

Step 1: Leadership Accountability & Flexibility –  
Coaching  
and  
Root Cause Analysis

Phase II, Session 3

## Agenda and Goals for Today

- Update each other on QAPI activities: walk rounds, where your PIPs are archived, etc.
- Review and complete QAPI self assessments for 2021
- *QAPI at a Glance*: leadership and coaching
- Root cause analysis
- Examples on how to collect data for RCA: loneliness evaluation

PIP Project/Lead	Start Date	Current Phase Initiation, planning, implementation, monitoring, or closing	Purpose/Problem What is the reason for conducting this PIP?	Change(s) initiated What actions have been put into place?	Indicators/measures What data is being tracked to show improvement?	Status Meeting goals? Barriers? How are road-blocks or issues being addressed?
<b>Falls – Brittany</b>	February 21	Initiation/planning	Reduce falls from 9/1,000 pt days to 7/1,000 pt days	Utilizing a new “fall tracker” tool recommended by QIO	Fall rate per 1,000 pt days	
<b>UTIs – Becky/Aimee</b>	February 21	Implementation/monitoring	Reduce number of UTIs	<ol style="list-style-type: none"> <li>1. QIO meeting</li> <li>2. Skills/training</li> <li>3. Charting audit</li> <li>4. Hydration PIP</li> </ol>	UTI numbers	Now in a monitoring phase. Will address issues as they arise.
<b>Hydration – Aimee</b>	February 21	Implementation/monitoring	Maintain >1,400cc fluid intake for 90% of residents	<ol style="list-style-type: none"> <li>1. Staff education</li> <li>2. Charting review/audit</li> <li>3. Juice caboose</li> </ol>	Number of residents who get >1400 cc of fluid intake per day	Addressing/reminding staff to chart appropriately.
<b>Skin integrity – Michelle</b>	February 21	Initiation/planning	Maintain pressure ulcer rate at/below national average	<ol style="list-style-type: none"> <li>1. Education</li> <li>2. Chart/review</li> <li>3. RCA</li> </ol>	Number of pressure ulcers	Appropriate documentation

## PIP Inventory @ Heart of America (Rugby)

Poll: pick a preferred topic for Resident Centered Care

- Loneliness and Isolation
- Sleep and wake time preferences
- Food choices
- Bathing choices
- Welcoming new residents
- Recreational choices
- Exercise choices

## Last Weeks "Homework" (chat box)

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How do you Save your PIPS ? (centralized system / database / paper or electronic versions)

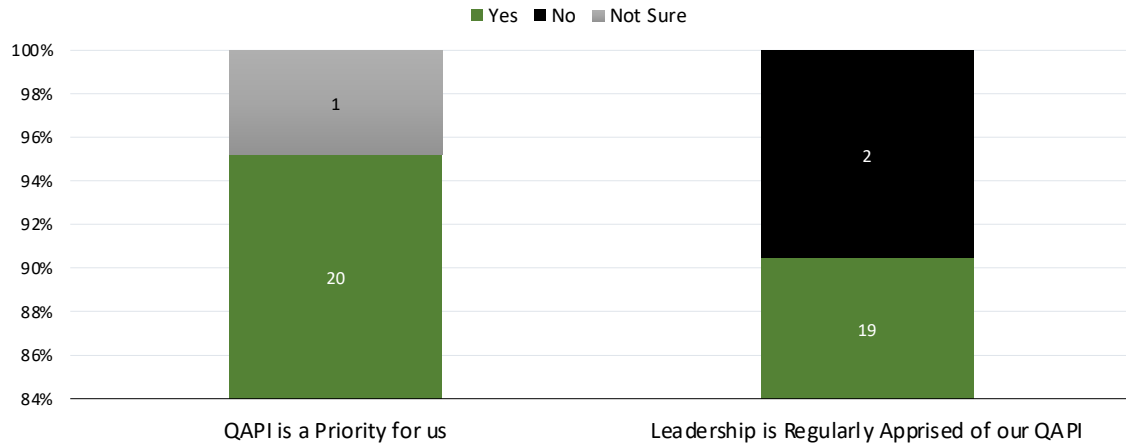
With whom do you share your PIP results ? (staff meetings, signage, externally)

Did you decide upon a **Resident Center Care** PIP Topic ?

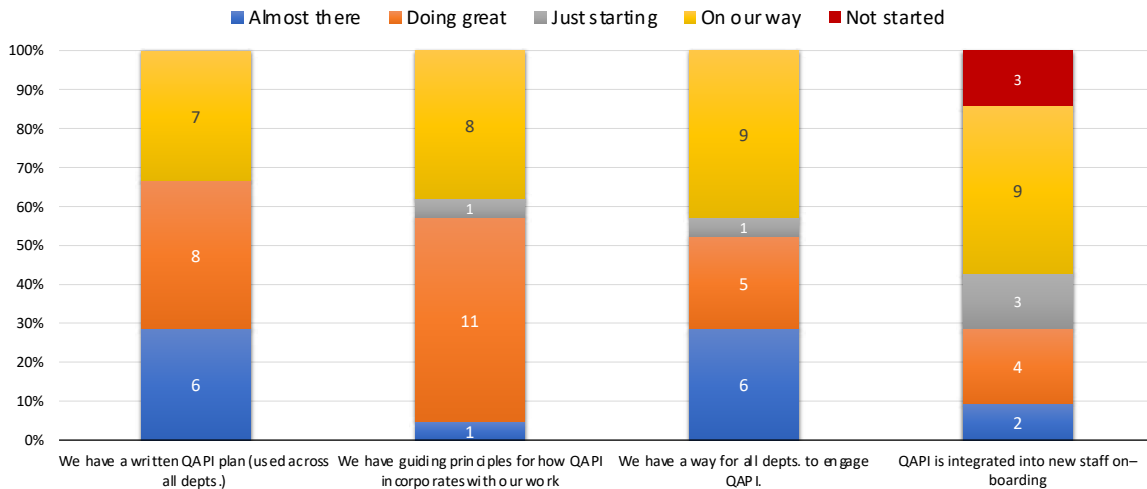
examples:           Undisturbed sleep   Individualized awakening  
                          Improve new resident welcome  
                          Consistent staff assignment  
                          Loneliness / isolation



## QAPI Assessment Part 1 from Last Week



## QAPI Assessment Part 1 from Last Week



QAPI Self  
Assessment  
Poll  
Part II



Step 1: Leadership  
Accountability &  
Flexibility ... Coaching

## STEP 1: Leadership Responsibility and Accountability

Creating a culture to support QAPI efforts begins with leadership. Support from the top is essential, and that support should foster the active participation of every caregiver. The administrator and senior leaders must create an environment that promotes QAPI and involves all caregivers.

Executive leadership sets the tone and provides resources. Their challenge is to help leadership flourish in each home.

### *Put a Personal Face on Quality Issues*

Leadership should:

- give residents, family and staff the opportunity to meet board members and executive leaders to generate support for QAPI.
- tour the organization regularly, meeting with residents and caregivers where they live and work.

\*QAPI At A Glance

## An Effective Leader....

from Peter Drucker

...knows that a leader is someone who has followers.

...knows that a leader is not someone who is loved or admired.

...knows that leaders are highly visible.

...knows that leadership is not rank, privileges, titles or money.

...asks, "what can, and should I do to make a difference?"

...constantly asks, "What are the organization's mission and goals? What constitutes performance and results in this organization?"

...is extremely tolerant of diversity in people and does not look for carbon copies of themselves.

...is not afraid in strength in their associates.

...submits himself or herself to the "mirror test."

## Crisis Leadership

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# Root Cause Analysis (RCA)

TIPS, TRICKS, AND TOOLS YOU CAN USE

# Our Example Case: Social Isolation

Send

From: edna.johnson@gmail.net

To: admin@abcnewsinghome.com

Cc:

Bcc:

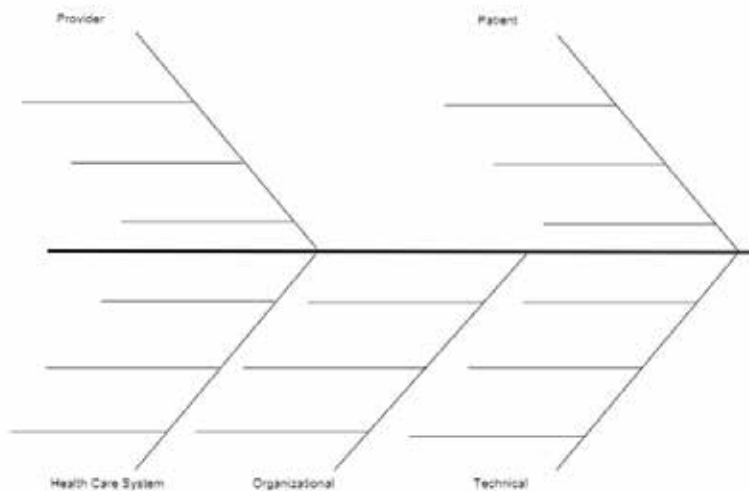
Subject: Virginia Smith

Dear Ms. Hopkins,

As you are aware, I have not been allowed to meet with my mother, Virginia Smith, in person for the last year and each time that we visit by phone, I feel like she is less engaged in our conversation. I am worried that her mental health is deteriorating and that when I do get to see her, she may not even know me anymore. Is there anything you can do to help her and our family?

Sincerely,  
Edna Johnson

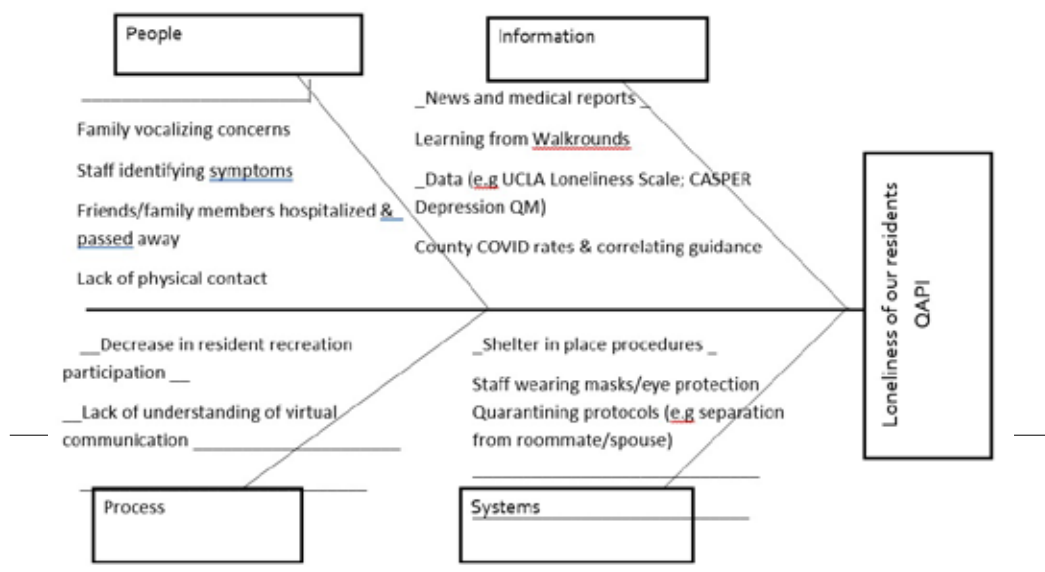
Team Project  
1: Input the effect you'd like to influence. 2: Input categories of causes for the effect (or keep the classic five). 3: Input causes within each category.



## Fishbone Diagram

<http://www.ihl.org/resources/Pages/Tools/CauseandEffectDiagram.aspx>





## Methods to evaluate: dementia residents

### Neuropsych inventory (NPI)

<b>Depression/Dysphoria</b>	Does the patient seem sad or say that he /she is depressed?									
Yes	No	SEVERITY: 1	2	3	DISTRESS: 0	1	2	3	4	5
<b>Anxiety</b>	Does the patient become upset when separated from you? Does she/he have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?									
Yes	No	SEVERITY: 1	2	3	DISTRESS: 0	1	2	3	4	5
<b>Elation/Euphoria</b>	Does the patient appear to feel too good or act excessively happy?									
Yes	No	SEVERITY: 1	2	3	DISTRESS: 0	1	2	3	4	5
<b>Apathy/Indifference</b>	Does the patient seem less interested in his/her usual activities or in the activities and plans of others?									
Yes	No	SEVERITY: 1	2	3	DISTRESS: 0	1	2	3	4	5
<b>Disinhibition</b>	Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?									

# Modified UCLA Loneliness scale

	1	2	3	4
How often do you lack companionship ?				
How often do you feel alone ?				
How often do you feel left out ?				
How often do you feel isolated from others ?				
How often do you feel that there are people you can talk to ? (reverse score)				
How often do you feel isolated from others ?				
Comments _____				

1 = never, 4 = always

## 5 Whys

<http://www.ihl.org/resources/Pages/Tools/5-Whys-Finding-the-Root-Cause.aspx>



## Process – Five Attributes

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✓ If you think a **PROCESS** works pretty well,  
test the **FIVE ATTRIBUTES**

5

- WHO does it
- WHEN should it be done
- WHERE is it done
- HOW is it done
- WHAT is needed to do it

## QAPI “Homework”

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Conduct structured (scripted) Walk Rounds

Conduct resident centered care assessment

- e.g., UCLA Loneliness scale with 12 residents

Conduct a Root Cause Analysis at your facility: taking your resident centered care topic, use an RCA tool; bring back next week to discuss

- Send to dropbox (check for link in email)
- \$50 data support stipend (logistics in process)

## Summary

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RCA entails information from multiple sources

- Structured surveys
- Qualitative data from focus groups, e-mails and walk rounds

Leadership uses structured walk rounds for consistency

Walk rounds are for conversation with staff, less observational

Make separate observational rounds or deputize someone to observe