Root Cause Analysis and Quality in YOUR Home

Determining the real “why” so it doesn’t happen again

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
Purpose of Completing Effective RCA

• Identifies real cause of problem
• Minimizes problem recurrence
• Encourages team based problem solving approach
• Increases elder, family and staff satisfaction
• Improves quality of care
• Emphasizes problem prevention
• Identifies real and sustainable solutions
• Helps prioritize problems and solutions

Have you ever had a recurring problem?

• Root cause analysis is used in our everyday lives...both professionally and personally
• If time is managed wisely and there is a recurring problem, it is worth using RCA to solve a problem and find a solution
Goal of RCA

• What went wrong or could have gone wrong
• Why it went wrong or could have gone wrong
• 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."
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

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 Really Is

• Dissection in which you find a problem
• When resolved, it prevents a recurrence of the problem
• When the issue is fixed, it stops the problem and keeps it from coming back
• It is a PRECISE approach to get to the true root causes of a problem

Root Cause Analysis Criteria

• Causes or has potential to cause injury to a patient, 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 Root Cause Analysis

- Falls
- Pressure Ulcers & other skin conditions
- Constipation & Impactions
- Weight loss
- Dehydration
- Functionality Impairments/declines in ADLs
- Behaviors
- Pain
- Medication Errors
- Inadequate and/or inappropriate documentation
- Abuse allegations
- Failure to follow Advance Directives
- Antipsychotic rates
- Maintenance issues
- 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

Determine Root Cause

- Techniques
  - Five “whys” mechanics
    - Start with a statement of the situation and 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
    - By refusing to be satisfied with each answer, increase the odds of finding the underlying root cause of the event
    - Five is a rule of thumb (there is a school of thought that 7 “whys” are better; that 5 “whys” is not enough to uncover the real latent truth that initiated the event)
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
Fish Bone Diagram Mechanics

- Step 1
  - Gather a group of people that are knowledgeable about the situation for a brainstorming process (Huddle)

- Step 2
  - On a board, draw a large skeleton of a fish

- Step 3
  - Enter the problem statement at the fish head

Fish Bone Diagram Mechanics (cont)

- Step 4
  - Start brainstorming in 1 category on the potential causes
  - List all possible causes

- Step 5
  - Continue brainstorming on the next category

- Step 6
  - Repeat for rest of the categories

- Step 7
  - After the fishbone has been filled up go through each item with team members and discuss if they could be causal factors or not
  - Once confirmed, get the team to brainstorm on the SOLUTIONS for the identified causal factors
How To Develop Your Categories

• Structural Category: organizational characteristics associated with providing care
  • Staffing levels, knowledgeable staff/leadership, facility resources, clinical records systems, people, infrastructure, materials/supplies, information, technology
• Process Category: characteristics of WHAT is being done for elders & HOW it is being done
  • Example falls: respond to call lights, provide appropriate assist (1 vs 2), remove room clutter, appropriate use of mechanical lifts, etc
• Outcome Category: Reflect the end result; are you goals measureable, timely, individualized and realistic?
  • Were structures & processes effective to prevent falls, infections, pain, etc
  • Did system reflect elder's goals & preferences?

Benefits of Using Fishbone Diagram

• Guide team members to focus on ALL the categories
• Ensure team covers all the potential causal factors
• Improved teamwork among team members
Fault Tree Diagram

- To help staff discover, visualize & communicate logical hierarchical relationships between critical events or goals/objectives and means
- Mechanics
  - Identify critical issue
  - Identify next-level events
  - Develop logical relationships between the critical and next-level events
  - Identify and link the lower-level events

Steps of Execution

- Collect the Data
  - What proof do you have?
  - Is there really a problem?
  - How long has the problem existed?
  - What is the impact of the problem?
Steps of Execution: Define the Problem

- Determine what happened
- Ask for information
- To what extent did this happen?
- All in all what are the specific symptoms?

Steps of Execution: Identify Possible Causal Factors

- What sequence of events lead to this problem?
- Under what conditions did this problem occur?
- What other problems surround the central problem?
- Break down a problem into small parts, it is then that problem becomes much more detailed
Steps of Execution: Identify the “Root Cause”

- Why does the causal factor exist?
- What is the REAL reason(s) the problem occurs/occurred?

Steps of Execution: Recommend & Implement Solutions

- Correction: Action to eliminate the detected causal factors
- Preventive Action: Action to eliminate the cause of a potential causal factor or other undesirable potential situation; What can be done to prevent the problem from happening again?
- How will the solution be implemented?
PDSA Model

- Plan: hypothesis formation; plan improvements and study to test improvements
- Do: implement new process with data collection
- Study: interpret results
- Act: decide what to do next based on results

Tips for Successful RCA Process

- Educate staff on RCA benefit and 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 staff
Change Isn’t Always Improvement: Peter Scholtes: “95% of changes have nothing to do with improvement”

<table>
<thead>
<tr>
<th>Change: makes something different</th>
<th>Improvement: makes something better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation: measuring compliance with standards</td>
<td>Continuously improving processes to meet standards</td>
</tr>
<tr>
<td>Means: Inspection</td>
<td>Prevention</td>
</tr>
<tr>
<td>Attitude: Required, reactive</td>
<td>Chosen, proactive</td>
</tr>
<tr>
<td>Focus: Outliers, “bad apples”, individuals</td>
<td>Processes or systems</td>
</tr>
<tr>
<td>Scope: Medical provider</td>
<td>Patient care</td>
</tr>
<tr>
<td>Responsibility: Few</td>
<td>All</td>
</tr>
</tbody>
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Quality

- What is Quality Health Care?
- Do we not already provide quality health care?
- How do we know we are providing high quality health care?
How Do You Define Quality?

- The standard of something as measured against other things of a similar kind; the degree of excellence of something

Defining Quality Health Care in Nursing Homes

- Defining Quality & Improvement
  - A systematic and continuous process that leads to MEASURABLE improvements in health care services and the health status of the elders living in your home
  - Health care quality = the level of improved health services + the desired elder outcomes
Barriers to Improvement in NH Quality

- High staff turnover: can interrupt trusting relationships
- Leadership turnover/inadequate leadership
  - The average annual turnover rates for DONS & direct care staff was 40-65% (Koren, 2010)
- Lack of appropriate resources for quality improvement efforts
- Inadequate staff/leadership knowledge, skills & training related to quality improvement
- Lack of a “systems” mentality among staff
- Quality Improvement requires a systematic approach, not individual efforts

Quality Improvement

- Provides common sense approach to quality health care
- Manages human performance using systemic, data-driven and integrated approach: ROOT CAUSE ANALYSIS
Quality Healthcare Drivers

• Evidence-based practice
• Technical and culture competency
• Effective communication
• Shared decision-making

Quality Assurance Principles

• Managers and workers must be committed to quality improvement
• Goal is to improve systems and processes, not assign blame
• Customers define quality
• Focus on outcomes
• Decisions based on data
Nurse Leaders and Nursing Staff Have a Significant Impact

- Increase staffing if necessary: Low staffing levels cannot sufficiently meet the minimum needs of elders to provide high quality care. Evidence shows a positive correlation between nursing staffing and quality of care (Wunderlich, 2001)
- Create a non-punitive environment: Encourage and empower staff to make quality decisions
- Join the culture change movement: Reorganize your home to create a home-like setting for elders and shift the focus toward elder-centered, elder-directed care

Nurse Leaders and Nursing Staff Have a Significant Impact (Cont)

- Provide in-services and educational opportunities: support & enhance learning & knowledge of all health care staff
- Provide team-building: experiences for staff to support a systematic, team-based approach to providing high-quality care
- Utilize clinical records: for documentation and continuous evaluation
Steps to Success

- Identify problem
  - Study current process
  - Collect data to assess and improve performance
    - Before and after measurement allow for comparison
  - Identify data to ID possible causes (who, what, when, where, why)
    - Vital information that forms foundation of quality improvement
- Assemble team
  - Create “right” change management team
  - Bottom up approach so those who are directly involved, knowledgeable about work that will change & will be impacted by change are important team members
  - Multidisciplinary team supports representation from all stakeholders

Steps to Success (cont)

- Define problem & formulate a problem statement
  - Clarify current knowledge of problem where change is required
  - Key to solving problem is to clearly understand it
  - Other quality improvement tools such as flow charts, fishbone diagrams may be useful
- Select best alternative for solving problem
  - Use creative strategies including 5-whys to generate a list of possible solutions
  - Decide how to measure improvement
- Communicate plan
  - As a team, establish a communication plan at outset of change & post progress on a regular basis in a highly visible location
Performance Improvement Plan Model

Step 1: Write the Goal

- Narrow the focus
- Clearly state what outcome you want to accomplish
Step 2: Desired Performance

Performance Guide
- Personal experience
- Evidence-based practice guidelines
- Professional experience
- Look at what key performers are doing
- Ask patients

Sort Desired Performance Items
- Cross out duplications & items that do not represent meaning of your goal
- Place checkmarks beside items that do not qualify as performances
- Make sure all remaining or unmarked items describe outcomes
- Circle those that are most important to target

Step 3: Current Performance: The way things REALLY are now

- Go to the source!
- What are standard performers doing?
  - Focus groups
  - Surveys
  - Interviews
  - Direct observation
Step 4: Determining the “Gap”

- Performance gap is a difference...a mismatch between what is & what should be
- “Gap” provides impetus to change performance if the organization has a goal of being one of the best

Step 5: Cause Analysis: Dig for the causes so you can “zap the gap”

- Do staff know what to do? (Information)
  - Not part of job, not in job description, never heard of expectation before
- Do staff know how to do it? (Knowledge)
  - Poor skills, lacked competency testing
- Do staff want to do it? (Motivation)
  - No reward or positive reinforcement; not in performance appraisal
- Are staff allowed to do it? (Structure/Process)
  - No way to note issues & pass forward; how it happens
- Do staff have what they need to do it? (Physical resources)
  - Time, equipment, sufficient staffing
- Wellness
  - Changing expertise (IT)
Step 6: Identify Solution

- What are potential, specific & clear interventions to close gap between desired performance & current performance?
- Generate variety of solutions to solve problems
- Solutions must match causal factors
- When we pin down the right causes, we can select the right solutions
- Develop guidelines for specific issues or services that define & establish delivery of services
  - Guidelines are meant to reduce the variation by providing standardization to process
  - Most effective guidelines are locally developed and accepted

Action Planning

- Put the plan on paper
  - Will clarify thoughts
  - Will help team focus on what needs to be done
  - Provides jumping off point for discussion
- Write down:
  - Goal
  - Gap between goal & current situation
  - Your hypothesis for closing the gap
- Execution strategy (90-day plan)
  - Concrete schedule: who will do what, when
  - Monitor progress & revise plan monthly
Testing and Implementation

- Test on small scale
- Use short timeframes
- Test until you have confidence in new process
- Goal is system wide change
- Over communication is key to sustainability
- Manage & touch regularly
  - What has been accomplished?
  - What will be accomplished next?
  - How can we improve?
  - What is every possible thing that has to happen for goal to be achieved?

Challenges

- Resistance to change in culture & specific protocols from physicians and nurses
- Limited resources available to make or maintain quality-related investments
- Complacency with past improvements
Lessons Learned

- Set short-term, attainable goals and celebrate successes (and the individuals involved) in reaching goals
- Keep staff involved in problem identification and problem-solving, valuing everyone’s experiences and encouraging as well expecting all to participate
- Nurture dedicated leaders and champions who encourage and “bring along” their peers

Lessons Learned (Cont)

- Be patient but persistent & unrelenting, recognizing that improvements take time to keep quality improvement “on the front burner”
- Balance quality and financial goals, considering investments in quality improvement from a short- and long-term perspective
Steps of Execution: Sustaining the Improvement

- How will you sustain the improvement?
  - Leadership
    - Consistency
    - Accountability
  - Reward
  - Communication

Discussion & Questions
Let's work together
To make a difference!

Thank you!

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