

Key Driver Diagram

Illustrating Your Theory of Change



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Learning Objectives

Describe

Describe a key driver diagram (KDD) and show how teams use it to drive improvement.

Review

Review the anatomy of a KDD.

What is a Key Driver Diagram (KDD)?

Improvement Tool



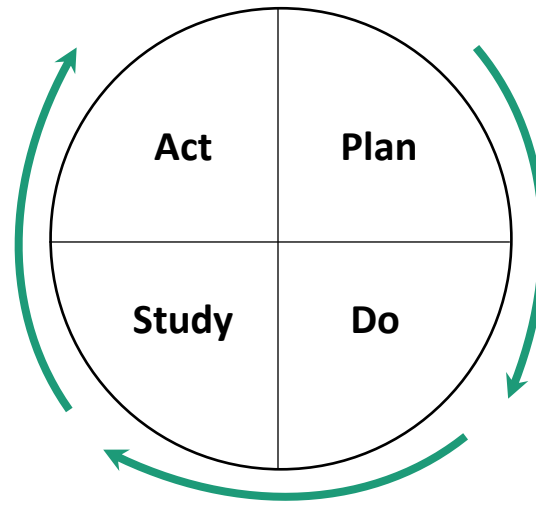
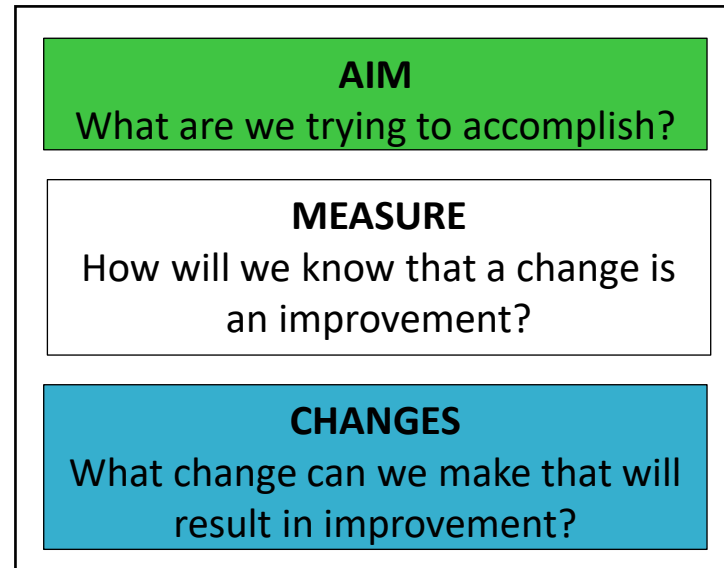
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graph TD; A[Improvement Tool] --> B[Visual Representation of Your Theory of Improvement]; B --> C[What Drives Desired Outcomes?]; C --> D[What Gets in the Way of Desired Outcomes?]
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Visual Representation of Your Theory of Improvement

What Drives Desired Outcomes?

What Gets in the Way of Desired Outcomes?

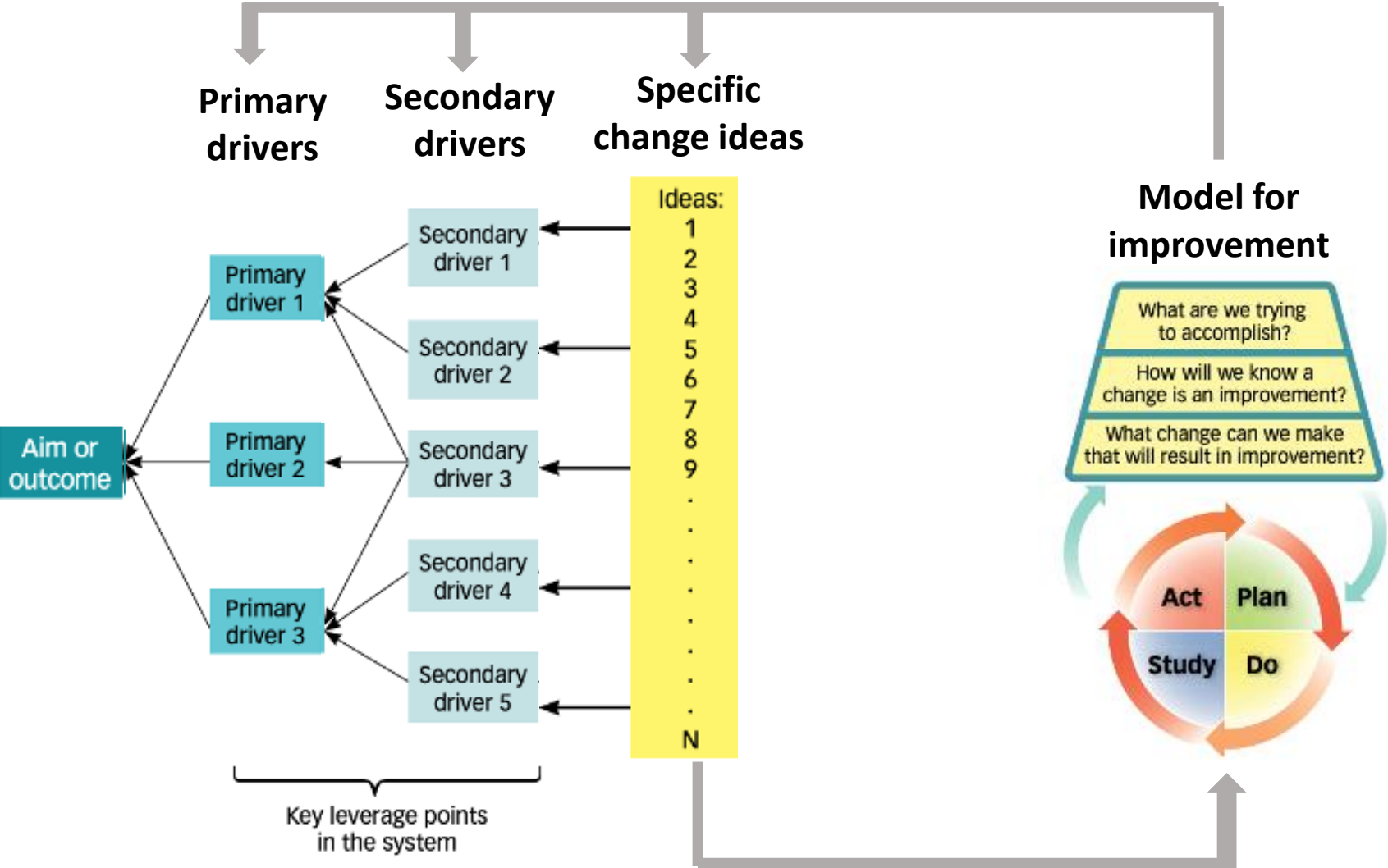
The Cornerstone of Our Methodology: The IHI Model for Improvement



Anatomy of a Key Driver Diagram

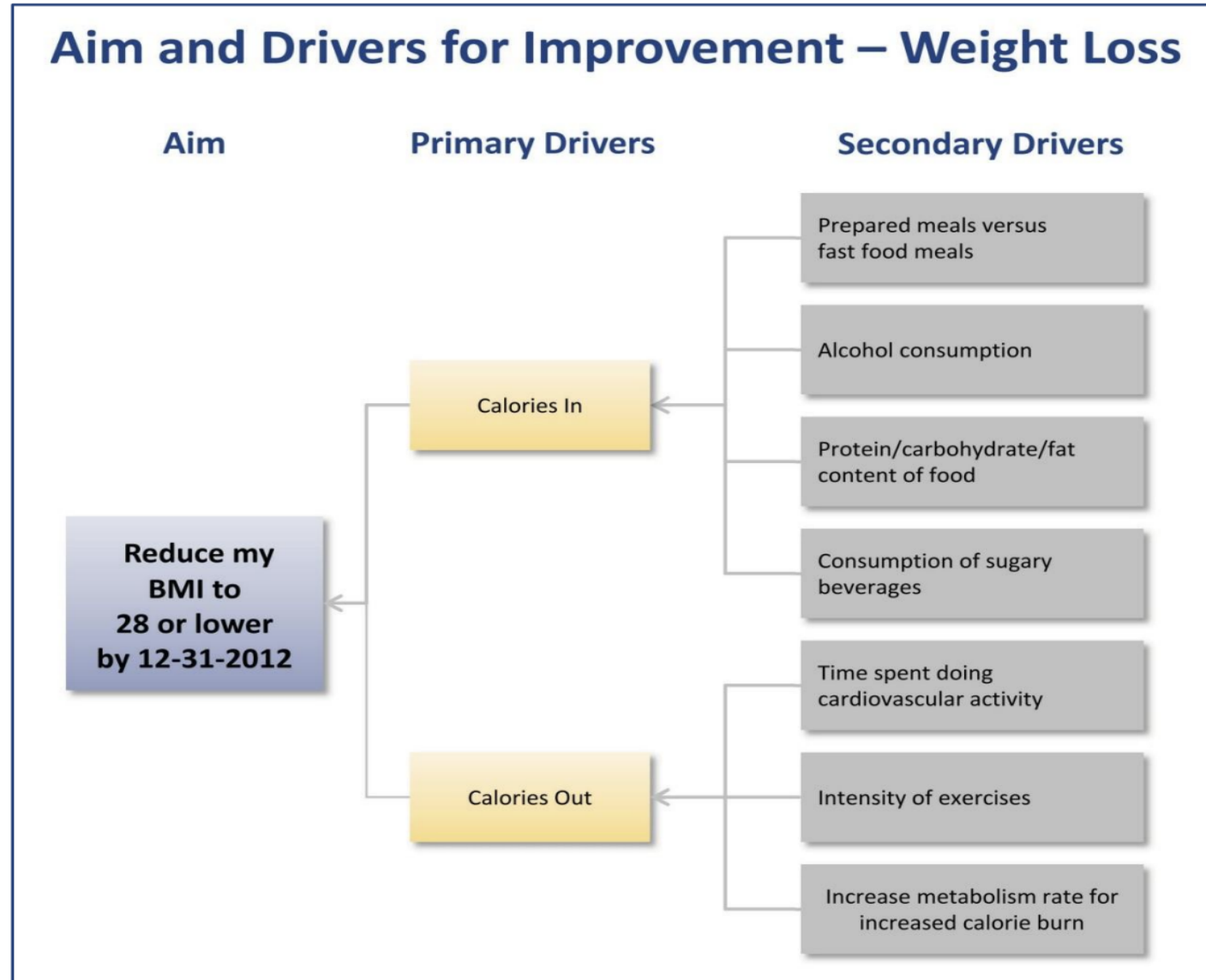
Bennet B, Provost L. Organizational Improvement. July 2015.

Driver diagram informs testing, testing refines theory

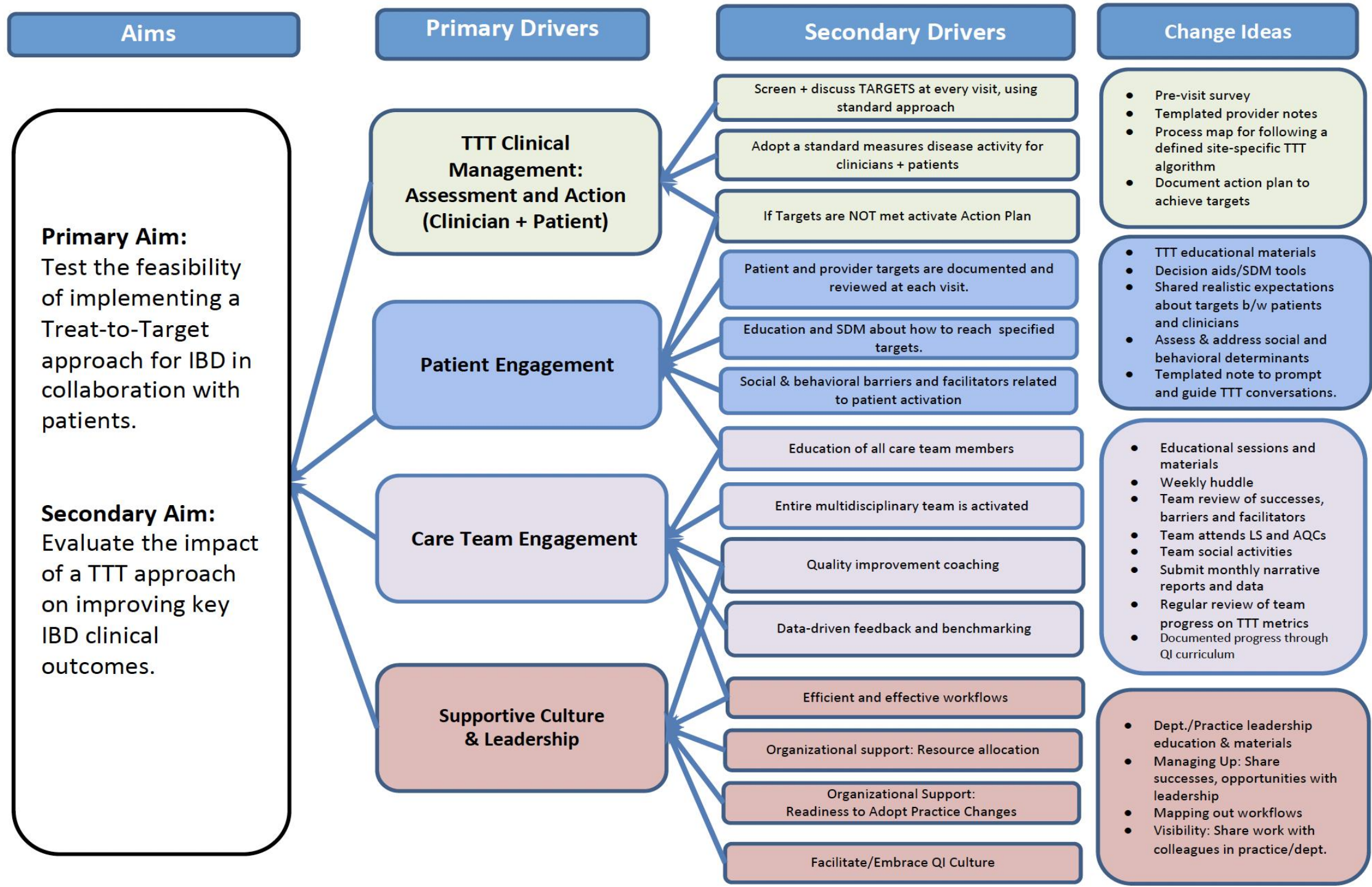


Example of a Very Simple KDD

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services Center for Medicare and Medicaid Innovation Learning and Diffusion Group. Available at: <https://innovation.cms.gov/files/x/hciatwoaimsdrvrs.pdf>

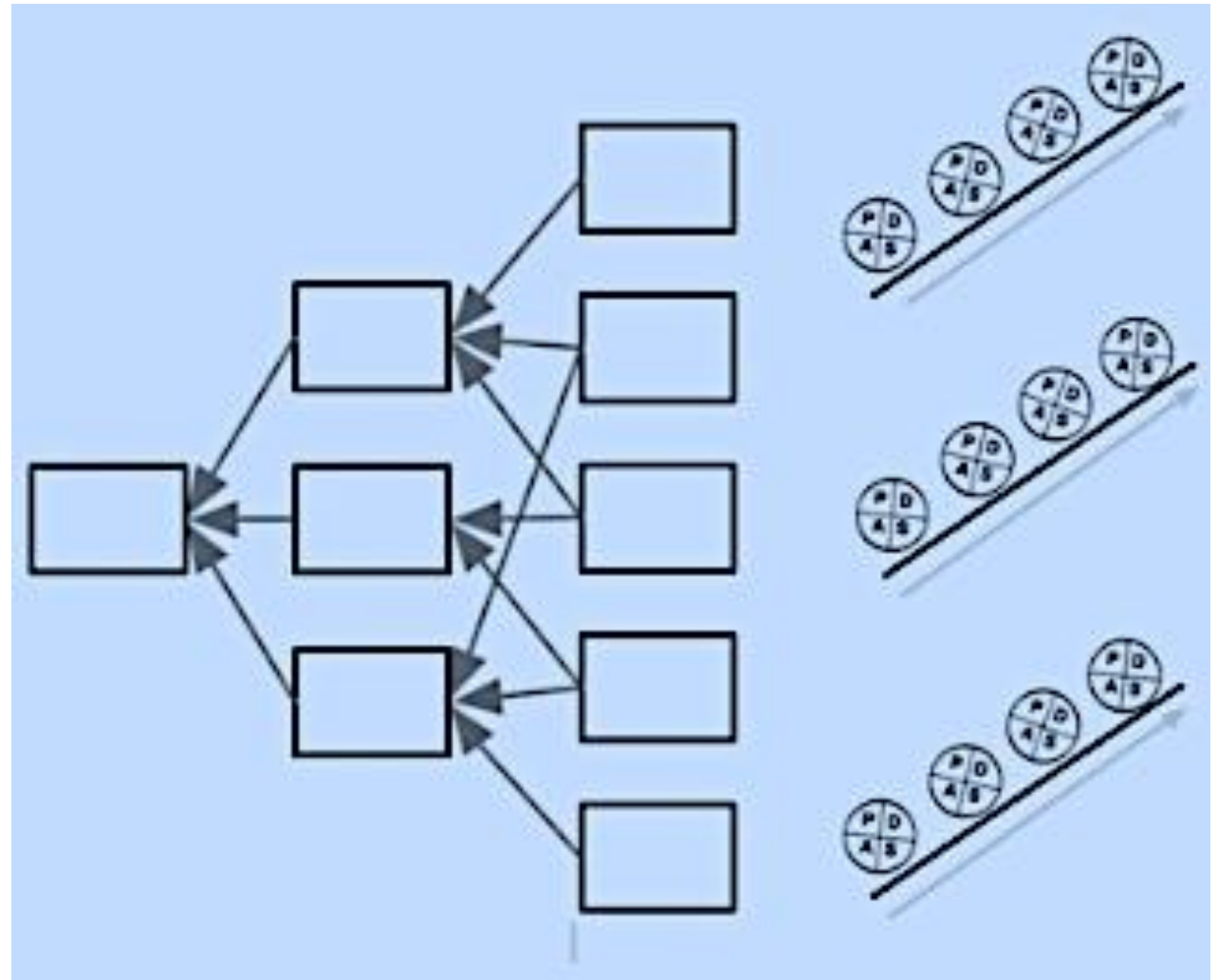


		Primary Drivers	Secondary Drivers	Ideas for Change
<p>Aim:</p> <p>Improve the delivery of urgent IBD care through a patient-centered approach</p> <p>Goals:</p> <ul style="list-style-type: none"> ▪ Improve accessibility of care during urgent events ▪ Improve patient and provider education about urgent care planning ▪ Decrease harm by limiting exposure to inappropriate <u>care</u> ▪ Improve patient satisfaction 		<p>Patients are activated, well informed, and engaged in self-management and care planning.</p>	<ul style="list-style-type: none"> ▪ Tools and materials available to promote patient self-management & autonomy ▪ Proactive strategies to help patients overcome barriers and set goals and priorities for their health ▪ Shared decision-making environment ▪ Technology and community support systems and resources ▪ Patient understanding of what is urgent and when to call 	<ul style="list-style-type: none"> ▪ Pre-visit “1 pager” specific for urgent care BTS, includes #1 concern ▪ Urgent care education card and other materials for patients ▪ ED card for patients to give to ED providers if a visit is required ▪ Use coproduction patient module and dashboard tool
		<p>Care is available and accessible when needed.</p>	<ul style="list-style-type: none"> ▪ Access to care without long waits ▪ Responsive and timely communication to urgent need ▪ Coordination and information sharing with local provider/PCP ▪ Target high-risk patients to proactively address needs ▪ Explore alternatives to in-person visits 	<ul style="list-style-type: none"> ▪ Reserve urgent care slots ▪ Open/Same Day access ▪ Urgent care hotline ▪ Develop plan to address needs of high-risk patients ▪ Implement pre-visit planning ▪ Establish telehealth system ▪ Create coordinator/navigator role
		<p>Care is collaborative, evidence-based, and consistent.</p>	<ul style="list-style-type: none"> ▪ Care pathways and protocols linked to practices at frontline ▪ Outreach and transfer/management of information with PCPs, ED supports seamless and appropriate care 	<ul style="list-style-type: none"> ▪ Establish weekly review of key measures ▪ Develop algorithms and care pathways for docs and mid-levels; agree on “refer to ER” criteria ▪ Develop targeted educational programs/materials regarding appropriateness of steroid and narcotic use
		<p>Care processes are patient-centered, with the right staff and resources to deliver the right care when needed.</p>	<ul style="list-style-type: none"> ▪ Prepared, proactive care team partnering with patients ▪ Multidisciplinary approach to optimize care experience and to reduce handoffs, transitions ▪ Explore alternatives to accessing ancillary services 	<ul style="list-style-type: none"> ▪ Map patient’s journey through the urgent care process to identify optimal care processes ▪ Weekly team meetings ▪ Integrate surgery and social worker into urgent care process ▪ Utilize home health services (e.g. IV steroids) ▪ Utilize outpatient infusion, lab services



How Will You and Your Team Use the KDD?

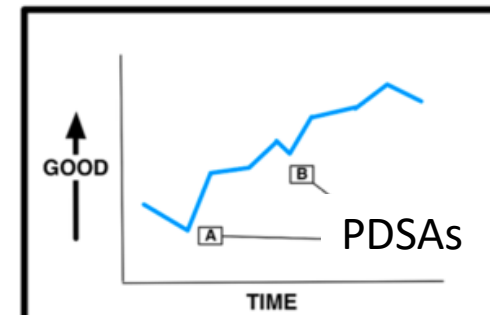
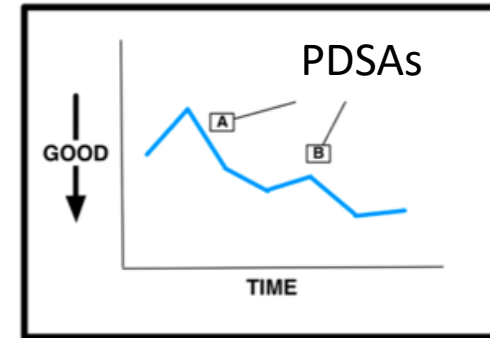
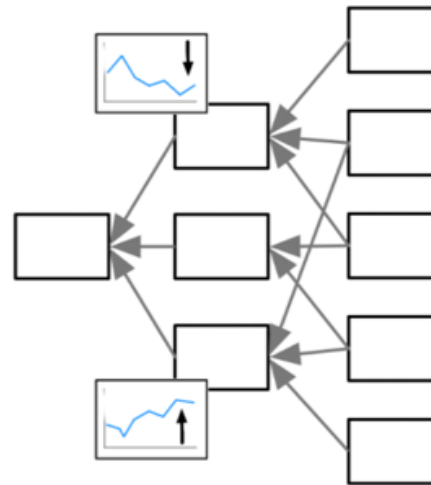
- Organize and Link Change Ideas
- Develop and Test PDSAs



Link Your Measures to Your Theory of Change



You need measurement to test theory



Importance of Tracking Lessons Learned

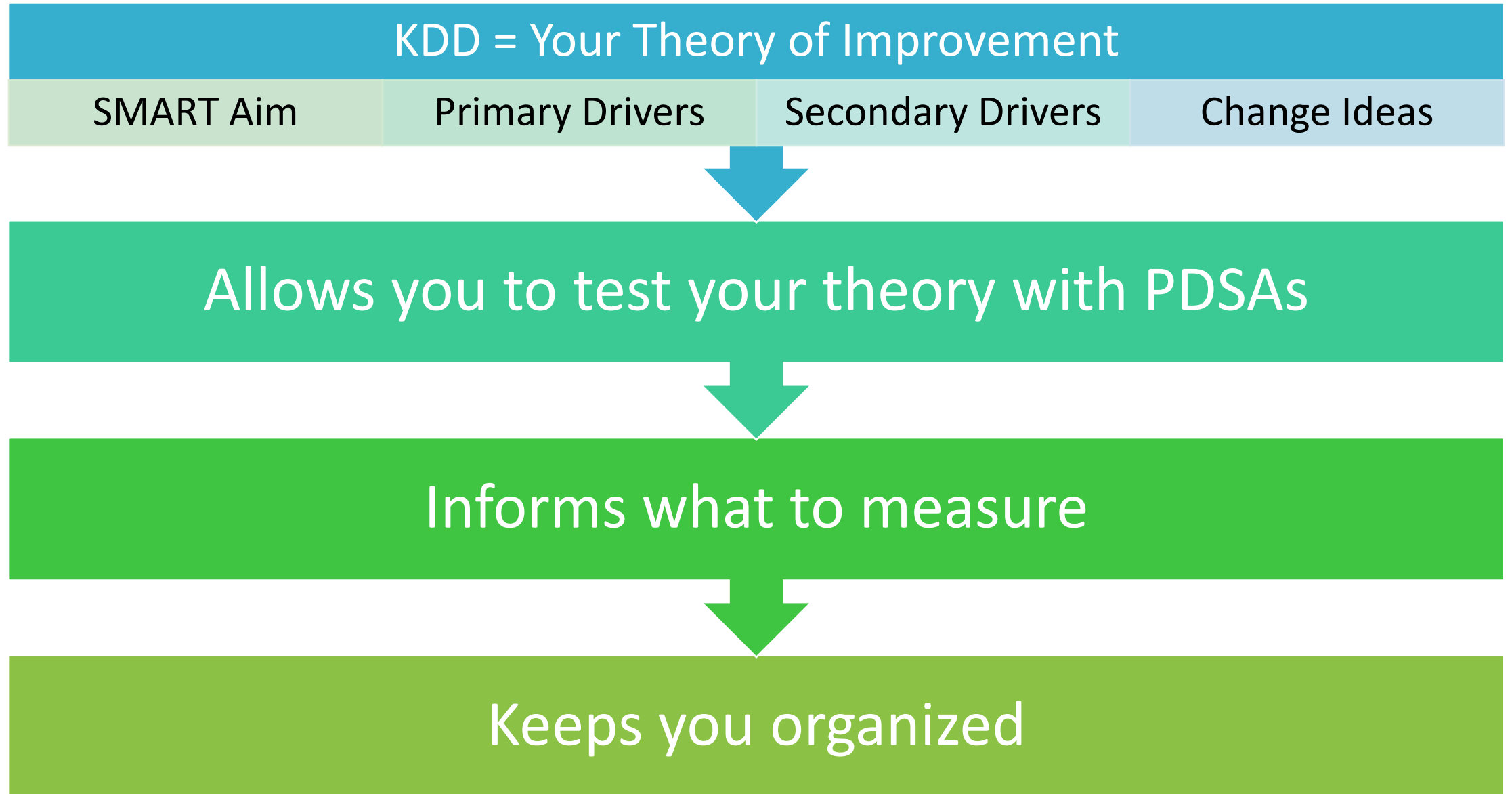
PDSA Tracking Tool

	PLAN			DO		STUDY	ACT
PDSA Cycle No.	Description of test. What Driver does it link to?	What do you predict will happen?	How will you measure if your test made an improvement?	Date(s) of test	Notes	Lessons Learned/Results	What will you do next? (abandon, adapt, adopt)
1							
2							
3							
4							



Use a KDD To Anchor Your Team Huddles & Meetings

Summary





Resources

Bennett B, Provost L. *Quality Progress*. July 2015.

Picarillo A. Introduction to quality improvement tools. *J Perinatol*. 2018;38:929-935.

Examples of KDDs

<https://www.med.unc.edu/ihqi/programs/medical-student-scholarly-concentration/session-3-charters-a3s-driver-diagrams/>

Intro to Driver Diagrams by Bob Lloyd (6:18)

<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard9.aspx>

How Do You Use a Driver Diagram with Don Goldman (6:37)

<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/Activities/GoldmanDriver.aspx>

Next Steps

ACTIVITY	MATERIALS
If using an already developed KDD ... Review project level KDD as a TEAM Identify local drivers that are missing and adapt the project KDD to your local context.	Project Level KDD (if applicable) Review How To Develop a KDD micro lesson
Prioritize which change ideas are likely highest impact AND low hanging fruit (easy to improve)	Review Prioritizing Change Ideas & PDSAs Using the Pareto Principle micro-lesson (optional) IHI Video (optional)
Share your project KDD with your QI team and other members of your care team.	Post it, get feedback, incorporate good ideas.