

## Reflection - Leave in Action: Perform RCA

- Leadership selects an issue – write a problem statement
- Gather a team (3-5 those closest to the problem)
  - Investigates processes
  - Seeks feedback
  - Identifies contributing factors
- Meet to conduct RCA
  - Dig deeper into understand “why” the contributing factor occurred
  - Prioritize your causes

Share what you discovered in your RCA. Any surprises? Do you have more mitigation ideas beyond education?

# The Strength of RCA Supports a Plan

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**AHRQ ECHO National Nursing  
Home COVID-19 Action Network**



Training Hub Logo

# Recap - Steps to RCA

## Identify contributing factors

- Asking, “What was going on at this point in time that increased the likelihood the event would occur?”

## Identify the root cause

- Dig deeper into understand “why” the contributing factor occurred
- Discover the mismatches and gaps in the process
  
- For each cause identified ask:
  - Do we have control over this reason?
  - Can we fix this reason?
  - Will it help solve the problem?

<https://www.patientsafety.va.gov/professionals/onthejob/rca.asp>

# Chat Waterfall

## GROUPS

- Group 1: First initial of your last name is A – M
- Group 2: First initial of your last name is N- Z

## Question

**Share a topic that you completed an RCA on during COVID. Examples: weight loss, falls, isolation, Infection Prevention and Control**

**Start typing in now, but DON'T SEND until I say send.:**

Team members sometimes do not fully wear face masks.

**People**

- get irritated by the masks
- remove mask-they think no one watching
- feel bad resident cant see them
- forget if it is off their nose
- cant hear each other-res use "lip reading"
- low perception of risk - "why"

**PPE Supply**

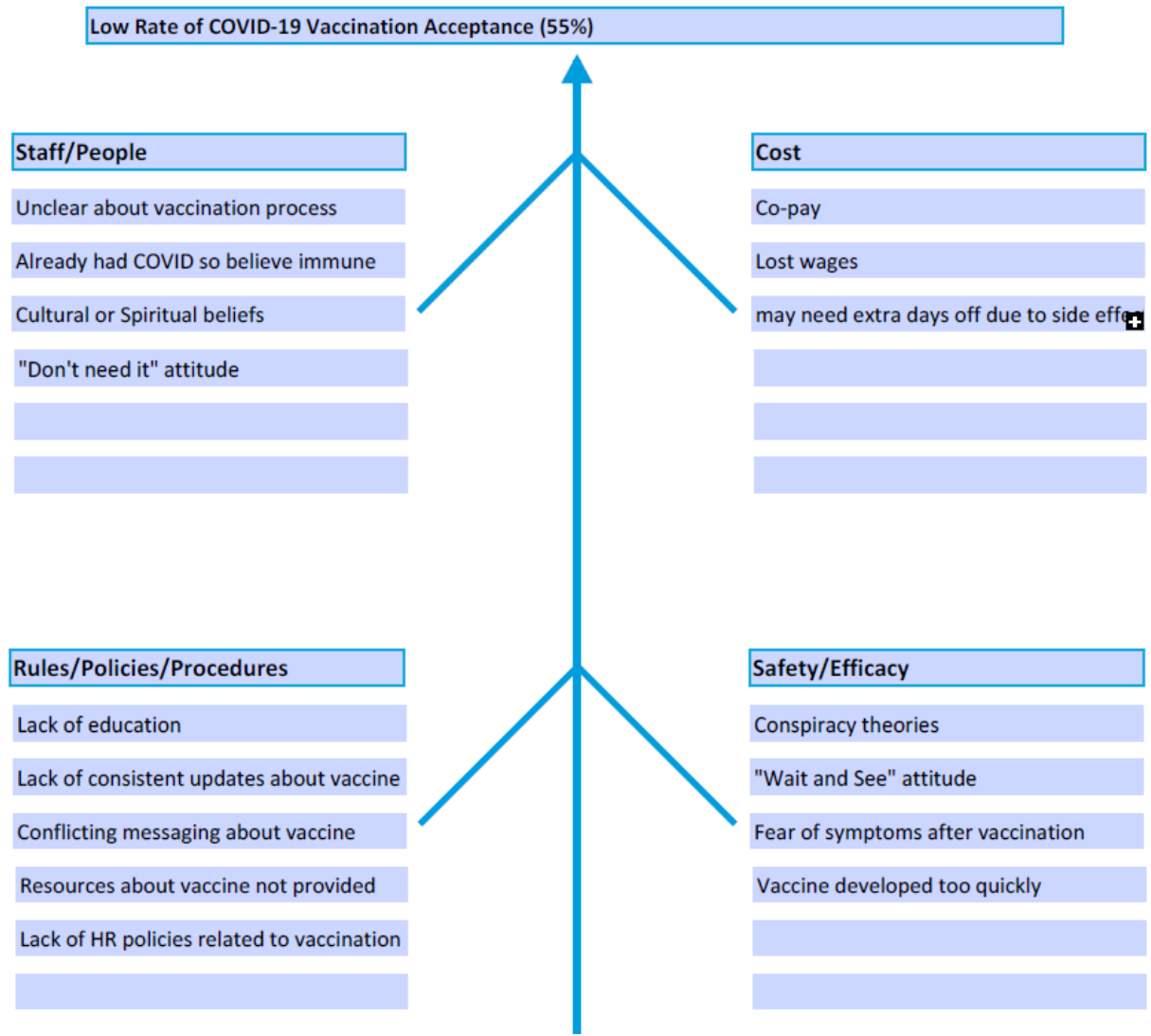
- face shields fog up sometimes
- at the screening station
- cant see through face shield well
- face shield can glare
- inconvenient locations

**Environment**

- People get hot when wearing the mask
- Building temp is hard to control at times
- lack of signage reminders

**Policy/Proceddure**

- lack knowledge of policy
- lack of routine audits- compliance rates
- colleagues don't hold others accoutable



## Quote

“Our goals can only be reached through the vehicle of a plan. There is not other route to success.”

-Pablo Picasso

COVID-19 outbreak 100% resident positivity rate during Jan. 3-9 weekly test cycle

**Environment**

- high positive COVID-19 rate in community +
- lack of space for designated COVID unit
- multiple entrances to unit
- lack of separate entrance to COVID unit
- outdated signage for PPE & hand hygiene
- Not keeping informed of surveillance testing +

**Staff & People**

- resident status unknown at admission time +
- asymptomatic staff
- sick policy doesn't cover needed time to return to work +
- improper hand hygiene practices
- lack of dedicated staff for COVID unit
- residents not being trained in rationale for testing +

**Equipment & Supplies**

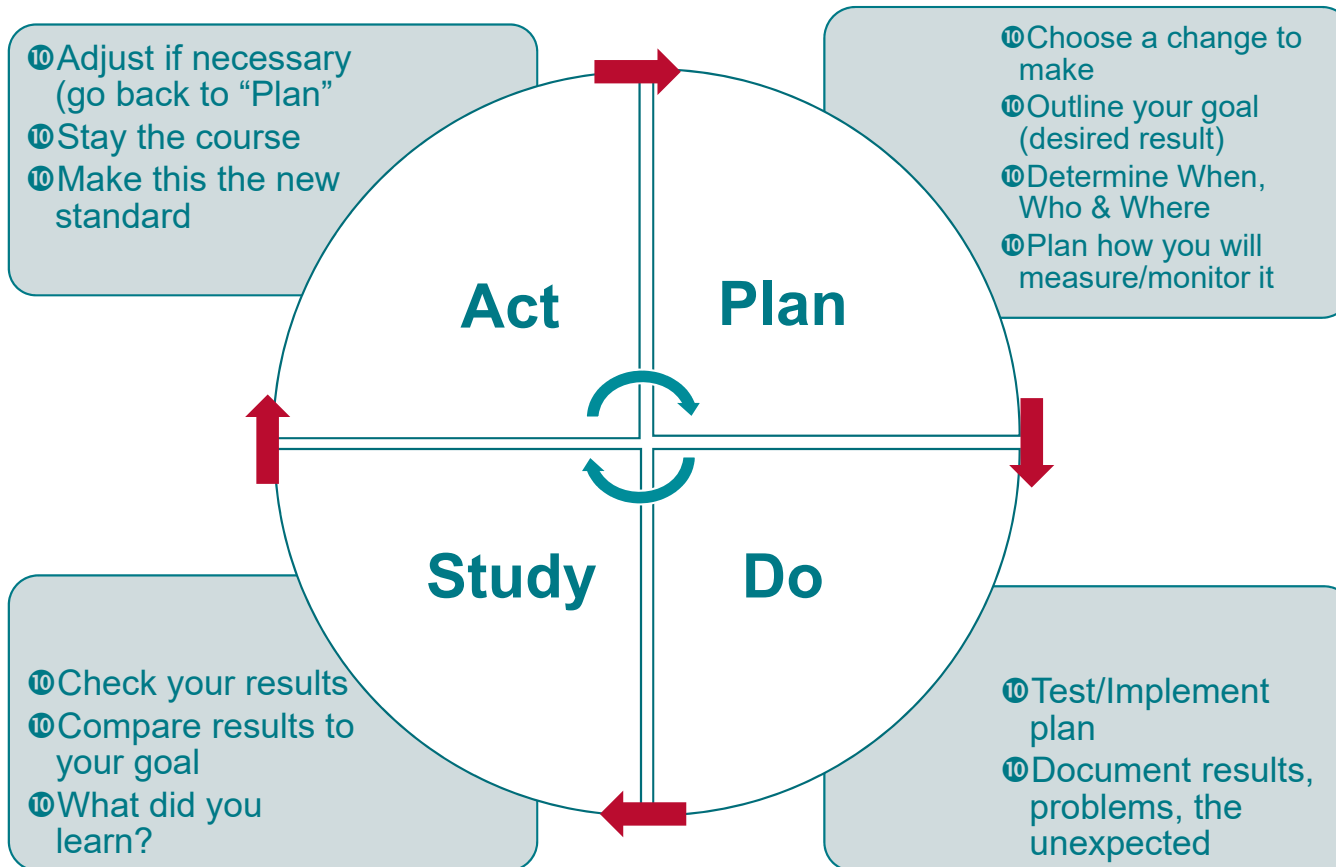
- lack of adequate PPE
- fear that PPE supply will become low
- inaccessible PPE due to fear of running out +
- lack of scheduled equipment cleaning
- EPA product dry time not being followed +
- outdated signage for PPE & hand hygiene

**Rules, Policies & Procedures**

- uncertain adherence to hand hygiene
- need procedures for adequate staffing +
- need policy that allows staff to self-quit +
- staff & mgt. not QSEP trained/incomplete +
- IPC policies/procedures not updated
- IPC lack of surveillance of community



# Quality/Performance Improvement: PDSA



## The Plan of PDSA

1. What are we trying to accomplish?
2. How will we know a change is an improvement?
3. What changes can we test?

## PDSA Worksheet

Achieving your goal will require multiple small tests of change to reach an efficient process and the desired results.

### 3 Fundamental Questions for Improvement

1. What are we trying to accomplish (AIM)?

Decrease COVID-19 positive cases among residents from 100% to 0% by January 31st, 2021 and sustain this percentage.

2. How will we know that a change is an improvement (MEASURE)?

NHSN reported data will indicate no residents with new positive COVID-19 cases.

3. What changes can we make that will lead to improvement (CHANGE)?

Hand hygiene improvements, address the environmental issues, update policies, assure PPE supply is available and used properly



### Plan

What is your first (or next) test of change?

Test population?

Due Date

Improve hand hygiene practices

West Hall staff

01/22/21

List the tasks needed to set up this test of change:

Who is responsible?

Due Date

Prominently display multiple hand hygiene signs, perform audit checks, provide feedback for hand hygiene, create a compliance rate spread sheet for hand hygiene, educate the importance in the preventions for spread of infections

Cathy - education  
Sarah - locate signage to display  
Tim - audits and tracking

01/15/21

Predict what will happen when test is carried out:

Measures to determine whether prediction succeeds:

West Hall staff will demonstrate understanding proper hand hygiene at the appropriate opportunities

Audits will measure compliance rates and identify missed opportunities or steps

## PDSA Worksheet

<https://www.telligencingio.com/resource/our-work/improve-your-quality-measures-do-it-yourself-toolkit/improve-your-quality-measures-do-it-yourself-toolkit-resources/plan-study-act-pdsa-worksheet/>

## IP PDSA Worksheet

<https://www.telligencingio.com/wp-content/uploads/2020/05/QII-PDSA-Template-2.pdf>

## Leave in Action: Build a Plan

### QI Team

- Prioritizes the RCA
- Select a PDSA document and creates a plan for change
- Initiates tasks within the plan
- Start measuring the change

### Next week, share your plan details

- What are you changing?
- Who or where will your change take place?
- How will you measure this change (process measure)?
- When will your first PDSA cycle be complete?