DRIVER DIAGRAMS?



The Model



The Model - Example



| AIM | PRIMARY DRIVERS | SECONDARY DRIVERS |
|--|---|---|
| <p>To reduce the rate of antipsychotic use in residents without a diagnosis of psychosis in participating care homes across the province from baseline to the national average (21.8%) by the end of the Clear initiative.</p> | <p>1 Appropriate antipsychotic use in residential care</p> | <ul style="list-style-type: none"> » Reduced use of antipsychotics: scheduled and PRN » Improved medication needs assessments, prescribing and medication review processes » Communication with care team and caregivers prior to decision to start new medication |
| | <p>2 Best practice management for residents with BPSD</p> | <ul style="list-style-type: none"> » Use BPSD Algorithm and Guidelines » Non-pharmacological interventions tested and reviewed before starting antipsychotics » Use alternative communication and care delivery strategies to reduce BPSD » Involve family/caregivers in learning about residents and best responses to reduce distressed reactions |
| | <p>3 Enhance teamwork workplace and workflow</p> | <ul style="list-style-type: none"> » Develop and support an environment of respectful communication, teamwork and learning » Support sharing and communication between team members » Implement administrative leadership walkarounds |
| | <p>4 Resident care planning for quality of life and safety</p> | <ul style="list-style-type: none"> » Expand "care team" definition to include family/caregivers and all interprofessional team members » Implement team communication tools for consistent care approach and delivery of person-centred care » Work with staff to develop, implement and evaluate effective person-centred, individualized care plans |

| PRIMARY DRIVERS | SECONDARY DRIVERS | CHANGE IDEAS |
|--|---|--|
| <p>1</p> <p>Appropriate antipsychotic use in residential care</p> | Reduced use of antipsychotics: scheduled and PRN | <p>Use antipsychotic medications only when appropriate and following recurrent assessment</p> <p>Antipsychotic medications will be considered only after non-pharmacological strategies have been trialed and reviewed^{1, 2}</p> <p><small>1 Except in situations of significant risk or distress: http://www.health.gov.bc.ca/library/publications/year/2012/bpsd-guideline.pdf</small></p> <p><small>2 Non-Pharmacological Interventions listed in the BPSD Algorithm: http://bcbpsd.ca/docs/part-1/Nonpharmacological%20Interventions%20Final%20Draft%20July30.pdf</small></p> |
| | Improved medication needs assessments, prescribing and medication review processes | <p>Enhance interprofessional medication review processes:</p> <ul style="list-style-type: none"> » Complete medication reconciliation on admission and at each transition » Assess need for antipsychotic medications within established timeframe after admission » Institute more frequent medication reviews and ensure reviews include antipsychotic medications » Implement monitoring and reviewing tools following changes in medication and/or behaviour » Complete a best practice/enhanced review every 6 months and with RAI updates <p>Reduce number of medications (pill burden):</p> <ul style="list-style-type: none"> » Introduce Shared Care Polypharmacy Risk Reduction Initiative, Clinical Algorithm and Antipsychotics Drug Advisory sheet » Introduce BC BPSD Algorithm and Guidelines <p>Educate Physicians and Nurse Practitioners on prescribing:</p> <ul style="list-style-type: none"> » Host meetings to learn/share about antipsychotic reduction and BPSD Algorithm as practice support tool |
| | Communication with care team and caregivers prior to decision to start new medication | <p>Use appropriate assessment processes, including resident, family/caregivers and interprofessional team members:</p> <ul style="list-style-type: none"> » Introduce BPSD Algorithm and Guidelines » Build standardized BPSD Algorithm and Guideline tools into assessment/review processes » Implement interprofessional team meetings » Implement focused team huddles in units/villages/homes » Include resident and family/caregiver in care planning and medication use discussions » Timely referral to, and consultation with, mental health team <p>Discuss, obtain and record consent for use or changes of antipsychotic medications with family/ caregivers</p> |

KEY FEATURES



Key Features: **Aim Statement**

Aim Statement

Primary Drivers

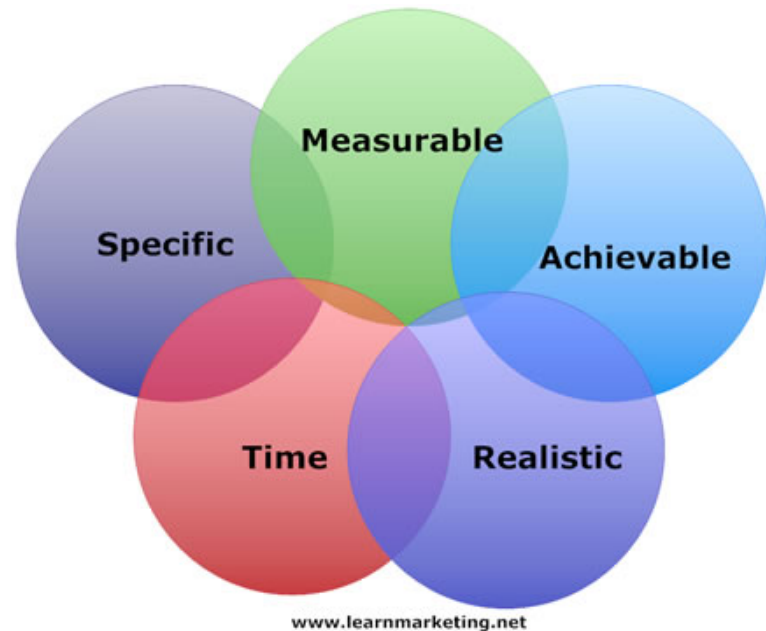
Secondary Drivers

Change Ideas



Aim Statement

- A clear, action-oriented statement
 - Specific
 - Measureable
 - Achievable
 - Realistic
 - Timebound



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AIM

Reduce Sepsis Morbidity and Mortality



PRIMARY DRIVERS

1

EARLY IDENTIFICATION OF SEPTIC PATIENTS

SECONDARY DRIVERS

Timely triage

Timely notification to, and assessment by, nurse and physician

Early and repeated lactate measurements

Create an environment of teamwork, leadership and communication

2

ENSURING SEPSIS BEST PRACTICES IN THE ED

Early aggressive administration of IV fluids

Early administration of IV antibiotics

Blood cultures taken before IV antibiotics are given

Thorough education of staff

3

SEAMLESS TRANSITIONS

Effective transition with in-patient units

Improve communication to in-patient care providers

Key Features: **Primary Drivers**

Aim Statement

Primary Drivers

Secondary Drivers

Change Ideas



Drivers

- Identify the elements in the system that are necessary to achieve the intended outcomes
- Key leverage points in the system



Primary Drivers

- System components which will contribute to achieving the aim
- Referred to as primary drivers because they 'drive' the achievement of your main goal



AIM

Reduce Sepsis Morbidity and Mortality



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SECONDARY DRIVERS

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PRIMARY DRIVER

1

Early Identification of Septic Patients

SECONDARY DRIVERS

TIMELY TRIAGE

TIMELY NOTIFICATION TO, AND ASSESSMENT BY, NURSE AND PHYSICIAN

EARLY AND REPEATED LACTATE MEASUREMENTS

CREATE AN ENVIRONMENT OF TEAMWORK, LEADERSHIP AND COMMUNICATION

CHANGE IDEAS

Review SIRS criteria and the importance of early sepsis identification with all triage nurses

Standardize triage screening tool for identification of sepsis

Ensure proper documents/references/posters at triage

Develop mechanism to notify physician and nurse of potential sepsis patient; a sticker or other visible clue on their charts, overhead page, direct communication

Incorporate the use of communication systems such as "Code Sepsis" paging system, whiteboards, verbal and environmental cues, electronic bed boards

Standardize order set for sepsis and link orders for lab so if blood culture is ordered, a serum lactate is ordered simultaneously (electronic order sets and defaults if possible)

Work with lab to ensure that when initial blood work is taken that a venous blood gas is taken to measure lactate and results to clinician within 30 minutes (need access to arterial blood gas machine or point of care lactate device)

Encourage a "culture of lactate" where any team member (MD, RN, RT) is empowered to check early and often

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Key Features: **Secondary Drivers**

Aim Statement

Primary Drivers

Secondary Drivers

Change Ideas



Secondary Drivers

- Elements within the related primary driver
- Breakdown the primary driver into manageable components



PRIMARY DRIVER

1

Early Identification of Septic Patients

SECONDARY DRIVERS

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TIMELY NOTIFICATION TO, AND ASSESSMENT BY, NURSE AND PHYSICIAN

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Developing Drivers

Identify potential drivers

- Areas in which change will impact the aim
- Informed brainstorming
 - Value stream maps
 - Patient journey maps
 - Stakeholder feedback
 - System data
 - Research literature



Key Features: **Change Ideas**

Aim Statement

Primary Drivers

Secondary Drivers

Change Ideas



Change Ideas

- Outlines what changes will lead to improvement
- Actionable, specific ideas to trial
- Teams test these change ideas
 - Links to PDSA cycles



Developing Change Ideas

Three approaches that can help:

1. Understanding of processes & system of work
2. Creative thinking
3. Adapting known good ideas



PRIMARY DRIVER

1

Early Identification of Septic Patients

SECONDARY DRIVERS

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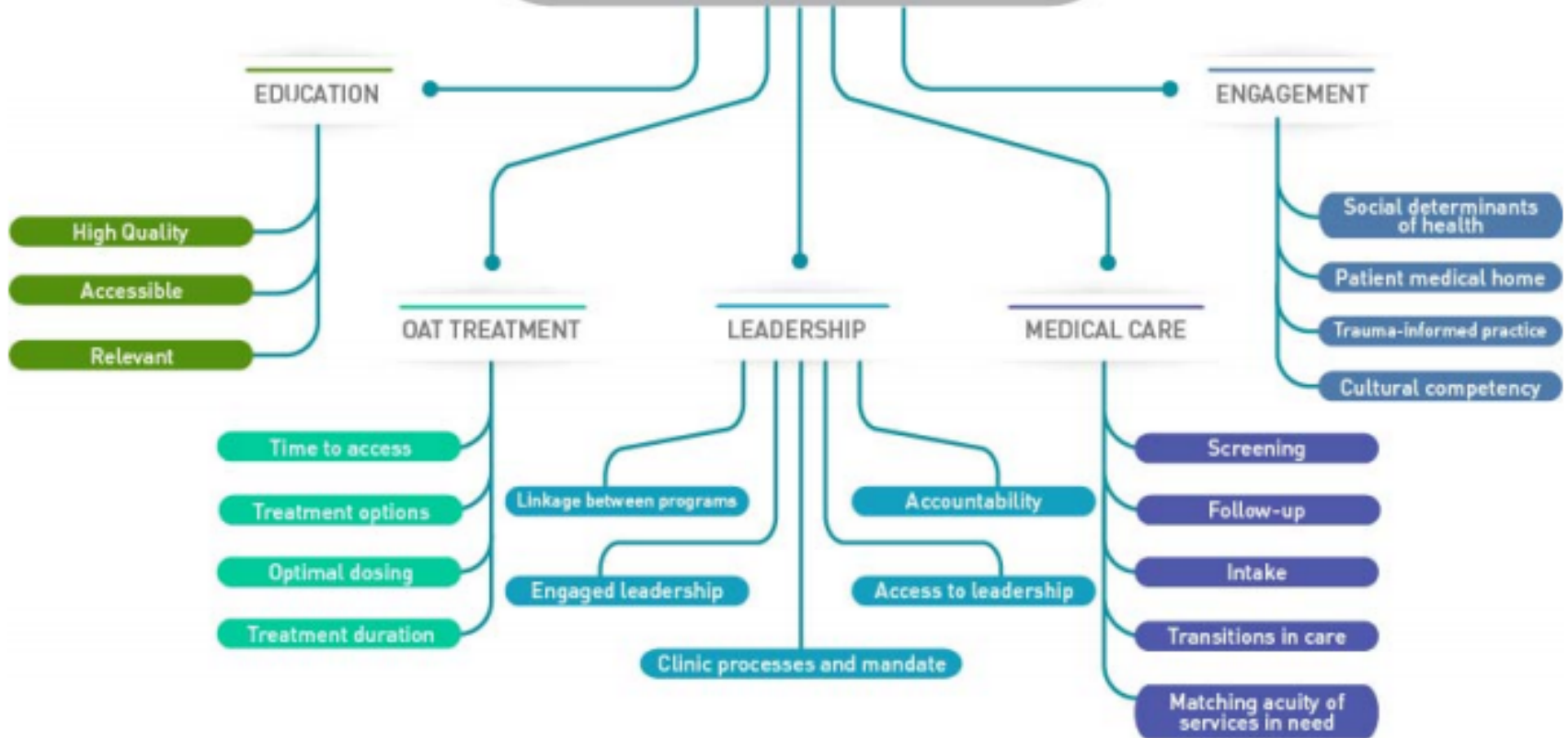
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CREATE YOUR OWN



By November 21st, 2019 we aim to provide equitable access to integrated, evidence-based care to help our population of clients with opioid use disorder achieve:

- * 95% of clients have an active OAT prescription
- * 95% of those clients with an active OAT prescription will be retained on therapy for greater than 3 months
- * 100% of teams have a process to monitor and incorporate the patient voice



→ **PRIMARY DRIVERS**



→ **AIMS**



→ **SECONDARY DRIVERS**



References and Resources

- [Clear Driver Diagram](#)
- [Bennett and Provost. \(2015\) What's your theory? Driver diagram serves as tool for building and testing theories for improvement](#)
- [CFHI Quality Improvement Primary: Driver Diagrams](#)
- Langley, Moen, et al. (2009) The improvement guide: A practical approach to enhancing organizational performance – 2nd edition



Questions

