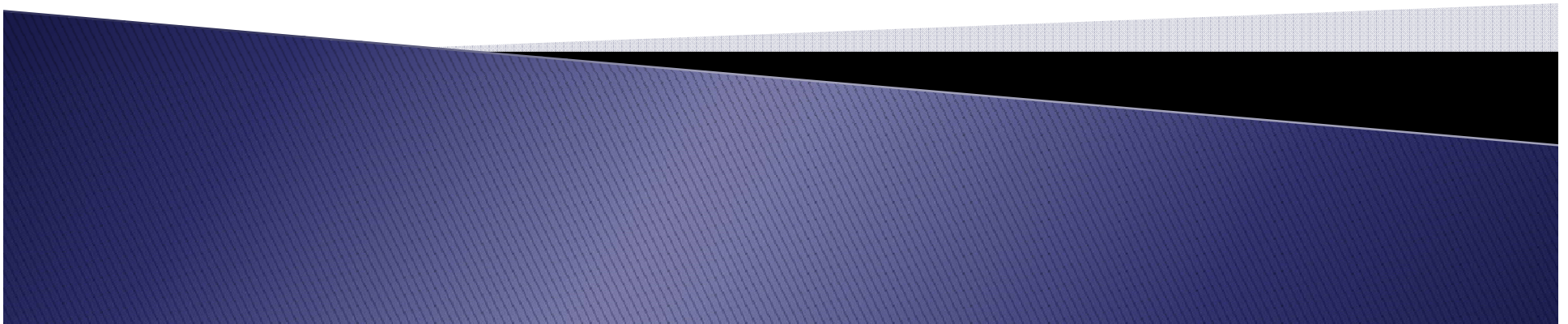


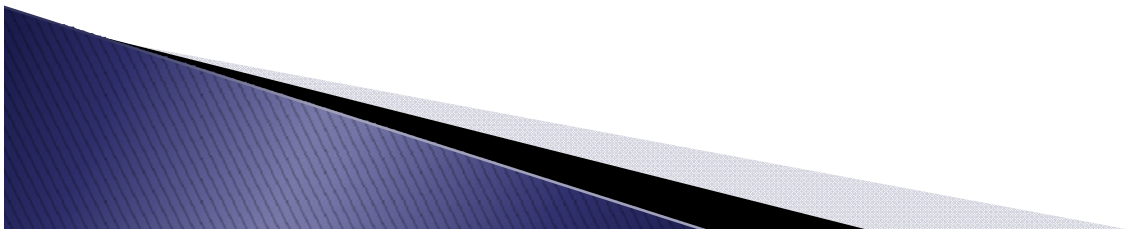
# Root Cause Analysis in the Post Acute Setting

Lisa Evans, Senior Administrator  
ManorCare Lynnwood



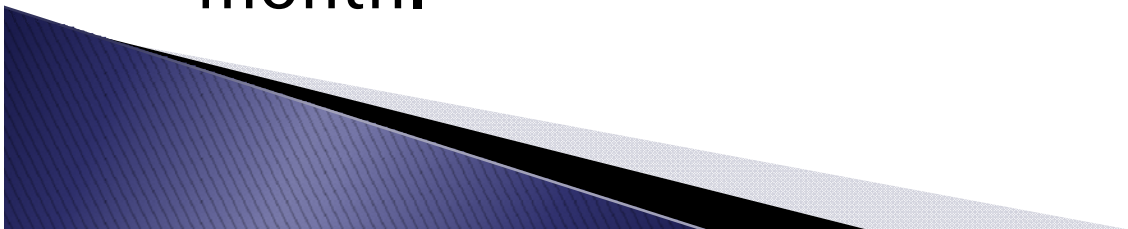
# Webinar Objectives

- ▶ Develop an understanding of the processes used in the post acute setting as it relates to performance improvement
- ▶ Identify the root cause analysis each center completes in the performance improvement process



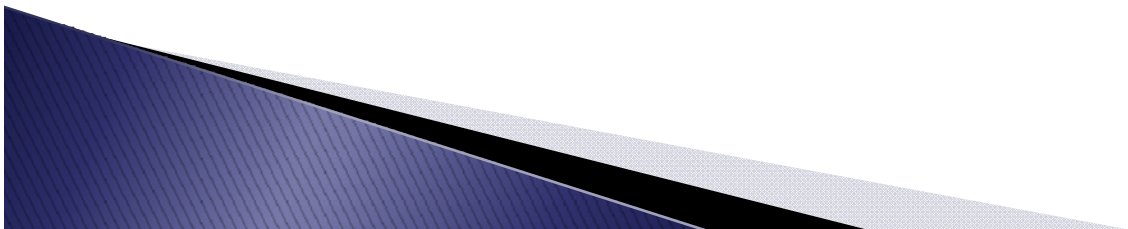
# An overview:

- ▶ ManorCare Lynnwood is a post acute skilled nursing facility in Lynnwood, Washington.
- ▶ 113 beds, average occupancy of 92%.
- ▶ Short term census of Medicare, Medicare Advantage and commercial insurance is approximately 60%.
- ▶ Average length of stay is approximately 32 days for Medicare, 18 for insurance
- ▶ Our patient mix includes orthopedic, cardiac, neurological and medically complex patients.
- ▶ Average of 60 admissions and discharges per month.



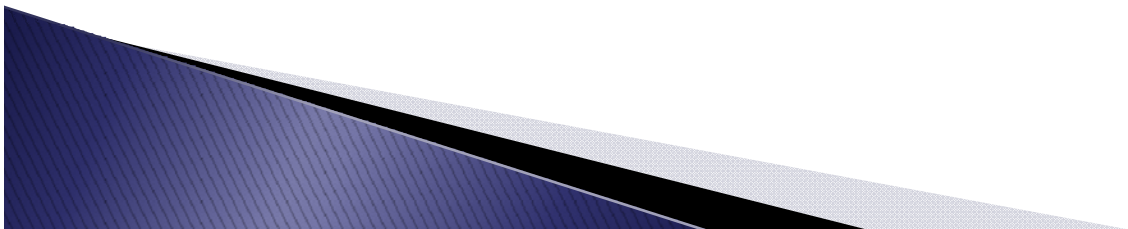
# Quality Metrics

- ▶ What are we measuring?
- ▶ Focus on Patient Safety and Quality
- ▶ Not just in response to regulatory visits or surveys
- ▶ Efforts have shifted to being proactive to survey and ahead of regulations



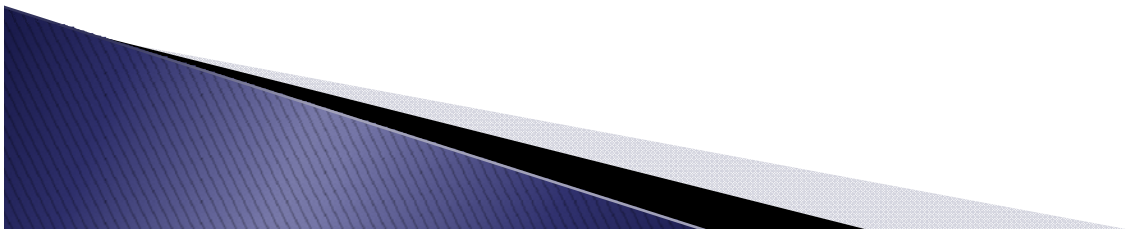
# Patient Safety and Quality

- ▶ Pressure ulcers (nosocomial and community acquired)
- ▶ Infections (nosocomial and community acquired)
- ▶ Falls
- ▶ Psychotropic medication usage
- ▶ Weight loss
- ▶ Many, many more...



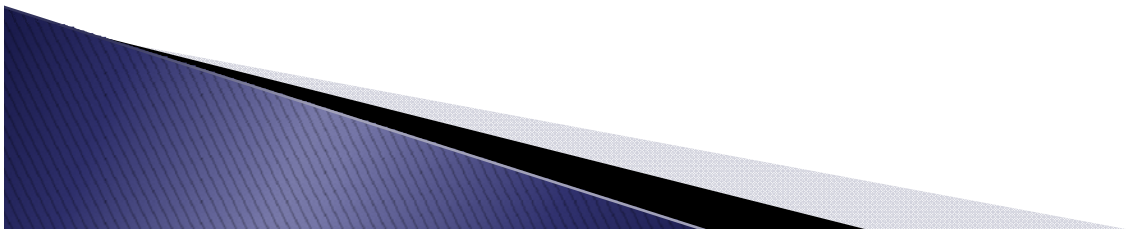
# How do we track and trend?

- ▶ Internal dashboards
- ▶ Qualis quarterly reports
- ▶ Trend Tracker
- ▶ Publicly Reported Data
- ▶ Medicare.gov
- ▶ CMS Quality Metrics
- ▶ QAPI



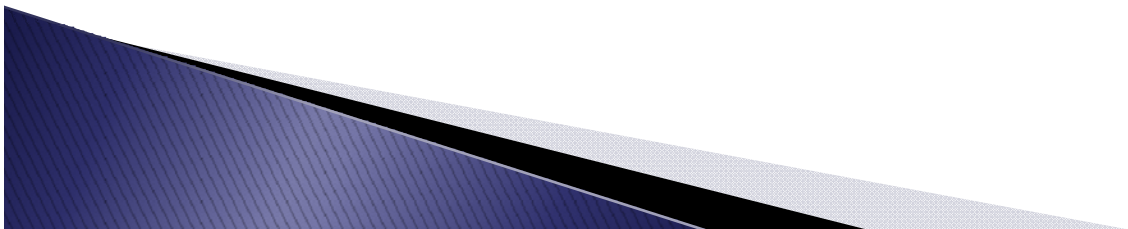
# Sources of Data

- ▶ Assessment data which is transmitted to CMS
- ▶ Internal tracking of data (infections, falls, etc)
- ▶ Many different options for tracking “live” data vs. waiting for the quarterly reports from CMS, Qualis, survey results on Medicare.gov
  - Advancing Excellence
  - American Health Care Association
  - Home grown spreadsheets



# Who is involved with PI and RCA?

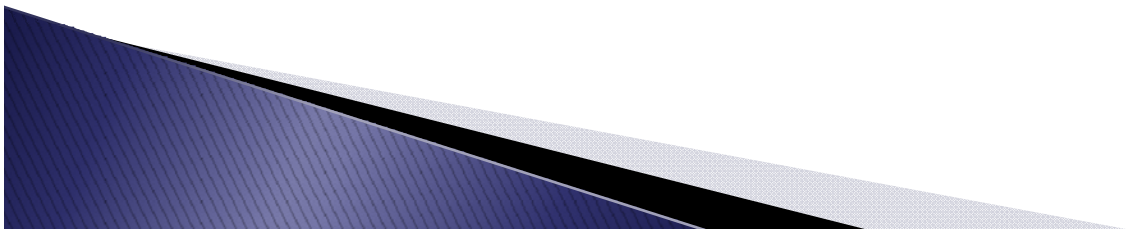
- ▶ Administrator
- ▶ Director of Nursing
- ▶ Nurse managers
- ▶ Nurses
- ▶ Nursing assistants
- ▶ Non nursing involvement such as dietary aides, laundry, therapy staff





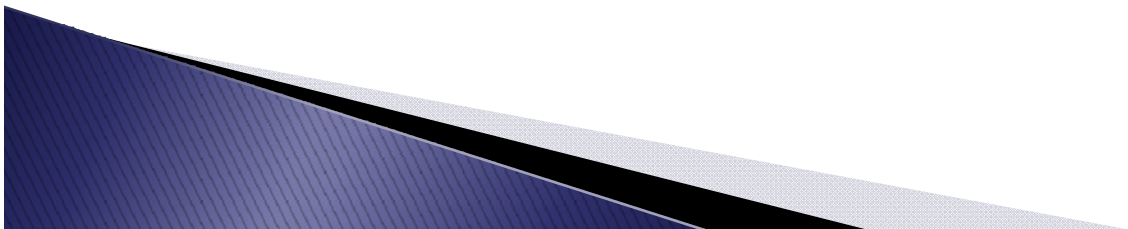
# Types of Root Cause Analysis

- ▶ 5 why's
- ▶ Fishbone diagram



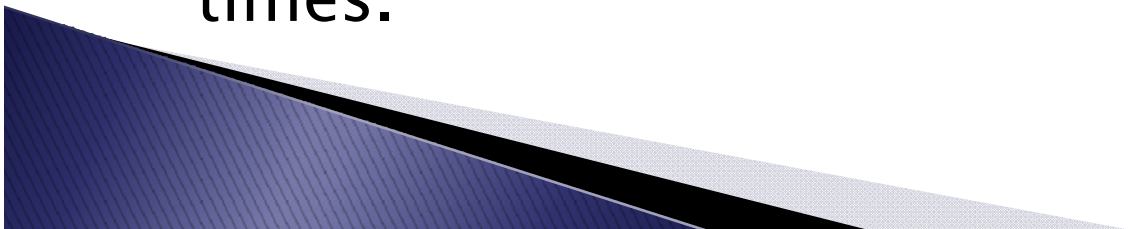
# 5 Why's

- ▶ Benefits of the 5 Whys
  - Helps identify the root cause
  - Determines the relationship between different root causes of a problem
  - One of the simplest tools, easy to complete
- ▶ When is 5 Whys Most Appropriate
  - When problems involve human factors or interactions (like health care!?)
  - In day-to-day business life, it can be easily used with or without a designated QI lead or six sigma project



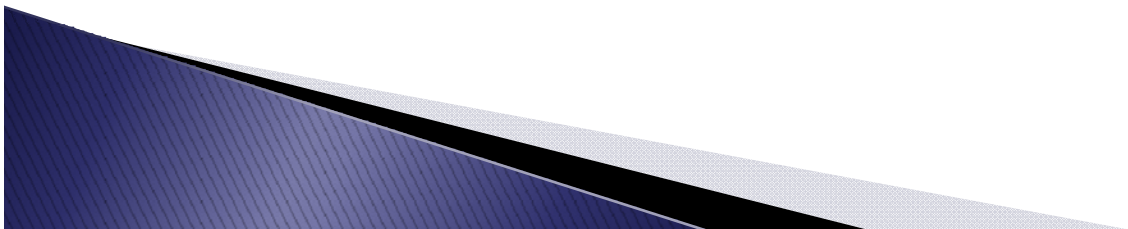
# How to Complete the 5 Whys

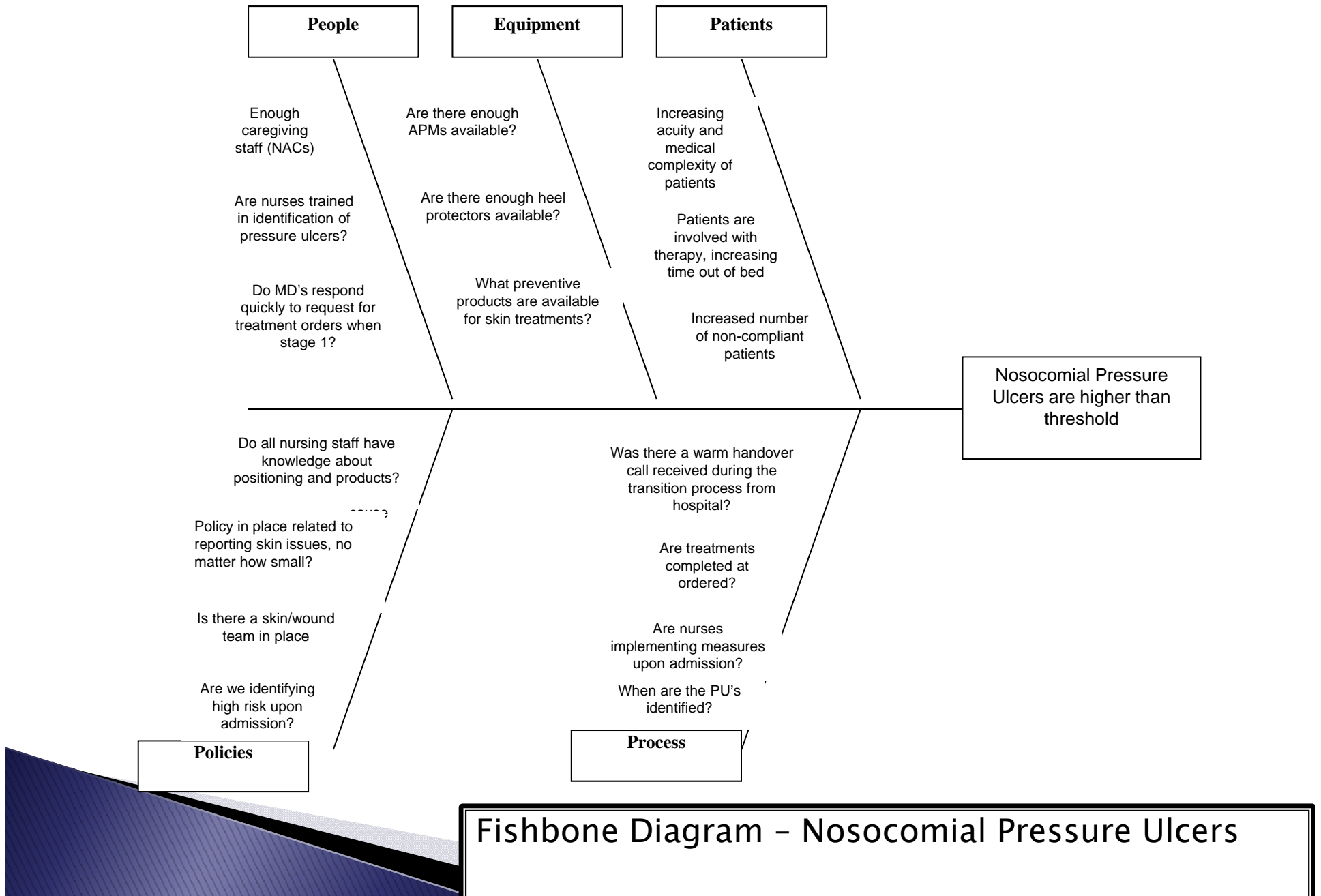
- ▶ Write down the specific problem. Writing the issue helps you formalize the problem and describe it completely. It also helps a team focus on the same problem.
- ▶ Ask Why the problem happens and write the answer down below the problem.
- ▶ If the answer you just provided doesn't identify the root cause of the problem that you wrote down in Step 1, ask Why again and write that answer down.
- ▶ Loop back to step 3 until the team is in agreement that the problem's root cause is identified. It's possible it will take less than 5 times.



# Two case studies:

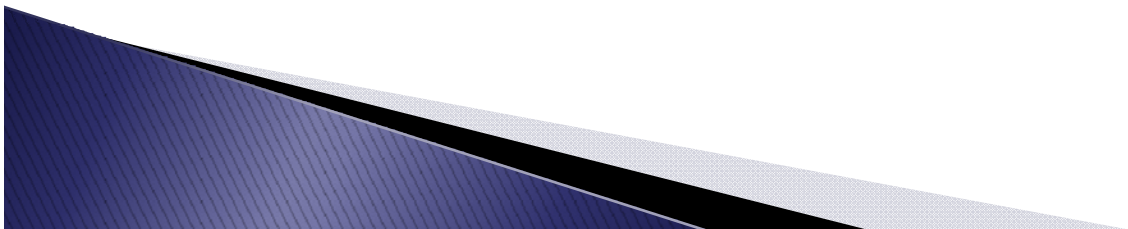
- ▶ Pressure Ulcers
- ▶ Rehospitalizations





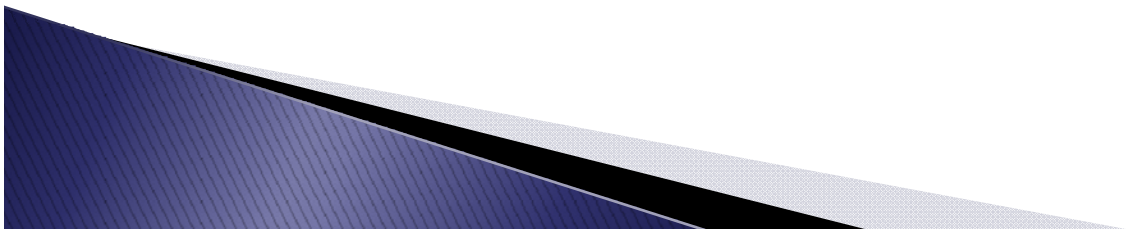
# Pressure Ulcers

- ▶ Identified a trend of being over threshold
- ▶ Met with nurses, nurse manager, NACs, laundry staff and therapists
- ▶ Had an open dialogue about possible reasons or causes for the increased rate
- ▶ Used the Fishbone diagram to drive the performance improvement process



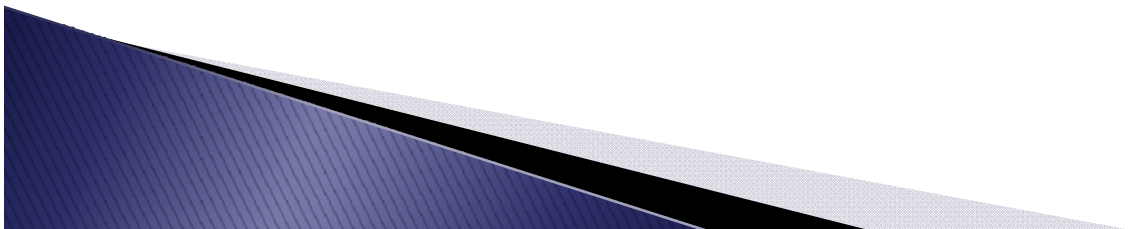
# Rehospitalizations

- ▶ Used the INTERACT Quality Assurance tools
  - Trending of data identified upon completion
- ▶ Used the 5 why's approach with staff
  - Why – patient had a CHF exacerbation
  - Why – patients weight had increased by 10 lbs in 2 days
  - Why – nursing staff unaware of need for daily weights per SNF MD
  - Why – not on MD orders from hospital or during warm handover call



# Lessons learned:

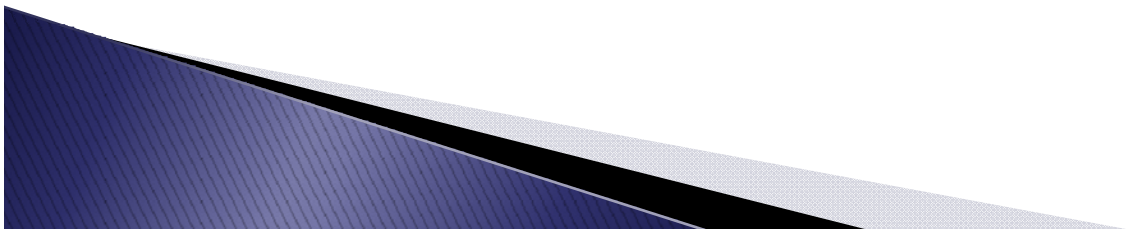
- ▶ Share data with all levels of the organization
- ▶ Share that you are working on improvement in specific areas with the organization (poster boards, informal communication, in addition to postings trending data)
- ▶ Communicate with community hospitals to improve quality across the settings





# Suggestions for the Future

- ▶ Reach out to the community, including receiving SNFs
- ▶ Make it a community PI project
- ▶ Most likely trends are similar across settings
- ▶ Be aware of the danger of silo's when changing processes and not including receivers



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