COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

April 21st , 2023

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation survey upon end of webinar
  - Must be registered individually to receive credit

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Agenda

- Upcoming Webinars
- UIC Tele-Mentoring Program
- How to Perform a Root Cause Analysis (RCA)
- Open Q & A

Slides and recording will be made available after the session.

Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, May 5th	PHE End Informational Update	https://illinois.webex.com/illinois/j.php?MTID=m39e67be2d04d4035294ea75ea6f6fc92
Friday, May 19th	Norovirus	https://illinois.webex.com/weblink/register/r8ff76251bb28ef95e6e307e56843571b
Friday, June 5th	MDRO organisms: C. auris	https://illinois.webex.com/weblink/register/r41548e40d239c7e92a7bf651c8c06dfd

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How to Perform a Root Cause Analysis (RCA)

Friday, April 21, 2023

Nell Griffin, Telligen Program Specialist

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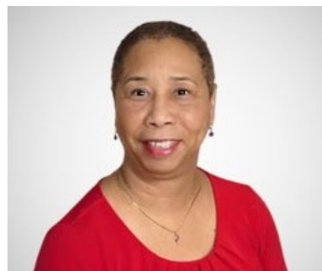
QIN–QIO
Quality Innovation Network - Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Today's Speaker(s)



Nell Griffin, EdM, CHC, CPHQ

Telligen

Program Specialist

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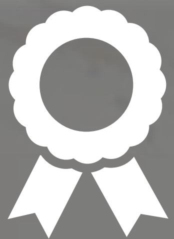
What Do QIN-QIOs Do?

QIO Program Purpose

- To improve the efficiency, effectiveness, economy and quality of services delivered to Medicare beneficiaries

QIN-QIOs

- Bring Medicare beneficiaries, providers and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care and improve clinical quality
- Provide technical assistance and convene learning and action networks at no-cost to support healthcare QI at the community level



BEST recipients will receive an exclusive award package and a feature story about their nursing home which will be shared on a national platform

Telligen's BEST in Class

The BEST in Class distinction recognizes nursing homes who excel in caring for their residents, the criteria for the award is listed below:

B — **Blue Ribbon** recipient for three quarters

E — Complete Telligen's **Emergency Preparedness Assessment**

S — 75% of **staff** trained in infection prevention and control

T — Improve **transitions** and reduce Emergency Department (ED) visits by 5% or fall within the top 25th percentile of Telligen's enrolled nursing homes

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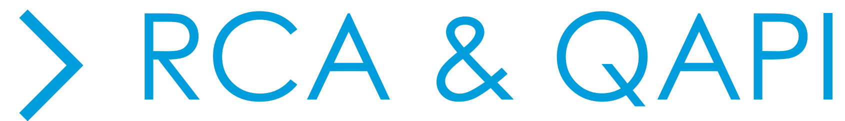
Learning Objectives

- Present an overview of Root Cause Analysis (RCA) process
- Identify three RCA methodologies
- Share resources to support RCA performance



Root Cause Analysis (RCA) and Quality Assurance and Performance Improvement (QAPI) – What's the Connection?

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483.75 Quality Assurance and Performance Improvement

- Maintain documentation and demonstrate evidence of its ongoing QAPI program
  - Systems and reports demonstrating systematic identification
  - Reporting
  - Investigation
  - Analysis
  - Prevention of adverse events
- Documentation demonstrating
  - Development
  - Implementation
  - Evaluation of corrective actions or performance improvement activities

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.75

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Evaluation of Corrective Actions or Performance Improvement Activities

- QAPI is a data-driven, proactive approach to improving services in nursing homes
  - Quality of life
  - Quality of care
- The activities of QAPI involve members at all levels of the organization to:
  - Identify opportunities for improvement
  - Address gaps in systems or processes
  - Develop and implement an improvement or corrective plan
  - Continuously monitor effectiveness of interventions

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf

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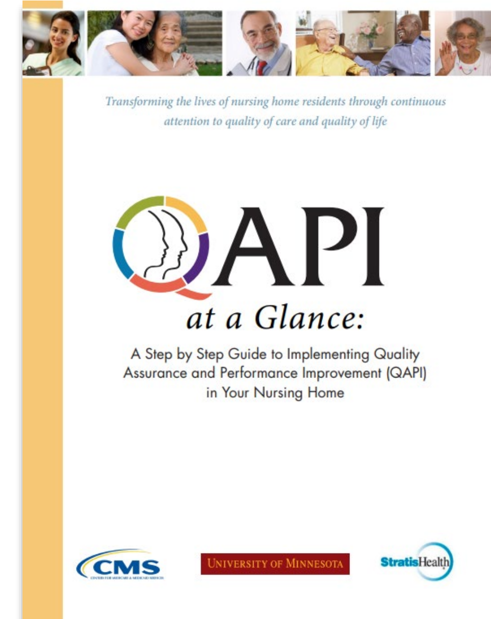
QAPI at a Glance



- Using data to identify quality problems and improvement opportunities
- Setting priorities for action
  - Building on residents' own goals for health, quality of life and daily activities
  - Bringing meaningful resident and family voices into setting goals and evaluating progress
  - Incorporating caregivers broadly in a shared QAPI mission
- Developing Performance Improvement Project (PIP) teams with specific charters
- Performing a Root Cause Analysis to get to the heart of the reason for a problem
- Undertaking systemic change to eliminate problems at the source
- Developing a feedback and monitoring system to sustain continuous improvement

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf

What is Root Cause Analysis (RCA)?

- A systematic process
  - To get to the underlying cause of a problem
  - For identifying contributing causal factors that underlie variations in performance
- Structured method of analysis
  - Designed to get to the underlying cause of a problem
  - Leads to identification of effective interventions to improve process
- An interdisciplinary team activity
  - Input from those doing the work and leadership
  - Involves varied perspectives

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf

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Performing Root Cause Analysis (RCA) Gets to the Reasons Problem Exists

- Gets to the core issues that set in motion the cause-and-effect that ultimately lead to the problem or unwanted outcome
- Uncovers the causal factors that underlie variations in performance
- Helps team understand immediate or seemingly obvious reason for the problem or an event may not be the real reason event occurred

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Why Complete RCA?

- Uncover reasons behind the event to prevent recurrence
- Identify true root cause(s) vs contributing factors
- Focuses primarily on systems and processes to eliminate root causes
- Leads to identification of effective interventions that can be implemented to make improvements

RCA helps team identify reasons event occurred for the purpose of eliminating these reasons and preventing event from repeating

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Contributing Factors or Root Causes

- Contributing factors are situations, circumstances or conditions that increase likelihood of events occurrence but by itself may not have caused the outcome
- Root causes are several underlying faulty processes or system issues that lead to a harmful event

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf

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What is an Adverse Event?

According to the Requirements for Long Term Care Facilities, an adverse event is an untoward, undesirable and usually unanticipated event that causes death or serious injury, or the risk thereof

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.5

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Corrective Actions and Performance Improvement Activities

[483.75 Quality assurance and performance improvement]

- Maintain documentation and demonstrate evidence of its ongoing QAPI program
- Systems and reports demonstrating systematic practices of corrective actions or performance improvement activities for adverse events that includes
  - Identifying
  - Reporting
  - Investigating
  - Analyzing
  - Preventing
- Identify problems that are high risk, high volume, or problem-prone
- Documentation demonstrating the development, implementation and evaluation of corrective actions or performance improvement activities

Deficiencies: Indicators of High-Risk or Problem-Prone Areas

Regulation	Deficiency Tag
• 483.12 Freedom from Abuse, Neglect, and Exploitation	• F600-F610
• 483.25 Quality of Care (Pressure Injury)	• F686
• 483.25 Quality of Care (Fall)	• F689
• 483.80 Infection Control	• F880-F888

An example of working a problem using a case study

Case Study F880 Deficiency

- Based on observation, interview and record review, the facility failed to follow standard infection practices during provisions of care related to hand hygiene and glove changing
  - V11 and V12 (Both Certified Nursing Assistants/CNA) rendered incontinence care to R34 who was heavily saturated with urine and had a bowel movement
  - V11 cleaned R34's rectal/buttocks area
  - V11 applied barrier cream, changed gloves, applied new incontinence brief, repositioned R34, pulled pants up
  - V11 did not perform hand hygiene all throughout the provision of care
- V2 (Director of Nursing/DON) stated staff must perform hand hygiene and change gloves when providing care and hand hygiene must be done:
  - Before and after care
  - Before changing tasks from dirty to clean
  - After removal of gloves
  - Prior to donning a new pair of gloves

Is this a High-Risk or Problem-Prone Area?

QAA committee requirements according to
483.75 Quality assurance and performance improvement

- Coordinate and evaluate activities
- Identifying issues with quality assessment and assurance activities
- Overseeing performance improvement projects
- Develop and implement appropriate plans of action to correct identified quality deficiencies
  - Is the deficiency tag an indicator of weakness in the infection prevention and control practices?
  - Is hand hygiene a high-risk or problem-prone area?

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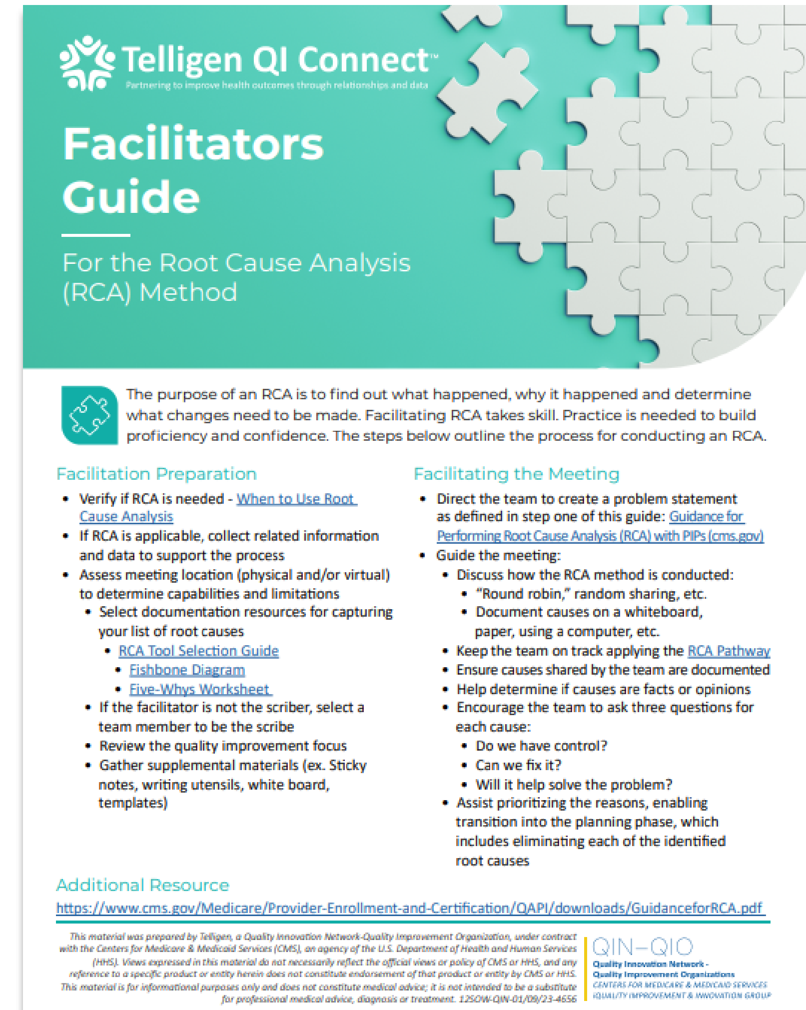
Plan to Improve

- Charter a PIP
- Schedule meeting
- Create agenda
- Assign facilitator
  - Keep forward momentum
  - Assure all participants have opportunity to speak
  - Maintain timeline
- Assign scribe
  - Record events of meeting
  - Document action items
  - Create official record



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Facilitators Guide

For the Root Cause Analysis (RCA) Method

The purpose of an RCA is to find out what happened, why it happened and determine what changes need to be made. Facilitating RCA takes skill. Practice is needed to build proficiency and confidence. The steps below outline the process for conducting an RCA.

Facilitation Preparation

- Verify if RCA is needed - When to Use Root Cause Analysis
- If RCA is applicable, collect related information and data to support the process
- Assess meeting location (physical and/or virtual) to determine capabilities and limitations
  - Select documentation resources for capturing your list of root causes
    - RCA Tool Selection Guide
    - Fishbone Diagram
    - Five-Whys Worksheet
  - If the facilitator is not the scriber, select a team member to be the scribe
  - Review the quality improvement focus
  - Gather supplemental materials (ex. Sticky notes, writing utensils, white board, templates)

Facilitating the Meeting

- Direct the team to create a problem statement as defined in step one of this guide: Guidance for Performing Root Cause Analysis (RCA) with PIPs (cms.gov)
- Guide the meeting:
  - Discuss how the RCA method is conducted:
    - "Round robin," random sharing, etc.
    - Document causes on a whiteboard, paper, using a computer, etc.
  - Keep the team on track applying the RCA Pathway
  - Ensure causes shared by the team are documented
  - Help determine if causes are facts or opinions
  - Encourage the team to ask three questions for each cause:
    - Do we have control?
    - Can we fix it?
    - Will it help solve the problem?
  - Assist prioritizing the reasons, enabling transition into the planning phase, which includes eliminating each of the identified root causes

Additional Resource

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf

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https://www.telligenqiconnect.com/resource/facilitators-guide-for-the-root-cause-analysis-rca-method/

Identify the Problem

- Problem statement objectively states what went wrong
  - Not why or how
  - Not a solution
  - Not a need for something
- A good problem statement will facilitate a more thorough examination of the problem
- Examples based on case study:
  - CNA observed not complying with hand hygiene policy
  - Deficiency tag received for CNA not performing hand hygiene according to policy
  - CNA hand hygiene compliance is not meeting goal of consistent 100%

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf

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Select RCA Method

Root Cause Analysis (RCA) Tool Selection Guide

- Five Whys
- Fishbone
- Affinity groups

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Root Cause Analysis Tool Selection Guide

Root cause analysis is a structured team process that assists in identifying underlying factors or causes of an event, such as an adverse event or near miss. Understanding the contributing factors or causes of a system failure can help develop actions that sustain corrections by including team members who have personal knowledge of the processes and systems involved in the problem or event to be investigated.

Affinity Group

Affinity Grouping is a brainstorming method in which participants organize ideas into common grouping and identify common themes using multi-voting and cards, flip charts, whiteboards and/or post it notes. Groups may be required to meet more than once and take more than one day to complete brainstorming.

5 Whys

The Five (5) Whys is a simple problem-solving technique that helps to get to the root of a problem quickly. The Five Whys strategy involves looking at any problem and drilling it down by asking: "Why?" or "What caused this problem?" While you want clear and concise answers, you want to avoid answers that are too simple and overlook important details.

Fishbone

A cause-and-effect diagram, often called a "fishbone" diagram, can help in brainstorming to identify possible causes of a problem and in sorting ideas into useful categories. A fishbone diagram is a visual way to look at cause and effect. It is a more structured approach than the Five (5) Whys tool. Groups may be required to meet more than once and take more than one day to complete the diagram.

If not Affinity Group, Use This Tool to Assist with Selecting Five (5) Whys or Fishbone

Question	Response
Has this problem or a similar problem occurred previously?	Select
Do you believe this is a complex problem?	Select
Have other attempts to solve the problem failed?	Select
Is input from others needed to uncover the root causes?	Select
Is this problem related to resident or staff safety?	Select

- **1 or 2, 'yes' responses, consider using Five (5) Whys**
- **3 to 5, 'yes' responses, consider using the Fishbone diagram**

References

Brainstorming, Affinity Grouping, and Multi-Voting Tool, Five Whys Tool for Root Cause Analysis and How to Use the Fishbone Tool for Root Cause Analysis

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https://www.telligenqiconnect.com/resource/root-cause-analysis-rca-tool-selection-guide/

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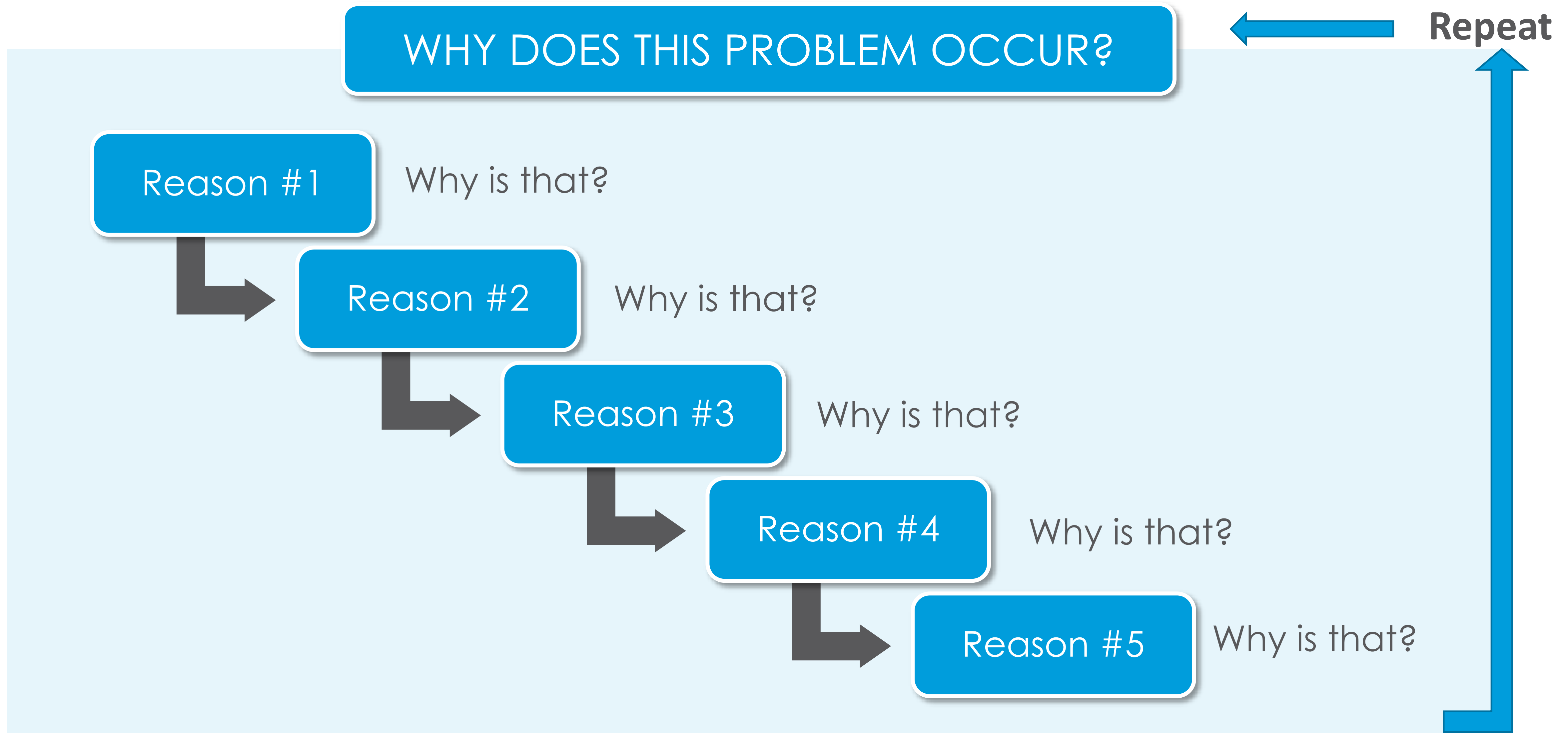
Five Whys

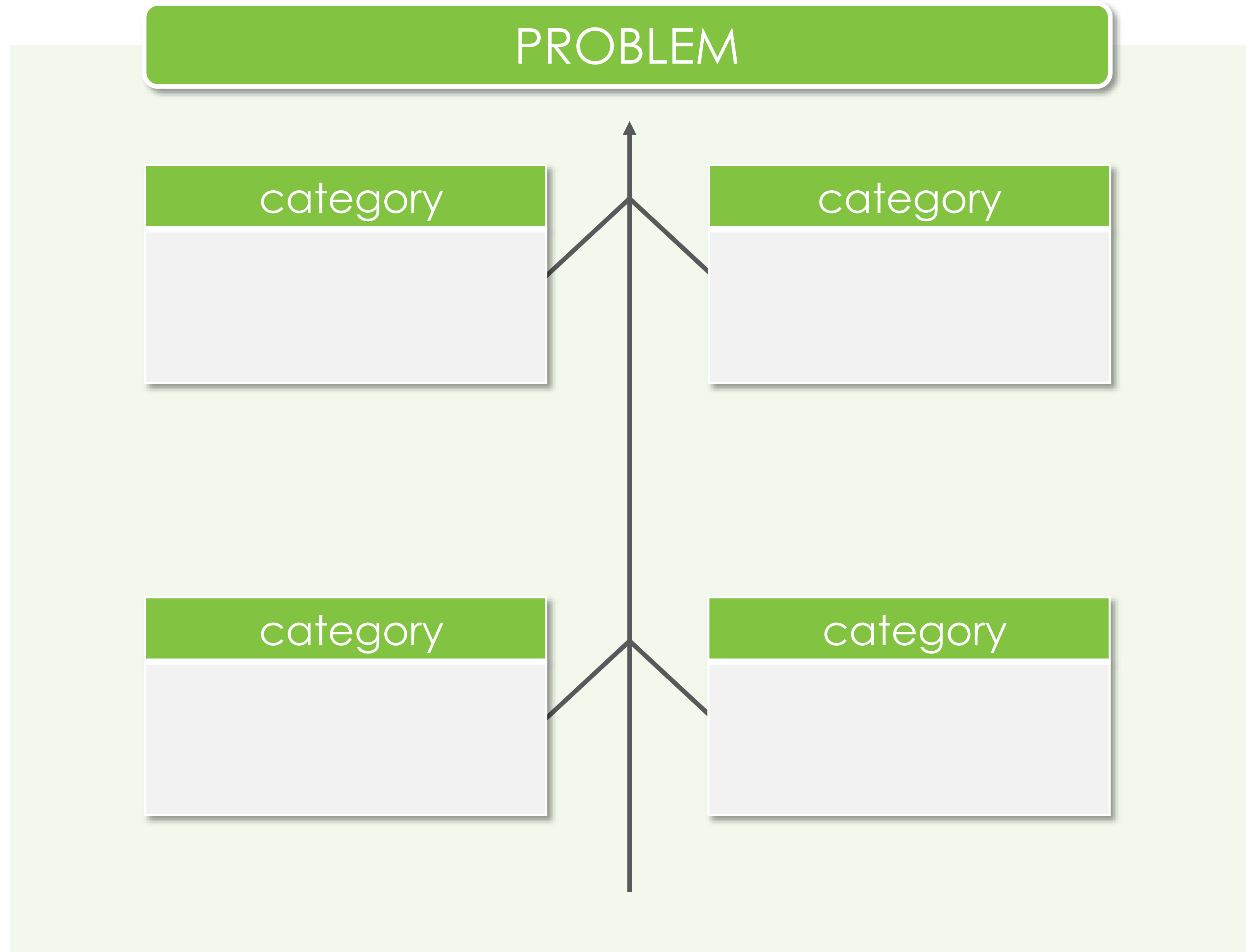


Fishbone

Team agrees on categories of causes of the problem

Categories often include:

- Equipment or supply factors
- Environmental factors
- Rules/policy/procedure factors
- People/staff factors



Affinity Groups

WHAT IS THE PROBLEM?

Main Challenges

Reasons for Challenges

RCA Methods: Five Whys, Fishbone or Affinity Group

Include people who perform and have knowledge of the involved process and system

Five Whys	Fishbone	Affinity Group
Simple problem-solving technique that helps get to the root of a problem quickly	Structured visual 'cause and effect' way of brainstorming root causes for a problem	Approach for generating, categorizing, and choosing among multiple ideas for the root causes of a problem from a group
Develop problem statement	Develop problem statement	State the purpose of the brainstorming session
Ask why the problem occurred and record responses until no other ideas generated then ask why again, repeat until no new why question can be generated	Agree on the major categories for causes of the problem, ask why problem occurred and record responses under categories until no new ideas generated	Participants call out one idea at a time in turn for why problem occurred, record all ideas on a flip chart, or on self-adhesive notes until no new ideas generated, then group by commonality
Prioritize list of root causes	Prioritize list of root causes and	Each participate votes on multiple root causes, prioritize according to votes
Plan to eliminate each root cause	Plan to eliminate each root cause	Plan to eliminate each root cause

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf

Is it a Contributing Factor or is it a Root Cause?

Contributing factors are not root causes

- Would the event have occurred if this was not present?
  - Yes → it is a contributing factor
  - No → it is a root cause
- Will the problem recur if this is corrected or eliminated?
  - Yes → it is a contributing factor
  - No → it is a root cause

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf

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Example of Five Whys

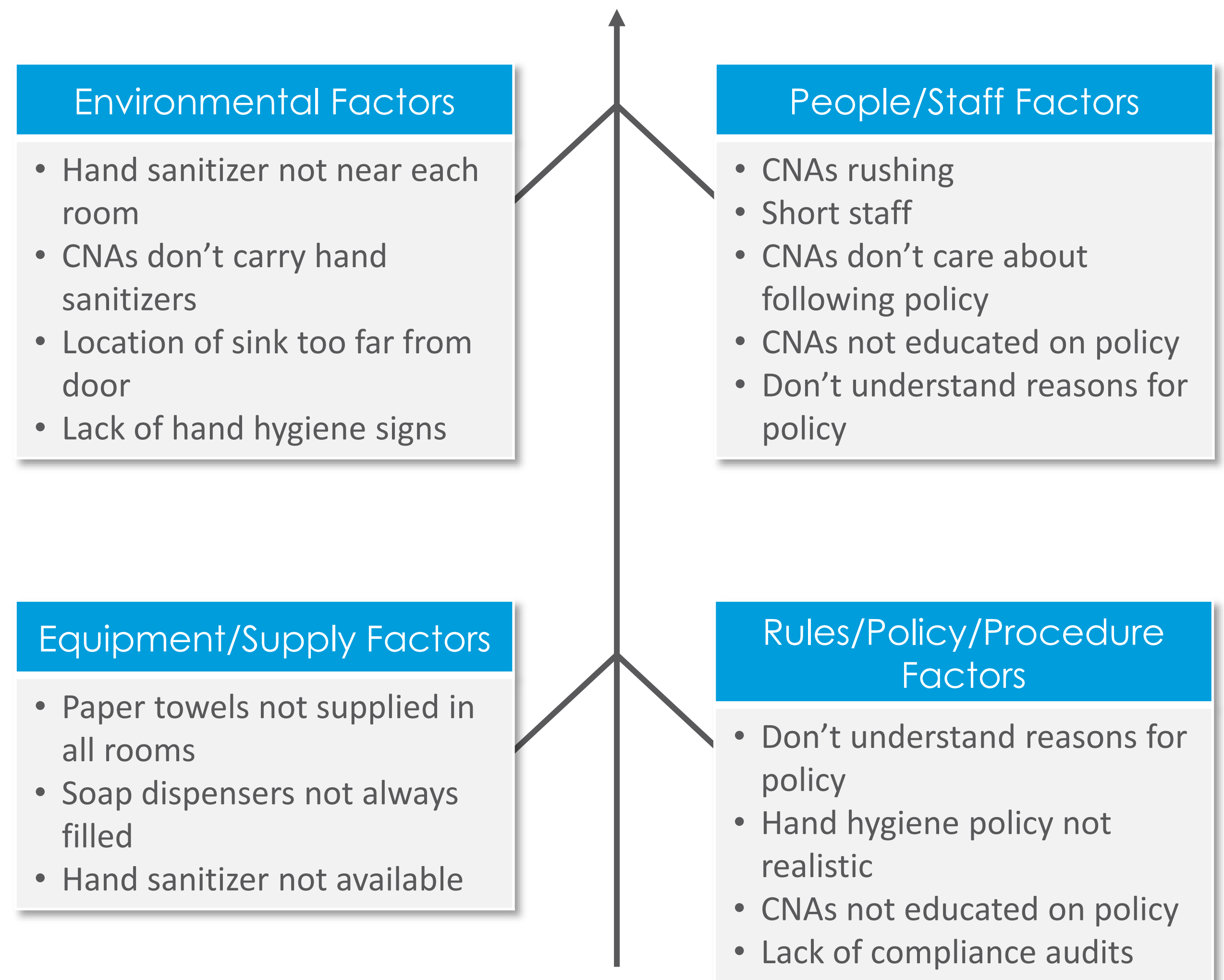
Problem: CNA observed not complying with hand hygiene policy during pericare

Why are CNAs not complying with hand hygiene policy?	Why are CNAs not complying with hand hygiene policy?	Why are CNAs not complying with hand hygiene policy?	Why are CNAs not complying with hand hygiene policy?
CNAs aren’t complying with hand hygiene policy because they don’t know it.	CNAs aren’t complying with hand hygiene policy because they don’t want to.	CNAs aren’t complying with hand hygiene policy because the policy doesn’t fit with how they work.	CNAs are not complying with hand hygiene policy because they are rushing.
Why don’t CNAs know hand hygiene policy?	Why don’t CNAs want to comply with hand hygiene policy?	Why doesn’t the hand hygiene policy fit with how CNAs work?	Why is rushing preventing CNAs from complying with hand hygiene?
CNAs don’t know hand hygiene policy because they are not properly educated on policy.	CNAs don’t want to comply with hand hygiene policy because they don’t think it’s a realistic policy.	The hand hygiene policy doesn’t fit with how CNAs work because CNAs had no input in the policy.	Rushing is preventing CNAs from complying with the hand hygiene policy because of the time constraints due to workload.
Why aren’t CNAs properly educated on hand hygiene policy?	Why don’t CNAs think the hand hygiene policy is realistic?		Why are there time constraints due to workload?
CNAs aren’t properly educated on hand hygiene policy because we don’t know how to properly educate. We’re not teachers.	CNAs don’t think the hand hygiene policy is realistic because the policy doesn’t include their input.		There are time constraints due to workload because of staffing shortage.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FiveWhys.pdf

Example of Fishbone

- Agree on problem statement
- Agree on major categories of causes of the problem
- Major categories
  - Equipment or supply factors
  - Environmental factors
  - Rules/policy/procedure factors
  - People/staff factors



https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FishboneRevised.pdf

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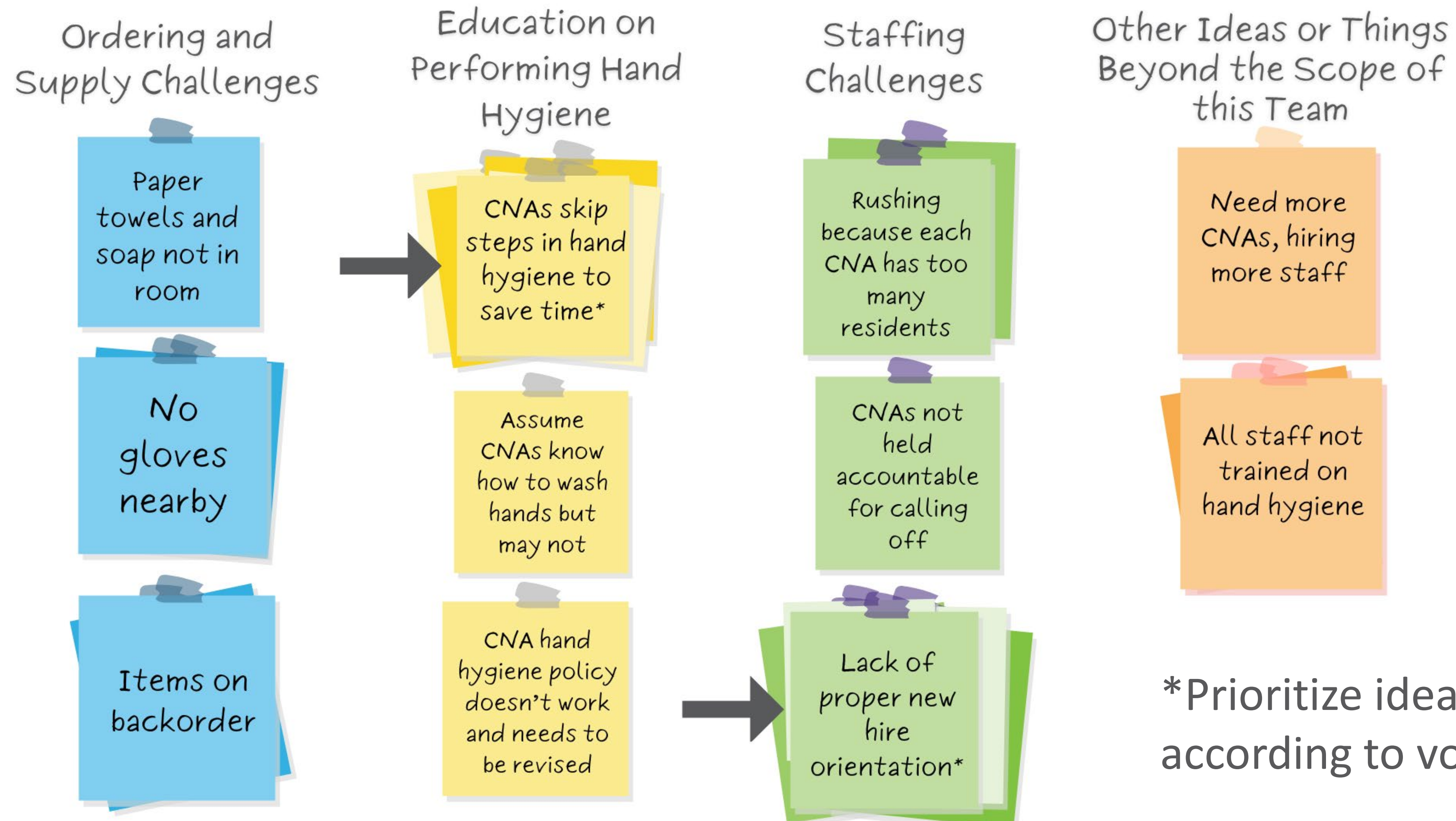
Example of an Affinity Group

- Facilitator state purpose of the meeting
- Collect ideas from participants using a flip chart, post-it notes, note cards, etc.
- Group ideas into common categories with descriptive names
- Move ideas to different categories by team consensus
- Vote and prioritize ideas according to votes
- Note taker finalizes ideas and grouping

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/BrainAffinGrpMultVot.pdf

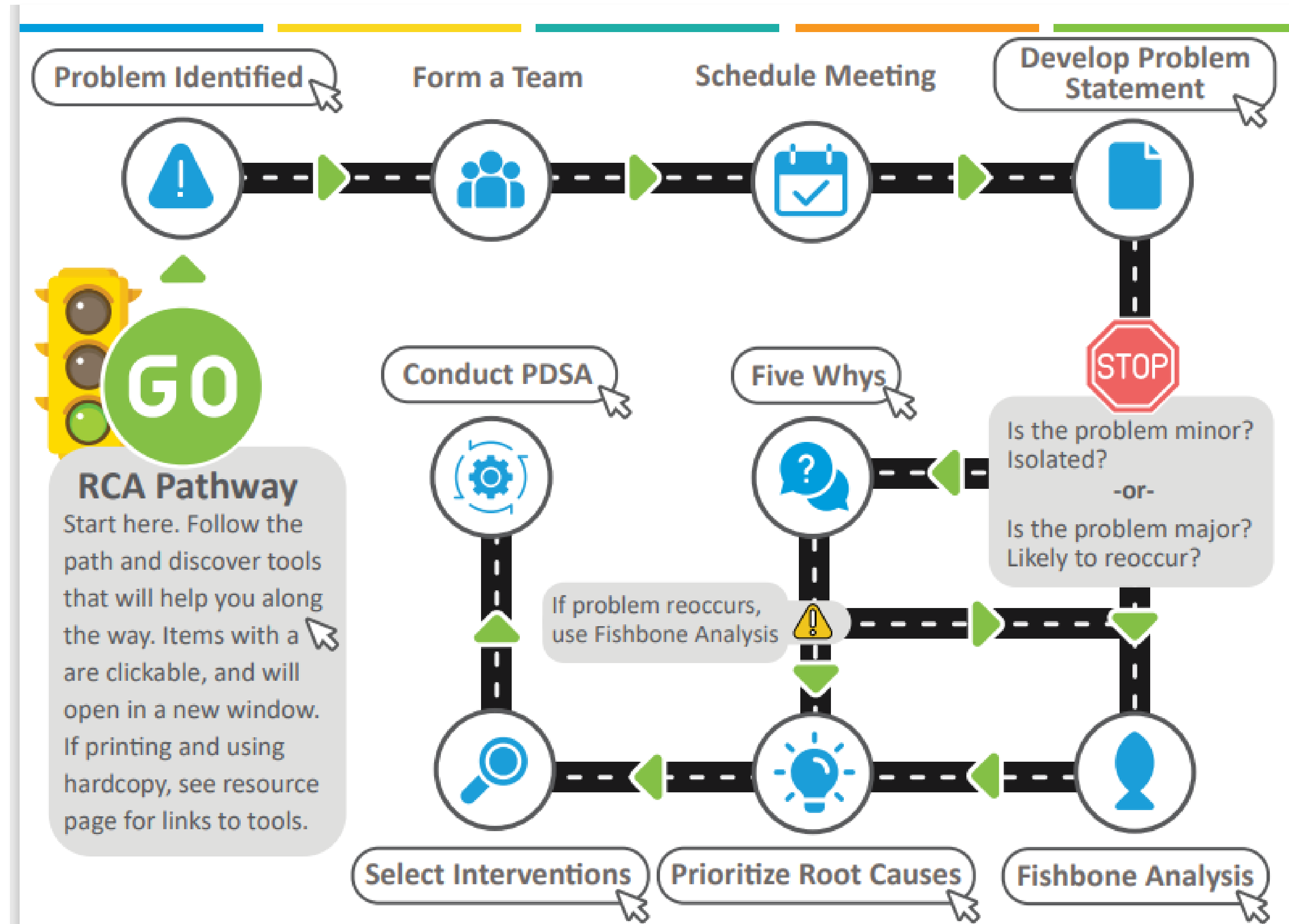
Example of an Affinity Group (cont.)

Problem Statement: CNA hand hygiene compliance is not meeting goal of 100% consistency



*Prioritize ideas according to votes

Root Cause Analysis (RCA) Pathway



https://www.telligenqiconnect.com/resource/root-cause-analysis-rca-pathway

Address All Root Causes

- Prioritize list of root cause, ranking root cause most likely to improve or eliminate other root causes as #1
- Choose a change idea to eliminate selected root cause
- Run Plan-Do-Study-Act (PDSA) cycle to confirm change does eliminate root cause
  - Adapt, Adopt or Abandon the change idea
  - Run another cycle
  - Train staff to perform process with change in place
- Review list of root causes and repeat until all root causes addressed

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Tools and Resources

- Telligen QI Connect™ | https://www.telligenqiconnect.com
- Quality Improvement Process Steps and Tools | https://www.telligenqiconnect.com/resource/quality-improvement-process-steps-and-tools
- CMS Process Tool to the QAPI Five Elements | https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf

Upcoming Events

For all other events, visit our website:
https://www.telligenqiconnect.com/calendar

Don’t miss out on these upcoming events:

Plan-Do-Study-Act (PDSA) Training (Monthly)

11 a.m. – 12 p.m. CST (Central Standard Time)

Register here

Root Cause Analysis Training (Monthly)

10:30 a.m. – 11:15 a.m. CST (Central Standard Time)

Register here

QAPI 101 Mini Collaborative (Monthly)

11:30 a.m. – 12:30 p.m. CST (Central Standard Time)

Register here

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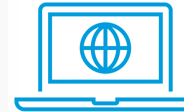
Telligen QI Connect™ is a network of healthcare quality improvement initiatives that are data-driven and locally-tailored to improve healthcare quality and outcomes by implementing and spreading evidence-based and best practices. They aim to make healthcare safer, more accessible and more cost-effective through the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) programs. Telligen QI Connect™ is operated by Telligen, which is funded by CMS to deliver improvement services at no cost to you or your organization.

Telligen QI Connect™ encompasses our work as a QIN-QIO across Colorado, Illinois, Iowa and Oklahoma, and our work as a HQIC across more than a dozen states.

Join Us



www.telligenqiconnect.com

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Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

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Reminders

- For continuing education credit, please fill out the evaluation survey upon end of webinar

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**