**Implementation tool for**

 **the NCEPOD report**

**‘Recovery Beyond Survival’**

Driver diagrams

<https://ncepod.org.uk/2025icur.html>

Driver diagrams are used to visually display a team’s theory of what can lead to or “drives,” the achievement of a project aim. The diagram is a useful tool for communicating to a range of stakeholders where, and how an aim can be achieved and how, and by who, change can be delivered.

* The **AIMS** can be based on an issues identified in the study
* The **PRIMARY DRIVERS** can illustrate ways of achieving the initial aims
* The **SECONDARY DRIVERS** are components of the primary drivers that the team believe can help achieve the aim
* The **SPECIFIC CHANGE OF IDEAS** can relate to findings in the report or ideas that can test the secondary drivers

This should be done as a multidisciplinary/team exercise to get different perspectives and as many potential drivers, aims and ways to arrive at the initial aim as possible. We have provided an example of a key issue that was identified during the study as an example. The diagrams we have provided are a starting point and should be adapted and expanded to fit your need. The second driver diagram is blank and can be copied or printed out blank for any additional issues you have identified.

Example: Rehabilitation Following Critical Illness – **Coordinate delivery of holistic rehabilitation**

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| **Aim** | **Primary Drivers** | **Secondary Drivers** | **Ideas to change concept** |
| **Improve coordination and delivery of holistic rehabilitation from ICU through to community recovery**. | Failure to systematically screen and comprehensively evaluate rehabilitation needs. | Standardise rehabilitation screening tools and rehabilitation passport/ booklet that incorporates comprehensive assessment | Develop and implement a rehabilitation policy that covers NICE CG83 including screening, comprehensive assessment of rehabilitation need, and re-assessment.  |
| Failure to reassess the patients changing rehabilitation needs throughout the pathway |
| Develop a standardised screening tool |
| Timely completion of rehabilitation assessments | Ensure Rehabilitation coordinators are in place to oversee patients throughout the rehabilitation pathway |
| Regular reassessment throughout patient journey |
| Full MDT / required specialties for patients needs not available to deliver rehabilitation consistently. | Staffing levels to meet GPICS standards Standardise MDT meeting structure and documentation, including attendees | Establish rehabilitation-focused MDT meetings |
| Specialties involved in the rehabilitation care of patients admitted to ICU work in silos. | Full multidisciplinary (MDT) team availability and involvement (including non-physical specialists), based on patient needs |
| Ineffective handovers and lack of continuity between care settings. | Ensure the patient’s rehabilitation needs are being clearly documented in handovers between settings. | Develop rehabilitation-specific handover templates |

Example: Rehabilitation Following Critical Illness –

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| **Aim** | **Primary Drivers** | **Secondary Drivers** | **Ideas to change concept** |
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