

# Driver Diagrams, Part 1

# Introductions

Please chat in the following:

- Your Name and Your Pronouns
- Where You Work
- Rate your experience using driver diagrams on a scale from 1-10 with 1 being “I don’t even know what a Driver Diagram is” and with 10 being “I know how to develop, use and train others on Driver Diagrams”



# Our Objectives for today

---

- Learn what a driver diagram is
- Understand the core components of a driver diagram
- Explore how to create a driver diagram as part of any improvement effort
- See how driver diagrams can make your improvement efforts more efficient, effective and joyful



Let's start with a  
simple exercise

# Chat in the Following:

---

- A goal - 1 thing you want to improve this year (at work or personally)
- 2-3 things you will need to do to achieve that goal



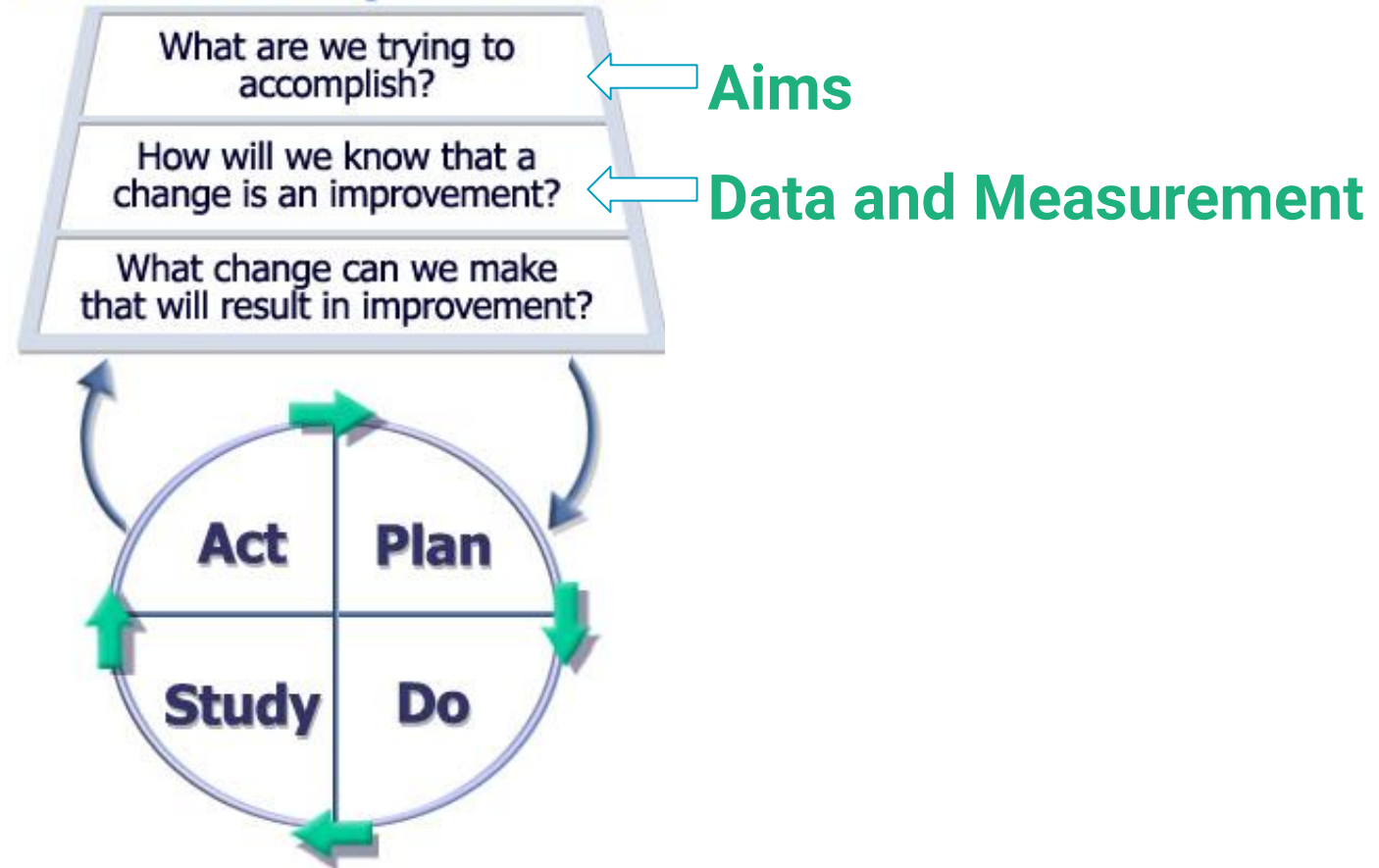
**We have the start of some  
simple Driver Diagrams!**



# Some Background and Context

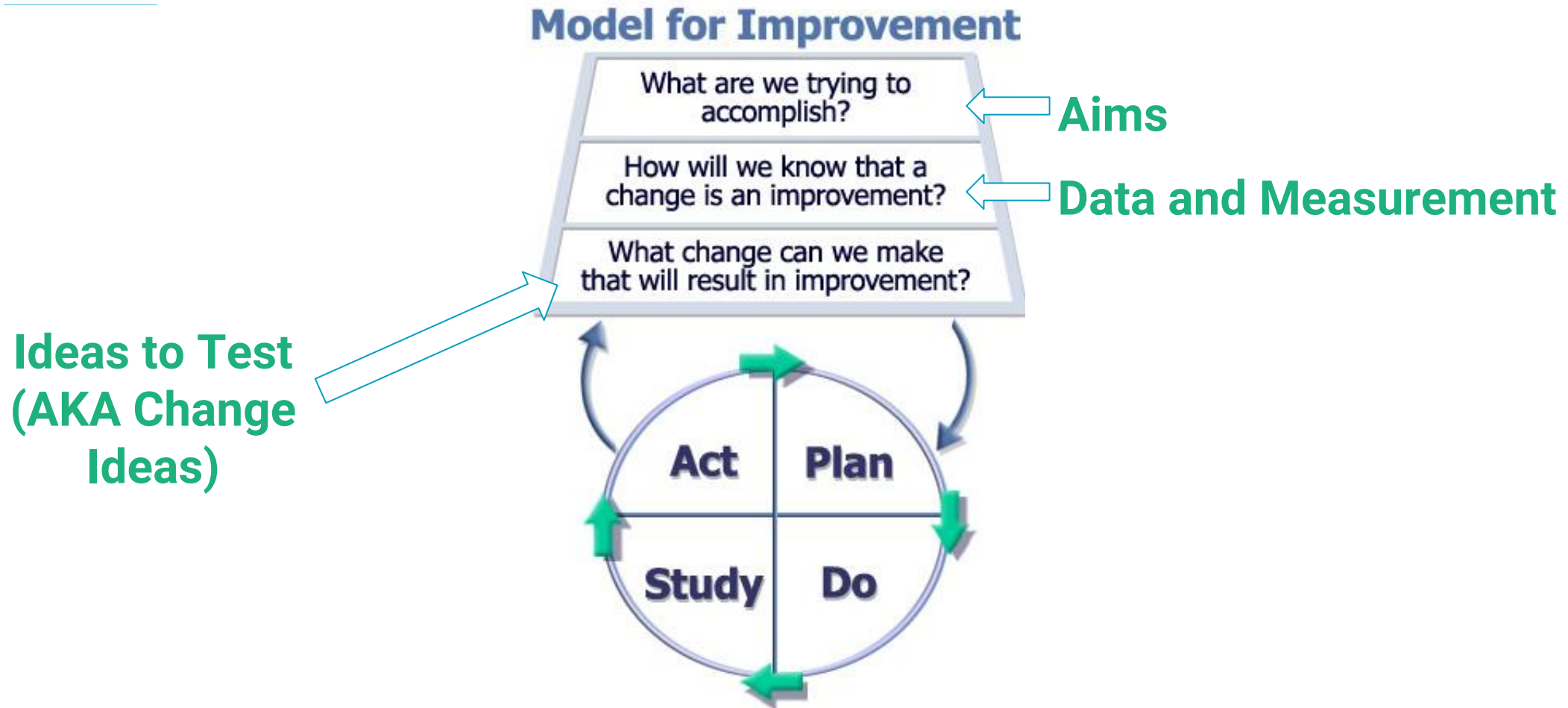
# Model for Improvement

## Model for Improvement





# Model for Improvement



# And How does this relate to Driver Diagrams?

# *Question #3: What Change(s) Can We Make that Will Result in Improvement?*

---



“What if we don’t change at all ...  
and something magical just happens?”



# Answering Question 3 - Some tools...

---

- **Driver Diagrams**
- Root Causes and Cause and Effect - Fishbone Diagram and the 5 Whys
- Drivers and Restraints analysis
- Design Thinking (brainstorming, jazz-storming, etc.)
- Ideas of change for PDSA cycles



# Beyond an Aspirational Aim

---

- Effective change requires a **theory of how you will achieve the goal**
- There are endless pathways to improvement. How do you think you'll get there?
- **Driver diagrams** are one tool (among many) you can use to make the theory explicit, allow others to buy-in or share their theory, and help you document what you're learning as you go



# Ok, so what ARE Driver Diagrams?

# Elements of a Driver Diagram

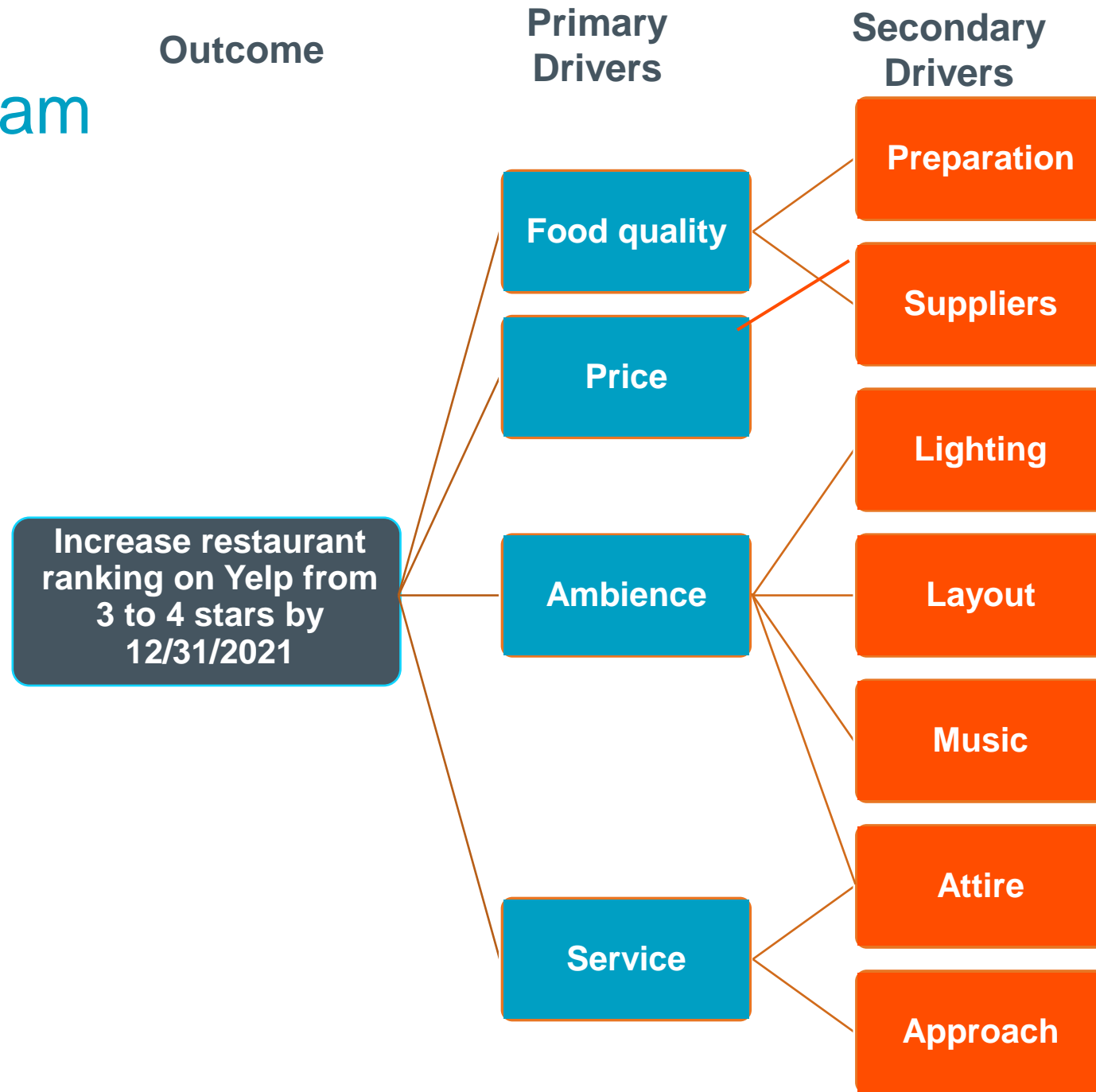
---

- **Aim** on the left-hand side (should be a SMART goal as you learn more, but may start out as a more general aim as you begin your work)
- **Clear measure(s)** noted in aim (generally) AND sometimes for primary drivers
- **Primary Drivers** and **Secondary Drivers**
- All drivers listed are believe to be **necessary** and **sufficient**
- Can be linked to **Change Concepts** and **Change Ideas**
- Contain a Revision date - Driver diagrams should be updated as you learn!



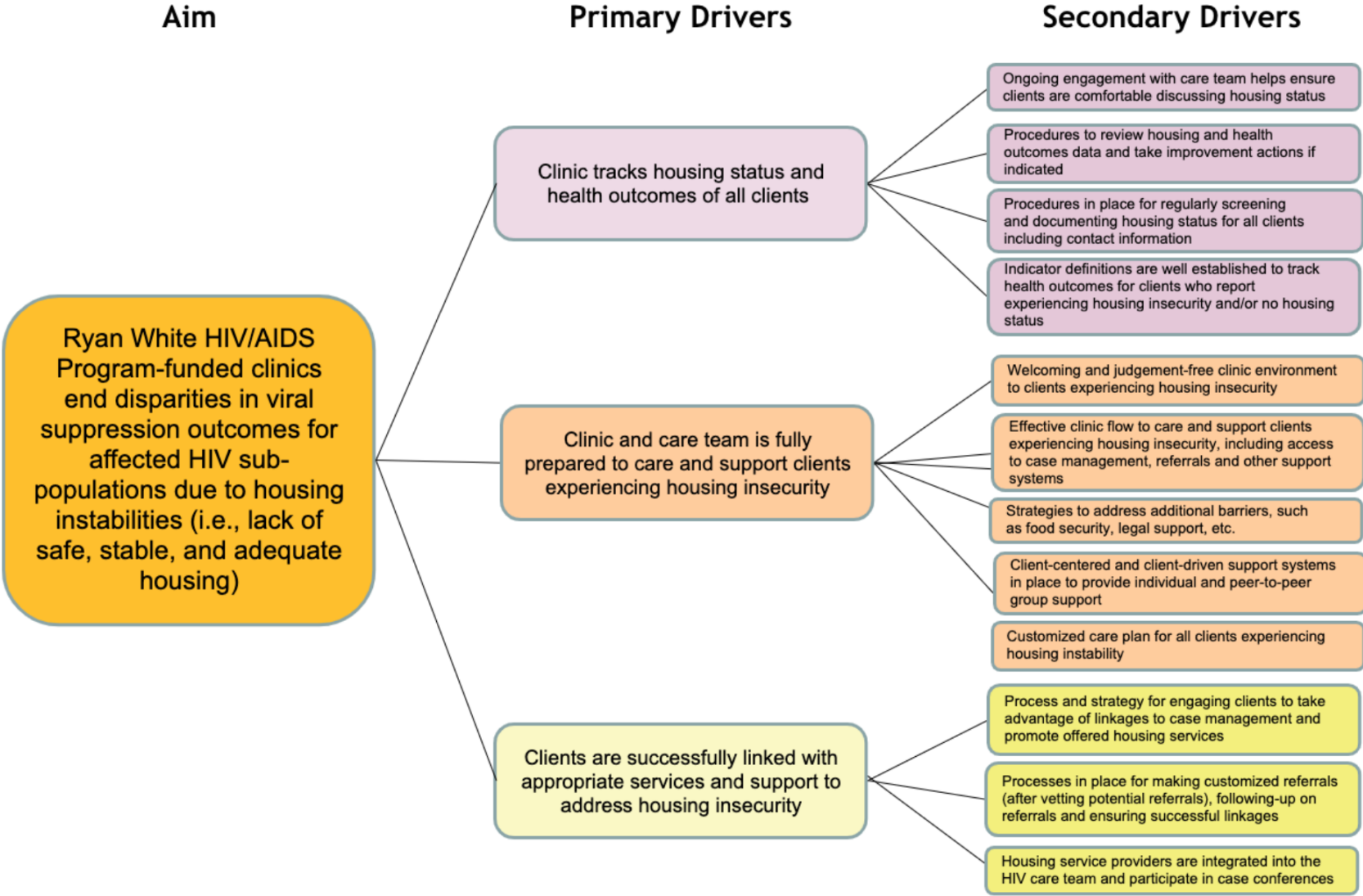
# Driver Diagram

## Example: Restaurant Rating

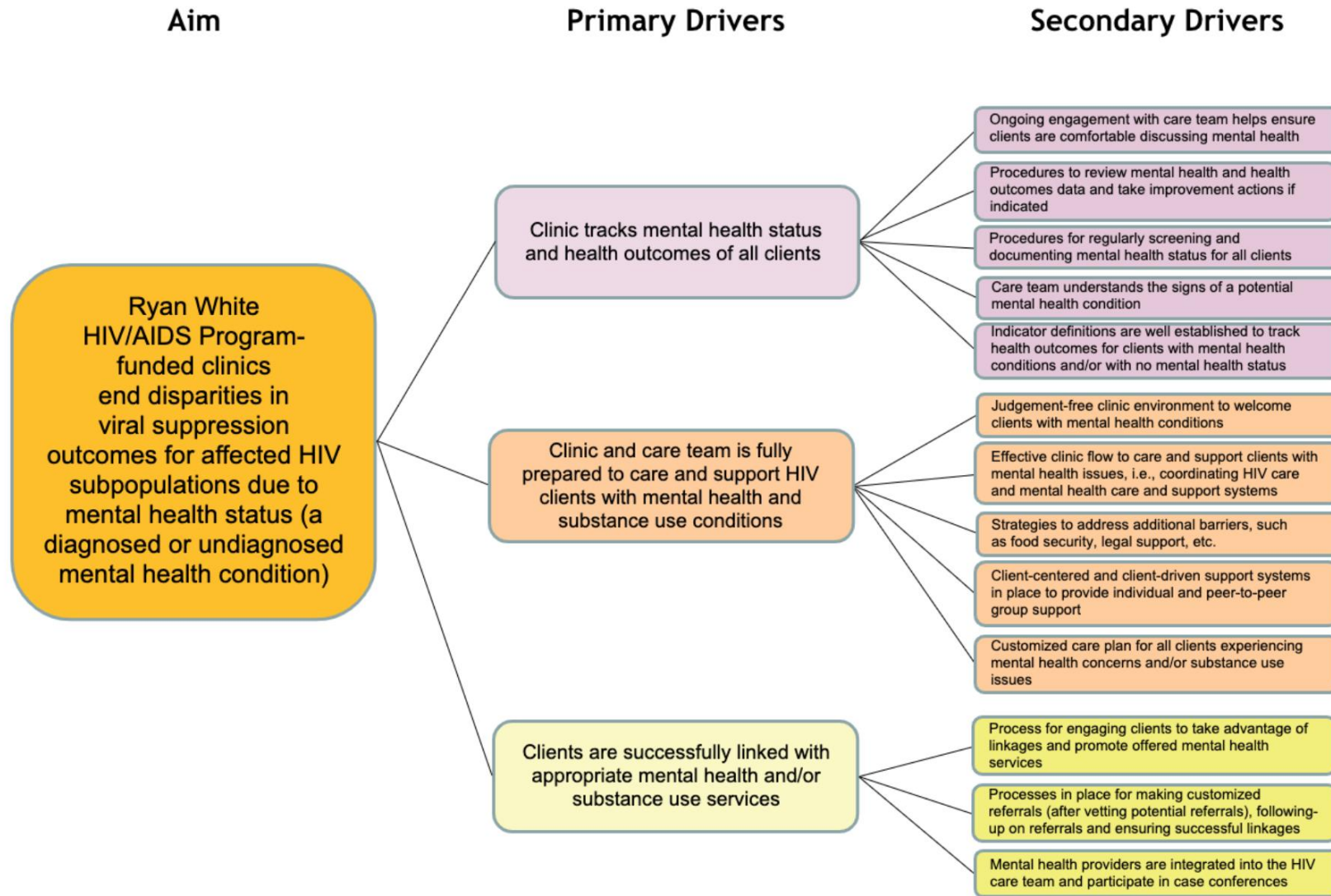




Ok, so how does this relate  
to our HIV Work?



New York State Department of Health and The Institute for Healthcare Improvement  
**Mental Health Dimension: Eliminating Viral Suppression Disparities Overview**  
 at Ryan White HIV/AIDS Program Clinics



Aim	Primary Drivers	Secondary Drivers
<p>Ryan White HIV/AIDS Program-funded clinics end viral suppression rate inequities among Black people</p>	<p>Clinic is specifically designed and then re-structured/continuously improved to meet the needs of Black people</p>	<p>All clinic staff understand how anti-blackness and white supremacy culture can be "baked into" policies, procedures and practices</p> <p>Clinic staff receive ongoing training on implicit bias, microaggressions, meeting the needs of black people and this training is reinforced</p> <p>Clinic staff use assessments (including client and staff surveys) to identify with black staff and black clients the policies, procedures</p> <p>Clinic looks at all parts of its system from outreach and engagement and linkage to care, to provision of care/treatment, to successful</p>
	<p><b>Measure(s)</b></p>	<p>Clinic uses Quality improvement methods (a Theory of Change, small tests of change, etc.) and co-design to continually improve policies, procedures and practices to better meet the needs of Black people</p> <p>Hiring, Professional Development and Promotion policies, procedures and practices are redesigned to better meet the needs of Black staff</p>
	<p>Clinic works to distribute power to Black People. Black people are always "in the room where it happens" as authentic co-designers and co-decisionmakers, whether staff or clients.</p>	<p>All staff receive ongoing training on co-design and this training is reinforced by policies, procedures and practices that help ensure co-design is practiced</p> <p>Black clients receive any needed education and tools (health literacy, treatment options, etc.) to be authentic co-designers of their own treatment and understand that the clinic "works for them"</p> <p>An active Consumer/Client Advisory board (including robust membership of Black people) and various spaces to be involved in clinical work, along with training opportunities to enhance such skills to participate more fully in CQM teams/clinical teams which drives</p> <p>Black clients have robust, multi-level and multi-modal engagement processes to be involved in co-design (from their own care to the overall operation of the clinic)</p>
	<p><b>Measure(s)</b></p>	<p>Staffing at all levels of the clinic is reflective of the local black community and its diversity</p> <p>Black clients and staff are routinely assessed to determine the extent to which they feel they are authentic co-designers</p>
<p><b>Outcome Measure(s) for This Aim</b></p>	<p>Clinic actively and comprehensively addresses intersectionality, co-morbidities and the Social Determinants of Health (SDOH) so that the clinic can fully meet the needs</p>	<p>All staff trained on meeting the full range of needs of black people and this training is reinforced by policies, procedures and practices</p> <p>Clinic develops and continually improves its practices for "warm-handoffs" to outside services and supports that meet the needs of Black clients</p>
<p>Black people with HIV have the same viral suppression rates as white people, with the same percentage becoming undetectable.</p>	<p><b>Measure(s)</b></p>	<p>Black clients routinely assessed to determine the extent to which the clinic is helping them address their full range of needs.</p>
	<p>Clinic actively works to build and deepen relationships and build trust (address mistrust) with Black clients and Black communities</p>	<p>Clinic actively works to be viewed as an authentic and trusted partner within their community and for Black people in the community</p> <p>Clinic staff understand the history as well as current practices that lead to mistrust among Black people and redesign the clinic's policies, procedures and practices to increase the trust of Black staff and Black clients</p> <p>Clinic addresses the cultural of pathologizing black people and their health</p> <p>Clinic employs community health workers, peer educators and others that are reflective of the Black populations they are serving</p>
	<p><b>Measure(s)</b></p>	<p>Clinic develops feedback mechanisms to continually and transparently report on how recommendations made by Black clients, by Black staff, and the Consumer/Client Advisory board are being acted upon</p> <p>Black clients have a choice with who they work with at the clinic and are able to find staff and other providers that think and look like them.</p>
<p><b>Last Updated:</b></p>	<p>11/17/2020</p>	



Ok, but how do I use them to  
improve?

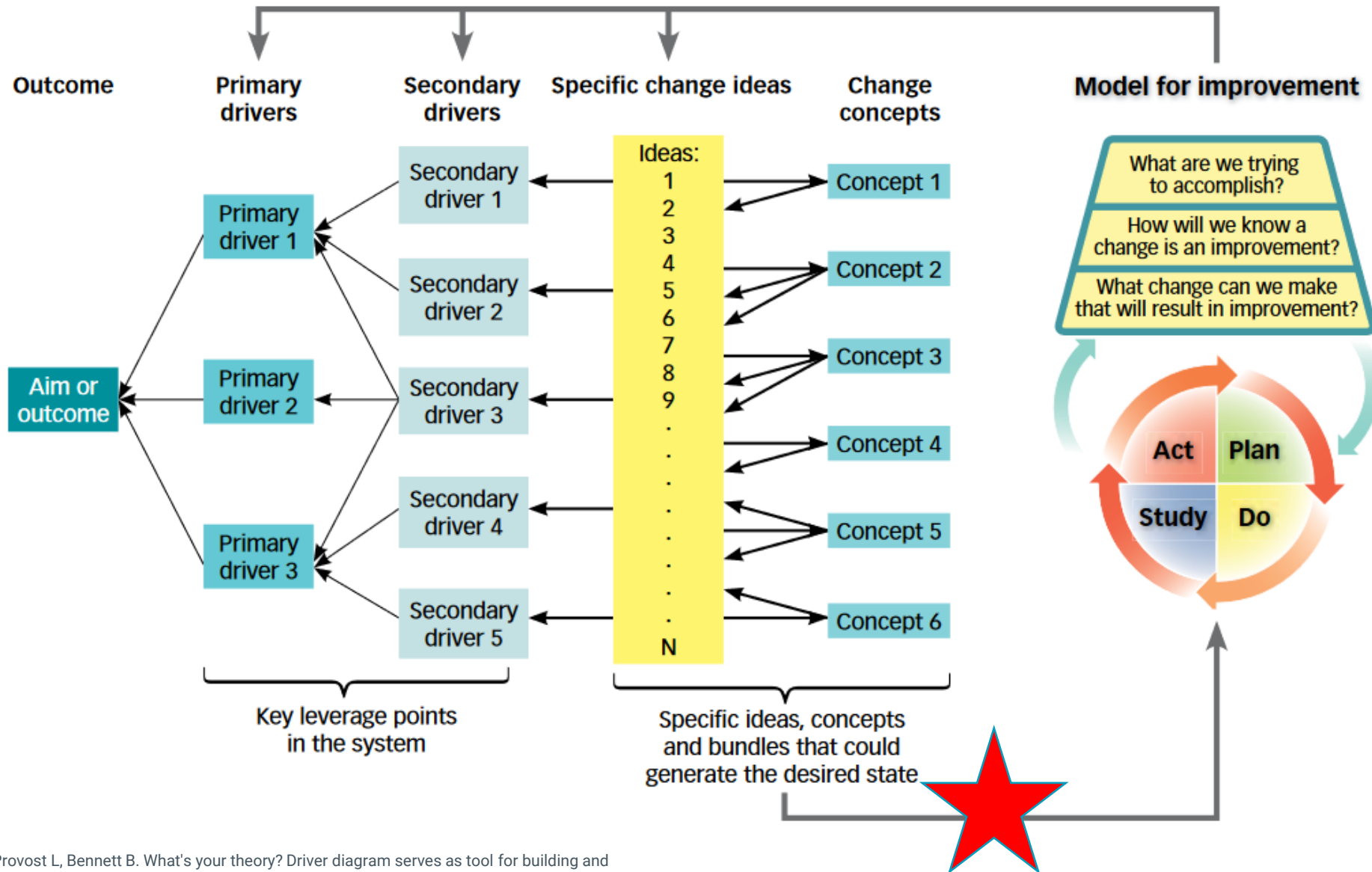
# Driver Diagrams

- Make your theory of how you are going to achieve your goal(s) **explicit**
- Allow **others to share their theories** of you are going to achieve your goals
- Enables all stakeholders to combine their individual theories into **a single working theory** (that all can understand and buy into)
- Help everyone involved understand exactly **how their work contributes to the end goal**
- Help you document what you're learning as you go - as you learn what does (and doesn't) help you get toward your goal, you can update your Driver Diagram



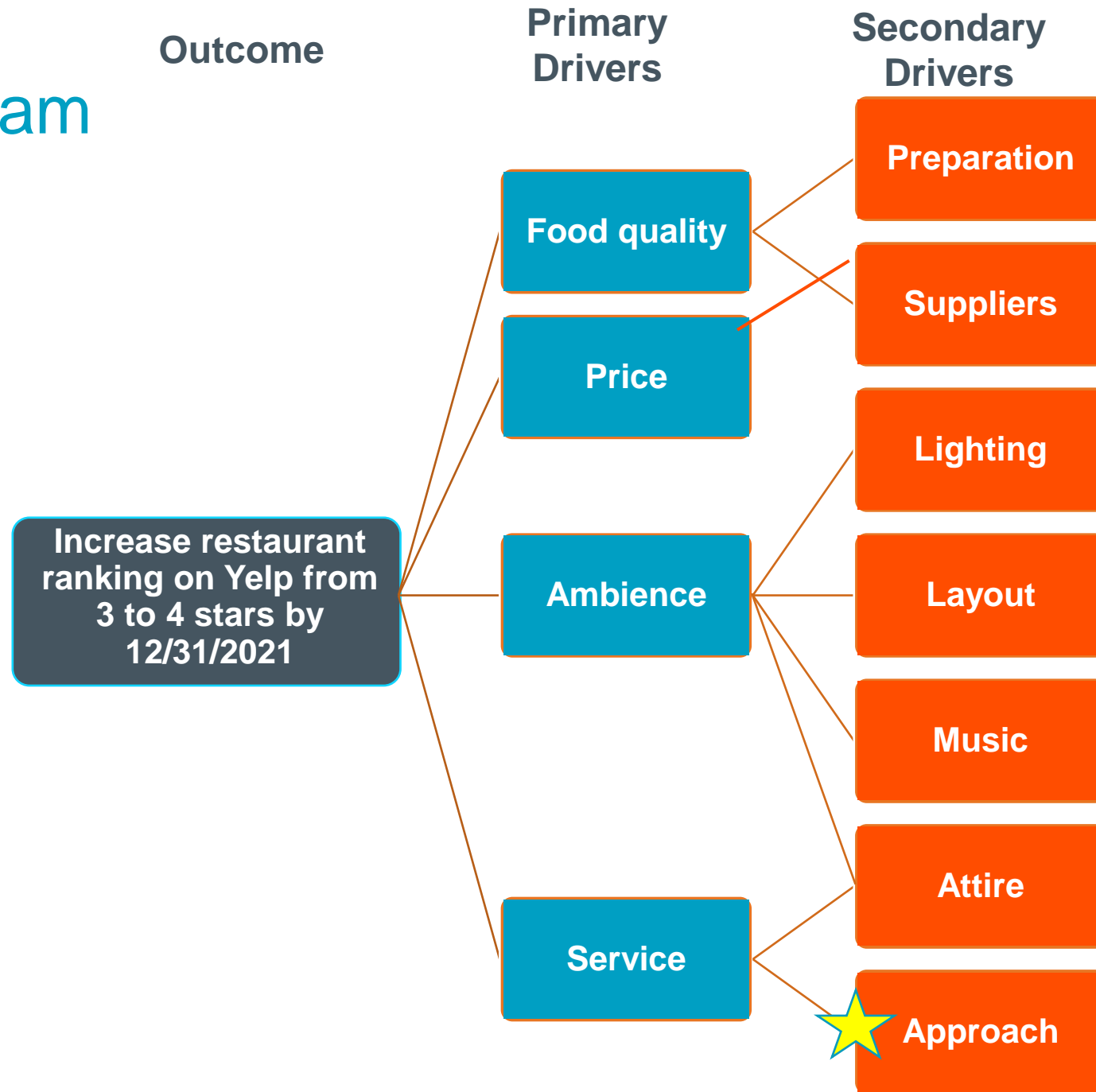


# Your Driver Diagram informs testing, and in turn testing refines your Driver Diagram



# Driver Diagram

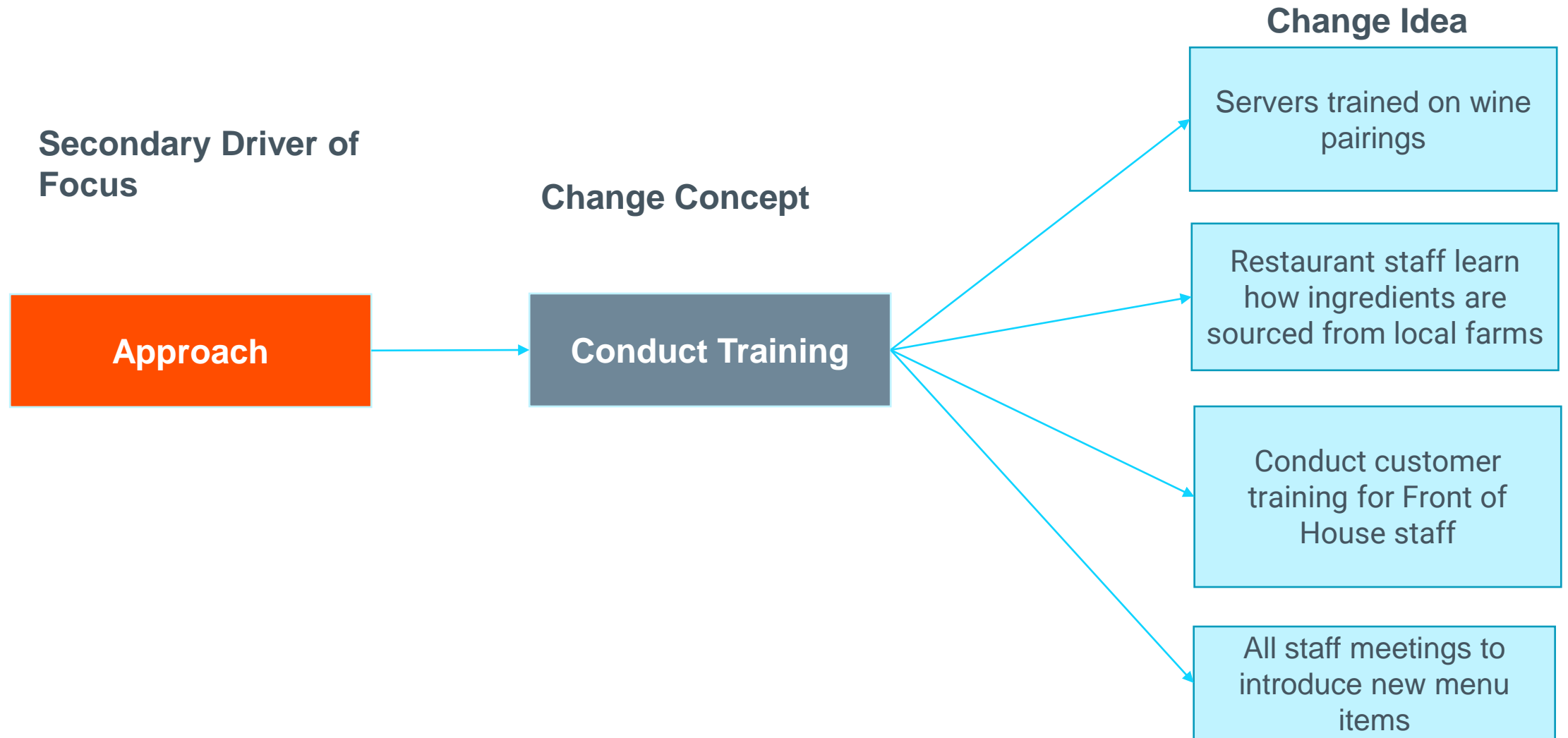
## Example: Restaurant Rating



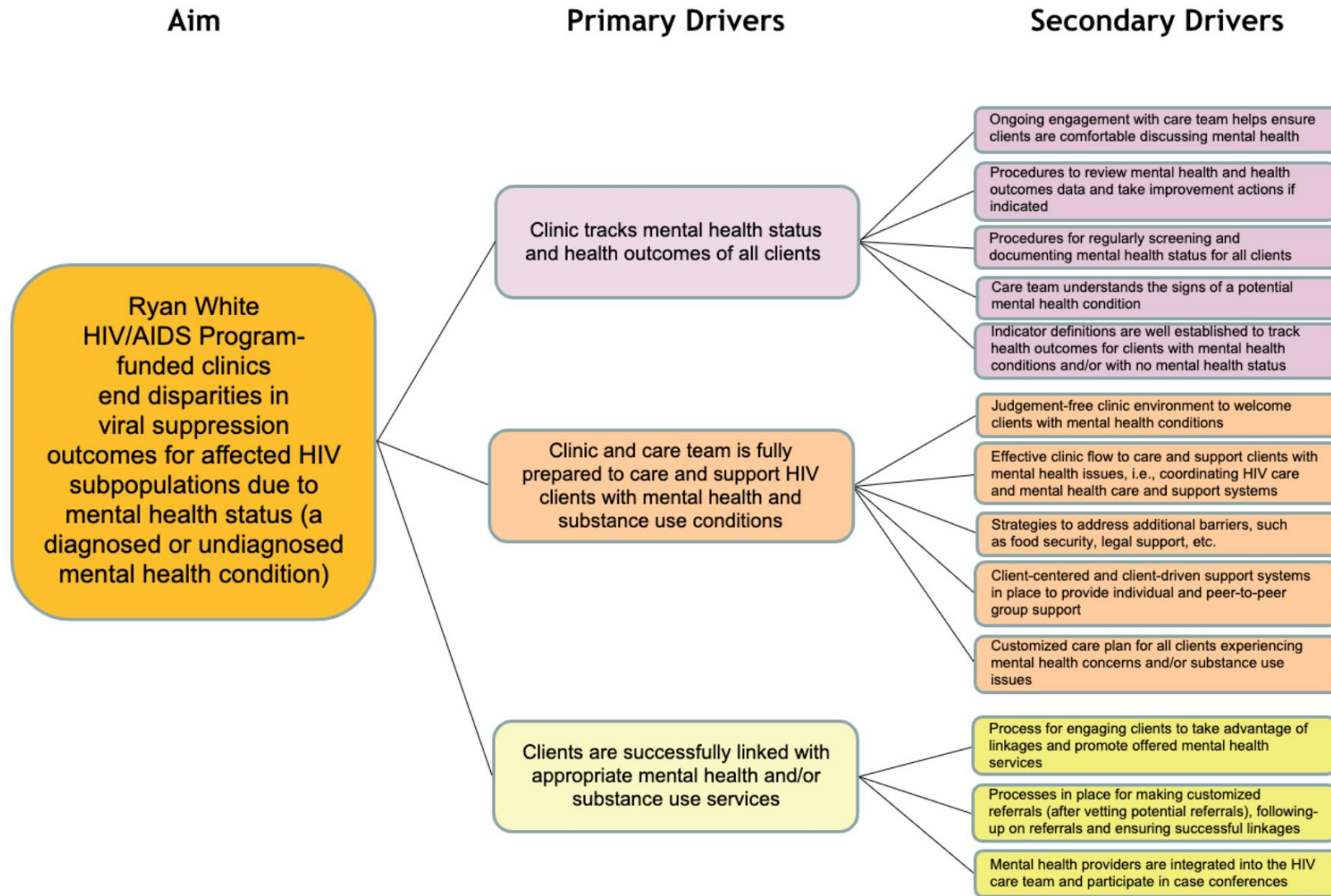
Revised 02 Feb. 2021







New York State Department of Health and The Institute for Healthcare Improvement  
**Mental Health Dimension: Eliminating Viral Suppression Disparities Overview**  
 at Ryan White HIV/AIDS Program Clinics



## Aim

Ryan White HIV/AIDS Program-funded clinics end disparities in viral suppression outcomes for affected HIV subpopulations due to mental health status (a diagnosed or undiagnosed mental health condition)

## Primary Drivers

Clinic tracks mental health status and health outcomes of all clients

Ongoing engagement with care team helps ensure clients are comfortable discussing mental health

Procedures to review mental health and health outcomes data and take improvement actions if indicated

Procedures for regularly screening and documenting mental health status for all clients

Care team understands the signs of a potential mental health condition

Indicator definitions are well established to track health outcomes for clients with mental health conditions and/or with no mental health status

Clinic and care team is fully prepared to care and support HIV clients with mental health and substance use conditions

Judgement-free clinic environment to welcome clients with mental health conditions

Effective clinic flow to care and support clients with mental health issues, i.e., coordinating HIV care and mental health care and support systems

Strategies to address additional barriers, such as food security, legal support, etc.

Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support

Customized care plan for all clients experiencing mental health concerns and/or substance use issues

Clients are successfully linked with appropriate mental health and/or substance use services

Process for engaging clients to take advantage of linkages and promote offered mental health services

Processes in place for making customized referrals (after vetting potential referrals), following-up on referrals and ensuring successful linkages

Mental health providers are integrated into the HIV care team and participate in case conferences

## Secondary Drivers

Using Motivational Interviewing

Collaborative Care Model

Uber Health Transportation Services

The Undetectables Project

E-Pill Bottle Reminder Alarms

## Change Ideas

Last updated: 6/8/2020

Mental Health



# What Questions Do You Have?

We will try to cover as many of these as possible in Driver  
Diagrams, Part 2



# Driver Diagrams, Part 2

May 6, 2021 at 3:00 (Eastern)

# Optional Assignment

---

- Develop a Driver Diagram based on your work (or a piece of your work) and send it to me (phoward@ihi.org) **by Friday, April 30th**
- We will provide feedback and improve in real-time one or more of the draft Driver Diagrams submitted during our April session



# Preview of Driver Diagrams, Part 2

---

- Answering your questions from today
- Reviewing and providing feedback on driver diagrams submitted
- Going in deeper on what makes a strong aim and great primary and secondary drivers
- Practicing developing driver diagrams
- Exploring how driver diagrams relate to Plan, Do, Study, Act Cycles (PDSAs)
- Answering additional questions you have!



**Thank YOU!**

