

## Driver Diagrams – Tool Kit

You may wish to print out this tool kit and use it to plan your Driver Diagram

We will cover all the key ingredients for your Driver Diagram exercise:

1. People
2. Detail
3. Materials
4. Venue
5. Facilitator
6. Time
7. Analysis

### 1. People

Creating your Driver Diagram in itself can be a tool to encourage engagement in your QI project from the outset.

Involve key stakeholders, or their representatives, who contribute to your aspired “AIM” or “GOAL”. You may need to take time to think about who is involved in delivering this AIM or GOAL.

Use the table in Appendix 1 to “explore” all possible contributors to your AIM. Try and identify at least one NAMED individual within your trust in each of the categories, where applicable, and their contact details. Ideally the person you identify is an “EXPERT” within your trust in their category, i.e. experienced member of the peri-operative team or have a subspecialist interest related to your GOAL.

Examples of stakeholders for a Sepsis Driver Diagram include A&E nurses, A&E managers, pharmacists, microbiologists, infection control nurses, healthcare assistants, physicians, A&E doctors, A&E consultants, ITU outreach nurses, ITU doctors, ward staff nurses, microbiology technicians, porters and ideally a patients’ perspective.

By involving everyone at this stage, there will be more “buy in” when you start to implement changes and undertake your PDSA cycles.

## 2. Detail

You may have a GOAL or AIM in mind from the work you have done in preparing your project. However it is important you allow your collated group of stakeholders or experts an opportunity to contribute their views.

Agree a *REALISTIC* “GOAL” or “AIM” amongst the group; it is important that all the key stakeholders agree the goal is aspirational, but achievable. Setting unrealistic targets from the outset may mean some stakeholders don’t engage with developing the Driver Diagram, and therefore don’t engage with any proposed changes in your PDSA cycles later on as part of your QI project.

Be sure to be clear about your “AIM”.

The more specific you are at this stage, the more likely it is you will identify key primary and secondary drivers, and therefore specific activities that will help you achieve your goal.

Examples of clear “AIMS” or “GOALS” are given below:

Reduce Day Surgery Delays by 10%  
in 6 months’ time.

Reduce central Line infection rates  
to zero in 5 months’ time.

Reduce pain scores in children  
undergoing day surgery ENT by 20%  
in 6 months’ time.

Improve recognition and  
management of sepsis by 5%

## 3. Venue

A neutral venue with adequate space to share ideas, e.g. in the hospital education centre.

A small office within the theatre complex may not encourage members of the ward team or other departments to feel empowered to share their thoughts.

## **4. Materials**

Driver Diagrams work best by creating a “brainstorming” session early on in the process, focussing on things “we need to improve on” to achieve the “GOAL”, without worrying about the “how” or the “why” initially.

To facilitate this allow plenty of marker pens, post-it notes, and a couple of flipcharts.

The “we need to improve on” ideas generated during the brainstorming session– written on individual post-it notes, may be grouped together as having a “common driver”. (See the “Driver Diagram for Sepsis” in the PROCESS section of PRISM module for examples of this). Subsequently secondary drivers may be identified from these. Linking projects or activities that are aimed at improving secondary drivers, and hence linked to primary drivers and your chosen AIM or GOAL, provide a visual logic chart to start your PDSA activity.

See Appendix 1 for the layout for a driver diagram that can be used to act as a framework to cluster your ideas into primary and secondary drivers, and ultimately create your Driver Diagram on a flipchart or wall.

## **5. Facilitator**

Identify a lead clinician, who is going to facilitate the development of the Driver Diagram. They will encourage group discussion but also keep the group focussed on the task in hand.

Brainstorming workshops within a group require key facilitation skills; if you intend to lead your own facilitation see our “Facilitation How-to-Guide” for tips and tricks.

## **6. Time**

Allow for:

1. Creating the Driver Diagram
2. Identifying Projects or Activities and Allocation of Responsibility.

Agreeing a realistic, achievable goal, can take time. However this is the key to the success of your project. After an initial briefing allow at least 20mins to agree the parameters of the common goal or aim.

Brainstorming the “we need to improve on” ideas can take 1hr-2hrs depending on the complexity of the goal or aim being discussed. Creating the primary and secondary driver groups, and identifying projects or activities may take a further 1hr-2hrs.

Ensure all those involved are aware of the likely time commitment of this session.

## **7. Analysis & Closure**

Allow the group sometime to review the Driver Diagram, but avoid becoming enmeshed in a discussion regarding whether a factor is a primary or secondary driver. Remember the role of the Driver Diagram is to link projects or activities with your GOAL or AIM, keep focussing on this to avoid distraction.

For each project identify

1. Person responsible for leading project/activity
2. Anticipated delivery time
3. Resources required

Essentially these Projects/Activities form the basis of your PDSA cycles.

It might be useful to agree among the group which projects are likely to have a high impact, and focus efforts on these initially.

## APPENDIX 1: STAKEHOLDER IDENTIFICATION TOOL

Category	Contact Details
<b>Admin and Clerical</b>	
<b>Allied Health Professionals</b> e.g. Occupational Therapist Physiotherapist, Radiographers, Speech and language Therapist	
<b>Care Support Worker e.g. healthcare assistant</b>	
<b>Doctors e.g. Registrars/Consultants/Associate Specialists</b> Named Lead Consultant for Patient Pathway Other specialties involved? Surgical/Medical/Radiological	
<b>Registered Nurses e.g. staff nurses, pre-assessment nurses &amp; Midwives</b>	
<b>Specialist Nurses e.g. trauma co-ordinator, pain nurses, diabetes, cancer specialists</b>	
<b>Patient Representative</b>	
<b>Portering Services, Estates &amp; Management</b>	
<b>Service Managers</b> e.g. outpatient department managers, theatre managers	
<b>Technicians</b> e.g. biochemists, prosthesis, sterile services	

## **MATERIALS CHECKLIST**

- Post-it notes – varying colours will help identify different groups or drivers**
  
- Marker pens**
  
- Sticky-tape**
  
- Blue-tack**
  
- Flipchart for “Driver Diagram”**
  
- Camera**
  
- Refreshments for Participants**