Root Cause Analysis in the Post Acute Setting

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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
People

- Enough caregiving staff (NACs)
- Are nurses trained in identification of pressure ulcers?
- Do MD’s respond quickly to request for treatment orders when stage 1?
- Do all nursing staff have knowledge about positioning and products?
- Policy in place related to reporting skin issues, no matter how small?
- Is there a skin/wound team in place?
- Are we identifying high risk upon admission?

Equipment

- Are there enough APMs available?
- Are there enough heel protectors available?
- What preventive products are available for skin treatments?

Patients

- Increasing acuity and medical complexity of patients
- Patients are involved with therapy, increasing time out of bed
- Increased number of non-compliant patients
- Was there a warm handover call received during the transition process from hospital?
- Are treatments completed at ordered?
- Are nurses implementing measures upon admission?
- When are the PU’s identified?

Policies

- Process

Fishbone Diagram – Nosocomial Pressure Ulcers

Nosocomial Pressure Ulcers are higher than threshold
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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