

A. Concerns & Complaints.

Complaints are received in the Network office through direct contact with the beneficiary, through a telephone call, email or a written letter. The Network maintains a user-friendly, toll-free line (1-800-456-6919) to encourage patients to contact the office directly.

Tracking of complaints received are reported through the CMS quarterly report format as investigations or grievances. Investigations are the result of complaints brought to the attention of the Network through a variety of means.

Network staff attempt to intervene as soon as a complaint is received. Often, the Network staff member acts as a mediator between the dialysis facility and the patient to objectively work out problems. Patient Services staff members also coach patients on positive ways to approach and communicate with facility staff, provide resources and accurate information regarding concerns, help them to see the caregiver viewpoint, discuss coping skills and provide assistance and referrals as needed. In addition, Network staff discusses patient rights and responsibilities, options for care, and the facility complaint

process. The facility is contacted regarding a patient complaint when the patient gives permission to do so. Interventions with staff include mediating with facility and corporate staff, addressing their related patient care concerns, exploring root causes of concerns, helping them to see the patient's viewpoint, reviewing facility policies and procedures, reviewing medical records, recommending interventions, discussing modality options, coaching staff on de-escalation techniques and suggesting in-service training programs for their staff.

During 2009, Network staff members were called upon to assist with 107 patient complaints (63 in Network 9 and 44 in Network 10). The top primary and secondary concerns for 2009 were staff-related issues and quality of care issues. This is detailed in Figure 97 and Figure 98. These have consistently been the primary areas of concern for the past six years as detailed in Figure 99 and Figure 100. The Network uses this information for articles in the patient newsletter, identifying topics for patient meetings and when developing presentations and training programs for staff.

Figure 97 - Network 9
Top Complaint Trends 2009
Complaint Total for 2009: 63

	<i>Staff Related</i>	<i>Treatment Related/Quality of Care</i>	<i>Request for Technical Assistance</i>	<i>Patient Transfer/Discharge</i>
<i>Primary</i>	20	17	7	3
<i>Secondary</i>	18	13	11	3
<i>Total</i>	38	30	18	6

Figure 98 - Network 10
Top Complaint Trends 2009
Complaint Total for 2009: 44

	Staff Related	Treatment Related/Quality of Care	Request for Technical Assistance	Patient Transfer/Discharge
Primary	15	14	10	0
Secondary	7	10	13	5
Total	22	24	23	5

Figure 99 - Network 9
Top Primary Complaints 2004 – 2009

	Number of Complaints	Patient Transfer Discharge	Staff Related	Treatment/Related Quality of Care	Request for Technical Assistance
2004	91	14	18	30	0
2005	72	13	26	17	0
2006	89	14	18	29	5
2007	80	4	38	21	1
2008	69	5	18	23	6
2009	63	3	20	17	7

Figure 100 – Network 10
Top Primary Complaints 2004 – 2009

Year	Number of Complaints	Patient Transfer Discharge	Staff Related	Treatment/Related Quality of Care	Request for Technical Assistance
2004	43	7	12	11	0
2005	45	8	10	7	0
2006	39	6	12	11	2
2007	43	4	22	5	2
2008	45	1	13	13	9
2009	44	0	15	14	10

The Network examined the quality of care concerns to identify specific issues and trended the information for the past four years.

In 2009, health and safety issues were the two concerns most frequently reported under Treatment related/Quality of Care concerns (Figure 101 and Figure 102). In 2009, the Network participated in a collaborative project with six other Networks to address safety-related concerns. The group developed a standardized Safety Complaint form to use, a safety WebEx training program for staff, and identified a "Patient Fact Sheet to Prevent Errors" handout that would be used in a pilot project in early 2010. In addition, the Network Patient Web site has a link to the CDC resource

page [Clean Hands Saves Lives](#) and a video for pediatric patients from the television show "Sesame Street" on [Wash Your Hands](#). The Network Web site continues to have resources such as material on in-center self-care that can be downloaded and shared with patients to help them be more involved in their own treatment and more aware of what treatment techniques need to be followed.

To address the concerns about health and safety of patients, the Network recommended to facility staff that they provide training programs in areas that encompassed quality of care, such as infection control and emergency preparedness.

Figure 101 - Network 9
Treatment Related Contacts 2009
 (Breakdown of Sub-Categories)

*Numbers do not reflect categories as some Complaints have more than one category

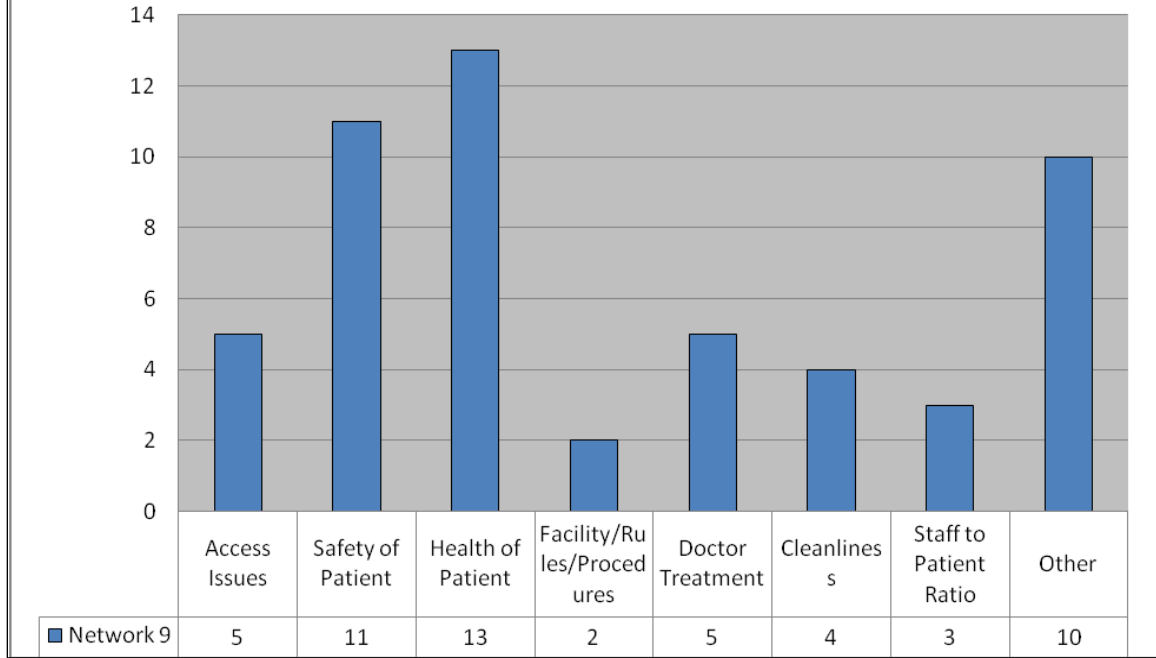
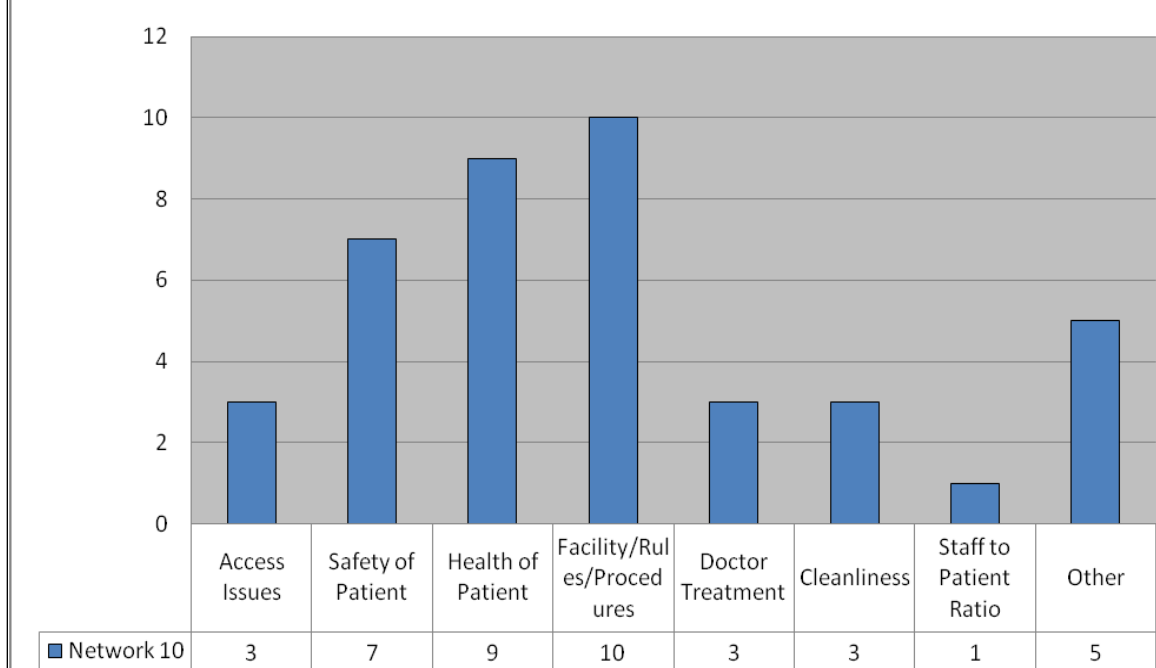


Figure 102 - Network 10
Treatment Related Contacts 2009
 (Breakdown of Sub-Categories)

*Number do not reflect categories as some Complaints have more than one categories

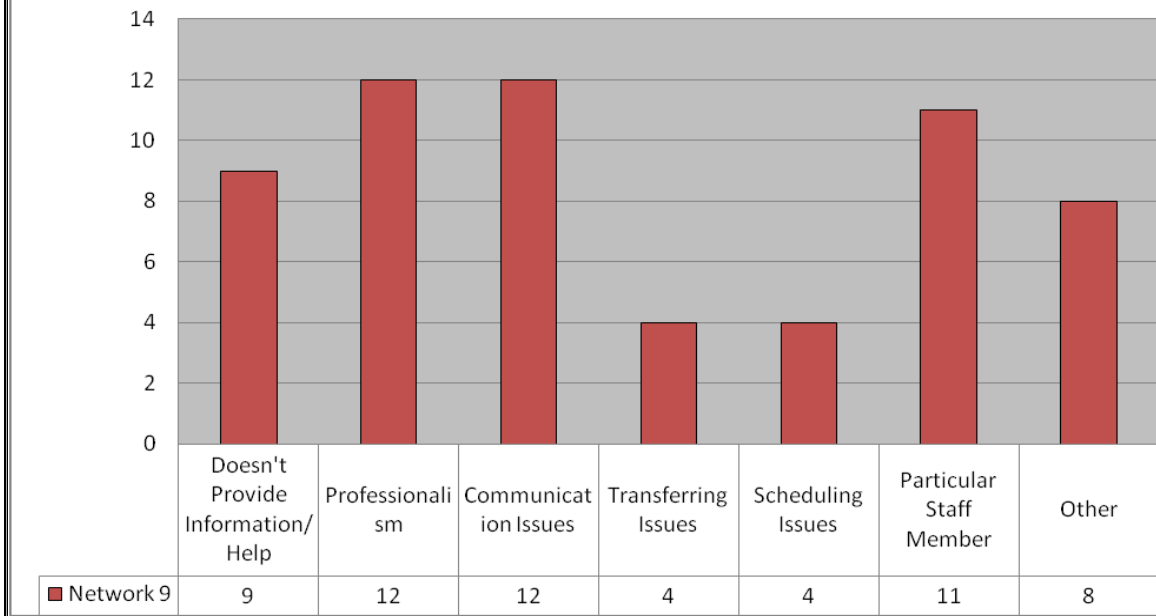


The Network also examined the staff-related complaints and identified the top three concerns as concerns with a specific staff member, professionalism, and communication issues. This is detailed in Figure 103 and Figure 104.

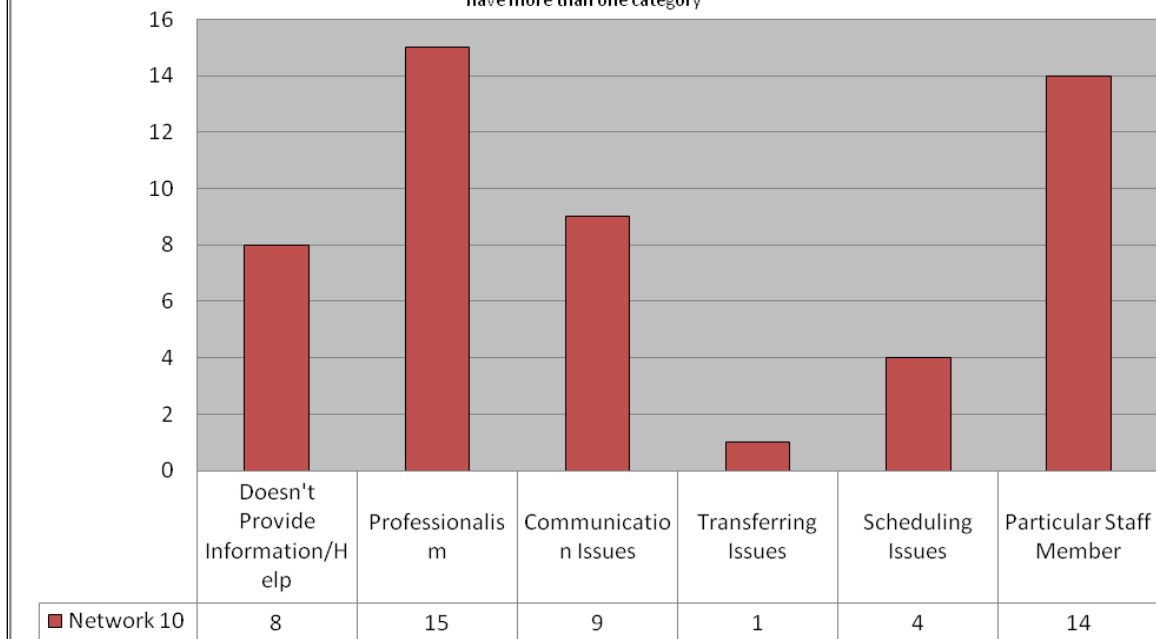
In 2009, the Network participated in a collaborative project with six other Networks to address professionalism in addition to safety complaints. The group developed a standardized Professionalism Complaint form to use, a professionalism WebEx training program for staff, and identified a patient handout on “Dealing with Difficult Staff” that would be utilized in a pilot project in early 2010.

The Patient Leadership Committee provided input on professionalism from a patient viewpoint and their suggestions will be incorporated with the MRB input for a handout in 2010 on Professionalism Solutions. In addition, to continue to address the issues of professionalism and communication, the Network conducted training programs on the topics. Details on these activities are described in Section C. Support and Mediation. In addition, when the Network staff mediates complaints about staff members, it often recommends to facilities that they conduct their own in-service training programs on professionalism and communication techniques.

**Figure 103- Network 9
Staff Related Contacts 2009
(Breakdown of Sub-Categories)**
*Numbers do not reflect categories as some Complaints have more than one category



**Figure 104- Network 10
Staff Related Contacts 2009
(Breakdown of Sub-Categories)**
*Numbers do not reflect categories as some Complaints have more than one category



Through the MRB, the Network analyzes facility-specific complaints and grievance data to identify patterns of concerns at the facility or Network level. The Network notified medical directors via letter regarding the performance of their facilities. For 2009, more than 600 letters were sent to facilities with no complaints; 59 facilities that had one complaint; and seven facilities had more than one complaint from the same patient. There were 14 facilities with at least two complaints from at least two different persons. No specific patterns were detected in the 2009 complaint/grievance data, either by facility or LDO affiliation. All facilities were below five percent of complaints from their patient population. The Network will send each facility a trend letter in 2010 indicating the number of complaints and grievances that had been filed against that facility during 2009. The trend letter will include suggestions on ways to decrease complaints and the availability of the Network staff to assist with challenging situations.

Network staff also assisted facilities with their concerns about patient issues. Staff helped facilities understand patient issues from different viewpoints, identify alternative approaches to resolve issues, identify root causes of behavior. The Network provided tools and additional resources to

assist staff to resolve challenging situations. Details on these activities are described in Section C. Support and Mediation. Network staff provided technical assistance for a number of areas including behavioral agreements, conflict management, communication skills, professionalism, and staff boundaries.

The Network received 322 facility concerns in 2009 (195 concerns in Network 9 and 127 concerns in Network 10). The most frequent primary and secondary concerns involved patient transfer/discharge, non-compliance, disruptive and abusive behaviors, and requests for technical assistance, described in Figure 105 and Figure 106.

Overall, the total number of facilities seeking assistance from the Network has increased steadily over the last few years. The primary facility concerns have remained consistent over time with callers seeking assistance for challenging patient situations. Although the increase could suggest there are more disruptive and abusive patients, it also could suggest that facilities benefit from the assistance, suggestions and resources provided by the Network. With the enforcement of the new Conditions for Coverage, there has been an increase in calls regarding

involuntary discharges, described in Figure 107 and Figure 108.

During 2009, the Network provided training programs for staff on ways to work with challenging situations. Details on these activities are described in Section C. Support and Mediation. The Network also reviewed the concerns of facilities quarterly and identified available resources and resources that needed to be developed. For example, the Network developed an Adherence Toolkit that contained

new, updated, and other resources and articles that addressed the topic of patient adherence. It is available on the Network Web site and the link with examples of the tools were mailed and emailed to the multidisciplinary staff members at the facilities. In addition, the Involuntary Discharge Process handout, outlining the duties of the medical director and staff when considering a patient discharge, was sent to all facilities in June. It also included suggestions for preventing discharges.

**Figure 105 - Network 9
Top Facility Concern Trends 2009
Total Facility Concerns for 2009: 195**

	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
Primary	56	27	15	58
Secondary	22	39	37	41
Total	78	64	52	99

Figure 106 - Network 10
Top Facility Concern Trends 2009
Total Facility Concerns for 2009: 127

	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
Primary	33	7	13	53
Secondary	18	27	42	26
Total	51	34	55	79

Figure 107 – Network 9
Top Primary Facility Concerns 2004 – 2009

Year	Number of Facility Concerns	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
2004	94	34	12	12	8
2005	140	36	25	13	2
2006	152	48	29	15	21
2007	173	49	28	23	21
2008	183	49	20	21	49
2009	195	56	27	15	58

**Figure 108 – Network 10
Top Primary Facility Concerns 2004 – 2009**

Year	Number of Facility Concerns	Patient Transfer/Discharge	Non-Compliant	Disruptive	Request for Technical Assistance
2004	54	19	10	9	4
2005	68	25	14	5	2
2006	83	28	10	12	9
2007	81	35	13	10	9
2008	124	21	17	13	42
2009	127	33	7	13	53

The Network gathered information regarding patients who were discharged from a facility by using a standardized form for calls involving discharges, possible discharges, and placement concerns. The number of patients who were discharged has been trended for the past five years. In Network 9 and 10, the total number of discharged patients slightly decreased in 2009 from the previous year.

The demographics for the patients discharged from the Network over the past three years continue to

support the findings of the Barriers to Outpatient Dialysis Pilot Project (See Goal 2). In Network 9, the following categories representing individuals who were disproportionately discharged from dialysis units: males, individuals in the 18-44 year old age range as well as slightly in the 45-64 year old age range, and for African Americans. In Network 10, the following categories were disproportionately discharged: males, individuals in the 45-64 year old age group, and African Americans (demographics displayed in Figures 109 – 112).

Figure 109 - Network 9

Involuntary Discharge Demographics Comparison 2005-2009

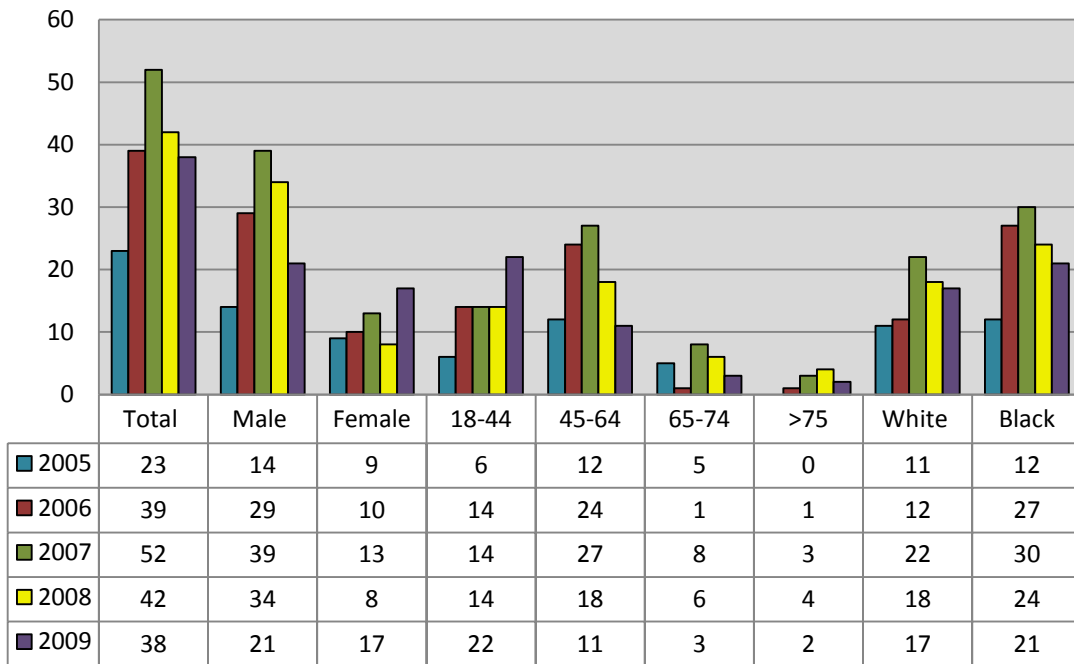


Figure 110 - Network 10

Involuntary Discharge Demographics Comparison 2005 - 2009

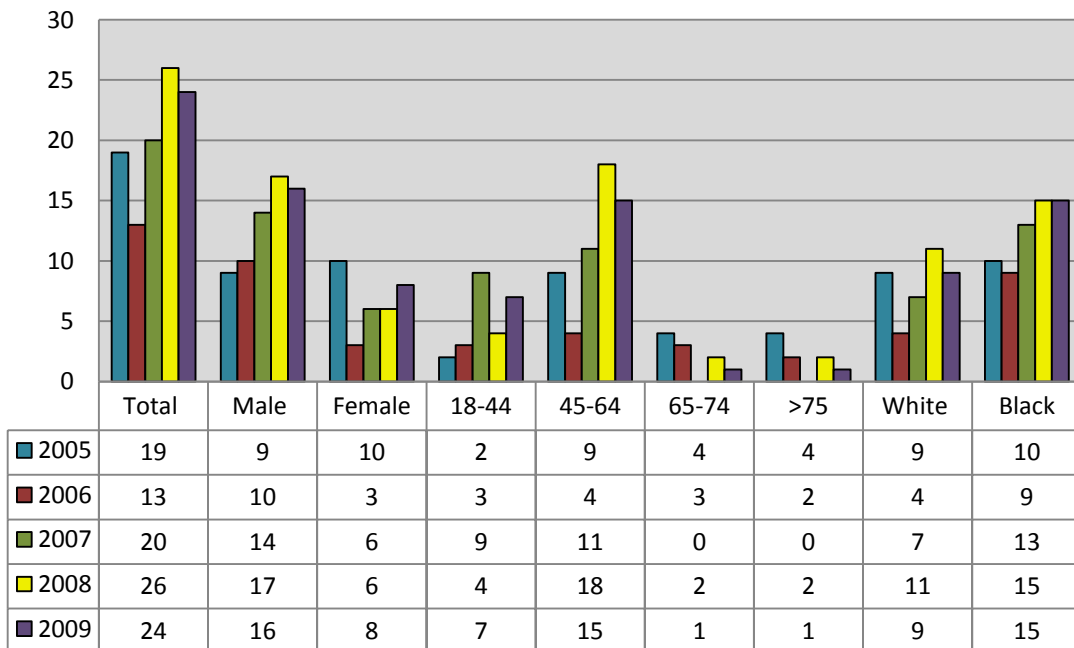
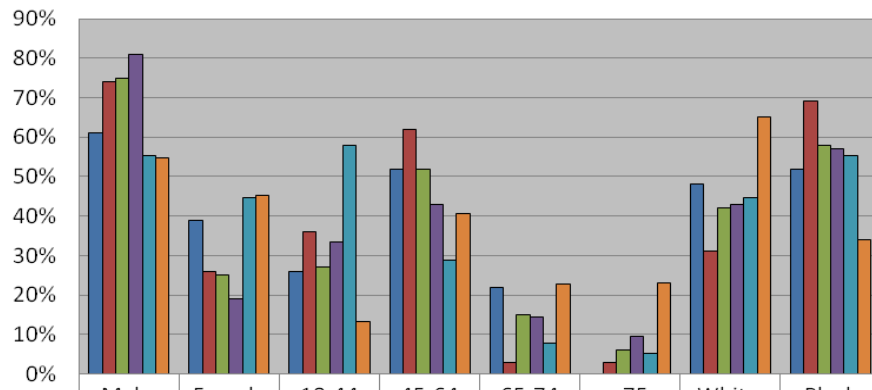


Figure 111 - Network 9

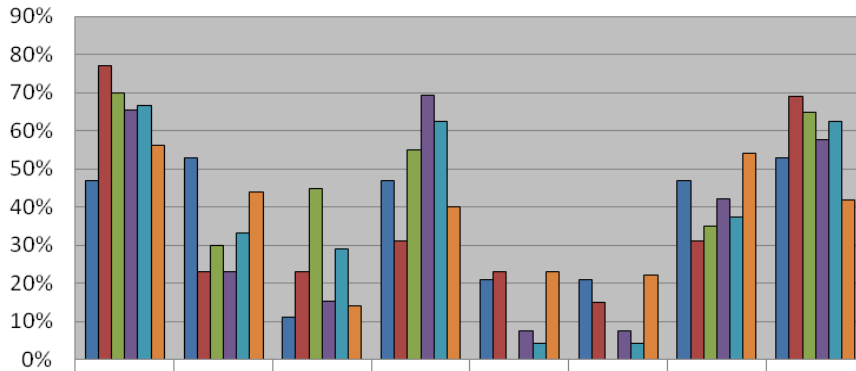
Involuntary Discharge Demographic Percentages 2005 - 2009



	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	61%	39%	26%	52%	22%	0%	48%	52%
2006	74%	26%	36%	62%	3%	3%	31%	69%
2007	75%	25%	27%	52%	15%	6%	42%	58%
2008	81%	19%	33%	43%	14%	10%	43%	57%
2009	55%	45%	58%	29%	8%	5%	45%	55%
Network 9 Demographic Percentage 2009	55%	45%	13%	40%	23%	23%	65%	34%

Figure 112 - Network 10

Involuntary Discharge Demographic Percentages 2005 - 2009



	Male	Female	18-44	45-64	65-74	>75	White	Black
2005	47%	53%	11%	47%	21%	21%	47%	53%
2006	77%	23%	23%	31%	23%	15%	31%	69%
2007	70%	30%	45%	55%	0%	0%	35%	65%
2008	65%	23%	15%	69%	8%	8%	42%	58%
2009	67%	33%	29%	63%	4%	4%	38%	63%
Network 10 Demographic Percentage 2009	56%	44%	14%	40%	23%	22%	54%	42%

There were 66 possible discharges reported in 2009 and 44 of these patients were still at the facility at the end of the year. The Network gathered information using a standardized form for possible

discharges. The Network assisted the facilities with alternative solutions to discharge, reviewed the CfC with these facilities, and followed up as to the status of these patients (Figure 113).

Figure 113 – Resolution of Potential Involuntary Discharges - 2009

Outcome	Network 9/10
Still at Facility	44
Discharged	2
Transferred Out	6
Lost to Follow-Up	10
Discontinued	3
Other	1
Total	66

Calls concerning the inability to find outpatient dialysis placement for patients have also been monitored the past five years. These calls are tracked under the category of “Barriers to Admission.” The calls most frequently came from hospital discharge planners. A number of the patients who are involuntarily discharged have difficulty with placement at another facility as do

some patients with a number of co-morbid conditions who have increased medical needs.

In Network 9, an increase in the number of calls regarding placement was noted in 2009 and a decrease was noted in Network 10, as illustrated in Figure 114 and Figure 115.

Figure 114 - Network 9

Barriers to Admission Demographic Comparison 2005-2009

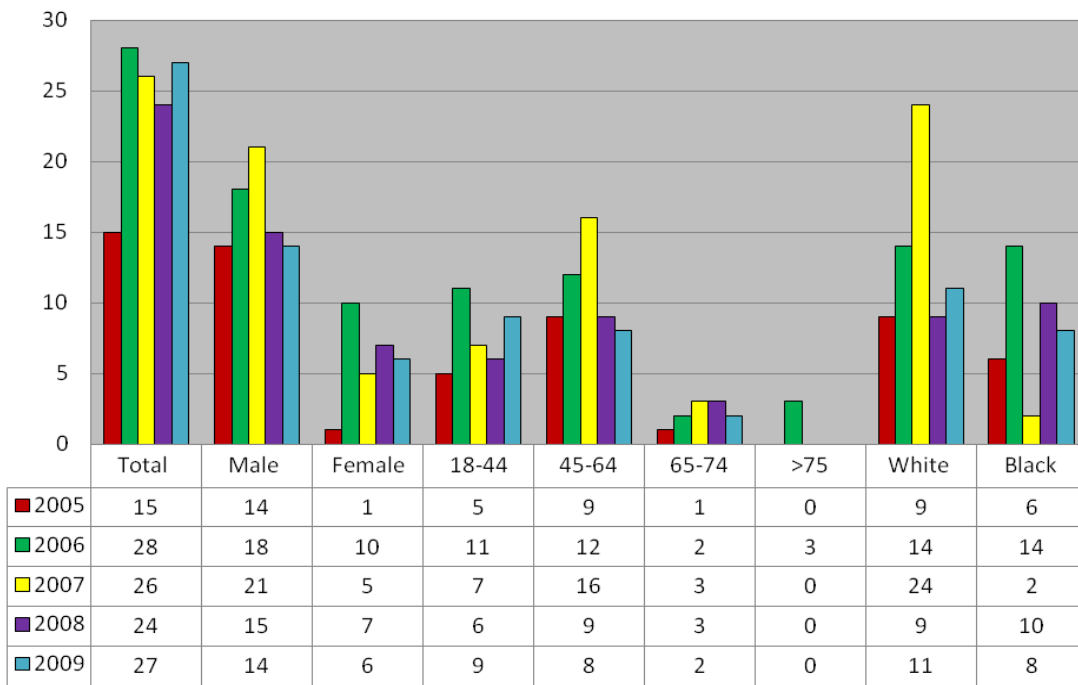
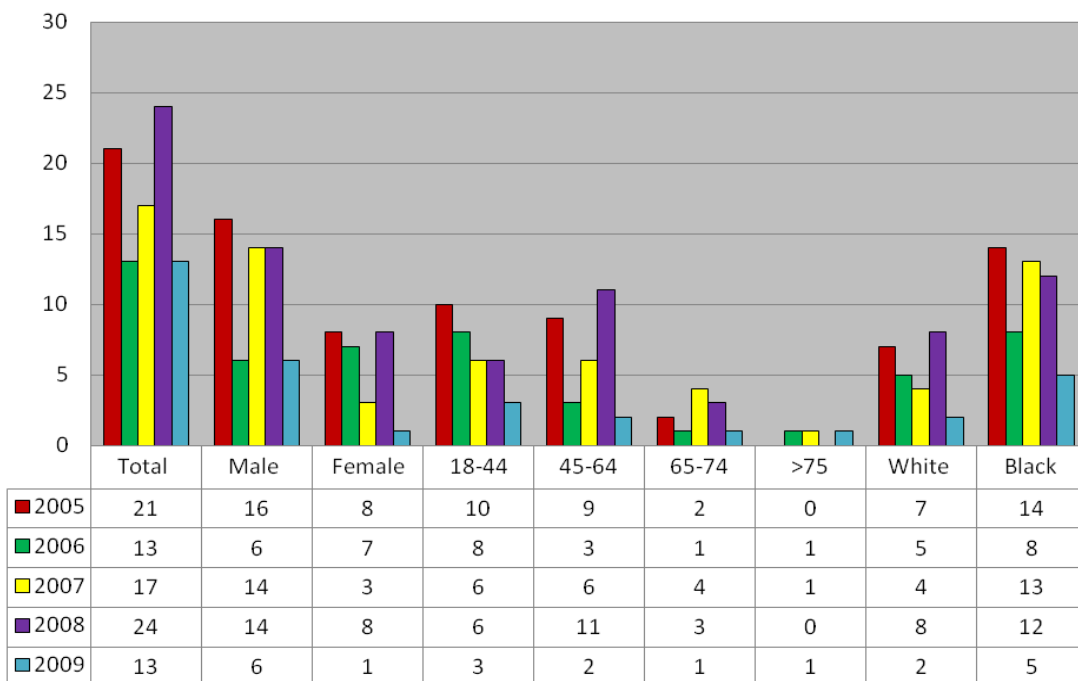


Figure 115 - Network 10

Barriers to Admission Demographic Comparison 2005-2009



Over the past five years, the placement demographics have been trended and in 2009 the placement and the discharge demographics were similar. Details are provided in Figure 116 through Figure 117.

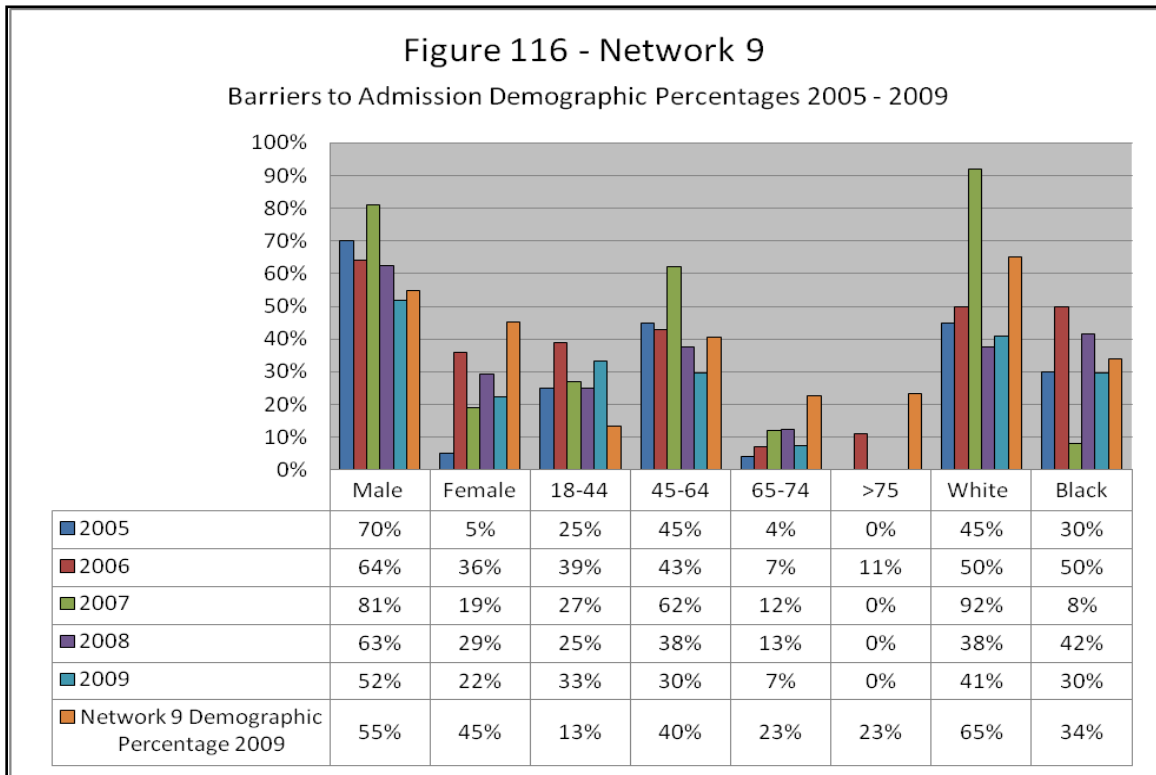
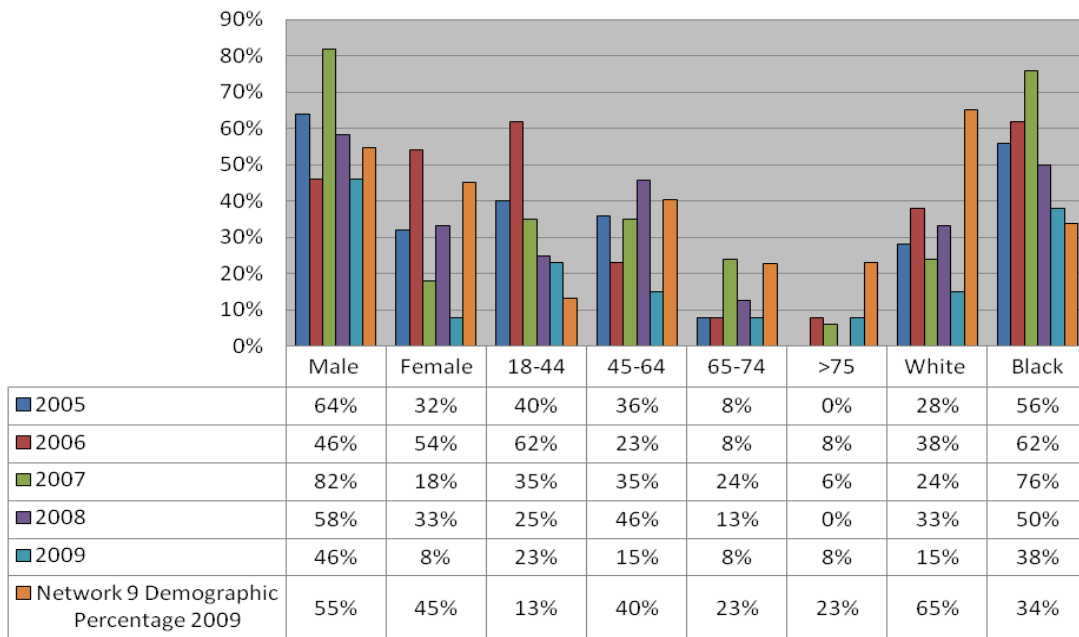


Figure 117 - Network 10

Barriers to Admission Demographic Percentages 2005 - 2009



The Network works with facilities to avoid involuntary discharges whenever possible. The Network staff held conference calls, discussed alternative approaches with upper management in corporations, and provided suggestions to alleviate inappropriate behaviors of patients. The Network staff reviewed health care team agreements (behavior contracts), discharge letters, medical records and reviewed the steps of the involuntary discharge process with facilities.

The Network also worked with hospitals and facilities to accept patients who were hard to place. The Network suggested accepting patients with placement barriers for short term/transient dialysis or interviewing potentially difficult patients prior to making the placement decision and establishing guidelines. The Network also explored options with corporate facilities to accept difficult to place patients in one of their other facilities.