



**Department  
of Health**

# **Quality Assurance Performance Improvement- *Root Cause Analysis***

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# Objectives

After the successful completion of this presentation, participants will demonstrate the ability to:

- Define the top ten citations in Nursing Homes in 2023
- Understand the historical context of Quality Assurance Performance Improvement regulations.
- Define Quality Assurance Performance Improvement and the importance of its use in practice.
- Identify the five elements of Quality Assurance Performance Improvement.
- Systematically implement Quality Assurance Performance Improvement.
- Identify the three most common citations in long-term care residential settings.
- Understand the opportunity to collaborate with the Department of Health.

# Top Ten Citations of 2023 in Nursing Homes

<b>F609</b>	<b>Reporting of Alleged Violations</b>
<b>F610</b>	Investigation/Prevent/Correct Alleged Violation
<b>F656</b>	Development / Implement Comprehensive Care Plan
<b>F677</b>	ADL Care Provided
<b>F684</b>	Quality of Care
<b>F689</b>	Free of Accident Hazards/Supervision/Devices
<b>F812</b>	Food Procurement
<b>F880</b>	Infection Prevention & Control
<b>F884</b>	Reporting - National Health Safety Network
<b>F353</b>	Sprinkler System - Maintenance and Testing

# Definition of Quality Assurance Performance Improvement

QAPI is the merger of two complementary approaches to quality management: Quality Assurance (QA) and Performance Improvement (PI).

## Quality Assurance:

- A process of meeting quality standards and assuring that care reaches an acceptable level.
- A reactive, retrospective effort to examine why a facility failed to meet certain standards.
- Associated activities do improve quality, but efforts frequently end once the standard is met.
- Nursing homes typically set thresholds to comply with regulations. They may also create standards that go beyond regulations.

## Performance Improvement:

- A proactive and continuous study of processes intended to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems.
- Aims to improve health care delivery processes and resident quality of life.

# Key Differences

	QUALITY ASSURANCE	PERFORMANCE IMPROVEMENT
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, reactive	Chosen, proactive
Focus	Outliers: “bad apples” Individuals	Processes or Systems
Scope	Medical provider	Resident care
Responsibility	Few	All



# Why is Quality Assurance Performance Improvement important?

- The rewards include:
  - Competencies that resolve quality problems and prevent recurrence.
  - Competencies that allow employees to seize opportunities to achieve new goals.
  - Fulfillment for caregivers who become active partners in performance improvement.
  - Better resident care and improved quality of life.

# Quality Assurance Performance Improvement Components

- Using data to not only identify quality problems, but to also identify other opportunities for improvement, and then setting priorities for action.
- Building on residents' own goals for health, quality of life, and daily activities.
- 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.

# Case Study-The Concern: Weight Loss at Whistling Pines

- There is a trend of unexplained weight loss among several residents over the last two months.
- An increase in the amount of food left on plates, as well as an increase in the number of supplements being ordered.
- Quality Assurance Performance Improvement Steering Committee decided to launch a Performance Improvement Project on the weight loss trend because unexplained weight loss posed a high-risk problem for residents.



# Case Study-Whistling Pines' Action Plan

What Whistling Pines did:

- The Steering Committee chartered an interdisciplinary team.
- The team performed a root cause analysis to help direct a plan of action.
- The root cause analysis revealed several underlying factors, which included:
  - No process existed for identifying and addressing risks for weight loss.
  - No system existed to ensure resident preferences are honored.
  - Staff lacked an understanding of how to document food intake percentages.
  - Residents reported the food was not appetizing.

# Case Study-Recommendations

The team recommended the following interventions:

- Develop a protocol for identifying residents at risk for weight loss to be done on admission and with each care plan.
- Develop standing orders for residents identified as “at risk” for weight loss.
- Develop a new program for Certified Nurse Aides to be “Food Plan Leads” for at risk residents.
- Revision of the menu to focus on favorite foods, adding finger foods and increasing choices outside of mealtimes.

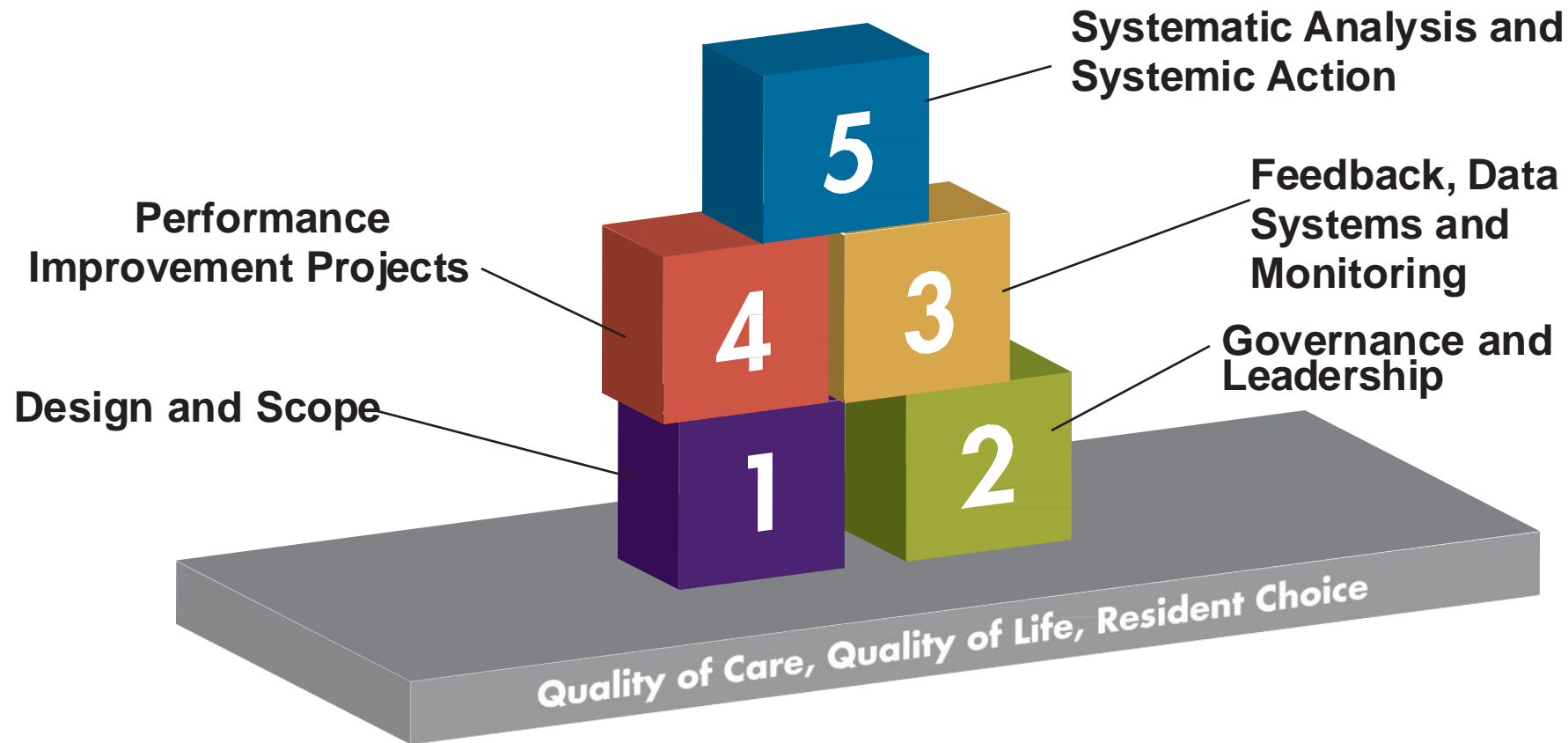
# Case Study-Outcomes

- The team collected data from 25 residents.
- After 3 months, they found that 5 residents gained weight, 15 remained stable, and 5 lost weight but the weight loss was not unexpected and was consistent with their clinical condition.
- Whistling Pines decided to adopt and expand the changes to other areas of the facility.
- They received no deficiencies in the areas of nutrition on their annual survey.
- Using Quality Assurance Performance Improvement allowed the team to identify and correct developing issues before they escalated to larger problems.

# Case Study-Highlights

- The facility had a structured Steering Committee to direct the activities.
- The facility established performance measures and was conducting routine monitoring.
- The facility used data to identify gaps or opportunities for improvement.
- The Steering Committee used prioritization to decide when to conduct projects.
- The Steering Committee created an interdisciplinary team.
- The Steering Committee gave each team member real responsibility to study the issue, analyze the data, and recommend corrective actions.
- The team explored the issue, and designed interventions using a Plan-Do-Study-Act model.
- The team's investigation revealed several underlying systemic issues and made recommendations that addressed those systems, rather than focusing on individual behavior.

# Five Elements of Quality Assurance Performance Improvement



# 1. Design and Scope

- A successful Quality Assurance Performance Improvement program must be ongoing and comprehensive, and deal with the full range of services offered by the facility, including the full range of departments.
- When fully implemented, the program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals.
- Nursing homes will have in place a written Quality Assurance Performance Improvement plan adhering to these principles.

## 2. Governance and Leadership

- The Governing Body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives.
- The Governing Body assures adequate resources exist to conduct Quality Assurance Performance Improvement efforts. This includes designating one or more persons to be accountable; developing leadership and facility-wide trainings; and ensuring staff time, equipment, and technical training as needed.
- The Governing Body should foster a culture where Quality Assurance Performance Improvement is a priority by ensuring policies are sustainable despite changes in personnel and turnover.
- Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The Governing Body ensures staff accountability, while creating an atmosphere where staff are comfortable identifying and reporting quality problems as well as opportunities for improvement.

### 3. Feedback, Data Systems, and Monitoring

- The facility puts in place systems to monitor care and services, drawing data from multiple sources.
- Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.



## 4. Performance Improvement Projects

- A Performance Improvement Project is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems and intervening for improvements.
- The facility conducts Performance Improvement Projects to examine and improve care or services in areas that the facility identifies as needing attention.
- Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

## 5. Systemic Analysis and Systemic Action

- The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change.
- The facility uses a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered.
- Facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis.
- Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.



# Implementation of Quality Assurance Performance Improvement in 6 Steps

**STEP 1:** Leadership Responsibility and Accountability

**STEP 2:** Develop a Deliberate Approach to Teamwork

**STEP 3:** Identify your Organization's Guiding Principles and Develop a Plan

**STEP 4:** Develop a Strategy for Collecting and Using QAPI Data and Identify Gaps and Opportunities

**STEP 5:** Plan, Conduct, and Document Performance Improvement Projects (PIP) using the Plan, Do, Study, Act (PDSA) model

**STEP 6:** Conduct a Root Cause Analysis (RCA) and take Systemic Action



# Five Why's

- ● Develops the problem statement. Be clear and specific.
- ● The team facilitator asks why the problem happened and records the team response. To determine if the response is the root cause of the problem, the facilitator asks the team to consider “If the most recent response were corrected, is it likely the problem would recur?” If the answer is yes, it is likely this is a contributing factor, not a root cause.
- ● If the answer provided is a contributing factor to the problem, the team keeps asking “Why?” until there is agreement from the team that the root cause has been identified.
- ● It often takes three to five whys, but it can take more than five! Keep going until the team agrees the root cause has been identified.

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# Office of Aging and Long-Term Care

- At the helm are Deputy Director Valerie Deetz and Special Advisor Carol Rodat.
- Under their leadership, the Office focuses on the transformation of New York's aging, long-term care, and disability systems so that they remain financially and operationally sustainable.
- A key function of the office is the multi-agency collaborative Master Plan for Aging outlined at <https://www.ny.gov/programs/new-york-states-master-plan-aging>.

<b>Mission, Vision and Values</b>		
 <b>Mission</b>	 <b>Vision</b>	 <b>Values</b>
<p>To protect and promote health and well-being for all, building on a foundation of health equity.</p>	<p>New York is a healthy community of thriving individuals and families.</p>	<p>Public Good Integrity Innovation Collaboration Excellence Respect Inclusion</p>
<b>Definition of Health</b>		
<p>Health is a state of optimal physical, mental and social well-being.</p>		
<b>Statement on Health Equity</b>		
<p>Health equity is foundational to everything we do to help all people achieve optimal physical, mental and social well-being. Everyone at the Department of Health shares responsibility for achieving health equity and eliminating health disparities.</p>		



# References

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