

The background features a dark blue gradient with a glowing, tunnel-like effect on the right side, composed of many thin, curved lines that create a sense of depth and movement. The overall aesthetic is modern and professional.

Root Cause Analysis and Quality in YOUR Center

MATCHING THE PIECES OF THE QAPI PUZZLE

Objectives

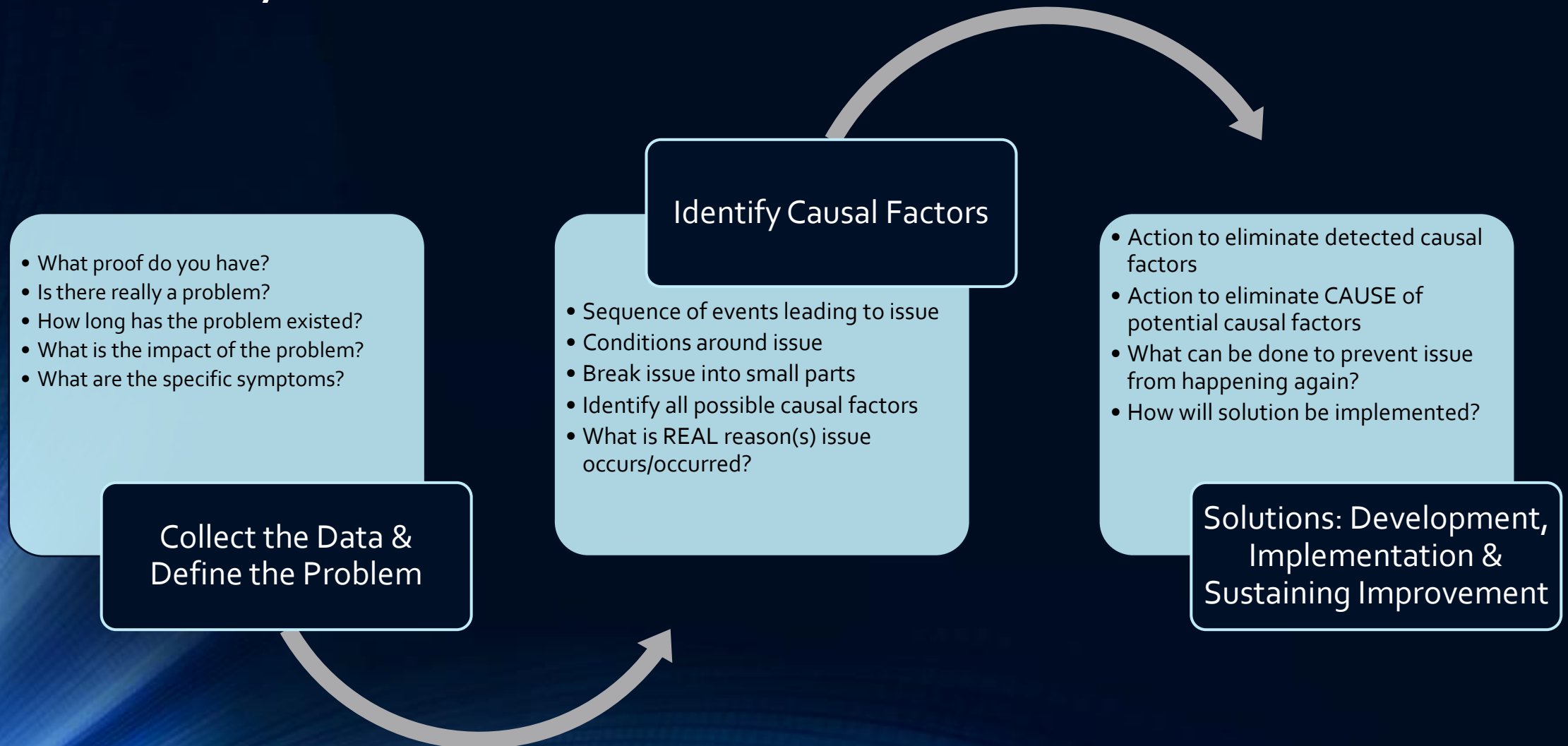
- Participants will be able to verbalize the purpose of RCA is to identify weaknesses in a SYSTEM and take corrective measures to prevent recurrence
- Participants will be able to verbalize who and when RCA should be conducted in an organization
- Participants will be able to verbalize understanding of the PROCESS using Root Cause Analysis for improving quality measures for Quality Assurance Performance Improvement

The First Law of Improvement

- *Every system is perfectly designed to achieve exactly the results it gets*

-Paul Batalden, MD, Dartmouth

Steps of Execution of Effective Root Cause Analysis



Purpose of Completing Effective RCA

- Identifies REAL cause of problem
- Minimizes problem recurrence (as long as you effectively implement interventions)
- Encouraged team-based problem solving approach
- Increases elder, family & staff satisfaction
- Improves quality of care
- Emphasizes problem PREVENTION
- Identifies real & sustainable solutions
- Helps prioritize problems & solutions

Goal of RCA

- Determine what went wrong or could have gone wrong
- Determine WHY it went wrong or could have gone wrong
- Determine how to prevent it from happening again



“To address this mistake we need to utilise our thorough system of root cause analysis. I will begin, if I may, by pointing out that it’s not my fault”

Paradigm Shift: Agency for Healthcare Research and Quality

- “The focus must shift from blaming individuals for past errors to a focus on preventing future errors by designing safety into the system. This does not mean that individuals can be careless. People must still be vigilant and held responsible for their actions. But when an error occurs, blaming an individual does little to make the system safer and prevent someone else from committing the same mistake.”

What Root Cause Analysis is NOT

- NOT fault finding
- NOT “another form to fill out”
- NOT a different form than “Incident Report” or “Unusual Occurrence Report”
- Not JUST to help with Quality Assurance but it is an effective QA tool

Root Cause Analysis Criteria

- Causes or has potential to cause injury to a resident, staff member or visitors
- Damages or has potential to damage image/reputation of the organization
- Results in or has potential to result in major asset or financial loss

Examples of Issues for RCA

- Falls
- Pressure Ulcers & other skin conditions
- Constipation & Impactions
- Unplanned/unanticipated weight loss or weight gain
- Dehydration
- Functionality Impairments/declines in ADLs
- Behaviors
- Pain
- Medication Errors
- Inadequate and/or inappropriate documentation
- Abuse allegations, occurrences
- Failure to follow Advance Directives
- Antipsychotic rates
- Elopements
- Call-ins
- Turn-over rates
- Budget issues: reducing costs
- Complaints about food quality
- Census issues
- Survey results
- Hospital re-admission rates
- Infections
- Care plan issues
- Missing items
- Holes in MARs/TARs, BM logs, behavior monitoring logs, restorative logs, blood sugar monitoring

Techniques for Effective RCA

- Five “whys”
 - Start with a statement of the issue/situation & ask why it occurred
 - Then turn the answer to the first question into a second “why” question
 - The next answer becomes the third “why” question...and so on
 - REFUSE to be satisfied with each answer to increase the odds of finding the true underlying root cause of the event
 - Five is a rule of thumb (there is a school of thought that 7 “whys” are better than 5 because 5 aren’t enough to uncover the real latent truth that initiated the event)
 - Practice with a partner

Techniques for Effective RCA

- Fish Bone Diagram
 - To graphically document the analysis of factors (causes) that relate to a single problem or opportunity (effect)
 - Your diagram will enable brainstorming processes covering all the potential causal factors for the situation
 - Select a single problem or opportunity (effect)
 - Identify the major causes of the problem or opportunity (people, equipment/supplies, methods, policies, staff education, staff accountability, et.al)
 - Root causes are grouped by categories
 - Identify the minor causes associated with each major cause
 - Identify additional cause structure

Techniques for Effective RCA

- Fault Tree Diagram
 - Identify critical issue
 - Identify next-level events
 - Develop logical relationships between critical and next-level events
 - Identify & link lower-level events

Techniques for Effective RCA

- Bridging the Gap Tool-National Research Corporation
 - Step 1: Write the Goal clearly stating what outcome you would like to accomplish
 - Step 2: Write down the desired performance IF the goal were accomplished
 - Step 3: Write down your current performance (The way things REALLY are now...and be honest!)
 - Step 4: Write down the gap...the difference, the mismatch between WHAT IS & WHAT SHOULD BE
 - Step 5: Dig for the causes so you can “zap the gap”
 - Information
 - Knowledge
 - Motivation
 - Structure/process
 - Physical resources
 - Step 6: Identify solutions including specific & clear interventions to close the gap between desired and current performance

Tips for Successful RCA Process

- Educate your staff on RCA benefit & system
- Treat as “quality improvement” activity, NOT fault-finding exercise
- Make it “user-friendly”
- Leadership must be committed, take action following the findings, show benefit of the system
- Give feedback to your staff

Change Isn't Always Improvement

- “95% of changes have nothing to do with improvement”

-Peter Scholtes

So....How Do We Move RCA into QAPI?

- SOM Draft: F520 Quality Assurance & Performance Improvement (QAPI)
 - Each LTC facility...must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life
 - Phase 1: *“Regularly review & and analyze data, including data collected under the QAPI program & data resulting from drug regimen reviews, and act on available data to make improvements”*
 - Intent: *“The committee identifies quality deficiencies and develops and implements plans of action to correct these quality deficiencies, including monitoring the effect of implemented changes and making needed revisions to the action plans.”*

QAPI Components

- Design and Scope
- Program Feedback, Data Systems & Monitoring
- Program Systematic Analysis & Systemic Action
- Governance and leadership

Biggest Challenges in CMS QAPI Pilot

- ROOT CAUSE ANALYSIS
- System thinking
- Using Performance Improvement Projects

Where To Start

- Write your plan to be ready to present to surveyors by November 28, 2017...use the CMS "QAPI at a Glance"
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>
- Use CMS QAPI Self-Assessment Tool
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf>

Center Risk Assessment

- Use the findings from the Self-Assessment Tool
- Perform a Risk Assessment at level of every department involved in services provided at your center
 - Ask your staff, residents, family members, contracted staff, volunteers, vendors, etc (GENUINELY ASK THEM) if there is any process or system involved in their job that could & should be improved (then wait for the laughing to stop)
 - Don't take their comments personally or consider them that your leadership has failed them
 - Identify the Identified hazard, level of risk from current system, system errors, process errors, identified causal factors, current systems, & current process/system goals
 - Then identify any potential failure modes, potential effects on residents, likelihood of affecting any resident, identify the criticality of the failure mode, identify causal factors, then identify potential strategies

Center Risk Assessment

- Each department will have to prioritize the issues identified
- Start slow and focus on potential for success
- Develop effective Performance Improvement Plan Teams including staff/others who have true interest in improvement
- Each PIP team may report back to department manager
- Department manager will prioritize issues and report to QAPI team on routine basis
- QAPI team members will prioritize the center's primary issues for centers to determine top priority for QAPI plan

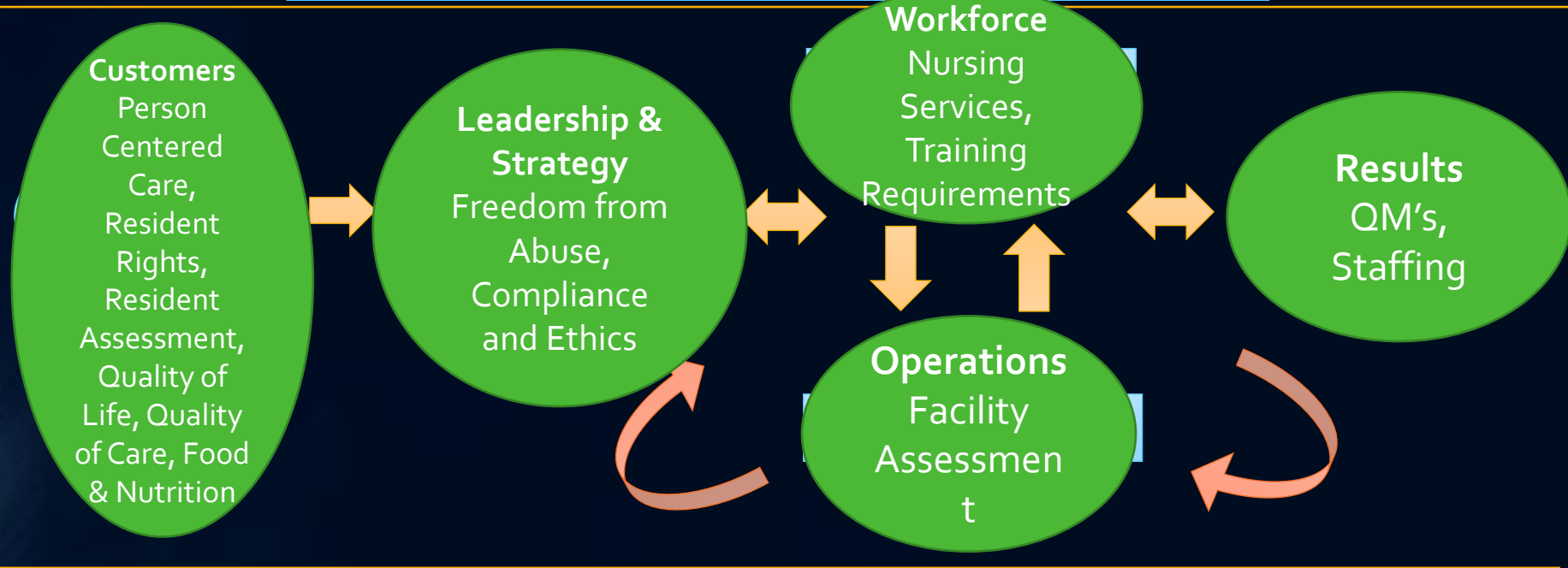
Quality Award Program

- Based on Baldrige Performance Excellence for Health Care
 - Three levels of distinction
 1. **Bronze** – Commitment to Quality (5 pages)
 2. **Silver** – Achievement in Quality (20 pages)
 3. **Gold** – Excellence in Quality (55 pages)
 - Similar framework to CMS QAPI program
 - Organizations must achieve the award at each level to continue to the next level
- <http://qa.ahcancal.org>

Integrated Management System

Integrated Management System
Quality Assurance/Performance Improvement

Mission, Vision and Values



Measurement, Analysis and Knowledge Management

Thank You, Thank you, Thank you

- Resources: ahcancaLED, requirED
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