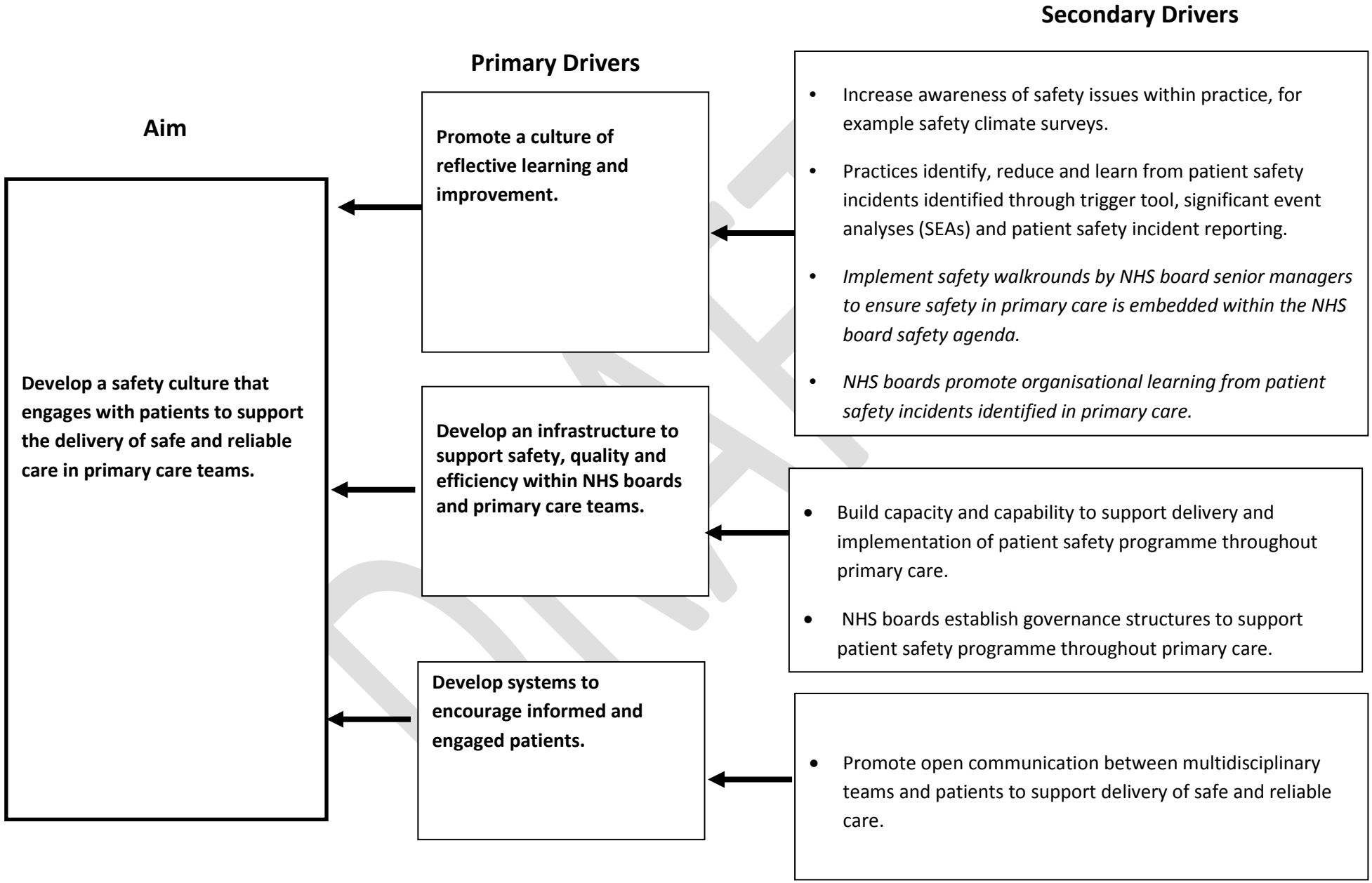
Driver Diagram and Change Package – Leadership and Culture



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

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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 Scottish Patient Safety Programme in Primary Care.

The Scottish Patient Safety Programme in Primary Care 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 focusing 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 and, as a result, the team has now developed driver diagrams and change packages for each work stream within the programme.

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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 ideas, 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.

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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.

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Secondary Drivers	Key Change Concepts and Change Idea for PDSA Testing
Increase awareness of safety issues within practice, for example safety climate surveys.	All practice staff undertake the SafeQuest safety climate survey once every 12 months. Following the survey all staff should be made aware of results, and the multidisciplinary team should use these to identify areas for improvement and actions to be taken.
Practices identify, reduce and learn from patient safety incidents identified through trigger tool, SEAs and patient safety incident reporting.	Each practice should undertake 25 case note reviews every 4 months and identify areas for improvement based on the results, submitting outcomes to respective health boards for wider organisational learning.

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Measurement Plan

Measure Name	Completion of the online survey by all practice staff.
Measure Type	Process / Percentage.
Measure Description	% completion of survey.
Numerator	Numerator for this measure is the number of staff who complete the survey.
Denominator	Denominator for this measure is the number of staff invited to take part in survey.
Sampling Plan	All practice staff complete the survey once every 12 months.
Reporting Frequency	All staff to discuss results and make improvements based on these once every 12 months.
Numeric Goal	95% of practices in Scotland completing the survey every 12 months by 2016.

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Measurement Plan

Measure Name	Completion of patient record review.
Measure Type	Process / Percentage.
Measure Description	% compliance with the sampling plan.
Numerator	Number of patients who activate triggers.
Denominator	Number of patients sampled.
Sampling Plan	Sample of 25 patients every 4 months who fall within the practice specified criteria,
Reporting Frequency	4 monthly.
Numeric Goal	95% of practices undertaking the trigger tool review process, using a random sample of 25 patient records every 4 months.