Driver Diagram

A driver diagram is a visual framework that can help us achieve our goal of improving the quality and access of OUD care in your ED. It breaks down the improvement aim into primary drivers (improvement areas that need to be addressed to achieve the outcome), secondary drivers (specific interventions) and tangible ideas that are ready for testing and implementation; essentially demonstrating a causal relationship between these components to your overall aim.

Primary driver: Improvement areas that need to be addressed to achieve the outcome.
Secondary driver: Specific interventions necessary to achieve the primary driver.
Key change ideas: Specific ideas that will support or achieve the secondary driver.

This section is organised into a description of the components of the driver diagram and an outline of ideas under each of the components for supporting quality OUD care. We also demonstrate how this quality improvement tool can be used by your team to challenge current process problems and test new ways of practising quality OUD care.

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
1. Increasing buprenorphine-naloxone (Suboxone®) starts by 20% and ensuring 100% of eligible patients are given information on where and how to access harm reduction supplies; 2. Increasing successful connections to community services by 20%; and/or 3. Improving the experience of OUD care for both people with OUD and providers of care (reduce stigma).	1 Recommended Clinical Practices and Decision Support Tools	• Adapt OUD recommended practices and point-of-care tools that fit into existing workflow. • Enhance clinician decision-making through clinical decision support tools. • Support the ability to consult expertise for additional clinical decision-making support.
	2 Clinical Education and Strategies	• Ensure access to ED relevant education to OUD care and OAT prescribing for providers. • Ensure practitioners are knowledgeable and confident on recommended practices and resources around OUD care. • Support continuous learning on OUD processes in the ED.
	3 People- and Provider-Centered Care	• Ensure practitioners are knowledgeable and confident on best practices for person-and family-centred and trauma-informed care. • Reduce barriers to offering OUD care. • Support increased communication for people with OUD during their ED experience and when they are referred to the community. • Decrease stigma and dispel myths about OUD amongst providers. • Increase empathy across all spectrums of care.
	4 Connection Continuum	• Increase awareness and accessibility of community resources. • Improve connectivity and interorganizational relationships. • mprove access to and development of communication and navigation tools. • Work with pharmacy and administration to ensure Suboxone®/OAT is available in EDs and community. • Increase access to harm reduction supplies (e.g., take-home naloxone, safe injection supplies, supportive information, mental health and social resources) upon discharge from ED.

PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
1 Recommended Clinical Practices and Decision Support Tools	Adaptation of OUD recommended practices and point-of-care tools that fit into existing workflow.	• Increase comprehensive assessment and care planning for people presenting at the ED. • Employ and/or develop OUD pre-printed packages (e.g., Bup to go). • Ensure availability of point-of-care checklist.
	Enhance clinician decision-making through clinical decision tools.	• Use screening and assessments for all people presenting at the ED. • Use the Decision Support Tool . • Download information from the LOUD in the ED website.
	Support the clinician's ability to consult expertise for additional clinical decision-making support.	• Increase clinician identification and familiarity of OUD. • Increase clinician awareness around additional resources for consultation, (e.g., RACE line and community resources or internal specialists).

PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS

2
Clinical Education and Strategies
	Ensure practitioners are knowledgeable and confident on recommended clinical practices around OUD care.	• Distribute community OAT information in waiting rooms, the ED and clinic rooms:
		  • Include people with lived and/or living experience when designing brochures.
		  • Include brochures for those for whom English is a second language.
		  • Include harm reduction resources in patient brochures.
		• Adopt and adapt provincial standards, tools and procedures.
		  • The need for ED specific guidelines.
		  • Provincial nursing triage and assessment tool.
		  • Alarms in bathrooms in ED for overdoses.

	Support continuous learning on OUD recommended practices in the ED context.	• For clinicians: complete online CME OUD module to gain CME credits. • Introduce OUD training and education at new staff orientations. • Encourage all clinicians to pursue ongoing learning opportunities and stay current on emerging practices. • Encourage 100% completion of clinician education by a visual tracking poster somewhere in a staff area of your ED, or incentivizing people through gamification.

PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
3 People- and Provider-Centered Care	Ensure practitioners are knowledgeable and confident on how to best practices, including trauma informed practice and OUD.	• Provide anti-stigma training for clinicians • Increase education opportunities with community resource centers and clinics. • Introduce and welcome peer navigators in your ED. • Implement an OUD 'lessons learned' or 'success stories' case study into your department or clinic's team meeting. • Invite guest speakers from the community to share stories, in person or anonymously through email to invite discussion and shifts in perspective. • Use role-playing and simulation as education and training tools.
	Support increased communication for people with OUD.	• Offer posters and brochures around OAT services. • Offer written steps/navigation around what an ED Suboxone® start might look like. • Offer a one-pager for point-of-care clinicians around trauma-informed care and OUD, with a "What you can do" section around language and communication. • Encourage people with OUD to access additional support services if they have additional questions in the ED (e.g., HealthLink, peer navigation if available in your area).

PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
4 Connection Continuum	Increase awareness and accessibility of community resources for more continuous and integrated system of resources for providers and people with OUD.	• Increase targeted information to ED clinicians around resources. • Circulate a map of community resources to clinicians working in ED and encourage familiarity and/or offer videos/photographs of local community clinic sites. • Encourage connections with Community Action Teams (CATs) or other local community groups to raise awareness of what's happening in your community.
	Improve connectivity and interorganizational relationships to help decrease gaps in care.	• Ensure timely follow-up with community members after referrals from the ED. • Build relationships with local Community Action Teams (CATs) and community stakeholder groups around OUD services. • Begin transition planning to community services at the start of the ED process. • Communicate with local housing supports.
	Improve tools for communication and navigation accessible to providers and people using the system.	• Develop one-page handout of community OAT services. • Develop a library of local community resources/referrals for ED clinicians to navigate.
	Accessibility of Naloxone within the hospital and for people and families with OUD.	• Ensure Naloxone supplies are in the ED. • Ensure Naloxone is made available for patients and families. • Stock Naloxone in medication room throughout the hospital. • Inform Code Blue teams about Naloxone (hospital-wide). • Stock crash carts with Naloxone (hospital-wide).