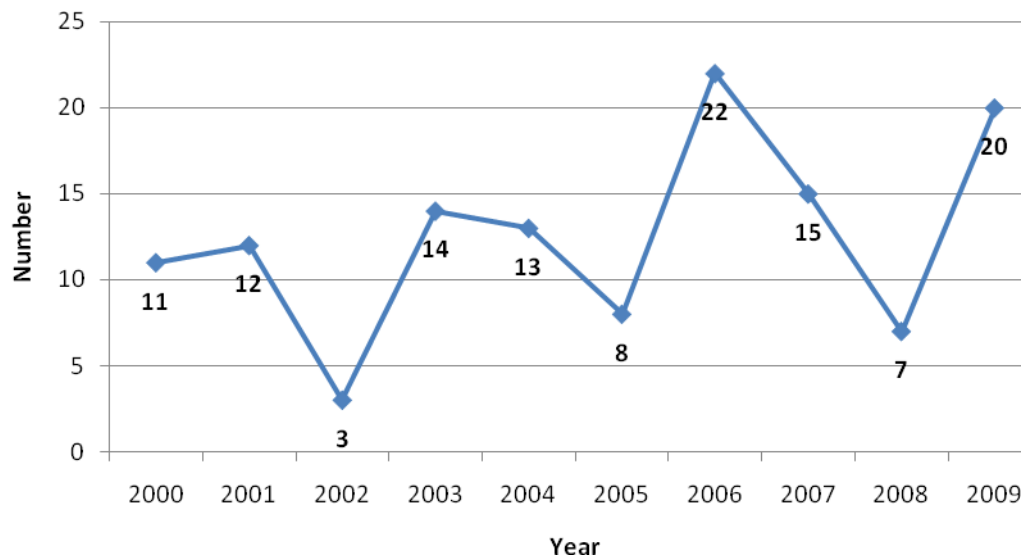


C. IMPROVE PATIENT PERCEPTION OF CARE AND EXPERIENCE OF CARE, AND RESOLVE PATIENT'S COMPLAINTS AND GRIEVANCES

Complaint, Grievance and Contact Report for 2009

In 2009, the Network had over 100 different contacts with patients and their family members. During this timeframe the Network received and resolved 20 beneficiary complaints and received no formal grievances. The 20 complaints reported for 2009 represent a spike similar to the one in 2006 where 22 complaints were received. The presenting issues for the 20 complaints were in the categories of quality of care, staff related transfer /discharge and physical environment. All complaints and contact data has been captured and tracked for the past 10 years in the SIMS database used by all ESRD Networks. Displayed below is a trend line for patient complaints (Figure 28).

Figure 28: Number of Complaints



Source: SIMS Contact Data

Aside from the complaints noted above, there is an additional data set in SIMS and that has contact data on facility concerns. It is because of these types of contacts the Network is able to intervene with technical assistance and education before a conflict escalates into a patient complaint. There were 99 cases logged into SIMS for 2009 in the category of facility concerns. In responding to these contacts Networks fulfill an important role in providing education, mediation, and deescalating conflicts between patients and staff.

Many of these consultations occur when facility staff observe repeated behavioral issues with a patient or facility staff that is unusual or inappropriate. The provider management will call the Network for early intervention and recommendations to avoid a more serious situation. Primary

responsibility for evaluating complaints is with the Network Patient Services Coordinator, with contributing consultation from the Executive Director, Quality Improvement Managers and the Medical Review Board Grievance Chair. This Network strongly prefers facility consultation before a patient complaint or involuntary discharge occurs. This philosophy fosters intervention, mediation and problem solving when potential compliant situations become known in their early stages. This type of support and technical assistance for facility staff – the teach-the-teacher method – works well in this Network.

As part of the Network 1 Internal Quality Improvement Program, an annual review of the types and source of complaints is evaluated. This year a more extensive review of complaints and grievances was conducted and is ongoing. Analysis of the data show two clear trends: larger, urban clinics are more likely to have complaints when compared to smaller rural clinics. Second, the majority of complaint types are staff related (professional and communication issues). There is no association found between incidence of complaints and ownership type; corporate owned vs. free standing or hospital based. There is also no clear trend of patient age, gender or race. One clinic in New England emerged as having two complaints in 2009. The Network is conducting follow-up work with these providers.

Comparing the contact trends between 2008 and 2009 (Table O), these changing patterns were observed:

1. There was a 36% increase in contacts from patients and family members in 2009.
2. There was a two and a half times reduction in the number of data contacts in 2009 due to the uncertainty in launching CROWNWeb and utilization of VISION data system in 2008.
3. A change in Network staff mid-year in 2009 resulted in a different reporting pattern in “other.”

**Table O: Internal Monitoring of Contact Trends
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%

2009

Date	Patient/Family	Provider	Data	Other	Total
1/09-3/09	20	93	94	31	238
4/09-6/09	22	110	86	35	253
7/09-9/09	25	112	90	68	295
10/09-12/09	33	110	62	86	291
Total	100	425	332	220	1,077
% (Rounded)	9.3%	39.5%	30.8%	20.4%	100%
Time	14.6%	45.7%	20.7%	18.9%	99.9%

Source: SIMS Contacts by Classification

Patient/Family = Beneficiary, Complaint, Grievance
 Provider = Facility Concerns, Facility Inquiry
 Data = Copy of Forms, Data Processing
 Other = All other Classifications

Notes:

1. Additional analysis revealed that “Other” also contains facility requests for educational materials. Another analysis has been done by “type of caller” to identify this pattern.
2. This analysis reports only action taken by staff to incoming calls, faxes, email or mail.
3. The data reported is for primary and secondary “area of concern”.
4. Time is calculated as follows: If it is <15 then it is 15 min, if it is 15 min to 1 hr then it is 60 min, if it is 1-2 hrs then it is 20 min and if it is >2 hrs then it is 180 min.

Network Notes Published in 2009

In the 2008-2009 Winter Issue, four articles were provided on the topics of Conditions for Coverage for ESRD providers under CMS, tips for preparing for the new Network-wide data entry system; Crown Web, an update on New England progress as directed by the CMS Fistula first quality improvement project and an update on the Five Diamond patient Safety Program.

In the summer of 2009 the Network of New England issued its Summer issue of Network Notes; our traditional newsletter for New England renal professionals. The publication is sent to alert, inform, clarify and educate renal caregivers about current events, updates on Medicare rules, and other topics of relevance. The newsletter format was changed for this edition, and all subsequent editions. The Network newsletter is attractive in appearance and generated positive responses from facility staff. This four-page issue included information about fistula first and catheter last, the importance of using a stethoscope to listen to a patient’s heart, lungs and access, a Q &A on the Conditions for Coverage Quality of Life Assessment, a CROWN Web Update and information on the Hepatitis B vaccine Shortage. Other articles in the Summer edition were; a save the date for the 21st Network of New England Meeting and a request for ideas and providers who are participating in the Five Diamonds patient safety program. Network Notes is distributed to New England Renal Nurses, Medical Directors, Facility Administrators, Social Workers, Dietitians, State Surveyors and the CMS Network Project Officer.

The Network published and distributed the 2009 Winter Issue/Holiday Greeting of Network Notes, which contains information on the topics of a Fistula First Update, a data recap of 2009 and a reminder to facility staff that the Network is available to assist providers with technical assistance or attend patient group meetings. The newsletter also carried a Seasons Greeting from the Network staff.

The Patient Advisory Committee (PAC) Remains Active Throughout 2009

The New England PAC celebrated its eleventh year in 2009. Since its inception the Patient Advisory Committee has held to a meeting schedule of twice per year for face-to-face gatherings, telephone conference calls and group e-mails as indicated by the work at hand. The following information describes the PACs activities throughout 2009.

The New England PAC met in Sturbridge, MA on Tuesday, May 5th at the Sturbridge Host Hotel. All PAC members and the Patient Services Coordinator from Network of New England were present. The agenda for the meeting included the following:

- Greetings and Introductions
- New Network Patient Services Coordination
- Role of the Network Patient Advisory Committee
- CMS / Future of ESRD Networks
- Evaluation of New Edition of *Your New Life* Using the Health Literacy Model
- Patient Rights In New CMS Conditions for Coverage
- Update of *Your Health – A Shared Responsibility*
- Status of Five Diamond Patient Safety Program
- Ideas for 2009 and Beyond
- 2009 Network Annual Meeting

The PAC has been engaged throughout 2009 in a patient education project aimed at educating patients on their rights and responsibilities and also about the Network role and how to report grievances. At this meeting each PAC member was asked to review the Network flyer “Your Health a Shared Responsibility” and offer edits/suggestions.

The Health Literacy Model promoted by the Institute of Medicine (IOM) is used as a framework for developing all patient materials. Since the new patient booklet (*Your New Life*) has been revised, several hundreds of copies have been distributed. The PAC requested a follow-up scan to evaluate the usefulness and dissemination of *Your New Life*. The scan of YNL was given to social workers in July of 2009. The social workers chosen by the Network for the scan were those who requested large quantities of YNL and those who frequently requested copies. Results of the scan showed that half of the social workers give a copy to only new patients and half give a copy to patients when they ask for information. The top two responses to what patient’s like about YNL are 1) that it helps the patient’s better understand treatment options and 2) that it gives the patient’s additional resources. Results also showed that 75% of respondents indicated that they felt YNL was very effective, while 25 were unsure of the effectiveness. Additional comments were that the font size was easily readable, and that the content, quality and balance of the format and design of *Your New Life* are appropriate for patients.

On September 28, 2009 the PAC members participated in a telephone call with the Network Executive Director and the new Patient Services Coordinator. Following are the items that were included on the meeting agenda:

- Welcome, Introductions and Orientation
- Discussion on new publication: *“Bee” Informed About Your Rights and Responsibilities*
- Discussion of Annual Meeting
- Ideas for New Projects: Revising Patient Satisfaction Survey
- “Exploring Options”- PAC Restructure, Number of members, Types of members
- Number of meetings per year (telephone, in person)

The PAC held its biggest annual event on October 14, 2009 in conjunction with the ESRD Network Annual Meeting, according to tradition. Following are the items that were included on the meeting agenda:

- Call to Order and Welcome
- Review and Discussion of Patient Satisfaction Survey (What dialysis units are currently using Independent units?)
- Review of Self Management Principles
- 5 Diamond Patient Safety Program Module
- “BEE” Informed of Your Rights and Responsibilities Distribution
- Medical ID Card Discussion
- PAC Restructure Revisited & Number of Meetings
- Assignments for Annual Meeting 10/15 (The Big Day)

The types of satisfaction surveys were discussed by the PAC. Self Management was reviewed and the 5 Diamond module was discussed. Each year the PAC offers its expertise to the Network in the development of educational material. The most ambitious undertaking this year by the PAC has been the revision of *Your Health: A shared Responsibility* to *“BEE” Informed About Your Rights and Responsibilities*. The group was thanked for all their hard work on “BEE” Informed of your Rights and Responsibilities. The Network staff reported a record of provider requests used as an ownership measure of attribution.

The next topic of discussion involved the Medical ID cards. The PAC decided this was something they may want to pursue in the future as a new project idea. Many providers already provide this resource.

The PAC restructure was discussion. In 2009 there were 8 group members. The PAC was lacking representation from Vermont. The group decided they do not want professionals in the group unless the professionals are also patients with ESRD. There was an update on what CMS bundle payment will be and the new pay for performance pending regulations.

The PAC plays an important role each year at the Annual Meeting by staffing the Network educational exhibit. This year the 5 attending PAC members rotated coverage of the booth throughout October 14, 2009 Network annual meeting. The PAC Educational Exhibit was once again a big success as members of the PAC distributed printed patient and professional educational items to the New England renal community. They distributed the following popular items at its 2009 educational exhibit:

- Your New Life (English version-discussed Spanish version was available on the website) (New England)
- Preparing For Emergencies – A Guide for People on Dialysis (CMS)
- Dialysis Facility Compare (DFC) Handbills (CMS)
- DPC Toolkits (posters were passed out to each provider)
- “BEE” Informed of Your Rights and Responsibilities
- Flu vaccine posters
- Patient education order forms

The New England PAC continues to be a functional model for operation of ESRD Network patient involvement to foster patient centered concepts. Next year there are plans to add more members to the PAC and obtain Vermont representation. The Network is proud to report that there is an active and “working” PAC giving guidance to ESRD leadership.

Patient Rights and Responsibilities

In the summer of 2009, with input from the Network Patient Advisory Committee and Network staff the revision of *Your Health: A Shared Responsibility* became “*Bee*” *Informed About Your Rights and Responsibilities*. This brochure was updated based on the new Conditions for Coverage and also describes the Network role and how to file a grievance. This brochure was distributed to social workers by members of the PAC and Network staff. All Nurse Managers and Social Workers also received a fax/email blast informing them of this new material. This brochure is also part of the new facility starter kits. Over 1200 copies of this very popular brochure have been distributed this past year.

The Network also created 2 posters: one on patient rights and the other on patient responsibilities. These laminated posters are mailed to dialysis facilities that request them. These posters are also part of the new facilities starter kits.

Decreasing Patient Provider Conflict Toolkit

Decreasing Dialysis Patient-Provider Conflict (DPC) is a national CMS collaborative effort involving multiple ESRD agencies and all of the ESRD Networks. The CMS funded initiative involved several key action items, including development of a taxonomy, provider manual, and toolkit. Training of dialysis staff related to noncompliant patients and how to relate more empathically and effectively with them.

The 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 this 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 addition the following outreach techniques were used.

In May of 2009 the Patient Services Manager and the new Network Patient Services Coordinator traveled to Rhode Island Hospital to present a slide show on the Decreasing Patient Provider Conflict toolkit to Rhode Island Social Workers. Cultural awareness was also raised in the

presentation to raise awareness of the different diversity of lifestyles and cultural norms dialysis patients present with.

At the April 2009 Patient Care Technician Meeting, a session on the Identification and Implication of Professional Boundaries was given. Professional boundaries and the application in the dialysis setting was compared and contrasted. The possibilities and limitations of real verses implied professional boundaries and the risks, both emotional & legal, of practicing outside professional boundaries was discussed.

During the 2009 Annual Network meeting the Patient Advisory (PAC) had a booth where providers were able to talk with patients and see the new information the PAC has revised for the year. The PAC distributed DPC toolkit and influenza posters to providers. After the meeting the remainders of the posters were mailed to the providers who did not receive them that day.

CMS Dialysis Facility Compare

The Network of New England informs patient and providers of dialysis facility compare. 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 measures, make informed choices and find answers for many questions about ESRD Medicare services.

During 2009 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. The PSC guided patients with internet access through the website when they had questions about how to use it. Those without internet access were mailed the DFC informational card or mailed the requested information from the website by the PSC.

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

The goal in this Network is to educate patients and providers on the role of the Network and the complaint and grievance process. Another goal is to prevent patient provider discord through education, mediation and conflict resolution. Complaints and grievances subside as more direct-care staff learn about professional interaction, appropriate communication skills and professional boundaries. Network 1 has experienced increased volume of inquiries associated with patient and staff conflicts. Current practice in the delivery of dialysis involves patient conflict to be primary related to verbal interaction with staff members. The conduct, professionalism and communication behavior of dialysis staff 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 2009. Network 1 will reinforce the complaint process through strengthened internal case review and continue conflict prevention consultation. Empowering patients with information and options is an ongoing effort for providers and the Network. Analysis of contact data reports during July 2008 to June 2009 indicate that 88% of providers contacted the Network for various reasons such as patient concerns, clinical issues, technical assistance or educational materials.