Due Sept. 1

Step 2: Identifying the Problem; Fishbone/Driver Diagrams

Learning Objectives:

- Construct a driver diagram
- Identify modifiable and non-modifiable factors

Modifiable vs. Non-Modifiable Factors

Quality improvement and PDSA cycles involve making a change to improve the quality of care; however, due to various constraints, not all changes are possible. We can consider the things we want to change as modifiable or non-modifiable factors.

A ***modifiable factor*** is something possible to change. Examples of modifiable factors could include:

- The organization of chairs in the agency waiting room
- How staff greet clients
- Intake forms to using inclusive language for transgender individuals

Some factors are modifiable but would be difficult to change due to organizational, financial, or other constraints. For example, a clinic may wish to have a separate waiting room for adolescent clients; however, this is not feasible due to space constraints.

A ***non-modifiable*** factor is something that is not possible to change. Many non-modifiable factors are at the client level. Examples of a non-modifiable factor include:

- Client gender, race, ethnicity, socioeconomic status
- Where a client lives
- Procedures and processes that are mandated by funders, local, state, or federal authorities

It is useful to consider modifiable and non-modifiable factors when developing a driver diagram.

Checkpoint 2: Driver Diagram

A driver diagram is a visual display of a team's theory of what "drives" or contributes to the achievement of a project aim. This clear picture of a team's shared view is a useful tool for communicating with a range of stakeholders where a team is testing and working.

A driver diagram shows the relationship between the overall **aim** of the project, the **primary drivers** (sometimes called "key drivers") that contribute directly to achieving the aim, the **secondary drivers** that are components of the primary drivers, and **specific change ideas to test** for each secondary driver.

Primary drivers are the most important influencers on the aim, and you will have only a few (we recommend 2 to 5). Secondary drivers are influencers on (or natural subsections of) the primary drivers, and you may have many. As you identify each driver, establish a way to measure it.

Remember: It is unlikely that a single individual has a clear view of an entire complex system. When developing a driver diagram, enlist the help of team members who are familiar with different aspects of the system under review.

Adapted from: *QI Essentials Toolkit: Driver Diagram*, Institute for Healthcare Improvement

Instructions

1) On the left, list the project aim (keep it general for this activity, such as "increase appointment attendance") and draw a box around it.

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

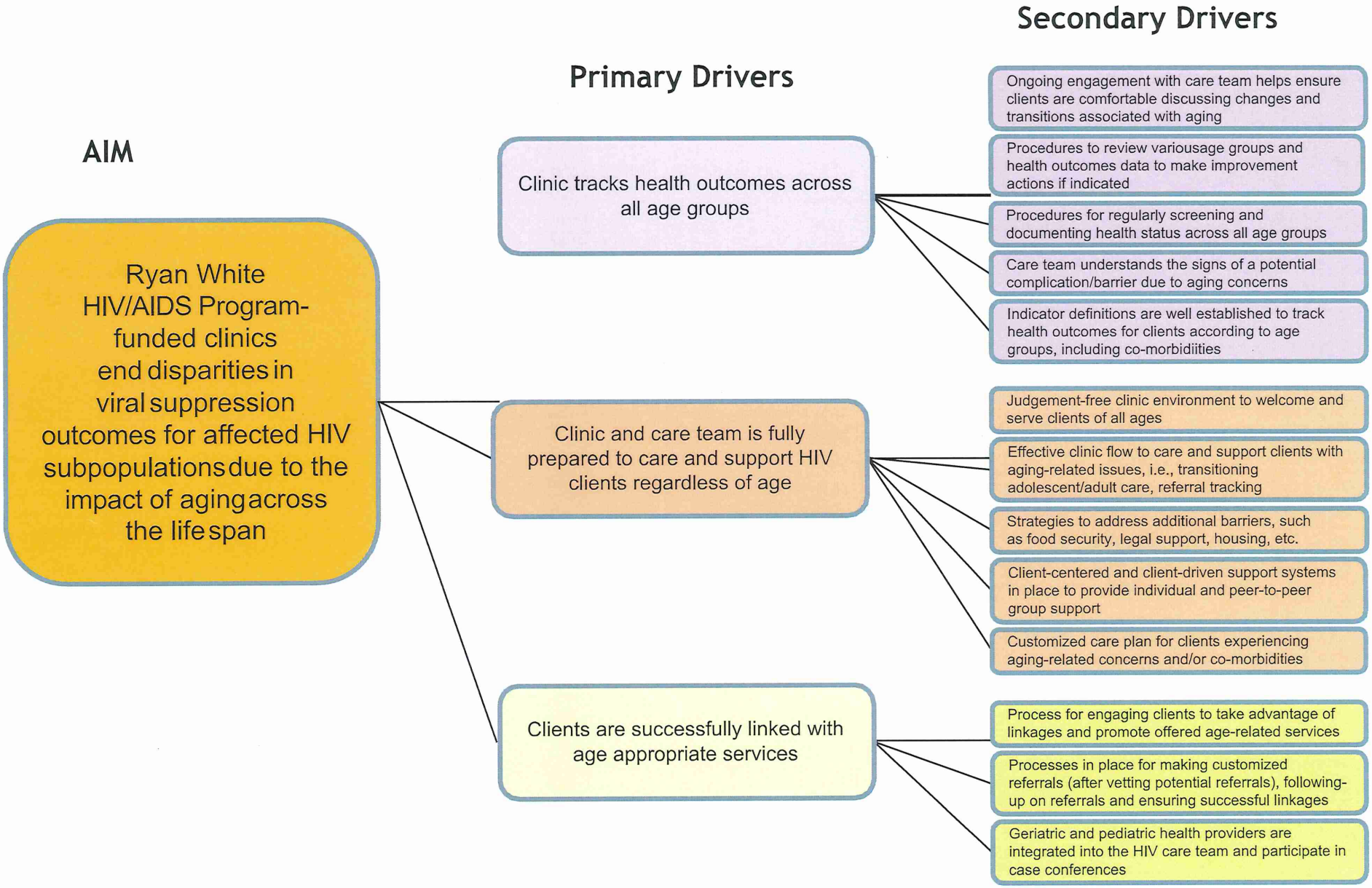
3) To the right of each primary driver, list as many "secondary drivers" as you can think of that influence the primary driver. Draw a box around each secondary driver and draw lines to connect the secondary drivers to the primary drivers. Note: Secondary drivers can connect to more than one primary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

*Tip: To show strong relationships, use solid lines, to show weaker relationships, use dotted lines.

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

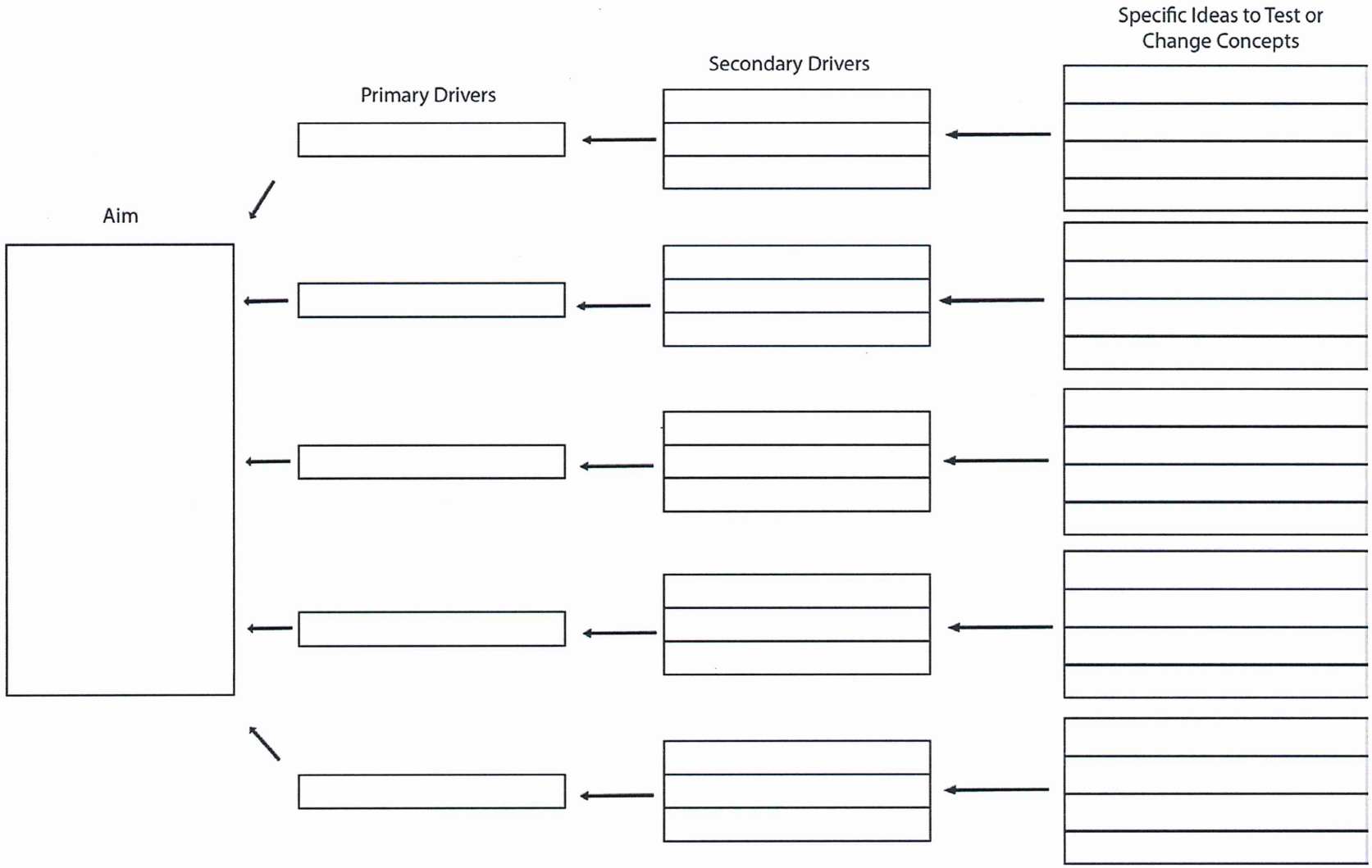
5) Use different colored highlighters to identify modifiable and non-modifiable primary and secondary drivers.

Example: Driver Diagram



Age Across the Lifespan

https://www.dshs.state.tx.us/sites/default/files/hivstd/qm/files/DriverDiagramSample.pdf


Specific Ideas to Test or Change Concepts
Secondary Drivers
Primary Drivers
Aim

Materials Adapted From:

- *QI Essentials Toolkit: Driver Diagram*, Institute for Healthcare Improvement. Accessible at: http://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx

Additional Resources:

- *Don Goldmann: How do you use a driver diagram?* Institute for HealthcareImprovement. Accessible at: https://youtu.be/yfcE_Q-IRFg
- Excel Driver Diagram Creator (downloadable from Google Drive)

Step 3: Aim Statements; Strategies and Quality Indicators

Learning Objectives:

- Construct an aim statement
- Determine quality measures for upcoming QI project
- Analyze strategies to address the identified problem being studied in the QI project.

Tips for Setting Aims

1. Clearly define your aim. This is not always as easy as it sounds. Just improving is not a clear enough objective to engage and motivate your team to improve. Having a *"How much"* and *"by when"* aim may seem ambitious; however, it is much better to not quite fulfill your aim than to not have any significant measurable improvement because of an ambiguous aim.

2. Include numerical goals that require a fundamental change to the system. Teams are more successful when they have clearly, focused aims. Setting numerical goals clarifies the aim, helps to create tension for change, directs measurement, and focuses on initial changes. For example, the aim "Reduce waiting room time" is not as effective as "Reduce patient appointment wait time for a provider by 50% within 12 months." Including numerical goals not only clarifies the aim, but also helps team members beginto think about what their measures of improvement will be, what initial changes they might make, and what level of support they will need.

3. Set stretch goals. A "stretch" goal is one to reach within a specific time. Setting stretch goals such as "Reduce patient appointment wait time for a provider by 50% within 12 months" communicates immediately and clearly that maintaining the status quo is not an option. Effective leaders make it clear that the goal cannot be met by tweaking the existing system. Once this is clear, people begin to look for ways to overcome barriers and achieve stretch goals.

4. Avoid aim drift. Once the aim has been set, the team needs to be careful not to backaway from it deliberately or "drift" away from it unconsciously. The initial stretch goal "Reduce patient appointment wait time for a provider by 50% within 12 months" can slipalmost imperceptibly to "Reduce patient appointment wait time for a provider by 40%" or "by 20%." To avoid drifting away from the aim, repeat the aim continually. Start each team meeting with an explicit statement of aim, for example, "Remember, we're here to

reduce patient appointment time for a provider by 50% within 12 months," and then review progress quantitatively over time.

5. Be prepared to refocus the aim. Every team needs to recognize when to refocus its aim. If the team's overall aim is at a system level (for example, "Increase domestic violence screening by 30% within 12 months"), team members may find that focusing for a time on a smaller part of the system (for example, "Increase domestic violence screening for patients new to care by 30% within 12 months") will help them achieve the desired system-level goal. *Note*: Do not confuse aim drift or backing away from a stretch goal (which usually is not a good tactic), with consciously deciding to work on a smaller part of the system (which often is a good tactic).

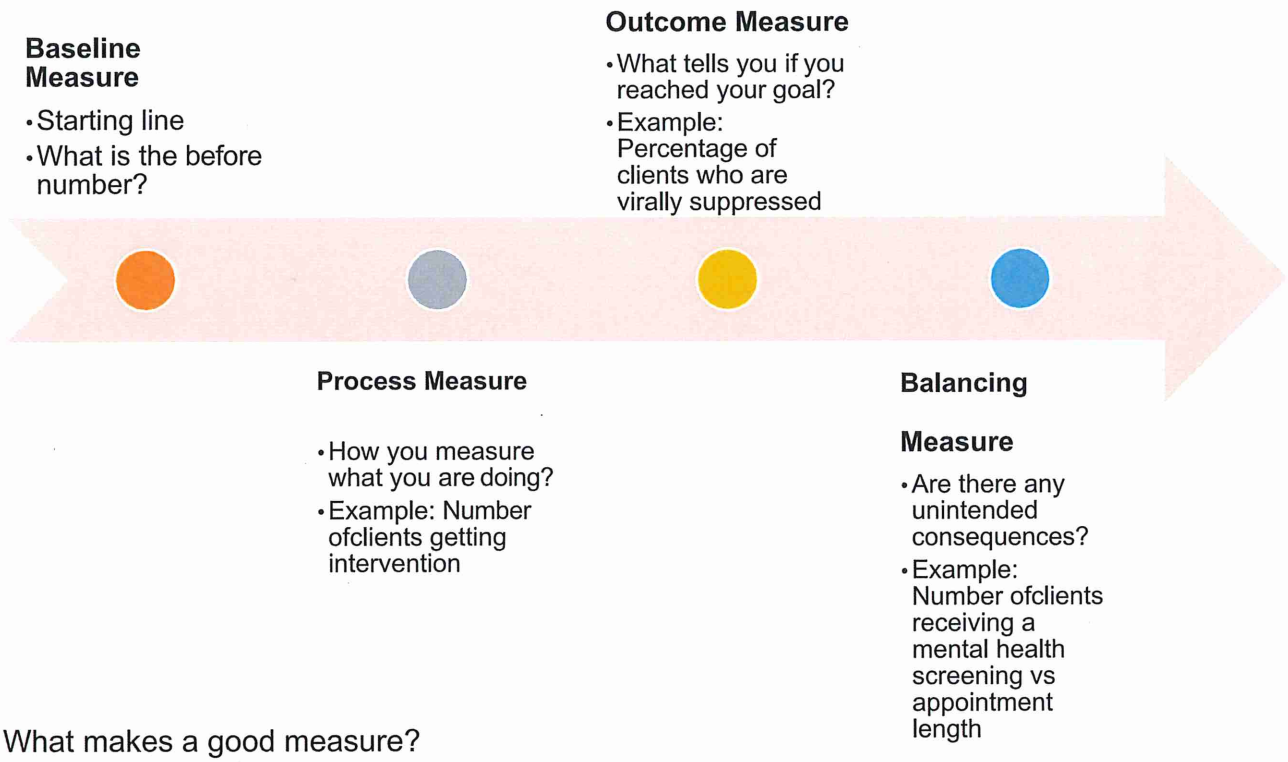
Quality Measurement

A quality measure is a tool to assess specific aspects of care and services that are linkedto better health outcomes while being consistent with current professional knowledge and meeting client needs.

Process Measures evaluate the actions taken to produce the outcome and theprocedures for achieving the best outcomes.

Outcome Measures measure the result. Outcome indicators are used to evaluate if youmet your goal.

Balancing Measures are used by improvement teams to see whether the improvement work is having an unintended consequence in the system.



What makes a good measure?

- Relevance
  - Does the indicator affect many clients?
  - Does the indicator have a significant impact on the programs or clients?
- Measurability
  - Can the indicator realistically and efficiently be measured given finite resources?
- Accuracy
  - Is the indicator based on acceptable guidelines or developed through formal group-decision making methods?
- Improvability
  - Can the performance rate associated with the indicator realistically beimproved given limitations of your services and populations?

Checkpoint 3: AIM Statement

What are you trying to accomplish?

- What do you hope to accomplish with this project? Aims should be SMART, specific, clear, well defined, and at a **minimum**, describe the target population, the desired improvement, and the targeted timeframe.

Use the following table to put together your aim statement.

To increase/ decrease		(process/outcome)
from		(baseline %, rate,#, etc.)
to		(goal/target %, rate, #, etc.)
by		(date)
in		(group, population)

Full AIM Statement: