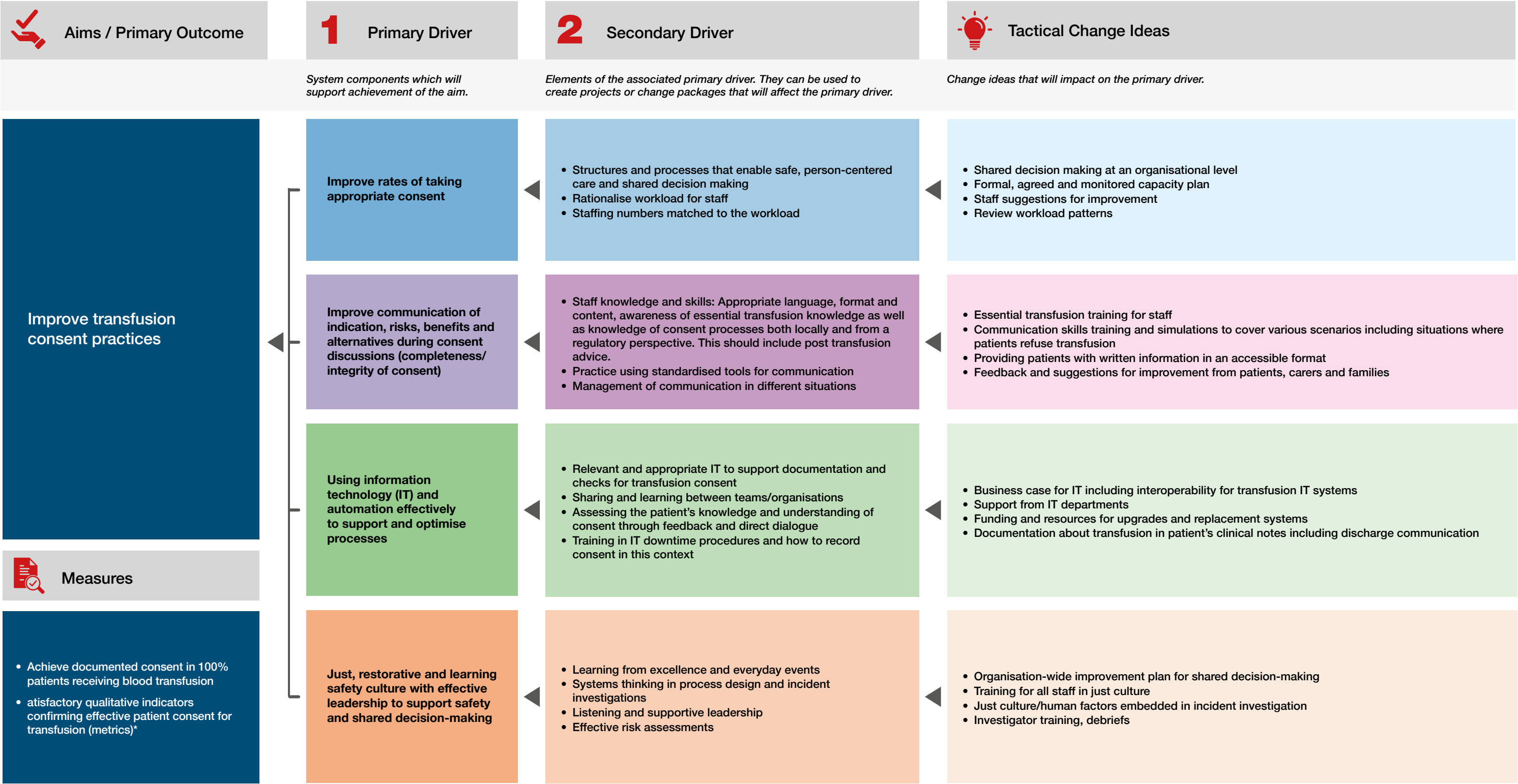# DRIVER DIAGRAM
The Problem: Suboptimal consent practices for transfusion with inadequate documentation.

A driver diagram is a simple, visual tool used to conceptualise issues and determine the system components which will then create a pathway to get to the goal. This tool helps support staff to systematically plan and structure improvement projects. Drivers are the factors/areas that you need to change to see improvement. Change ideas are the tactical changes to processes and things that staff could do differently which will impact on the drivers recognised. This is a dynamic document with some suggestions that teams can build on and amend to suit local needs. To learn more about driver diagrams, please see Driver Diagram | Institute for Healthcare Improvement

Aims / Primary Outcome	1 Primary Driver	2 Secondary Driver	💡 Tactical Change Ideas
	System components which will support achievement of the aim.	*Elements of the associated primary driver. They can be used to create projects or change packages that will affect the primary driver.*	*Change ideas that will impact on the primary driver.*
Improve transfusion consent practices	**Improve rates of taking appropriate consent**	• Structures and processes that enable safe, person-centered care and shared decision making • Rationalise workload for staff • Staffing numbers matched to the workload	• Shared decision making at an organisational level • Formal, agreed and monitored capacity plan • Staff suggestions for improvement • Review workload patterns
	Improve communication of indication, risks, benefits and alternatives during consent discussions (completeness/ integrity of consent)	• Staff knowledge and skills: Appropriate language, format and content, awareness of essential transfusion knowledge as well as knowledge of consent processes both locally and from a regulatory perspective. This should include post transfusion advice. • Practice using standardised tools for communication • Management of communication in different situations	• Essential transfusion training for staff • Communication skills training and simulations to cover various scenarios including situations where patients refuse transfusion • Providing patients with written information in an accessible format • Feedback and suggestions for improvement from patients, carers and families
	Using information technology (IT) and automation effectively to support and optimise processes	• Relevant and appropriate IT to support documentation and checks for transfusion consent • Sharing and learning between teams/organisations • Assessing the patient's knowledge and understanding of consent through feedback and direct dialogue • Training in IT downtime procedures and how to record consent in this context	• Business case for IT including interoperability for transfusion IT systems • Support from IT departments • Funding and resources for upgrades and replacement systems • Documentation about transfusion in patient's clinical notes including discharge communication
Measures • Achieve documented consent in 100% patients receiving blood transfusion • atisfactory qualitative indicators confirming effective patient consent for transfusion (metrics)*	**Just, restorative and learning safety culture with effective leadership to support safety and shared decision-making**	• Learning from excellence and everyday events • Systems thinking in process design and incident investigations • Listening and supportive leadership • Effective risk assessments	• Organisation-wide improvement plan for shared decision-making • Training for all staff in just culture • Just culture/human factors embedded in incident investigation • Investigator training, debriefs

*An international key stakeholder consensus study published in 2022 related to development of a core outcome set for informed consent for therapy outlined nine core outcomes. These included:

1. Satisfaction with the quality and amount of information
2. Patient feeling that there was a choice
3. Patient feeling that the decision to consent was their own
4. Confidence in the decision made
5. Satisfaction with communication
6. Trust in the clinician
7. Patient satisfaction with the consent process
8. Patient rated adequacy of time and opportunity to ask questions.

Further information can be found at this link:
COMET Initiative | Development of a core outcome set for informed consent for therapy: An international key stakeholder consensus study

USEFUL RESOURCES: https://www.ihi.org/resources/Pages/Tools/Driver-Diagram.aspx | https://learn.nes.nhs.scot/2278/quality-improvement-zone/qi-tools/driver-diagram