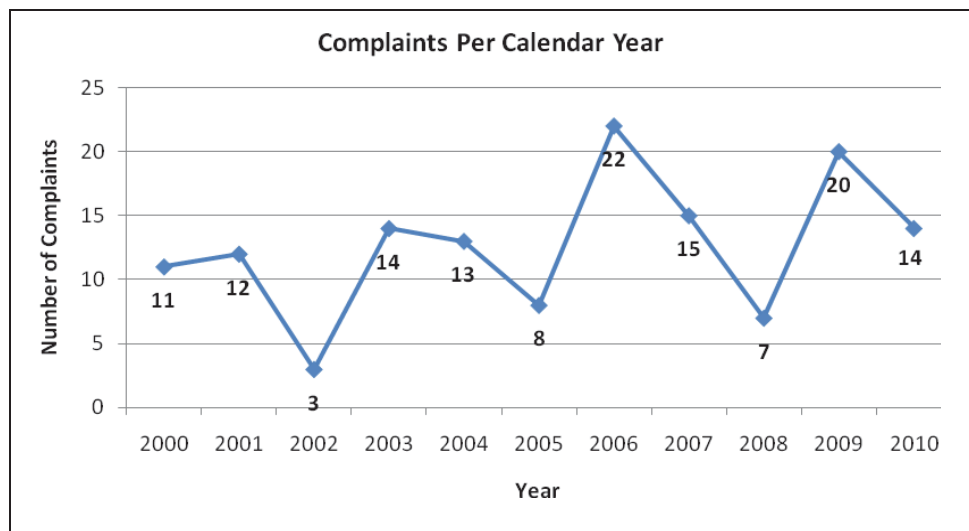


C. IMPROVE PATIENT PERCEPTION OF CARE AND EXPERIENCE OF CARE, AND RESOLVE PATIENT'S COMPLAINTS AND GRIEVANCES

Complaint, Grievance and Contact Report for 2010

From January 1, 2010 through December 31, 2010, the Network of New England received 12 beneficiary complaints and 2 formal grievances. This represents a slight decrease in the number of complaints from 2009. Complaint and general contact data has been captured and tracked for the past 10 years (since 2000) in the SIMS database, and now the New Contact Utility (NCU) used by all ESRD Networks. Displayed here is a trend line for patient complaints (see Figure 24).

Figure 24: Number of Complaints/Grievances



Source: SIMS database, Network Contact Utility.

The presenting issues for the 12 complaints were in the categories of quality of care, staff related transfer /discharge and financial concerns. The 2 issues for the grievances related to quality of care/safety issues and financial concerns. At the end of December 2010, 1 complaint remained open.

An emerging theme developing is complaints related to involuntary discharges (IVD). When a facility starts the IVD process with a patient, they have to contact the Network. There have been a few patient complaints related to IVD's. The Network inquires about the situation, assists in mediating, and at times is able to both resolve the complaint and avert the IVD. The Network PSC trends data to see not only which complaints are IVD related, but also how many facilities that discharge patients have additional unrelated complaints.

Aside from the complaints noted above, there is a secondary data set in the NCU that is the general contact data on facility concerns. It is because of these types of facility contacts that the Network is

able to intervene with technical assistance and education before a conflict escalates into a patient complaint. From January 1, 2010 through December 31, 2010 there were 143 Network cases logged into the NCU in the category of facility concerns. The 143 facility concerns in a 12 month period represent a spike from last year's 99 facility concerns in a 12 month period. In responding to these contacts, this Network fulfills an important role in providing education, mediation, and deescalating conflicts between patients and staff. This also helps the Network act as an advocate for patients.

Many of these consultations occur when staff notices repeated behavioral issues with patients that are beginning to escalate in verbal or disruptive behavior. The provider staff will call the Network for an early intervention and suggestions 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 – the teach-the-teacher method – works well in this Network as providers welcome the support and guidance.

Primary staff responsibility for receiving complaints is with the Network Patient Services Coordinator, with contributing teamwork from the Network Executive Director, Quality Improvement Managers and the Medical Review Board Grievance Committee. This Network strongly prefers facility consultation before a patient complaint or involuntary discharge occurs. This team philosophy fosters intervention, mediation and problem solving when potential compliant situations become known in their early stages. In Table P, the internal contact trend rate is consistently high by providers.

Table P: Internal Monitoring of Contact Trends
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%

2010

Date	Patient/Family	Provider	Data	Other	Total
1/10-3/10	20	132	114	37	303
4/10-6/10	39	103	105	15	262
7/10-9/10	37	172	98	22	329
10/10-12/10	21	126	114	32	293
Total	117	533	431	106	1187
% (Rounded)	10%	45%	36%	9%	100

Source: Contact Utility by 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. This analysis reports only action taken by staff to incoming calls, faxes, email or mail.
2. The data reported is for primary and secondary "area of concern".

Network Notes Published in 2010

In the spring of 2010 the Network of New England issued 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 Network newsletter is attractive in appearance and generates positive responses from facility staff. This four-page issue included information about fistula first, what a patient's Medicare number indicates, Decreasing Dialysis Patient / Provider Conflict (DPC), information on quality improvement toolkits, and 5 diamond provider statuses. The summer edition of Network Notes had articles on fistula first, the Medicare Educational Benefit for CKD Patients, data dialogue on CrownWeb, and the new "What is the Network" brochure. 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 Patient Advisory Committee (PAC) Remains Active Throughout 2010

The New England PAC celebrated its twelfth year in 2010. 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 PAC's activities throughout 2010.

In 2010, the PAC members, the Network Executive Director and the Network PSC attended 2 meetings in Sturbridge, Massachusetts, one telephone conference call and several email discussions. The PAC has been engaged in several projects this year, but their biggest accomplishment was completing "What is the Network" brochure, which is aimed at educating patients on the many roles of the ESRD Network. The PAC finished this revision in 2010.

George Arena, President of the Kidney Transplant/ Dialysis Association INC (KT/DA) was invited to attend the May 11th PAC meeting. He gave a history of their patient driven organization and the services they offer, and was he updated on the role of Network 1's PAC. KT/DA editor requested an article from the Patient Services Coordinator on "What is the Network?" which was published in KT/DA in the summer of 2010.

The PAC held its biggest annual event on October 13, 2010 in conjunction with the ESRD Network Annual Meeting. According to tradition, 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, 2010 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.

The New England PAC continues to be a functional model for operation of ESRD Network patient involvement to foster patient centered concepts. Some PAC members also serve on the Network BOD and MRB. Next year there are plans to add more members to the PAC and continue to develop patient centered material. The Network is proud to report that there is an active and "working" PAC giving guidance to ESRD leadership.

“What is the Network” Brochure

In 2010, with input from the Network Patient Advisory Committee and Network staff the revision of the ESRD brochure became *“What is the Network” brochure*. This brochure was updated based on the need for a more appealing and patient centered brochure which details what the Network of New England’s roles are in a way that can be easily understood by any member of the renal community. This brochure also describes how the Network can serve patients, the mission of the Network and how to file a grievance. This brochure was distributed to social workers, nurse managers and administrators via email and fax blast. It was also disseminated by members of the PAC and the Network PSC at the annual meeting PAC booth. This brochure is also part of the new facility starter kits.

Checklist for Social Workers

The establishment of the new ESRD Conditions for Coverage (CfC), published by the Center for Medicare and Medicaid Services (CMS), has expanded the role and function of every member of the dialysis Interdisciplinary Team (IDT). Due to the number of inquiries the Network has received, the development of this checklist, in May of 2010, was prepared to assist and give guidance to renal social workers regarding specific and shared roles in the management of patients receiving dialysis services. This checklist was emailed and fax blasted to all social workers and nurse managers in New England. It was also disseminated at the PAC booth at the annual meeting. Per request from editor, the checklist will be published in the winter 2011 edition of *Renalink*.

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.

At the October 2010 Annual Meeting, a session on the “Management of Challenging Patients” by Robert Mallon was given. He described tools and appropriate responses that attendees could use to reduce stress in their everyday lives. He also explained positive behaviors that have practical applications in everyday life, as well as in dialysis and transplant units. Lastly, he discussed practical strategies that can work for managing challenging patients.

During the 2010 Annual Network meeting the Patient Advisory Committee (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 information to providers. After the meeting, 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 website. The website address is www.Medicare.gov/dialysis and was added to the Medicare website as a way for new or current dialysis patients to find information about dialysis providers 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 2010 the Network staff responded to a number of individual contacts, as captured in SIMS and the New Contact utility, 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 about 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 Annual Meeting held by the Network in 2010. 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.