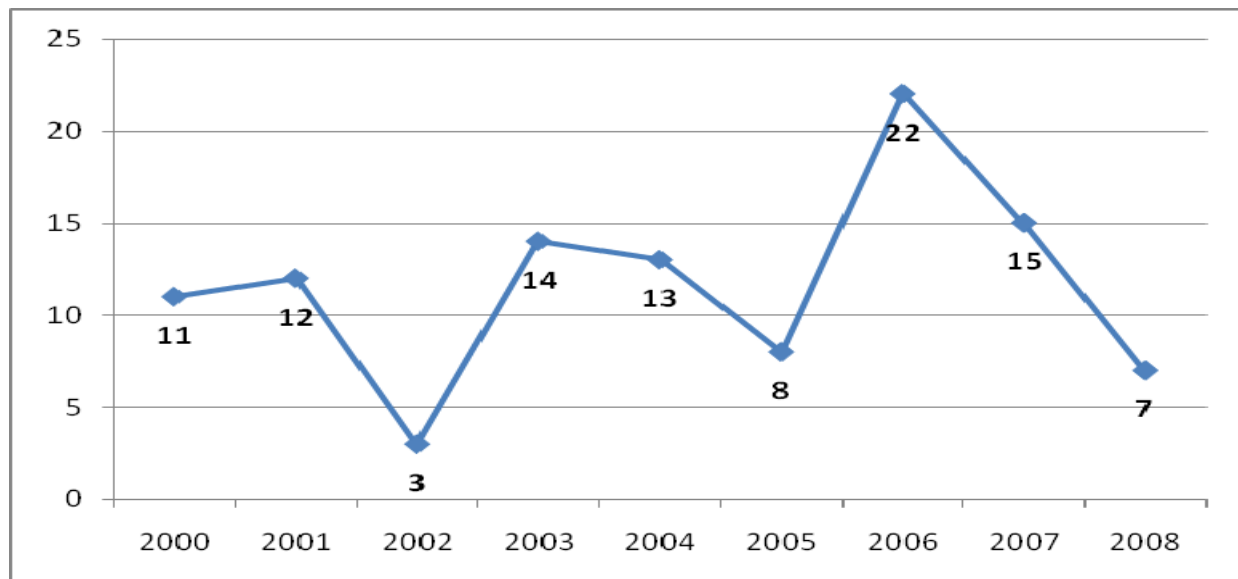


C. IMPROVE PATIENT PERCEPTION OF CARE AND EXPERIENCE OF CARE, AND RESOLVE PATIENT'S COMPLAINTS AND GRIEVANCES

➤ Complaint, Grievance and Contact Report for 2008

During 2008 the Network of New England resolved 7 beneficiary complaints and received no formal grievances. The complaints reported for 2008 represent a return to typical experience following a spike of 22 complaints received by Network #1 in 2006 (Figure 26). Complaint and general contact data has been captured and tracked for the past 9 years (since 2000) in the SIMS database used by all ESRD Network Organizations. Displayed here is an overview of those data.

Figure 26: Number of Complaints



Source: SIMS Contact Data

Presenting issues for the 2008 complaints were in the categories of quality of care, staff patient interactions, poor communication, lack of education, perceived need for staff training, and transfer / discharge issues.

Aside from the complaints noted above, there is a secondary data set from SIMS to discuss in the context of complaints, and that is the general contact data on **facility concerns and inquiries**. It is because of these types of contacts Network #1 is able to intervene with problem-solving techniques before a conflict escalates into a complaint. There were 68 Network responses logged into SIMS for 2008 in the category of facility concerns. In responding to these contacts Network #1 fulfills an important role in providing education and deescalating potential conflicts. Without this type of Network intervention, it is likely that the number of complaints would increase.

Network staff consulted with facility staff members regarding patient related concerns as reported here. Many of these consultations occur when staff notice an escalation of patient anxiety and begin plans for an early intervention or a preemptive action to avoid a more serious situation. The Network PSC and Medical Quality Managers confer with facility staff for possible solutions to patient related issues. This type of support for facility staff – “coaching” – works well in Network #1, based on a foundation of mutual trust and respect.

Primary staff responsibility for receiving complaints is with the Network Patient Services Manager, with contributing teamwork from the Network Executive Director, Quality Improvement Managers and the Medical Review Board Grievance Committee. Network #1 strongly prefers facility consultation before a patient complaint or involuntary discharge occurs. This team philosophy fosters intervention, mediation and problem solving when potential complaint situations become expressed in its early stages.

As part of the Network #1 Internal Quality Improvement Program, an annual review of the types and source of complaints was evaluated. Analysis of the data shows only one clear trend: larger, urban clinics are more likely to have complaints when compared to smaller rural clinics. There is no association found between incidence of complaints and ownership type; corporate owned vs. free standing or hospital based. More importantly no clinic in New England has emerged as a source of repeated complaints. We posit that this is a function of smaller size, higher levels of education among staff and patients and a somewhat homogenous population. Network #1 also applies the “Teach the Teacher” model by offering technical assistance to providers frequently (Table L).

Table L: Internal Monitoring of Contact Trends

2007

Date	Patient/Family	Provider	Data	Other	Total
1/07-3/07	26	134	212	61	433
4/07-6/07	28	138	224	39	429
7/07-9/07	33	94	191	31	349
10/07-12/07	22	99	234	35	390
Total	109	465	861	166	1601
% (Rounded)	6.81%	29.04%	53.78%	10.37%	100%
Time	13.8%	55.16%	21.25%	9.8%	100.01%

2008

Date	Patient/Family	Provider	Data	Other	Total
1/08-3/08	13	96	114	21	244
4/08-6/08	23	104	134	20	281
7/08-9/08	18	104	95	26	243
10/08-12/08	10	124	120	26	280
Total	64	428	891	93	1476
% (Rounded)	4.3%	28.9%	60.3%	6.3%	100%
Time	10.5%	53.7%	27.08%	8.6%	100%

Patient/Family = Beneficiary, Complaint, Grievance

Provider = Facility Concerns, Facility Inquiry

Data = Copy of Forms, Data Processing

Other = All other Classifications

Each year Network Organizations are required to submit a brief summary of complaints and grievances to the CMS Office of the Ombudsman. This report was submitted to the Region 1 Project Officer on 2/1/2008.

➤ **Addressing the Needs of the Challenging Patient - Tool Utilization**

The Network of New England continues to utilize its professional teaching and training tool entitled: **“Recommendations for the Management of Disruptive and Abusive Patients.”** The tool is a six-page document containing information on purpose, education, procedures and OSHA’s workplace violence prevention program. The recommendation section of the document has guidance on rules of conduct, policy development, behavioral contracts, action plans, physician involvement, and termination of services.

During 2008 the Network continued to recommend this conflict management tool for New England providers. It is posted on the website, included in the new facility starter kits and is sent to individual requestors as needed.

➤ **Decreasing Patient Provider Conflict Toolkit**

The CMS produced Decreasing Patient Provider Conflict Toolkit is the recommended resource for facility staff education for dealing with conflict at the facility level. Network #1 has used every opportunity to promote the useful tool. It is distributed in the new facility packets, used for staff in-service when a complaint is filed and is presented at renal social worker meetings.

In June 2008 the Network Executive Director attended and participated in the Annual New England Area Renal Social Worker (NEARSW) Conference at Sturbridge Public House in Sturbridge, MA. The event is a daylong educational meeting during which, speakers present topics of interest to the practice of Social Work for continuing education units (CEUs). Network #1 reinforced the importance of the DPC toolkit to the more than 100 Social Workers in attendance at the meeting. The Network Executive Director also gave a presentation and distributed educational booklets, informational materials and made announcements about on-going Network #1 educational projects, and quality improvement efforts.

During 2008 a committee was formed to address the near depleted national supply of DPC toolkits and to determine content of the reprint – would the content remain unchanged or would the content be edited. The Network PSC was named to serve on this committee by the CMS Region 1 Project Officer.

On the 2008 Network Annual Meeting Evaluation questions were added to assess how New England ESRD providers were utilizing the DPC toolkit and to what degree the kit was found useful for its staff training needs. More than 70% of respondents reported using the kit for staff training and 90 % reported finding the content of the kit relevant and practical for their needs.

➤ **CMS Dialysis Facility Compare**

The Network of New England distributed more than 1,000 CMS Dialysis Facility Compare (DFC) Posters and Handbills to ESRD providers in the six New England states during 2008. The posters were developed and produced by Centers for Medicare and Medicaid Services (CMS) to alert patients and consumers about the availability of the Dialysis Facility Compare website.

The website address is www.Medicare.gov/dialysis and was added to the Medicare website as a way for new or existing dialysis patients to find information about dialysis resources all over the country including their "home" facility. By visiting the site users can identify the geographic location of dialysis facilities, compare quality of care, make informed choices and find answers for many questions about ESRD Medicare services.

The distribution of DFC printed material was undertaken as a part of the PAC Education exhibit at the Network #1 Annual Meeting in October 2008. The DFC informational distribution activity is part of the continuous mission of community resource outreach targeted to educate CKD / ESRD patients and providers.

Also during 2008 the Network staff responded to a number of individual contacts, as captured in SIMS, for information about, referral to, or assistance with, navigating the DFC website.

➤ **Achieving Network #1 Goals to Address Patient Grievances and Experience of Care**

The goal in this Network is to prevent patient grievances from happening through education and conflict resolution. The more direct-care staff can learn about professional interaction, appropriate communication and boundary recognition fewer complaints and grievances emerge. Network #1 and other Network Organizations have experienced increased volume of inquiries associated with patient and staff conflicts. Current practice in the delivery of dialysis involves patients interfacing primarily with dialysis technicians. The conduct, behavior and interaction of dialysis technicians with patients are central to achieving appropriate patient care. Professional boundaries and behavior was a major topic at the technician educational meetings held by the Network in 2008. Network #1 will reinforce the complaint process through strengthened internal case review and continue prevention consultation. Empowering patients with information and options is an ongoing effort for providers and the Network. Effective use of national and local materials has been demonstrated by the tracking and assessment tools used by this Network.