

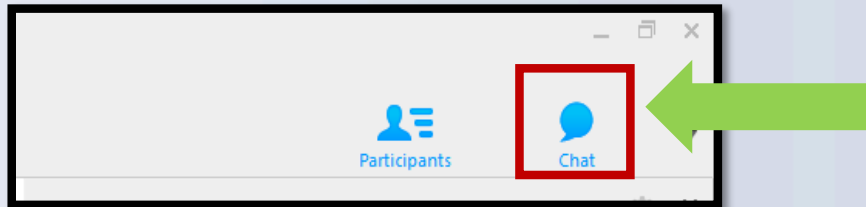


# **Patient Experience of Care Learning and Action Network (LAN) Event**

May 2, 2018

# Housekeeping

- All lines are muted to help with reducing background sounds.
- Use Chat—Send to “All Panelists.”



- Today’s call is being recorded.
- Meeting materials will be made available within 10 business days.



# Today's Meeting Objectives

- Discover what a LAN is
- Explain how LANs transfer experiences to help mitigate barriers and drive improvement
- Discuss barriers to effective and meaningful communication
- Demonstrate the Forum of End Stage Renal Disease (ESRD) Networks Grievance Toolkit
- Share success stories related to using the Grievance Toolkit
- Request action between calls



# Polling Question

Who is on the call today?

- Facility Administrator
- Social worker
- Nurse
- CMS
- Patient
- Caregiver



# What is a LAN?

- A LAN is a forum for bringing healthcare professionals, patients, and other stakeholders together around a shared agenda or goal to achieve rapid, wide-scale improvement.
- As a LAN participant, you will have the opportunity to convert personal knowledge and experience into shared common knowledge by joining together and sharing information that is valuable to both patients and healthcare providers.



# Patient-centered Care (PCC)

- In the broadest terms, PCC is care organized around the patient. It is a model in which providers partner with patients and families to identify and satisfy the full range of patient needs and preferences.
- Not to be overlooked in defining patient-centered care is its concurrent focus on staff. To succeed, a PCC approach must also address the staff experience, as staff's ability and inclination to effectively care for patients is unquestionably compromised if they do not feel cared for themselves.

Source: IHI Patient-centered Care Improvement Guide This Guide was funded by Picker Institute, an international non-profit organization that supports research in the field of patient-centered care. The work of many organizations—including the Picker Institute, the Institute for Family-Centered Care, the Institute for Healthcare Improvement, Robert Wood Johnson Foundation, The Commonwealth Fund, the University Health System Consortium and others—to define, implement, refine, and evaluate patient-centered care has provided a strong foundation from which to launch this Guide.



# Relationship-centered Care (RCC)

- RCC can be defined as care in which all participants appreciate the importance of their relationships with one another.
- RCC is founded upon four principles:
  - Relationships in health care ought to include the personhood of the participants.
  - Affect and emotion are important components of these relationships.
  - All healthcare relationships occur in the context of reciprocal influence.
  - The formation and maintenance of genuine relationships in healthcare is morally valuable.

In RCC, relationships between patients and clinicians remain central, although the relationships of *clinicians* with themselves, with each other and with community are also emphasized.

# Barriers to Effective and Meaningful Patient and Staff Communication



Using the chat feature, please identify barriers to addressing patient complaints when they occur.



# Barriers to Patient and Staff Professionalism



Using the chat feature, please list one thing that contributes to poor patient and/or staff professionalism.



# Polling Question—Facility Representatives

How confident are you to resolve a complaint made by a patient?

- Very confident
- Somewhat confident
- Not confident

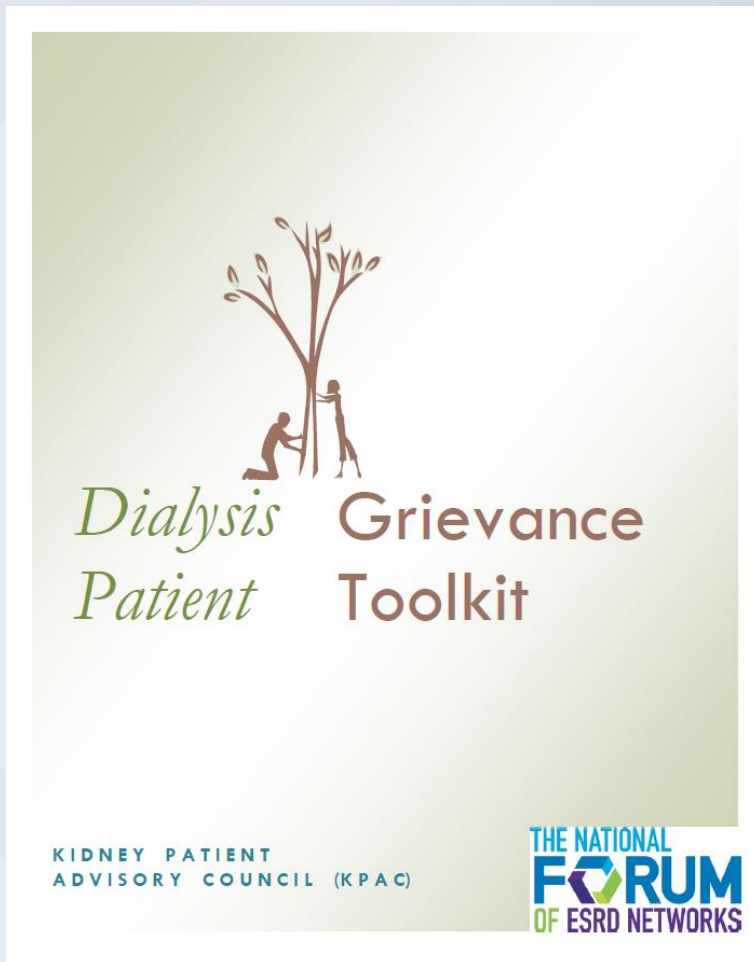
# Polling Question—Patient and/or Caregiver



How confident are you that your concern about your care and/or facility will be resolved?

- Very confident
- Somewhat confident
- Not confident

# Forum of ESRD Networks: Grievance Toolkit



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**CHAPTER 4**  
**GRIEVANCES IN A PATIENT CENTERED CARE ENVIRONMENT**

We need to understand both Patient Centered Care (PCC) and grievances. There are many definitions of PCC. Some have been created by healthcare organizations and some by advocacy groups. The Forum of ESRD Networks Kidney Patient Advisory Committee defines PCC as:

*"Patient driven healthcare delivered in a way that is focused on an individual patient's values and preferences and involves both sharing information and active shared decision making with patient, family/caregivers, and medical professionals to reach customized, individualized and realistically obtainable goals of care. This is an ongoing process, keeping in mind these goals may change over time."*

**In Patient Centered Care:**

- ✓ Patients and families are equal members of the treatment team who are expected to be engaged and share in decisions about their care.
- ✓ Knowing about their disease, its treatment, and options is a critical part of being able to be engaged.

**In a Patient Centered Care environment:**

- ✓ Information is freely offered
- ✓ Questions are encouraged
- ✓ Patients are consulted about changes and decisions

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# Polling Question

- Are you familiar with the Grievance Toolkit?
  - If yes, do you utilize it as a resource to help patients and staff manage grievances?
    - If yes, please explain in the chat box.



# Using the Grievance Toolkit: ESRD Network Success Stories



# Grievance Toolkit Interventions and Best Practices

Anne Pugh, MSW, LCSW  
*Patient Services Manager*  
ESRD Network 17

# The Grievance Toolkit: Chapter 5



## CHAPTER 5 BARRIERS TO A SUCCESSFUL GRIEVANCE EXPERIENCE

There may be barriers that you might face through the Grievance Experience. This chapter will identify some of the most common. If you understand these barriers, you can solve problems faster and more effectively.

### BARRIERS CAN BE CLASSIFIED IN ANY OR ALL OF THREE CATEGORIES

- I. Barriers of Information and Awareness
- II. Barriers of Trust and Confidence
- III. Barriers of Strength and Ability

#### I. Barriers of Information and Awareness

1. Know your Patient Rights (Chapter 4)
2. Write your Concerns (sample forms are in pages 24 & 26)
  - a. What happened?
  - b. When did it happen?
  - c. Who was involved?
  - d. Who did you talk to about the concern?
3. Follow the Process (Chapter 6)
4. Evaluate how the Grievance Process worked
  - e. Is the concern resolved?
  - f. If not, are there any further steps you can take?

The first and most obvious barrier to be overcome is a lack of knowledge and understanding of the Grievance Process. The process, at times, can be involved and without a "roadmap" it is easy to get lost.

No two grievances are the same. The process can change from situation to situation and from grievance to grievance. A grievance may be as simple as a verbal complaint or as complicated as a formal complaint to a State Regulating Agency. If certain steps are followed, the grievance experience can be positive and effective.



# Network 17 Grievance Toolkit Intervention: Created from the Patient's Perspective



Together, Network 17 patients, and staff created a Grievance Toolkit Intervention using:

- Basecamp
- Conference calls
- WebEx

# Grievance Toolkit Intervention: Process

1. Have staff read Chapter 5 of the Grievance Toolkit aloud to patients in a one-on-one setting.
  - a. Staff should preferably be patient care or support staff. (e.g., techs, nurses)
2. Provide patients with a copy of the Toolkit.
3. Explain the other sections of the Toolkit.
4. Discuss any patient concerns as they arise.
5. Ask the patients to respond to the four question scan after the one-on-one chapter review with staff.
6. Have staff provide feedback on the effectiveness of the activity via Survey Monkey or other means.

# We Asked Patients:

## *What Can Staff Do to Foster an Environment in Which Patients Would Be More Likely to Bring Up Concerns?*



Please select five ideas from the list below that you feel would help patients become more comfortable talking with staff about their treatment concerns. Feel free to add ideas of your own.

- Designate a trained patient point person to talk to management for me
- Have staff and/or my doctor ask me periodically if I have any concerns about my care
- Utilize suggestion cards that patients could fill out and submit. It then could be reposted on a bulletin board with the management's responses. (if appropriate)
- Have the clinic distribute wallet cards with the company's complaint line phone number
- Provide all patients a copy of the Dialysis Patient Grievance Toolkit
- Have staff document patient concerns immediately so that they don't get forgotten
- Have staff thank patients for speaking up; encourage open communication lines
- Provide a suggestion box for ideas for the clinic that was reviewed regularly
- Include a patient representative at the monthly clinic quality improvement meeting
- Have staff talk more with patients in general, not just about dialysis

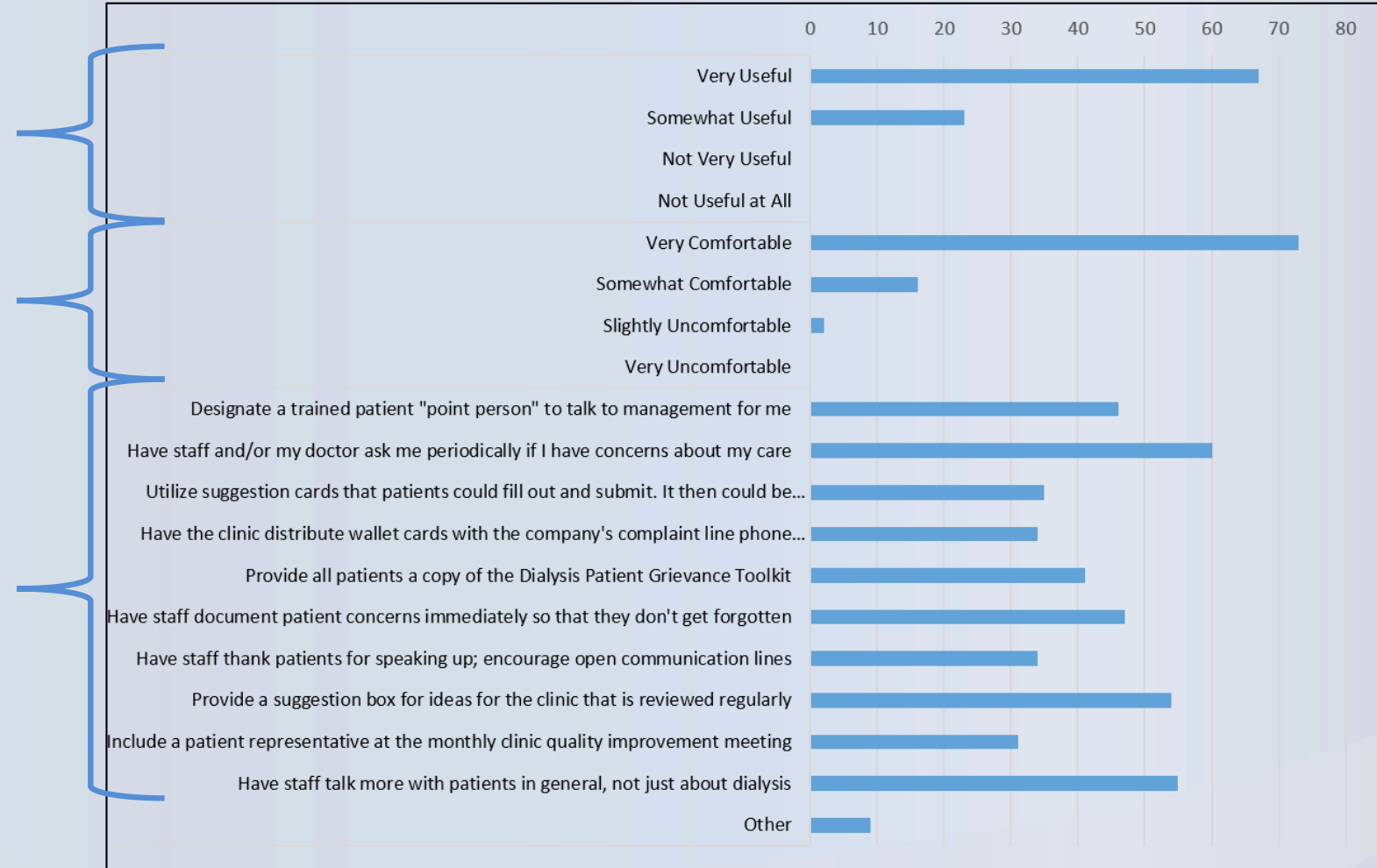
# Results of the Patient Questionnaire: March 2017 (n=111)



How useful did you find the information you read in Chapter 5?

After reviewing Chapter 5 today, how comfortable would you be voicing a concern to facility staff?

Please select the five ideas from the list below that you feel would help patients become more comfortable talking with staff about their concerns.



# Best Practices, Lessons Learned

- **Best Practice:**

- Engaging patients one-on-one helps patients to feel more comfortable speaking up.
- Clinics implemented suggestions from their patients after receiving scan results.

- **Lessons Learned:**

- Patients have a lot to say about the grievance process and their facilities.
- Patients would appreciate being talked to about their lives, not just about dialysis.
- Staff learned about the grievance process by discussing it with patients chairside.

# QAPI Patient Education (Appendix)

## QAPI (QUALITY ASSESSMENT AND PROCESS IMPROVEMENT)

*This chapter of the Grievance Toolkit is going to deal with the process by which dialysis units make changes and improvements in their patient care. While not strictly a part of the Grievance Filing Process, it is good to know how long term improvements are made and the part Quality Assessment and Process Improvement (QAPI) plays.*

By federal regulation, every Medicare certified dialysis facility must have a grievance process, tell patients about it, and keep a grievance log, which is a part of their QAPI.

**Patient Centered Care is about Teamwork.**

**QAPI incorporates this Teamwork approach.**

This is where Patient participation can play a vital role in the success of the improvement program. An effective team is composed of:

- System Leadership
- Technical Expertise
- Day to Day Leadership

Patients can provide both technical expertise and day to day leadership positions in most teams. An example of an effective team may be:

- Floor Nurse
- Patients
- Administrator
- Floor PCT
- Social Worker
- Dietitian
- Medical Director

For more information and resources visit ESRD Network 17 website:

<https://www.hsag.com/en/esrd-networks/esrd-network-17/providers/grievance-process/>



# Grievance Toolkit Use and Sharing

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ESRD Network 7



# Grievance Toolkit Use and Sharing: National Patient and Family Engagement LAN

**Julie Moss, MS**

*Director PFE and LANs*



# Polling Questions

- Does your facility use feedback from a complaint or grievance?
  - Yes or No
- Has your facility ever had a patient complaint lead to the creation of a solution in partnership with the patient or potentially created by the patient?
  - Yes or No
- If yes, would you be willing to share this example with others?
  - Yes or No

# Contact Information to Share Your Experience



- Oniel Delva

Phone: (813) 865-3339

Email: [odelva@hsag.com](mailto:odelva@hsag.com)



# Questions to Run On and Action Steps

- What is one thing that I can take from this presentation and utilize in my daily work habits, treatment sessions, with co-workers, or with family members?
- What is one thing that I can do by next Tuesday to improve my communication and professionalism with others?



***Thank you.***

This material was prepared the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.

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