Building a Bridge to Better Communications

Grievance QIA

The Renal Network
Patient Services Department
April 19, 2016
House Keeping Notes

All phone lines will be muted through the entire presentation.

“Questions” may be submitted by clicking the Questions Pane, located on your “GoToWebinar Control Panel”. We will open all lines at the end of the meeting for discussion.

Click the “+” in the Questions Pane.
Type your question and click [Send to All]

To slide tool bar to the right click on orange arrow. To open it click on orange arrow again.

If you don’t see a “Questions” pane, click [View] and then select “Questions” from the drop down menu.
Grievance QIA

According to the Centers for Medicare & Medicaid Services, a grievance is defined as “a written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant’s expectations with respect to safety, civility, patient’s rights, and/or clinical standards of care.”

• The Renal Network and the Centers for Medicare & Medicaid Services chose facilities that had one or more grievance filed at the Network in the last three years to participate in the project.
Grievance QIA Goals

• The project’s purpose is to improve the use of the grievance process at the targeted facilities, as well as to improve communication between the patients, the facility staff, and the Network.

• The project must also reinforce that patients always have the right to contact the Network at any time if they so chose, without first addressing the issue at the facility, and without retaliation.
Types of Grievances

• **Major Quality of Care or Access to Care issues**, such as major bleeds, wrong dialyzer, Rx changes without MD order, Involuntary Discharges

• **Minor Quality of Care issues**, such as simple bleeding after dialysis, minor infection control issues

• **Operational issues**, such as inadequate staffing, or other issues related to the facility operation

• **Interpersonal issues**, such as conflicts between patients, and/or conflicts between staff members and patients

• **Environmental issues**, such as facility is too cold/hot, maintenance issues like broken chair or condition of lobby
What we have asked for, so far...

1. Acknowledgement Form  
2. Grievance Logs (continuing monthly)  
3. Grievance Process Q&A Form  
4. Facility Grievance Policy  
5. Post Network Grievance Poster on Bulletin Board  
6. Select Patient Representative to assist with the project

All participants will receive a Progress Report this week which will show what has been completed to date.
Grievance Process Q&A

All patients, family members, and care partners have the right to file a grievance, internal or externally, without fear of retaliation.

What is a grievance?
According to the Centers for Medicare & Medicaid Services, a grievance is defined as:

“A written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant’s expectations with respect to safety, civility, patient rights, and/or clinical standards of care.”

Who should be responsible for receiving and documenting a grievance?
Everyone. Any staff person who receives a grievance is responsible for documenting the grievance in the grievance log and reporting the concern to the Facility Administrator/Clinic Manager for follow up. Patients, family members and care partners should be able to report any problems and/or concerns to anyone at the unit without complication. As care providers it is our obligation to create an environment that fosters open communication and patient engagement with a willingness to take every opportunity available to improve care.

Who is responsible for carrying out an investigation of a grievance?
The Facility Administrator/Clinic Manager should take the lead on investigating and resolving all grievances. If the grievance involves the Facility Administrator/Clinic Manager, the grievance should be investigated by that individual’s direct supervisor. This helps to create a process that is easy for the grievant to understand as well as eliminates questions about who they should follow up with if questions arise.

What fosters an environment that encourages patients, family members and care partners to voice their concerns?

- Ensure that all patients, family members and care partners are aware of the option to file a grievance internally at your unit, with Network 10 and with the Illinois Department of Public Health (IDPH).
- Hang Network 10 grievance posters in an area that is visible to all patients and visitors.
- Place Network 10 grievance brochures in an area that is accessible to all patients and visitors.
- Consider making your own grievance materials that provide patients and family members with information about your internal grievance process. This may encourage the grievant to work with you prior to taking the concern to outside agency like Network 10 or IDPH.

I have read the above statements and agree to create an environment that encourages patients, family members and care partners to voice their concerns without fear of retaliation. I will uphold my duty to receive and document any grievance that is reported to me.

Signature: _______________________________ Date: _______________________________
Education & Resources Going Forward

- The Network will help improve your grievance process, and also provide ongoing support with resources on the Network’s webpage, individual consultation, and resources to provide in your facility.
- A page on the Network website, http://www.therenalnetwork.org/qi/2016_grievance_qia.html is devoted to the Grievance QIA.
- Engage your patient representative to help you implement the QIA activities each month.
- Each participant will receive a Monthly Report Form to complete showing progress with the QIA. (There will be an option for completion online or in hard copy).
Project Activities

1. Continue to Submit Grievance Logs Monthly
   • Grievance QIA runs from April through September

2. Send Your Facility’s Grievance/Complaint Process to the Network (kstark@nw10.esrd.net/fax 317-257-8291)

3. Place **Patient Suggestion Box** in an accessible area in the lobby.

4. Visit from Quin Taylor, Patient Liaison, Network 10

5. Attend May 24th Webinar with Craig Fisher, PhD, LCSW, Projects Director, “Bridging the Communication Gap – Using Stages of Change and Motivational Interviewing Skills”

6. Provide plan to train your staff on *Bridging the Communication Gap*
Bridging the Communication Gap
(Using “Stages of Change” and “MI skills”)

A training Module developed by the Patient Leadership Committee of Renal Network10 in conjunction with Ken Kraybill of the National Health Care for the Homeless Council

Craig R. Fisher, Ph.D., L.C.S.W., MSW, MS

cfisher@NW10.ESRD.org
Why is it that sometimes the words that we say, They do go astray?
Today’s map

Where are we going to go today?

- 1\textsuperscript{st} stop is stages of change
- 2\textsuperscript{nd} stop is motivational interviewing
- 3\textsuperscript{rd} stop will be a map of where you can go next on your own.
Goals of this talk

After this session, you will

Be able to know how ready your patient is to listen to you.

To understand what is the best way to respond to your patient

To understand how to turn a conversation around when you discover that your patient would rather have a root canal than continue talking to you

To have effective conversations with patients who have behavior issues or who want to discuss concerns with you.
Can We Talk?

• Philosophy
“What challenges, what obstacles, do people experiencing dialysis face in trying to better their lives and/or simply survive?”
Patients with renal disease are challenged by many stressors, including **loss of biochemical and physiologic kidney functions**, Development of **digestive and neurological disorders**, **Bone disease** and **anemia**, **Inability** to function in the family and to maintain one’s occupation, **Decreased mobility**, **Decreased physical and cognitive competence**, and **loss of sexual function**”

Kimmel, MD & Peterson, MD
Seminars in Dialysis, 2005

It’s not an easy life
Effective Approaches for Effective Communication

Stages of Change

&

Motivational Interviewing
RELAPSE at any stage is viewed as a loss of motivation and movement back down the spiral of change.
Effective Approaches to Motivate Healthy Choices

Stages of Change

Motivational Interviewing
Motivational interviewing

It presents not a series of magical techniques but a style, a way of being with our patients. In other words, ... a patient-centered approach to working with people ‘where they are’ rather than ‘where they should be’ as dictated by treatment providers.

We need to be on the “same page” – their page.

G. Alan Marlatt, Ph.D.
Trying new techniques and tools!

“There are plenty of difficult obstacles in your path. Don’t allow yourself to become one of them.”

We can’t solve problems by using the same kind of thinking we used when we created them.

Albert Einstein
Don't ever give up!

Keep on keeping on!
Site Visits: Building A Bridge...

Quin Taylor, Patient Liaison

The Renal Network has always been dedicated in assisting to cultivate a healthy culture within dialysis facilities. Part of that includes the Grievance QIA.

This year one of our components will include site visits. As the Patient Liaison, I will be visiting each of the facilities in the project to help patients and staff establish a bridge of communication. This will allow us to assist facilities in implementing the QIA and its resources so they will continue to have success after the project is over.

I will reach out to each of you to set up a date and also to see what resources I can bring to help as you implement this project.
Questions?
GoToWebinar Housekeeping: time for questions
[Use hands for unmuting!]

Your Participation

- Please continue to submit your text questions and comments using the Questions Panel
- Please raise your hand to be unmuted for verbal questions.
Contacts

- Bridget Carson, Executive Director, bcarson@nw10.esrd.net
  (317)735-3893

- Katie Stark, Operational Coordinator, kstark@nw10.esrd.net
  (317)735-3566

- We are happy to announce that Caprisheus Barbee, MSW, has joined the Network staff at Patient Services Director:
  http://www.therenalnetwork.org/about/staff.html
  Caprisheus will be transitioning into her role during the Grievance QIA.