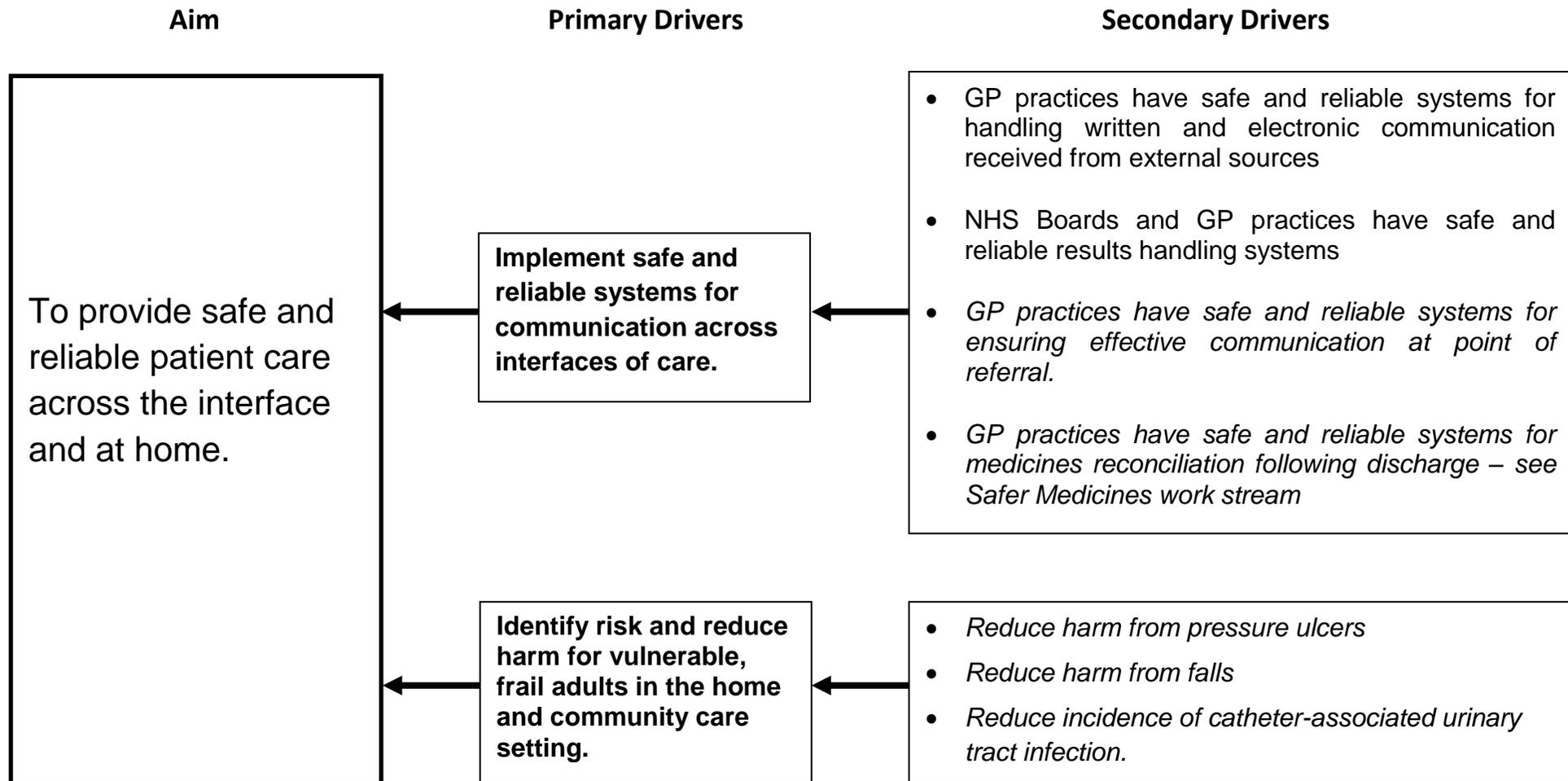# Driver Diagram and Change Package – Safe and reliable patient care within practice and across the interface

Aim	Primary Drivers	Secondary Drivers

To provide safe and reliable patient care across the interface and at home.

Implement safe and reliable systems for communication across interfaces of care.

- GP practices have safe and reliable systems for handling written and electronic communication received from external sources

- NHS Boards and GP practices have safe and reliable results handling systems

- *GP practices have safe and reliable systems for ensuring effective communication at point of referral.*

- *GP practices have safe and reliable systems for medicines reconciliation following discharge – see Safer Medicines work stream*

Identify risk and reduce harm for vulnerable, frail adults in the home and community care setting.

- *Reduce harm from pressure ulcers*
- *Reduce harm from falls*
- *Reduce incidence of catheter-associated urinary tract infection.*

Italicised concepts in early testing phase for roll-out beyond 2013.

Background

In May 2010, the Scottish Government launched the Healthcare Quality Strategy for NHSScotland, declaring its intention to put quality at the heart of all that the NHS does for the people of Scotland. The Delivering Quality in Primary Care National Action Plan set out the proposals for implementing the Quality Strategy in primary and community care and included a key commitment to develop and implement a national Patient Safety in Primary Care programme.

The Patient Safety in Primary Care programme is being developed around the following three work streams:

1. **Safer medicines**: including the prescribing and monitoring of high risk medications, such as warfarin and disease-modifying anti-rheumatic drugs (DMARDs) and developing reliable systems for medication reconciliation in the community

2. **Safe and effective patient care across the interface** by focussing on developing reliable systems for handling written and electronic communication and implementing measures to ensure reliable care for patients

3. **Leadership and culture** using trigger tools (structured case note reviews) and safety climate surveys

Along with a comprehensive scoping exercise, a series of subject matter expert meetings were held to map other relevant work across Scotland potentially impacting on patient safety in primary care and to define the content of the programme, information was gathered on each of the themes. As a result of this the team has now developed driver diagrams and change packages for each work stream within the Programme.

Purpose of this Change Package

Elements of this change package have been / continue to be tested in Scotland, through the work of the Safety Improvement in Primary Care projects, as well as others including the Scottish Patient Safety Programme. The change package identifies and establishes recommended interventions which have been proven to collectively bring about improvements in patient care. This package illustrates what interventions care providers should consider in order to improve a whole system of care.

There are three distinct parts to this change package; driver diagram, change concepts and idea, and measures. A driver diagram is a way of describing the elements that need to be in place to achieve an improvement aim. It helps to focus on the cause and effect relationships which can exist in complex situations. Driver diagrams identify what will help people to 'do the right thing'. The primary drivers are high level ideas, which if implemented, will achieve the improvement aim. The best way of implementing primary drivers is to identify a series of actions or projects (known as secondary drivers) which, when undertaken, will contribute to achieving the primary drivers, and in turn, the aim.

A change concept is a general notion or an approach to improving an aspect of care. A change idea is an action which is expressed as a specific example of how a particular change concept can be applied in real life.

Also included in this package is a series of different measures, including process and outcome measures. These are important as we need to know if the changes we have tested / introduced have actually led to an improvement. The data you collect needs to be just good enough to answer the question 'how will I know that the changes I am making will be an improvement?.' In order to answer this you will need a defined process (such as compliance with all elements of a care bundle) which is linked to an outcome (such a reduction in medication errors). Both process and outcome data which are linked are essential to evaluate the effectiveness of change. The data you collect over time can be used to tell an improvement story and build the case to change practices in order to improve outcomes. Remember that data collection and its interpretation does not need to be complicated. A simple check on the processes with the use of an annotated run chart over time will suffice. Data should be displayed for those involved in the improvement effort to see, and should be easy to understand.

How to use this Change Package

Users of this change package are encouraged to review the change package to determine:

- What practices might already be in place in their care area(s) and decide if further work is needed.

- Identify and prioritise the first few changes that a team will undertake and determine if these changes lead to an improvement (remembering that improvement takes time)

- What other changes will be undertaken at a later date by the team.

- We advise that the Model for Improvement is used to guide your improvement work. This model is a simple but powerful tool for accelerating improvement.

Secondary Drivers	Key Change Concepts and Change Idea for PDSA Testing
GP practices have safe and reliable systems for handling written communication received from external sources, eg hospital discharge, outpatient communications and out-of-hours communications	For outpatient communication Improve immediate outpatient communications with clear demographic information and treatment plan Improve formal typed follow-up communications Reliable implementation and communication in GP practice of patient treatment plan. Set of interventions for primary care: GP practices to check: • The letter has been actioned by the appropriate clinician within 2 working days • The change in the management plan has been clearly implemented • The patient has been notified of the change in the management plan

Secondary Drivers	Key Change Concepts and Change Idea for PDSA Testing
	Optional set of interventions relating to secondary care activity Hospital processes for producing letters from outpatient clinic to check: • Full patient demographics are present • There are consultant details present • The letter has been sent within agreed timescale (14 days) • The medical letter is addressed to 'the referring GP'. *Note:* To improve hospital processes will require the primary care team to work with an acute team.

Measurement Plan

Measure Name	Compliance with set of interventions for timely, clearly communicated and implemented treatment plan following attendance at outpatient department
Measure Type	Process measures
Measure Description	% compliance with each intervention.
Numerator	For each intervention, number of positive (Yes) responses.
Denominator	For each intervention, denominator is the number sampled (Yes + No responses)
Sampling Plan	10 patients per month where the letter from the outpatient department contains a change in the management plan.
Reporting Frequency	Monthly reporting of data
Numeric Goal	95% of patients (who have a change in management plan) receive a timely, clearly communicated and implemented treatment plan following attendance at outpatient clinic.