QI Power Hour

BREAKING DOWN WICKED PROBLEMS – THE DRIVER DIAGRAM

With DOUG CAMPBELL

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Welcome to QI Power Hour

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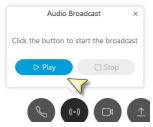
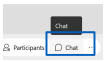


? Do you have questions about connecting to audio? Use the **chat function** to message the Host, QI Power Hour, for assistance.



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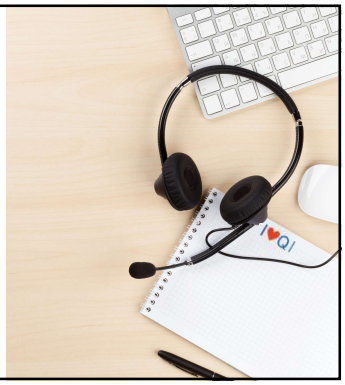

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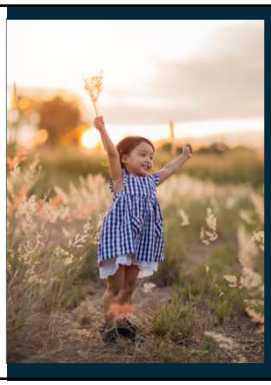
TREATY 6 TERRITORY & HOMELAND OF THE METIS

HQC is situated on Treaty 6 Territory and the Traditional Land of the Dakota, Lakota and Nakota, and is the Homeland of the Métis.

We pay respect to the treaties that were made on this land and acknowledge the harms and mistakes of the past. We are committed to move forward in partnership with Indigenous Nations in the spirit of reconciliation and collaboration.



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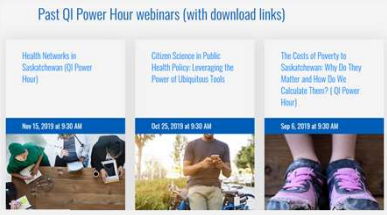
Access past QI Power Hour sessions



Visit our website to view past sessions!

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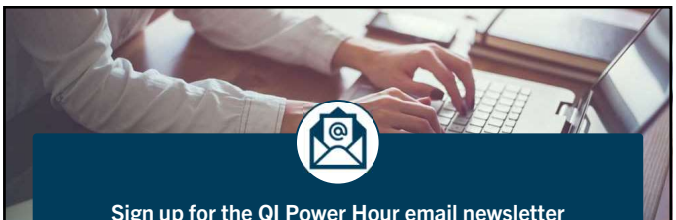

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Receive notices about upcoming sessions and details on how to register straight to your in your inbox.

Visit: bit.ly/hqc_subscribe

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Spread of QI Power Hour across SK

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Spread of QI Power Hour across SK

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Spread of QI Power Hour across SK

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Spread of QI Power Hour across Canada
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Spread of QI Power Hour across Canada
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Spread of QI Power Hour worldwide

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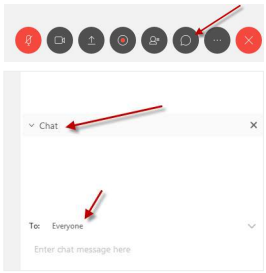
Webex tool: chat function

Chat functions:

- Share **questions**, **comments**, and **ideas**
- Click on the message bubble icon to access the chat
- Send to **Everyone**



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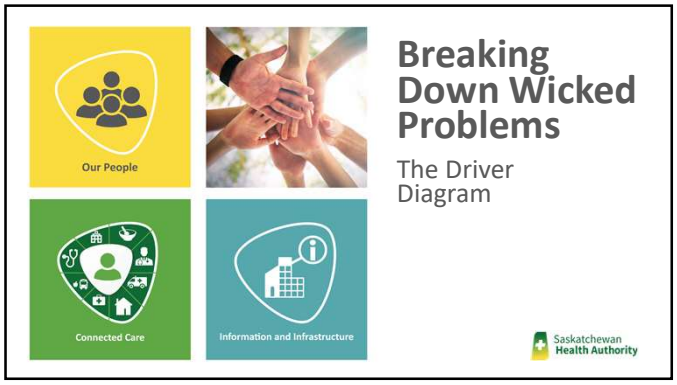
Our People
Connected Care
Information and Infrastructure
Breaking Down Wicked Problems
The Driver Diagram
Saskatchewan Health Authority

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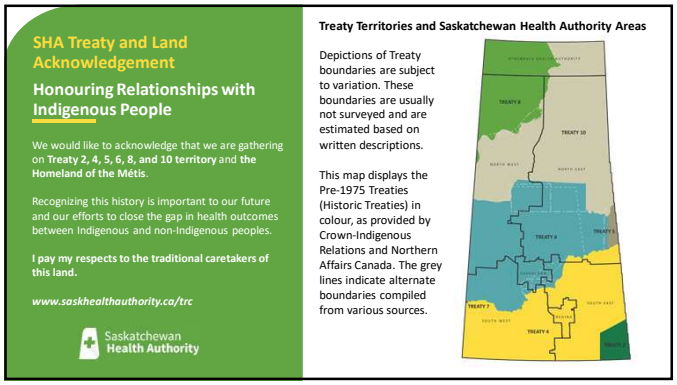
SHA Treaty and Land Acknowledgement
Honouring Relationships with Indigenous People
We would like to acknowledge that we are gathering on Treaty 2, 4, 5, 6, 8, and 10 territory and the Homeland of the Métis.
Recognizing this history is important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples.
I pay my respects to the traditional caretakers of this land.
www.saskhealthauthority.ca/trc
Saskatchewan Health Authority
Treaty Territories and Saskatchewan Health Authority Areas
Depictions of Treaty boundaries are subject to variation. These boundaries are usually not surveyed and are estimated based on written descriptions.
This map displays the Pre-1975 Treaties (Historic Treaties) in colour, as provided by Crown-Indigenous Relations and Northern Affairs Canada. The grey lines indicate alternate boundaries compiled from various sources.

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Strategy and Innovation
Who Are We?
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VISION

Healthy People, Healthy Saskatchewan

MISSION

We work together to improve health and well-being. Every day. For everyone.

VALUES

SAFETY: ***Be aware.*** Commit to physical, psychological, social, cultural and environmental safety. Every day. For everyone.

ACCOUNTABILITY: ***Be responsible.*** Own each action and decision. Be transparent and have courage to speak up.

RESPECT: ***Be kind.*** Honour diversity with dignity and empathy. Value each person as an individual.

COLLABORATION: ***Be better together.*** Include and acknowledge the contributions of employees, physicians, patients, families and partners.

COMPASSION: ***Be caring.*** Practice empathy. Listen actively to understand each other's experiences.

PHILOSOPHY OF CARE: Our commitment to a philosophy of Patient and Family Centred Care is at the heart of everything we do and provides the foundation of our values.

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Vision: To lead the SHA in achieving excellence, through strategic alignment and innovation, in pursuit of high-quality health-care every day for every one.

Measure Performance

- Identify areas for improvement through measurement cascades from system level to the point of care
- Monitor and understand health system performance
- Make data accessible and useful for both strategy development and improvement

Some icons made by dDara from www.flaticon.com

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Innovate and Spread

- Use innovation to problem solve and close persistent gaps in care or service delivery
- Identify innovations within the SK health system that are ready for replication and spread
- Identify innovations from outside industries and systems that could propel our system forward

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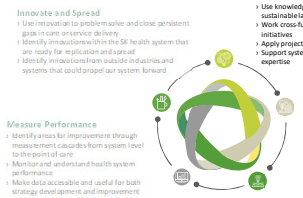

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Guide Transformational Change Initiatives
- Use knowledge of complex systems theory to support sustainable large-scale change
- Work cross-functionally to guide system-wide change initiatives
- Apply project management best practices
- Support system leaders with change tools and facilitation expertise

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Lead Planning
- Design a planning process that supports senior leadership decision-making and engages SHA staff and health system partners
- Embed People Centred Care principles, Accreditation standards alignment, Budget alignment, and Enterprise Risk Management into the planning process
- Support senior leaders with tools and coaching to create line of sight from strategy through to operations and care delivery at the front line.

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Partner
- Effectively partner with SHA colleagues to lead planning, innovation and transformation
- Connect with researchers to identify emerging practices and opportunities for innovation
- Work collaboratively with health system partners
- Actively seek external partnerships to accelerate health system transformation

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Who Am I?

The Person

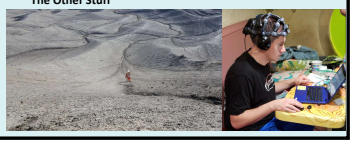
My Background

- M.Sc. Biomedical Engineering
- M.Eng Biomedical Engineering
- Mini-ATP in Healthcare Delivery
- Clinical Microsystems Academy
- Excellence in Healthcare Leadership
- Mini-MBA in HealthCare

My Work

- Director, Strategy and Innovation – Performance Measurement

The Other Stuff



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Wicked Problems in Health-Care

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What is a Wicked Problem?

*Wicked problems are problems with many interdependent factors making them seem **impossible to solve**.*

*Because the factors are often incomplete, in flux, and difficult to define, solving wicked problems requires a deep understanding of the stakeholders involved, and an **innovative approach provided by design thinking**.*

Source: https://www.interaction-design.org/literature/topics/wicked-problems

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Characteristics of Wicked Problems

1. Difficult to clearly define

Tackling Wicked Problems A Public Policy Perspective from the Government of Australia

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Characteristics of Wicked Problems

1. Difficult to clearly define
2. Have many interdependencies and are often multi-causal

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Characteristics of Wicked Problems

1. Difficult to clearly define
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3. Trying to solve them often leads to unforeseen consequences

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Characteristics of Wicked Problems

1. Difficult to clearly define
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3. Trying to solve them often leads to unforeseen consequences
4. Are not stable problems

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Characteristics of Wicked Problems

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4. Are not stable problems
5. Have no clear solution

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Characteristics of Wicked Problems

1. Difficult to clearly define
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4. Are not stable problems
5. Have no clear solution
6. Are socially complex

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Characteristics of Wicked Problems

1. Difficult to clearly define
2. Have many interdependencies and are often multi-causal
3. Trying to solve them often leads to unforeseen consequences
4. Are not stable problems
5. Have no clear solution
6. Are socially complex
7. Hardly ever sit conveniently within the responsibility of any one organization

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Wicked Problems in Health-Care

Using the chat, share with the group what wicked problems you've seen or experienced.

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Driver Diagrams

The Basics

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Driver Diagram: What is it?

- A tool for organizing and displaying our theory for improvement in a project
- Illustrates what is required to change our system
- A driver diagram is a picture of the logic of your project plan
- It makes explicit the relationships between what you want to accomplish and what you believe will have the greatest impact on how you get there

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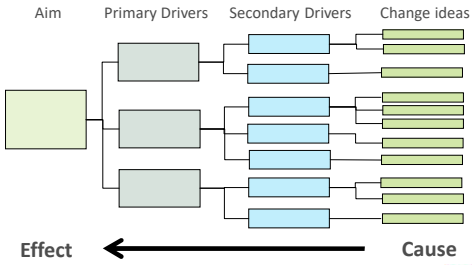
Driver Diagram: What does it look like?



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Driver Diagram: AIM

Aim

Reduction of Long Wait Times in the Emergency Department

Determining the Aim:

- What is it you're trying to achieve?
- What is the impact you intend to have?
- What is the big problem we need to address?

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Developing the Drivers

- Literature reviews
- Content experts
- Brainstorming
- Affinity diagram exercises
- Leveraging work of other teams

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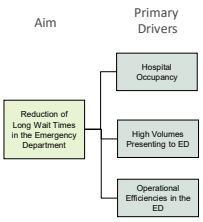
Driver Diagram: Primary Drivers



- The **main** factors believed to have a **direct impact** on the aim.
- Key leverage points

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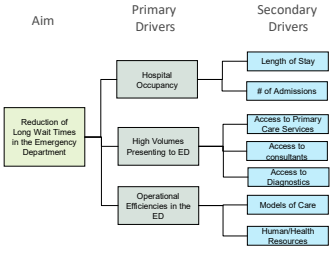
Driver Diagram: Secondary Drivers



- What we need to address **locally** to achieve success with the primary drivers
- The **main processes** we'll seek to improve

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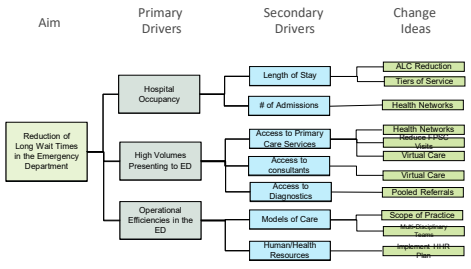
Driver Diagram: Change Ideas



- Specific ideas to test **to influence the secondary drivers.**
- Tangible ideas that, if implemented well, will help you achieve your desired state.

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Driver Diagram: Why is it important?

- Every system is perfectly designed to get the results that it gets…
- …so, if you want different results, you have to **redesign** the system.
- The driver diagram helps us articulate our theory about **how** to do this.

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A few tips

The aim shapes the system	**Be clear about the aim before you begin**
It will get messy	**Secondary drivers can contribute to multiple primary drivers**
It doesn't have to be perfect	**The goal is the thinking that goes into building the diagram, not the diagram itself**
Use it as a guide	**Review it regularly and update if needed**

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Measuring Success

Connecting Driver Diagrams and Measurement

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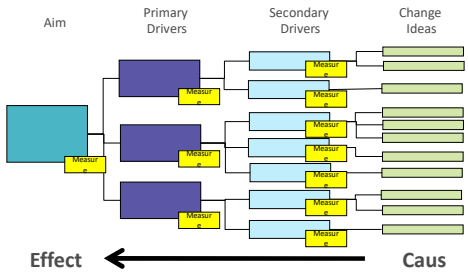
From Driver Diagram to Measures



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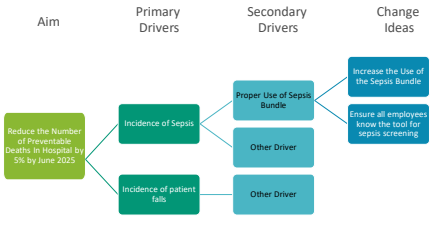
Attaching Measures to Drivers



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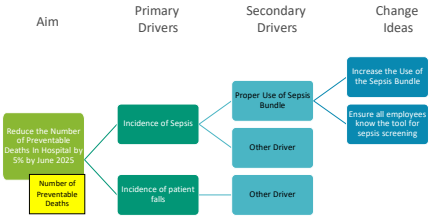
Attaching Measures to Drivers



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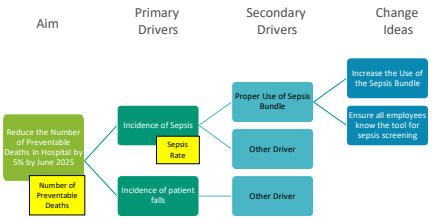

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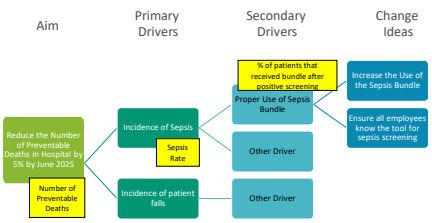
Attaching Measures to Drivers



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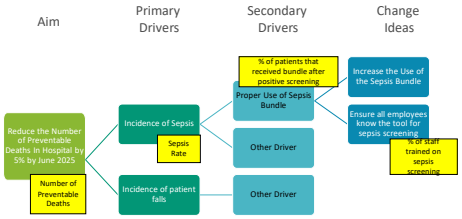
Attaching Measures to Drivers



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Driver Diagrams in the Wild

How this tool is being utilized within the SHA

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GOAL 2 – CONNECTED CARE

Priority: Reduce Surgical Wait Times

- Sponsors: Sharon Garratt and Dr. Stephanie Young
- Leads: Cindy Graham, Gayle Riendeau, and Shawn Phaneuf

To be achieved by March 31, 2023:

- Reduce surgical wait times by completing 97,000 surgeries
- No one waiting more than 24 months; 90 per cent of surgical patients receive first offer within 12 months and 90 per cent of urgent cancer surgery patients receive a first offer of surgery within three weeks
- Plans for expansion of provincial surgery services program to 103,000 procedures in 2023-24 completed
- Third party providers will be maximized/optimized to provide appropriate surgeries
- Provincial orthopedic model line is implemented with plans developed to spread the model line to another service line

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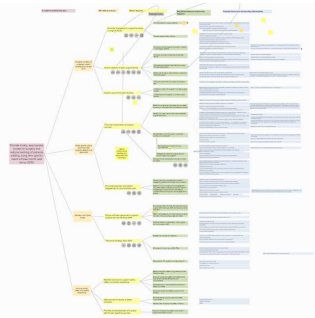
The Surgical Executive Committee Driver Diagram



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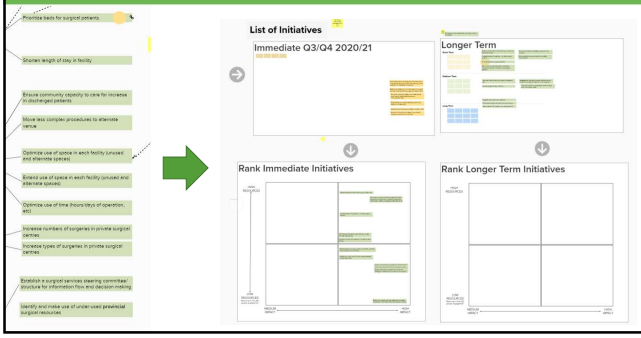
Actioning the Driver Diagram



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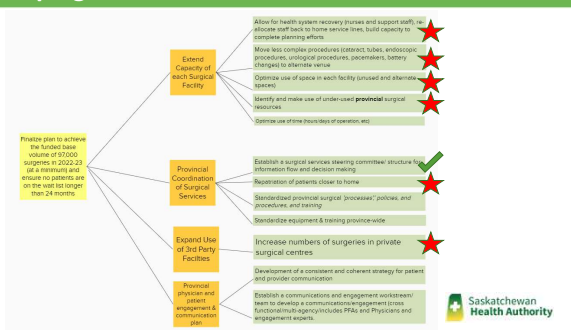
Developing the Plan for 22/23



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Developing the Plan for 22/23

- Provincial plan to achieve 97,164 surgeries, exceeding the target of 97,000 *(10% increase from baseline)*
- Detailed Human Resources Gap Analysis and Plan
- Launch of an Orthopedic Model Line
  1. **Provincial coordination of Orthopedic surgical services**
  2. **Optimize and expand orthopedic capacity at each surgical facility and necessary ancillary/support services**
  3. **Optimize Human resource needs**

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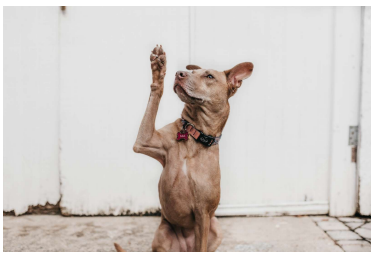
Questions?



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Post webinar survey

In the spirit of quality improvement, we will be sending out a survey after the webinar.

You may see this message, but don't be alarmed, our survey is on a trusted site!

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Next up…

INTRODUCTION TO PROGRAM EVALUATION

With ALVIN YAPP

May 20, 2022
9:30 am – 10:30 am

To register, visit our events page

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