

C. Support & Mediation

The Network used a variety of formats to make information available to the dialysis community to help resolve patient grievances and complaints. Specific activities include the following:

- Network staff members routinely handled many requests for assistance directly from patients and their families, as well as facility staff members. These requests involved supplying information from various sources available from the Network, such as location of dialysis centers, help with transient dialysis, requirements for isolation stations, and specific federal regulations. The Network provided assistance to facilities to avoid the discharge of patients, reviewed and provided input for behavioral agreements, and worked with patients and facilities to resolve issues before they became grievances. In some instances, the Network acted as a go-between, making an initial contact for an individual who sought assistance. The staff worked directly with patients to develop effective communication strategies, participated in conference calls with facility staff, and assisted staff in identifying root causes of behavior as well as ways to provide patient-centered care. These contacts are tracked by the SIMS information system.
- The Network sent grievance packets to patients on request. The grievance packet is also available on both of the Network Web sites.
- Renal Outreach contained information regarding the complaint and grievance process.
- In February the Network sent all facilities a copy of its new Grievance Poster, a handout for patients on the complaint and grievance process, an updated copy of its Patient Rights and Responsibilities and offered to assist facilities to establish their internal grievance process if needed. It was mailed to Administrators (698) and emailed to Social Worker and Nurses (869).
- The Network sent 757 trend letters in February to medical directors and administrators at facilities. This letter informed them of the number of complaints and

grievances received in 2008 and resources they could use to assist them in decreasing conflicts as well as technical assistance from the Network.

- The Network sent the Involuntary Discharge Process in June to facility administrators (717), social workers (752), medical directors (724) and the Network Council (612) regarding the CfC procedures to follow for patients who had been involuntarily discharged. The Network offered its assistance and encouraged facilities to call prior to the point of discharge.
- In July, the summary of the 2008 Barriers to Admission Collaborative Project was sent to the eleven participating Network Executive Directors and Patient Services Coordinators.
- In August, the Patient Services Director presented a session on Dialysis Patient Conflict at an Ohio regional meeting to over 50 interdisciplinary facility staff members.
- In September, the Patient Services Director presented a session on Complaints, Grievances, and Involuntary Discharges to regional social workers (63) of a dialysis corporation in Chicago.

- The Patient Services Director made a presentation at a patient meeting to 45 participants in October about the Network complaint and grievance process as well as information on how to address concerns with their facility staff. In addition, the presentation included information about how to be prepared for emergencies and what Network resources are available. The Network also had a resource table with a variety of resources available to patients and family members.

- The Network offered one Decreasing Patient-Provider Conflict Train-the-Trainer Program by Web ex conference in October with over 30 participants.

Information about the DPC training program was emailed in August to 947 Social Workers and 750 Administrators and Medical Directors.

- One of the Patient Services Coordinators presented information at a patient meeting in Indianapolis with 94 attendees in November about the Network complaint and grievance process as well as information on how to address concerns with their facility staff. The Network also had a resource table with a variety of resources

available to patients and family members.

- The Network distributed 48 DPC Tool boxes and 48 posters as needed or requested by facilities. Information and resources were also available on the Network Web site.
- The Adherence Toolkit offering suggestions and resources for working with adherence issues was developed and sent to facilities in December. The Adherence Toolkit link on the Network Web site was mailed in December to 752 social workers along with a sample of some of the material. Information and the link to the Adherence Toolkit was emailed to head nurses, Medical Directors and Administrators (1,454).

The Toolkit includes the following resources for staff:

- ✓ Adherence Solutions
- ✓ Alternative Solutions
- ✓ Compliance Booklet,
- ✓ Dialysis By Slot
- ✓ Mental Health Issues and Adherence
- ✓ Tip Sheets on Patient Assessment, Effective Health Communication, and Cultural Competency

✓ Treatment Adherence Assessment Form,

✓ In Control: Getting Enough Dialysis (vol1 n3;September 2004): A Medical Education Institute/Life Options Publication (Staff Section)

✓ Posters on Adequacy of Dialysis and Missing Dialysis: Is It Worth the Risk?

✓ Twelve articles on related topics to adherence are provided in the toolkit for staff.

Patient resources included:

- ✓ Let's Talk About It
(compliance to treatment article)

- ✓ Do You Feel As Good As You
Should? In Control: Getting All
the Dialysis You Need (Vol.1
No.3; September 2004) A
Medical Education Institute/Life
Options Publication (Patient
Section)

- ✓ Missing Dialysis: Is It Worth
the Risk?