Quality Improvement in Public Health: An Overview
If we always do what we have always done, we will get what we've always got."

--Adam Urbanski
Quality

Quality is never an accident; It is always the result of:
- High intention
- Intelligent direction
- Skillful execution

“It (quality) represents the wise choice of many alternatives.”

~Will A. Foster
Quality

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Quality

Today the most progressive view of quality is:

- Defined entirely by the customer or end user
- Based upon that person's evaluation of his or her entire customer/client experience
Benefits of quality to clients

- Improved services
- Improved choices
- Expectations met or exceeded
- Client oriented employees
- Friendlier atmosphere
Benefits of quality to employees

- Pride in services delivered
- Job satisfaction
- Improved communications
- Streamlined work processes
- Happier clients
- Strong client relationships
Benefits of quality to the agency

- Improved/expanded services
- Client oriented employees
- Improved client relations
- Improved community relations = better political relations
- Lower costs/cost contained
- Improved funding
Summary

“Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health.

It refers to a continuous and ongoing effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”
QA & QI - They are not the same!!!

**Quality assurance:**
- Reactive; works on problems after they occur
- Regulatory
- Led by management
- One point in time

**Quality improvement:**
- Proactive – works on processes before problems occur
- Self determined
- Led by staff
- Continuous
- Exceeds expectations

Source: Public Health Foundation
# Contrasting Big “QI”, Little “qi”, and Individual “qi”

<table>
<thead>
<tr>
<th>Topic</th>
<th>Big ‘QI’ – organization-wide</th>
<th>Little ‘qi’ – program/unit</th>
<th>Individual ‘qi’</th>
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</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>System focus</td>
<td>Specific project focus</td>
<td>Daily work level focus</td>
</tr>
<tr>
<td>Quality Improvement Planning</td>
<td>Tied to the Strategic Plan</td>
<td>Program/unit level</td>
<td>Tied to yearly individual performance</td>
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<tr>
<td>Evaluation of Quality</td>
<td>Responsiveness to a community need</td>
<td>Performance of a process over time</td>
<td>Performance of daily work</td>
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<tr>
<td>Processes</td>
<td>Cut across all programs and activities</td>
<td>Delivery of a service</td>
<td>Daily work</td>
</tr>
<tr>
<td>Quality Improvement Goals</td>
<td>Strategic Plan</td>
<td>Individual program/unit level plans</td>
<td>Individual performance plans</td>
</tr>
</tbody>
</table>

Source: Public Health Foundation
Importance of Quality Improvement

Quality Improvement:
- no longer optional if an agency wants to stay viable and competitive
- market demands it
- funders demand it
Importance of Quality Improvement

Quality Improvement positions an agency to achieve:

- Customer satisfaction
- Efficient use of resources
- Measureable outcomes
- Community impact
Quality Improvement Models

- PDCA/PDSA
- Lean
- Six Sigma
- Kaizen
- Total Quality Management (TQM)
Deming Cycle – PDCA or PDSA

PDCA was made popular by Dr. Deming who is considered by many to be the father of modern quality control; however it was always referred to by him as the "Shewhart cycle."

Source: Public Health Foundation
Continuous Improvement

The continuous improvement phase of a process is how you make a change in direction. The change usually is because the process output is deteriorating or customer needs have changed.

Source: Public Health Foundation
PDCA should be repeatedly implemented in spirals of increasing knowledge of the system that converge on the ultimate goal, each cycle closer than the previous.

Knowledge & Experience

Rapid Cycle*

Hold the Gains

Project Difficulty

Article: Rapid Cycle PDCA

Source: Public Health Foundation
Integrated Cycle

The SDCA and PDCA cycles are separate but rather integrated. Once we have made a successful change we standardize and hold the gain. When the process is not performing correctly we go from SDCA to PDCA and once we have the process performing correctly we standardize again. This switching back and forth between SDCA and PDCA provides us with the opportunity to keep our process customer focused.

Source: Public Health Foundation
Plan

1. Identify and Prioritize Opportunities
2. Develop AIM Statement
3. Describe the Current Process
4. Collect Data on Current Process
5. Identify All Possible Causes
6. Identify Potential Improvements

Check/Study

1. Reflect on the Analysis
2. Document Problems, Observation, and Lessons learned

Act

1. Implement the Improvement
2. Collect and Document the Data
3. Document Problems, Observations, and Lessons Learned

Adopt

Adapt

Abandon

Do

Plan

Source: Public Health Foundation
QI tools help you get over the obstacles.

"Obstacles are those frightful things you see when you take your eyes off the goal."

--Henry Ford
The Basic Tools of QI

- Flow Chart
- Cause and Effect Diagrams
- Pareto Chart
- Check Sheet
- Histogram
- Scatter Diagram
- Control Chart

Source: Public Health Foundation
Pareto Principle:
20% of sources cause 80% of any problem

Why do fewer clients in clinic B receive HIV tests?

<table>
<thead>
<tr>
<th>Reasons</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too much time</td>
<td>3</td>
</tr>
<tr>
<td>Client does not want</td>
<td>5</td>
</tr>
<tr>
<td>Not offered</td>
<td>39</td>
</tr>
<tr>
<td>Unable to return</td>
<td>1</td>
</tr>
<tr>
<td>Language barriers</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Public Health Foundation
**General Approach On How To Use The Basic Tools Of Quality Improvement**

1. **Issue To Consider**
   - Brainstorm & Consolidate Data
   - Flow Chart Existing Process
   - Cause & Effect Diagram – Greatest Concern
   - “As Is” State

2. **Brainstorming**
   - Force and Effect

3. **Analyze Information and Develop Solutions**
   - “As Is” State to “Should Be” State

4. **Solution and Effect Diagram**
   - Flow Chart New Process

5. **Gather Data On Pain Points**
   - Use 5 Whys To Drill Down To Root Causes

6. **Monitor New Process & Hold The Gains**
   - Run Charts
   - Control Charts

7. **Translate Data Into Information**
   - Data Management Strategy – Ch. 14
   - • Pie Charts
   - • Pareto Charts
   - • Histograms
   - • Scatter Plots, etc.

8. **“AIM”**
   - Issue To Consider

Getting Buy In

- Make it fun!
- Find QI champions on your staff!
- Start small!
- Keep it simple!
- Celebrate all successes!
- Make it fun!
“Quality is not an act. It is a habit”

Aristotle 384BC-322BC, Greek philosopher and scientist, student of Plato and teacher of Alexander the Great

Source: Public Health Foundation
Questions?
Step One: Identify and Prioritize Opportunities

Step Two: Develop an AIM Statement
DEVELOPING AIM PROBLEM STATEMENTS

- Discrete
- Time Bound
- Measurable

Source: Public Health Foundation
**AIM**
- Discrete
- Measureable
- Time Bound

**Outcome**

**Influence**

**Capacity**

**Measurement**

**Process**

**Control**

**Internal**

**Operational**

**External**

**Strategic**
What is the team striving to accomplish?
What is the timeline?
What is the specific numerical measure the team wishes to achieve?
Who is the target population?

Source: Public Health Foundation
Between September 1 and December 15, 90% of first grade students enrolled in the county’s schools will receive hearing tests.

We will improve the number of hearing tests given by the health department.

Source: Public Health Foundation
Sample Aim Statement

Increase adolescent immunizations.

Seventy-five percent of adolescents ages 13 – 15 in IDPH Region 4 will have evidence of a Tdap booster in IRIS by June 1, 2011.

Source: Public Health Foundation
Plan

- Step One: Identify and Prioritize Opportunities
- Step Two: Develop an AIM Statement
- Step Three: Describe the current process
Practice
CURRENT AND FUTURE STATE MODEL
Current State

• What is the current state?
• Why is this important?
• What is it costing us time/dollars/staff/etc?
• What is the impact on our customer/clients?
• What is the impact on our division/agency?

Driving Forces:

Future State:

• What are the important aspects of the future state?
• What is driving us to this future state?
• What might be the consequences of not moving to the future state?
• What might change?
• What is the proposed timeline?

Pathway

Consequences

Benefits
To Be Published in a 2010 Issue of Quality Progress - J. Moran and G. Duffy
"You tested positive for being negative."
The Force & Effect (F&E) Diagram is designed to identify barriers to agreement among team members concerning an AIM Statement.

The F&E Diagram combines a Force Field and Cause & Effect Diagram.

Instead of having one box on the cause and effect diagram we use a double headed effect.

The first effect (far left) is the current state and the second effect (far right) is the desired future state. In between are branches of main causes that maintain the status quo. Too often we focus only on the causes of the current state without looking at what pushes us to change.
To get to the desired future state we must diminish the restraining forces and increase the driving forces. We construct an F&E Diagram as follows:

- Draw the F&E Diagram
- Write the current state in the box on the far left
- Write the desired future state in the box on the far right
- Brainstorm major cause categories and place them in the diagram as main cause branches
For each main cause branch list the restrainers (right side) and drivers (left side).

Determine the strength of each force as High (H), Medium (M), or Low (L).

Determine how to:
- Increase the strength of driving forces by asking “Why” it happened and “How” to increase its positive effect
- Decrease the strength of restraining forces by asking “Why” it happened and “How” to decrease its negative effect

Once all the major forces, both positive and negative have been analyzed, the team develops an action plan to move to the desired state.

It is not necessary to have a positive force related to each negative force. Multiple forces on one side of a main cause can address a single force on the opposite side. The F&E Diagram is a tool to encourage team discovery and prioritization related to root cause solutions.
## FORCE AND EFFECT DIAGRAM - ATTITUDE

### Driving Forces

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management is behind DDDM</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Identifying defects is rewarded</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Will replace error correction activities</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPC training and practice for comfort</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Restraining Forces

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just one more thing to do</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Waste of time</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Won’t last – a fad</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Afraid of the math</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Practice
PLAN

- **Step One:** Identify and Prioritize Opportunities
- **Step Two:** Develop an AIM Statement
- **Step Three:** Describe the current process
- **Step Four:** Collect Data on the Current Process
Flowcharting

Picturing the Process
1. **Overview of flowcharts**
   a) Why use them?
   b) Functions & Benefits
   c) Getting Started
   d) How To:
      * (Detailed Flowcharts)

2. **Examples/Variations**
   a) Detailed
   b) Block/Macro
   c) Top-down
   d) Deployment

3. **Q & A**
Why use flowcharting?

- Identify **actual** flow / sequence of events in a process

- Determine…
  - “What is going on?”
  - “Are there delays?”
  - “What are the next steps?”
  - “How can we improve this process?”
SHOWS...
- Over-complexity
- Redundancy
- Unnecessary loops
- Needs for standardization
- How systems fit together

COMPARES...
- Actual vs. Ideal flow
Functions & Benefits

ENABLES…
• Agreement / mutual understanding of steps
• Examination of efficiency and impact
• Identification of missing data

SERVES…
• As training aid to better understand process
• To build enthusiasm for process & quality improvement
Getting Started

Who… are the **right people**?

What… do **you expect** from the flowchart?

Who… **will use it**?

How… will they use it?

What… is the **level of detail** needed?

What… are the **boundaries of the process**?
How to: *Detailed* Flowcharts

1. Determine the frame or boundaries of the process
2. Determine the steps in the process
3. Sequence the steps
4. Draw the flowchart
5. Test the flowchart for completeness
6. Finalize the flowchart
EXAMPLE: Actual ...to... Future State

**PROBLEM**

**Materials Review:** Agencies wait over a month for routine materials to be approved.

1. Flowchart the *actual* process.
2. Identify the problem.
3. Create a *future state* process (that eliminates unnecessary wait time).
1. Determine the frame or boundaries of the process

- Define where the process starts and ends.

- What level of detail is needed to understand the process and identify the problem(s)?

- Decide on type(s) of flowchart.
Example: **Step 1**

- **Start=**
  - Agency submits materials for review

- **End=**
  - Agency receives approval for materials
2. Determine the steps in the process

**Brainstorm**
- Major activities
- Inputs
- Decisions

**Gather information**
- Experience
- Observation
- Conversation
- Interviews
- Research
Example: Step 2

Materials Submission... to ...Approval:

What happens?
3. Sequence the Steps

- Arrange the steps in the sequence they occur.

**TIPS**

- Use **Post-it notes** so you can rearrange the steps.

- Don’t draw in arrows yet.

- “As Is” flowchart = *what is* happening now (for better or worse).
Agency submits material.

1. **DECISION**: Does it meet criteria?
2. PE approves it for panel.
3. AA prepares all documents and copies for panel members.
4. AA snail-mails documents to panel members.
5. Panel members review materials.
6. **DECISION** (per panel member): Approve/Disapprove?
7. Panel members snail-mail reviews back to IDPH.
8. AA contacts panel members for late reviews.
9. AA documents all reviews and files paperwork.
10. AA informs Agency of Approval/Disapproval once majority vote is achieved.

Example: 

**Step 3**

**PE** = Program Evaluator

**AA** = Administrative Assistant

Agency is informed of approval.
4. Draw the flowchart using the appropriate symbols

**Stop and Start:** Shows the start or end of a process

**Activity:** Reflects a single process step. Briefly describe the step inside the box.

**Decision:** Signifies that a decision is made here. It indicates a branch point. The answer determines the path taken to the next step.

**Delay:** Signifies a delay or waiting period.

**Arrows:** Point out the direction of flow from one activity or decision.
When Drawing the Flowchart...

- Use basic symbols.
- Be consistent in the level of detail shown.
- Label each process step.
- Add arrows to show the direction of the flow.
- Identify your work. (e.g., title, date, names of team members).
Example: Step 4

MATERIALS REVIEW: ACTUAL PROCESS (February 21, 2011)

- **Agency submits materials to IDPH for review**
  - **Does the material meet criteria?**
    - **NO**
      - **PE returns material to agency with suggestions for changes.**
    - **YES**
      - **PE approves the material for review panel.**
      - **PE sends material to AA for preparation.**
      - **AA prepares all documents and copies for panel.**
      - **AA snail-mails documents to each panel member.**
      - **Panel members wait to receive materials in mail.**
      - **Panel members review materials.**
      - **Approve or Disapprove materials?**
        - **YES/NO**
      - **Panel members return reviews via snail-mail.**
    - **IDPH waits to receive reviews in mail.**
    - **IDPH waits to receive LATE reviews in mail.**
      - **Majority vote is attained.**
      - **AA sends reminder emails to panel members who are late with reviews.**
      - **AA emails agency with approval / disapproval.**

- **PE = Program Evaluator**
- **AA = Administrative Assistant**
5. Test the Flowchart for Completeness

- Are the symbols used correctly?
- Are the process steps identified clearly?
- Are feedback loops closed?
- Is there only one output arrow from each activity box?
- Validate the flowchart with people who are not on the team who carry out steps in process.
6. Finalize the Flowchart

- Is the process being run the way it **should** be?

- Are people following the process **as charted**?

- Are there **complexities** or **redundancies**?

**Actual vs. Future State**

Draw a Future State Flowchart. Compare to **Actual**.

- What are the discrepancies?

- What can be improved?
Example: Step 5-6

MATERIALS REVIEW: **ACTUAL** PROCESS (February 21, 2011)

PE returns material to agency with suggestions for changes.

Does the material meet criteria?

NO

PE approves the material for review panel

PE sends material to AA for preparation.

AA prepares all documents and copies for panel.

AA snail-mails documents to each panel member.

Panel members wait to receive materials in mail.

Panel members return reviews via snail-mail.

IDPH waits to receive reviews in mail.

Panel members review materials.

IDPH waits to receive LATE reviews in mail.

Majority vote is attained.

AA sends reminder emails to panel members who are late with reviews.

AA logs & files panel responses as they are returned.

AA emails agency with approval / disapproval.

YES/NO

Trouble!

PE = Program Evaluator

AA = Administrative Assistant
Future State Flowchart

- Improved process.
- Eliminates problems and errors (or as many as possible).
- Process as it should be.
Functionalized into an actual tracking sheet...

**NAME OF MATERIAL:**

**AGENCY:**

**DATE RECEIVED FROM AGENCY:**

**DATE REV. PROCESS COMPLETED:**

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**MATERIALS REVIEW PROCESS**

*Tracking Sheet* (2011)

Revised 02.10.2011

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**DATE MATERIAL APPROVED:**

**DATE AGENCY EMAILED APPROVAL:**
Flowchart Variations

- Detailed
- Block/Macro
- Top-down
- Deployment

How to: Detailed
Detailed Flowchart

- Most complex
- Details: inputs, activities, outputs
- Rework loops, decision points, & delay symbols
- Used to design the future state process flow
- Used for orientation/training purposes
- Points to potential data collection needs
**Detailed Flow Chart: Materials Review**

- **START**: Agency Emails Materials Review Application to PE
  - PE reviews application & material (within 3 business days).
  - AA assigns Evaluation DUE DATE for no more than 15 business days from the date materials are emailed to the panel (longer materials may need up to 25 days from email).
  - AA saves Evaluation Forms in Word as “Protected Documents.”

- **Does the material meet criteria?**
  - YES
    - AA uses information from agency’s application to complete PAGE 1 of the **ROLE MODEL STORIES MATERIALS** Evaluation Form.
    - Panel reviews story and completes evaluation forms.
    - Material has been DISAPPROVED.
      - YES
        - Have 3 or more others DIS-APPROVED?
          - NO
            - Wait for simple majority vote. Email 2nd reminder if Due Date has passed.
          - YES
            - Did the panel member APPROVE the material?
              - NO
                - AA forwards member’s email and eval to PE.
              - YES
                - AA records Eval response on TRACKING FORM.
      - NO
        - Material has been APPROVED
          - AA records material on **MATERIALS REVIEW TRACKING TABLE 2011**.
          - AA files together: 1) application; 2) approved material; 3) each panel review form; and 4) this tracking worksheet.

  - NO
    - PE contacts agency to request revisions.
    - PE saves electronic copies of material & application to the H:Drive.

- **AA prints & files hard-copies of the material & application.**
  - YES
    - Is the material a ROLE MODEL STORY?
      - NO
        - Panel Members submit Evaluation Forms to:
        - Did panel member CC PE on the email?
          - NO
            - AA forwards member’s email and eval to PE.
          - YES
            - AA records Eval response on TRACKING FORM.
      - NO
        - Material has been APPROVED
          - AA records material on **MATERIALS REVIEW TRACKING TABLE 2011**.
          - AA files together: 1) application; 2) approved material; 3) each panel review form; and 4) this tracking worksheet.

  - NO
    - Panel reviews story and completes evaluation forms.
  - AA uses information from agency’s application to complete PAGE 1 of the **GENERAL MATERIALS** Evaluation Form.

- **3 business days before DUE DATE AA emails reminder notice to any panel member who has not yet returned evaluation.**
Simplest form
Only shows major steps

Materials Review

Agency submits material → Panel reviews materials → IDPH sends agency approval / disapproval
**Materials Review**

- **Agency submits material**
  - Application Form
  - 8 copies via snail mail

- **Panel reviews materials**
  - Mail members review packets
  - Complete review form
  - Return review form

- **IDPH sends agency approval / disapproval**
  - Email agency
  - File documents
• Assigns responsibility and flow of tasks.
• Clarifies roles & tracks accountability

Agency | Program Evaluator | Admin Asst. | Review Panel

Submit Material \[→\] Does material meet criteria? \[\rightarrow\] Yes \[\rightarrow\] Approves Material for Panel | \[\rightarrow\] Prepares review packets for panel | Mails packets to panel | Reviews Material
1. Overview of flowcharts
   a) Why use them?
   b) Functions & Benefits
   c) Getting Started
   d) How To:
      (Detailed Flowcharts)

2. Examples/Variations
   a) Detailed
   b) Block/Macro
   c) Top-down
   d) Deployment
QUESTIONS?
PRACTICE
Plan

- Step One: Identify and Prioritize Opportunities
- Step Two: Develop an AIM Statement
- Step Three: Describe the current process
- Step Four: Collect Data on the Current Process
- Step Five: Identify All Possible Causes
Cause & Effect
• Problem Solving

• Treating the Symptom vs. Treating the Cause

• Symptom – sign or indication

• Cause – what actually makes something happen
• Addressing the symptom instead of the cause leads to a temporary or partial fix

• Problem will occur again

• Can create more problems unintentionally

• Address the problem at its cause(s) is more efficient and effective

“Avoid the bandaid approach!”
- Identifies & categorizes issues
- Organizes ideas
- Shows relationships
- Reveals potential problems
- Facilitates process understanding
- Easy to use
- Useful reporting tool
• Fishbone Diagram
• Root Cause Analysis
• Ishikawa Diagram
Why use a fishbone diagram?
- To allow a team to identify, explore, and graphically display – increasing detail – all of the possible causes related to a problem or condition to discover its root cause(s).

What does it do?
- Enable a team to focus on the content of the problem versus the history of the problem or personal interests of the team.
- Creates a snapshot of the collective knowledge and consensus of a team around a problem.
- Focuses the team on causes, not symptoms.
Fishbone Diagram
• Construct your problem statement on the right-hand side within your “fish head”

• This problem statement is known as the effect

• An arrow or “fish spine” should point towards the problem statement
High number of patients falling while under facility xyz's care
- Decide what your main causes of the problem are
- Use these as the headers
- Arrows should connect the headers to the spine
- Examples of headers:
  - Manpower, Machinery, Materials, Methods (4 M’s)
  - People, Plant, Procedures, Policies
  - Lifestyle, Environment, Forms
Fishbone – Major Causes

- Facility/Equipment
- Staff
- Methods & Procedure
- Patients

High number of patients falling while under facility xyz's care
- Use the 5 whys
- Continuing to ask why can help ensure that you don’t focus on “low hanging fruit”
- Symptoms may return
Fishbone – Sub-Causes

Facility/Equipment
- Limited number of walkers available
- Limited number of wheelchairs
- Facility does not have onsite rehabilitation

Methods & Procedure
- Not enough patients are referred to physical therapy

Staff
- No or limited training
- Limited number of staff per shift
- Too many duties assigned to each person

Patients
- Want independence
- Want to participate in activities

High number of patients falling while under facility xyz's care
Fishbone – 5 Why’s Technique
Fishbone – Detailing 5 Why’s
- It is an easy exercise to use and apply
- Helps you avoid the low-hanging fruit
- Can help you find the root cause
The 5 Why’s may not lead to a root cause identification when the cause is ultimately unknown.

The problem may have more than one cause.

The 5 Why’s method is dependent upon the skill level of how it is applied to the analysis.

The method is not necessarily repeatable.

It has difficulty distinguishing between causal factors and root causes.
• Choose the items you want to focus on
  ◦ Looks for causes that repeat within the major categories
  ◦ Choose causes that the team can control or influence
  ◦ Select through consensus
  ◦ May need to use other tools such as check forms or surveys and other data collection

Root Cause Analysis – Next Steps
### Root Cause Analysis Rating Form

**Impact on the Problem**

<table>
<thead>
<tr>
<th>Potential Root Cause</th>
<th>Improved Outcome</th>
<th>Reduced Costs</th>
<th>Improved Overall Quality of Care</th>
<th>Other</th>
<th>Total Score</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Impact Scoring Scale:**  
- Low = 1  
- Medium = 3  
- High = 5
## Root Cause Analysis Rating Form

<table>
<thead>
<tr>
<th>Potential Root Cause</th>
<th>Improved Outcome</th>
<th>Reduced Costs</th>
<th>Improved Overall Quality of Care</th>
<th>Other</th>
<th>Total Score</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>High staff turnover</td>
<td></td>
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</tr>
<tr>
<td>No presence of fundraising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of staff training</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients want independence</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Impact Scoring Scale:** Low=1  Medium=3  High=5
# Root Cause Analysis Rating Form

## Impact on the Problem

<table>
<thead>
<tr>
<th>Potential Root Cause</th>
<th>Improved Outcome</th>
<th>Reduced Costs</th>
<th>Improved Overall Quality of Care</th>
<th>Other</th>
<th>Total Score</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>High staff turnover</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>N/A</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>No presence of fundraising</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>N/A</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Lack of staff training</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>N/A</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Patients want independence</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

**Impact Scoring Scale:** Low = 1  Medium = 3  High = 5
Things to remember

- Work on the cause – NOT the symptoms or low-hanging fruit
- Fishbone diagram is useful for identifying root causes
- Use the 5 why’s
- The Root Cause Analysis Rating Form can help determine which is the most important cause to work on
PRACTICE