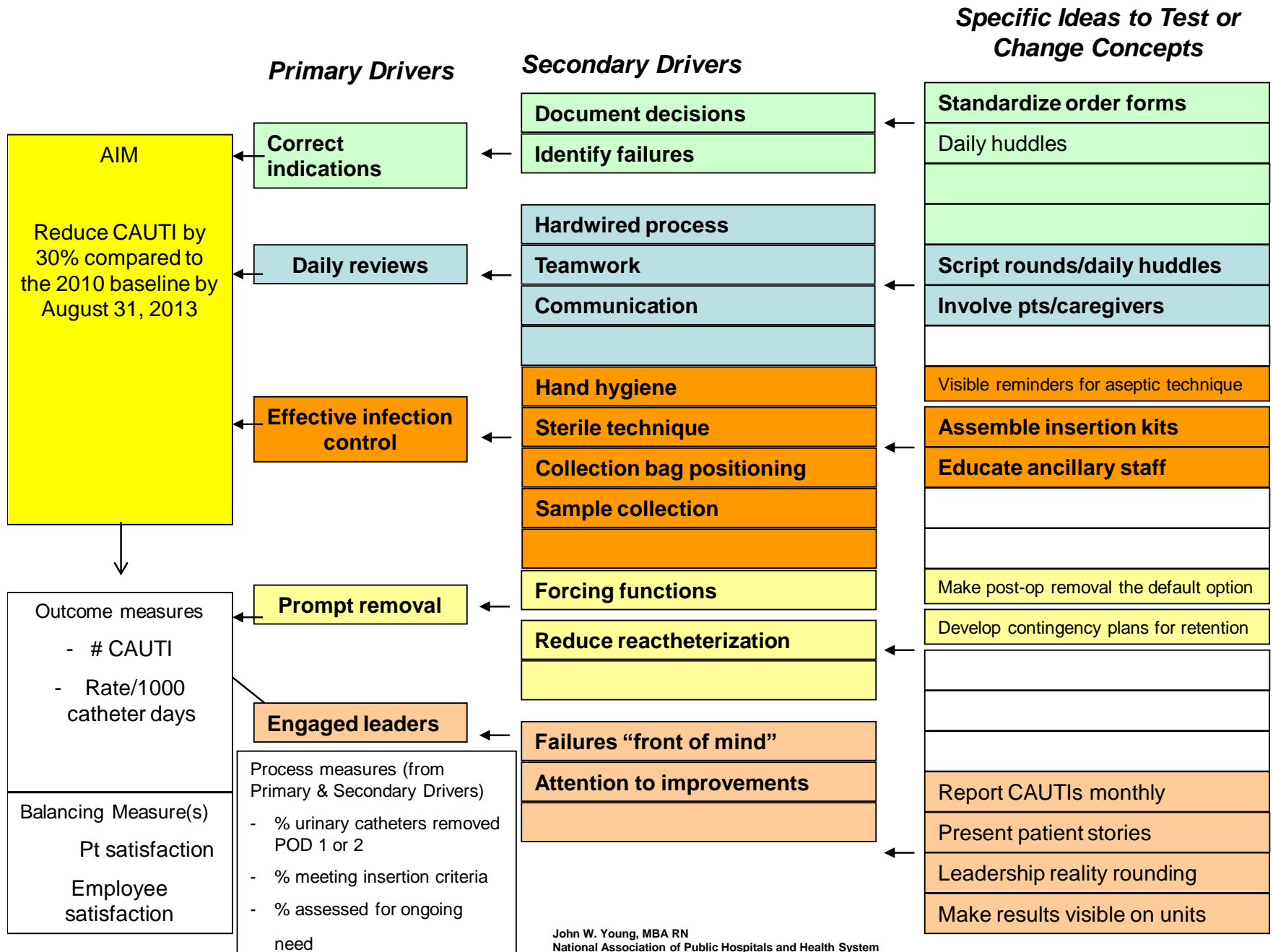


Driver Diagram Examples



Driver Diagram



IMMUNIZATION RATES - DRIVER DIAGRAM

Balancing Measures

- ✓ Public perception of benefits of imms
- ✓ Appointment wait time
- ✓ Matching supply and demand
- ✓ Patient Satisfaction
- ✓ Billing ???

AIM

Increased Immunization Rates for Targeted Population

Outcomes Measures

- ✓ Number of imms
- ✓ Number of cases of imms preventable outbreaks
- ✓ Percentage immunized
- ✓ Comparison with national standards

Primary Drivers

Level of immunization awareness

Availability & accessibility of immunization services

Robustness of information systems

Design and coordination of care

Community Partnerships

Secondary Drivers

Media coverage

Problem denied

Literacy level

Information sources

Clinic location/hours

Combined services

Wait time

Avail of subsidized imms

Interfaces w other systems

System driven reminders

System monitors for imms

System driven decisions

Care planning & coord

Communication

Imms protocols

Continuum of care

Change Ideas to Test

- Hand out information sheets that highlight childhood immunizations to all patients coming in for any type of visit - #27
- Distribute immunizations info as a part of EH community contact - #27
- Provide some kind of "incentive" to parents to immunize their children (prizes, dinner for two, etc.) - #36
- Use media (Internet, newspaper, TV, radio) to disseminate information about immunizations - #27
- Set up an immunizations information phone line with a direct dial number
- Review materials for literacy level and cultural appropriateness -

- Increase, or make more convenient, the hours during which vaccination services are provided
- Coordinate vaccination services with WIC visits
- Deliver vaccinations in settings previously not used
- Reduce administrative barriers to vaccination (e.g., drop-in clinics or express lane vaccination services)
- Reduce distance patients must travel to receive vaccination services
- Do mail and/or telephone reminders

- Write standing orders for immunizations
- Use EPIC Immunizations Tracking Tools (in conjunction with standing orders and historical immunizations)
- Modify the EHR "Preference List" browser to include a sub-section specifically for ordering childhood immunizations
- Evaluate/beta test immunization registry interface between OCHIN and ALERT
- Use reporting tools to fill workflow gaps (e.g. if the EPIC workflow doesn't have useful tools for identifying late starts. write a report to fill the gap)

- Scrub chart prior to patient arrival and identify immunizations opportunities
- Use panels/huddles for communication re: immunizations
- Partner with other internal providers for referrals to imms (WIC, Cocoon, MH, etc.)
- Develop and document protocols for standing orders

Improving Colon Cancer Screening at Internal Medicine Faculty Practice

Primary Drivers:

Secondary Drivers:

Specific Changes:

Aim

- Decrease**
- Waiting time between referral and colonoscopy
 - Waiting time for results of colonoscopy
- Increase**
- Colon cancer screening rates
 - Direct colonoscopy referrals through EMR
 - Results of colon cancer screening in EMR

Identify patients who should have colon cancer screening and have not received it

Increase access to colonoscopies

Facilitate delivery of evidence-based care in colon cancer screening

Preventive care EMR flowsheet (individual patients @ each visit)

Whole panel performance reports

Use Direct colonoscopy Navigators (facilitated communication, preps, directions, scheduling)

Referral to Direct colonoscopy from inside the EMR

Communication/care coordination between GI and referring PCP (f/u interval, pathology findings)

- Link colonoscopy database with EMR for automatic result reporting into the flowsheet
- Generate bimonthly reports of colon cancer screening rates and actions taken by providers and work toward goal rate of 80%

- Create a referral form for Direct colonoscopy in the EMR
- Create a benchmark for time from referral to colonoscopy schedule (access to test), and time from referral to Navigator completed all necessary steps (efficiency of program) and work towards benchmark goal

- Review current workflow of result communication in the EMR
- Develop workflow that minimizes data entry by referring provider

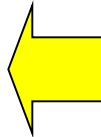
Improve Severe Sepsis Care and Reduce Sepsis Mortality

Primary Drivers:

Secondary Drivers:

Specific Changes:

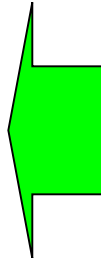
Identify severe sepsis early in ED patients



Uniform Sepsis Screening/Sepsis Screening tool

??

Provide appropriate, reliable and timely care to patients with sepsis/severe sepsis using evidence-based therapies



Education/communication to frontline staff

Sepsis Algorithm and Standard Order Set

Bundle elements:
Antibiotics within 180 mins **and** after blood cultures
Serum lactate w/in 30 min
Fluid challenge eligibility/delivery

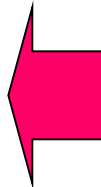
Coordination of treatment services



Contingency team for 1st 24 hours of sepsis trigger

Organized team methodology for patient care transitions

Create team process to support sepsis therapies



Pharmacy

Caregiver communication

Lab

Desired Outcomes:

- Decrease
- Mortality
- Complications
- Costs
- LOS
- Improve
- Sepsis/Severe Sepsis Bundle Compliance
- Early recognition of severe sepsis/septic shock
- Recognizable, reliable language standards for sepsis care



Aim

Improve
Medication
compliance in
stroke patients
by 50%

Primary Drivers	Secondary Drivers	Change Concepts	Specific Change Ideas
Knowledge of medications	Discussing medication benefits and side effects	Focus on the outcome to a customer	Script to aid discussion
	Eliciting concerns and questions	Listen to customers	Shared decision making model
Effective communication	Communication aids for aphasic patients	Reach agreement on expectations	Document decision of patient/carer
	Involve carers	Coach customers to use a product/service	SALT assessment of identify best means of communication
Medication Delivery System	For those with cognitive impairment	Optimize level of inspection	Patient/carer satisfaction and experience of medication discussions and usage
	For those with functional limitations	Use reminders	Follow up compliance check(need to decide OPD, telephone call, home visit, questionnaire, etc)
	Patient choice	Use differentiation	Documentation of how medications will be taken and delivered
Coordination of care	Use constraints	Use affordances	Standardization
	Incorporate into weekly MDT meeting	Desensitize	Document in case notes
	Ensure medications dose, frequency, route and patient decisions stated on discharge letter to GP	Improve predictions Develop contingency plans Manage uncertainty, not task Match amount to need	Document in discharge letter to GP

Driver Diagram for Reducing In-Patient Falls

Aim

Reduce Inpatient Falls on 4C and 6W Reduce falls to <3.5/1000 patient days and reduce moderate or higher harm from falls to <0.1/1000 patient days

Outcome Measures

- Patient days between falls
- Patient days between a harmful fall
- The rate of falls per 1000 patient days
- The rate of harmful falls per 1000 patient days
- \$ revenue loss avoided due to fall reduction

Adapted from Gavin Sells, NHS Scotland, Wave 24 2011/2012
Used with permission.

Primary Drivers

Reliable Assessment

Process Measure
% Pts with falls risk assessment every 8 hrs.

Reliable Care

Process Measure
% of patients with evidence of hourly rounding

Patient and Family Centered Care

Process Measure: % Pts who can verbalize their role in fall prevention

Patient Condition

Secondary Drivers

Good/reliable tools for assessment

Staff trained and know how to use assessment tools

Timely assessment

Care plans are easy to use

Care plans regularly updated

Appropriate level of monitoring/supervision of patients

Willingness of patient and carers to cooperate

Physical strength/stability

Mental health

Frailty

Patient understanding of their own abilities

Patient understanding of their own abilities

Specific Changes to Test

Staff awareness/education

Falls noticed board/story board

Fallsafe Care Bundle

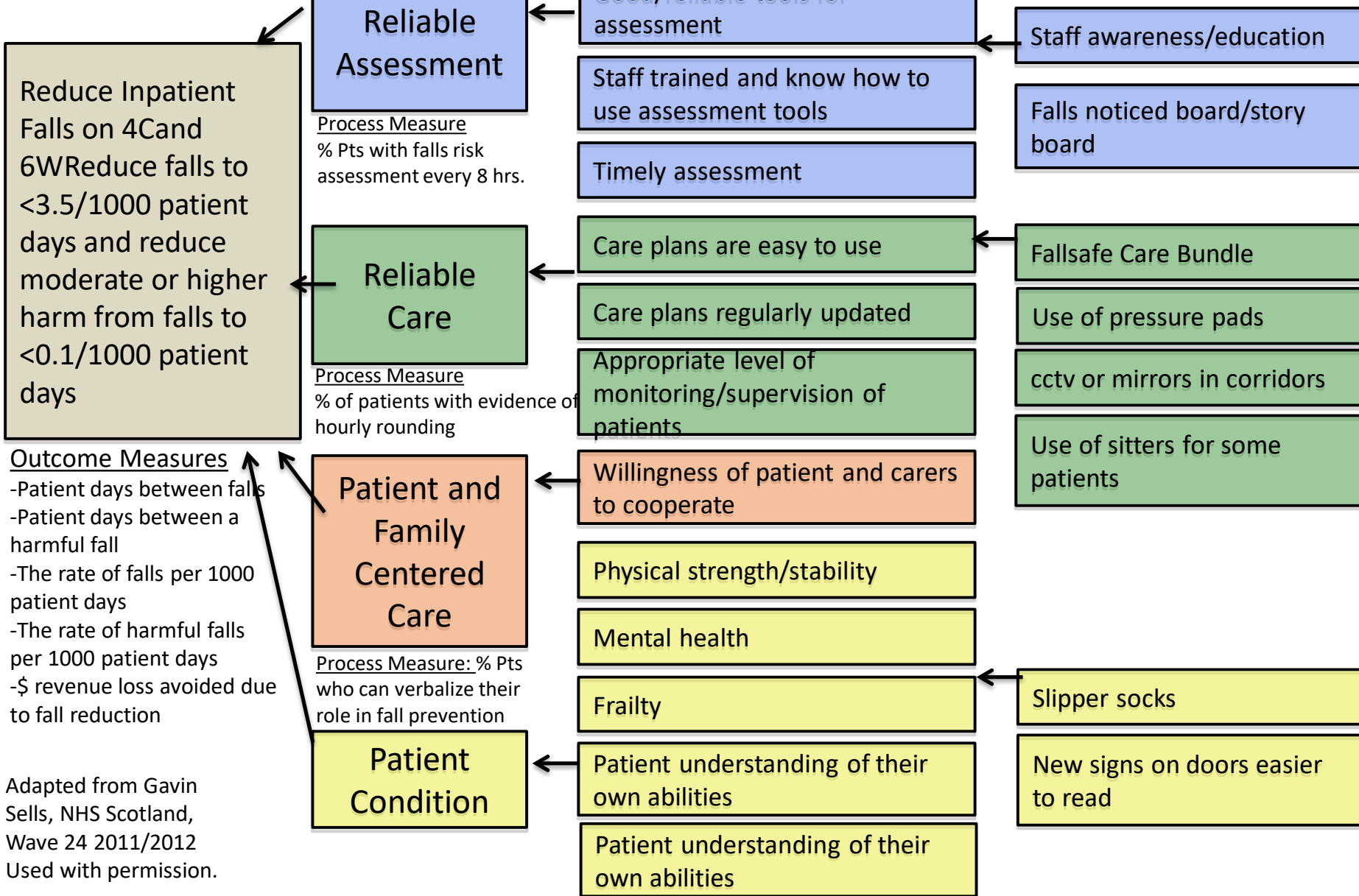
Use of pressure pads

cctv or mirrors in corridors

Use of sitters for some patients

Slipper socks

New signs on doors easier to read



Driver Diagram: Improving Outcomes for High-Risk and Critically Ill Patients

Primary Drivers:

Identify & rescue worsening patients

Provide appropriate, reliable and timely care to high-risk and critically ill patients using evidence-based therapies

Create highly effective multi-disciplinary team

Integrate patient & family into care so they receive care they want

Develop an infrastructure that promotes quality care

Secondary Drivers:

Rapid Response System
Early Warning System

Protocols and Standing Orders
Bundles

Care planning
Reliable communication

Family involvement
Clarification of wishes

End of life care
Consistent care delivery

Flow
Leadership
Financial Stewardship

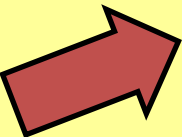
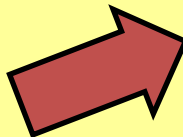
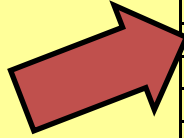
Specific Changes:

See next page

Example:
Another way to organize change package:
Driver Diagram

Desired Outcomes:

- Decrease
- Mortality
- Complications
- Costs
- Improve
- Satisfaction

Primary Driver	Secondary Driver	Key Change Concepts	Specific change ideas		
P1. Identify & rescue worsening patients	S1. Rapid response system	Implement a Rapid Response Team   	Standardize call criteria Define response team members (including a sponsor) Establish protocols/guidelines Educate units about when and how to call Create process to gather data about calls Use steering committee for development and on-going testing oversight		
		Perfect triggering	Review call criteria effectiveness Test/Add an Early Warning System Review missed opportunities (e.g. unscheduled transfers to ICU) Work towards "goal" call rate		
		Perfect responding	Develop discipline-specific criteria for team members Review team performance in three spheres: care provided, response time, and caller satisfaction Develop tool box to be brought to activations (examples: i-stat, IV tubing, lab tubes, BP cuff, documentation form) Do case review Track response time		
		Perfect evaluation	Review overall process to evaluate need to improve Develop data tool for tracking		
		S2. Early warning systems	Use objective measures to assess disease severity	Test a measurement tool such as MEWS Use an overall bed-board to assess layout of unit	
			Create a process for use of scoring tools	Create rules for when to call RN, MD, and activate system	
			Improve identification of severe sepsis	Apply the Evaluation for Severe Sepsis Screening Tool in clinical areas such as the ED, wards, and ICU	
				Have nurses and Rapid Response Team complete severe sepsis screening	
		P2. Provide appropriate, reliable and timely care to high-risk & critically ill	S3. Protocols and Standing Order Sets	Develop weaning protocol	Pre-extubation worksheet