A Change Package To Improve Patient Experience of Care

(Grievances and Access to Care)

Key Change Ideas for Dialysis Facilities to Drive Local Action

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I. Introduction

This change package is intended to support dialysis facilities and End State Renal Disease (ESRD) Networks in improving the experience of care for kidney patients across all aspects of care. The change package includes actionable change ideas, collected from top-performing dialysis facilities, as identified by ESRD Networks. The change ideas presented are intended as a menu of interventions from which program leaders can choose to implement within their facilities.

How to Get Started

Change happens at the local level. Dialysis facility Quality Assessment & Performance Improvement (QAPI) meetings are the perfect place to start. Giving interdisciplinary team (IDT) members this change package for review will allow them to identify and prioritize change ideas that could be implemented to improve the overall patient experience of care, including addressing grievances and access to care issues.

The change ideas presented are not meant to serve as the entire universe of approaches to patient experience of care, including management and resolution of grievances and access to care issues. They can, however, serve as "tests of change" that drive performance improvement and quality improvement programs.

About QAPI: QAPI merges quality assessment (QA) and performance improvement (PI) into a comprehensive approach to quality management. QA is the process of meeting standards and ensuring care reaches an acceptable level. PI is the proactive, continuous study of processes with the intent to identify opportunities and test new approaches to fix the underlying causes of persistent, systemic problems. Data-driven QAPI programs may be customized to facility needs. Key steps include:

- Identifying the problem and defining the goal
- Deciding on a measurement to monitor improvement
- Brainstorming solutions based on barriers and root causes
- Planning an intervention
- Using plan-do-study-act (PDSA) to implement the improvement project

Learn more about QAPI: https://esrdnetworks.org/toolkits/professional-toolkits/qapi-toolkit/

Dialysis facilities can contact their local ESRD Networks for assistance with PDSA principles and practices, questions about change strategies, and patient experience of care. A complete listing of ESRD Networks can be found at https://esrdncc.org/en/ESRD-network-map/.

II. Change Package Methodology

The ideas presented in this change package were identified through interviews with high-performing dialysis facilities. The facilities were selected based on recommendations from all 18 ESRD Networks. During the interviews, systemic themes emerged, which were organized into driver diagrams, visual displays of what drives and contributes to achieving an overall aim.[1] The diagrams include drivers and associated change ideas, which were reviewed by five Network Patient Services Directors to ensure relevance to a broad range of dialysis facilities. The input from these experts was incorporated into the document.

III. Grievance and Access to Care Drivers

Interviews with high-performing dialysis programs revealed primary and secondary drivers being utilized to improve patient experience of care, including management and resolution of grievances and access to care issues (Table 1). "Primary drivers are the most important influencers" that "contribute directly to achieving the aim." Secondary drivers are the actions and interventions that impact the primary drivers.[2]

The primary and secondary drivers (Tables 1–8), as well as the associated change ideas in the driver diagrams (Tables 2–8), are not in ranked order. They are numbered for easy reference.

Table 1. Primary and Secondary Drivers to Improve Patient Experience of Care

AIM: IMPROVE PATIENT EXPERIENCE OF CARE	
PRIMARY DRIVERS	**SECONDARY DRIVERS**
1. Adopt a culture of caring	1a: Embrace the philosophy of *patients first* 1b: Build and maintain a staff culture that supports patients
2. Provide patients with knowledge, tools, and support	2a: Educate patients early and often 2b: Identify and support the unique needs of patients
3. Foster a proactive approach to grievances and access to care issues	3a: Utilize a team approach and empower staff to support patients 3b: Adopt patient-centered actions to resolve concerns 3c: Recognize that "everyone deserves a second chance"

IV. Key Change Ideas

The following driver diagrams (Tables 2–8) expand on the patient experience of care drivers (Table 1) and include specific change ideas for all the secondary drivers identified with high-performing dialysis facilities. The visualizations show the relationships between the primary and secondary drivers and the associated change ideas.

Table 2. Embrace the Philosophy of *Patients First*

PRIMARY DRIVER #1: ADOPT A CULTURE OF CARING
Secondary Driver #1a: Embrace the philosophy of *patients first*
When patients see that they are at the forefront of everything that takes place in a facility, they realize that they are in a safe environment to share concerns as they arise and ask for information. They know that their concerns are being heard and managed. Staff can resolve concerns early, so the patient's experience of care is positively affected. **Change Ideas** 1. Meet patients where they are. 2. Strengthen relationships with patients and build trust by following up with patients and following through with planned actions. 3. Maintain open and respectful communications. Be sincere. Be approachable. 4. Do the little things to make a big difference: a. Ask how patients are feeling. b. Smile and make eye contact. c. Call patients by name. d. Ask patients about something non-dialysis related. 5. Provide flexibility to help patients feel better and succeed with life plans and goals. 6. Do not play tug of war with patients, especially for things that do not impact their care—make it work if possible. 7. Respond immediately to patient needs. 8. Repeatedly ask for feedback, both positive and negative. 9. Check in regularly. Circle back about issues, options, and resolutions.

Table 3. Build and Maintain a Staff Culture That Supports Patients

PRIMARY DRIVER #1: ADOPT A CULTURE OF CARING
Secondary Driver #1b: Build and maintain a staff culture that supports patients

Sharing expectations of the facility's culture during the interview process helps facilities to hire individuals that put patients first. Staff learn how to implement this philosophy as they receive feedback on how they address patient concerns, collaborate through shared experiences, and receive education on topics such as motivational interviewing.

Change Ideas

1. When interviewing for new staff positions, set clear expectations—teamwork, service, excellence, collaboration, accountability, patience, dependability, compassion, integrity, active listening, dedication, respect, encouragement, dignity, and a philosophy of putting patients first.
2. Before hiring, be honest about day-to-day expectations.
3. Provide key training sessions for all staff (e.g., patient care technicians [PCTs], nurses, administrative assistants [AAs]) on de-escalation, conflict management, cognitive behavior, motivational interviewing, and self-care, so staff can "be present" with the patients.
4. Utilize outside trainers for key topics like professionalism.
5. Educate on communication and documentation.
6. Encourage enhancement of skills each month.
7. Have staff attend conferences that include patient experience of care topics (e.g., American Nephrology Nurses Association [ANNA] or National Kidney Foundation [NKF]), and share information with colleagues during huddles and staff meetings.
8. Know the team, assess for skills, and supplement with additional or "booster" training.
9. Host 1:1 meetings with staff at least quarterly to allow them to voice concerns or recommendations individually, thus creating opportunities that may feel more comfortable than sharing in huddles or group meetings.
10. Share patient success stories during staff meetings to motivate staff and reach them emotionally. Include patient quotes to make the patient voice real.
11. Present case studies during staff meetings of unique patients or challenging clinical situations with solutions that worked along with patient dispositions.
12. Create opportunities for mentorship between staff, so they always have someone to call if they have questions.

Table 4. Educate Patients Early and Often

PRIMARY DRIVER #2: PROVIDE PATIENTS WITH KNOWLEDGE, TOOLS, AND SUPPORT
Secondary Driver #2a: Educate patients early and often

The overwhelming nature of end stage kidney disease may affect a patient's ability to make decisions or absorb new information. Early education as well as persistence, repetition, and empathy are needed to engage and teach patients.

Change Ideas

1. Provide all the basic information during the first visit, including education on patients' rights and responsibilities and the grievance processes for the facility, the Network, and the State Survey Agency.
2. Give patients easy-to-read and easy-to-understand materials.
3. Ask patients how they want to receive education.
4. Make sure patients know who all the staff are and their roles (e.g., provide a handout with the pictures, names, positions of all staff), so they can access the appropriate staffing resources, e.g., social worker to help them with returning to work or the facility administrator to discuss a grievance.
5. Keep patients informed of all activities and issues, e.g., new staff or floating staff coverage, schedule changes, new facility location.
6. Use bulletin boards and education stations to display handouts and other resources.
7. Provide education in a format (verbal and written) that patients need. Adapt materials as appropriate. Use pictures, read to them, or use a note pad for communication with patients who have hearing loss.
8. Provide some type of education at each treatment, e.g., how to wash the skin around the arteriovenous fistula (AVF) or graft or opportunities for peer mentoring.
9. Share outside educational opportunities, such as American Association of Kidney Patients (AAKP) and Renal Support Network (RSN) conferences and webinars.
10. Conduct "in the moment" education as incidents happen or topics come up in discussion, such as talking with a patient about home dialysis or setting up treatment at another center when she mentions she wishes to travel to another state for a family event.
11. Ensure that all staff receive copies of all materials (educational, informational) that are provided to a patient, thus allowing staff to understand what patients have been told, provide consistent messaging, and better answer questions.

Table 5. Identify and Support the Unique Needs of Patients

PRIMARY DRIVER #2: PROVIDE PATIENTS WITH KNOWLEDGE, TOOLS, AND SUPPORT
Secondary Driver #2b: Identify and support the unique needs of patients
Individualizing care creates an environment in which staff can adjust education to meet patients' needs, patients can freely express concerns, and staff can identify patient needs and collaborate on solutions. All of these factors contribute to improving the patient experience of care. **Change Ideas** 1. Know the culture of each patient and the facility as a whole. Be aware of the differences, e.g., rural, older, low literacy, socioeconomic issues. 2. Allot time for staff to spend with patients 1:1 chairside to answer questions and discuss care or schedule time to meet before or after treatment if the patient prefers. 3. Schedule new patients to have additional time with the social worker to focus on emotional needs related to adjustment to dialysis. 4. During all patient assessments and interactions ask, "What would make your kidney life better?" Ask about life goals, e.g., travel, go back to school or work, start to garden. 5. Be creative and seek outside partnerships to address non-ESRD needs such as homelessness, citizenship/visas, and behavioral health. 6. Notice if a patient is not acting like him- or herself, e.g., very quiet when normally talkative. Talk with the patient to be sure that everything is okay—do not assume that it is. Ask "how do you *really* feel?" 7. Identify multiple ways to get to the same outcomes (2+2=4 and 1+1+1+1=4) and use the best option based on the individual patient's needs. 8. Create support groups or refer patients and caregivers to existing support groups. 9. Encourage patients to participate in peer mentoring to receive support and education.

Table 6. Utilize a Team Approach and Empower Staff to Support Patients

PRIMARY DRIVER #3: FOSTER A PROACTIVE APPROACH TO GRIEVANCES AND ACCESS TO CARE ISSUES
Secondary Driver #3a: Utilize a team approach and empower staff to support patients
A team approach provides broader support for patients and offers staff more resources to resolve concerns and even to prevent issues. Patients feel comfortable sharing concerns with staff, and staff can work with patients on issues as they occur. **Change Ideas** 1. Train all staff to actively identify, communicate, and document potential issues and concerns, so that they can be appropriately addressed, e.g., have the social worker discuss how to watch for and interpret body language signals to assess possible patient concerns. 2. Empower staff to utilize problem-solving skills to resolve issues, as appropriate. 3. Identify a patient advocate or champion in each clinic and make that individual known and accessible to all patients, family, and staff. 4. Ensure leadership (e.g., medical director and facility administrator) is aware of all patient concerns, is involved with the resolution, and follows up with the patient. 5. Contact the Network early and often regarding patient issues. Obtain support by using Network resources and best practices. "Don't be an island." 6. Encourage all staff to communicate with each other for the patient's benefit, including non-direct care staff. Do not wait for a formal meeting to resolve issues. 7. Allow staff to "trade" patients if it is better for the patient, e.g., have a PCT who is excellent in cannulation switch assignments to care for a patient who is anxious about being cannulated. 8. Use a grievance/concern binder on the floor with notes on issues and resolutions and who to contact to handle identified issues, enabling staff to readily access information on similar concerns and resolve new ones quickly. 9. Provide a channel of communication for frontline staff, encouraging feedback (both positive and negative) and recommendations. 10. Share patient concerns and resolutions with staff during huddles and staff meetings.

Table 7. Adopt Patient-Centered Actions to Resolve Concerns

PRIMARY DRIVER #3: FOSTER A PROACTIVE APPROACH TO GRIEVANCES AND ACCESS TO CARE ISSUES
Secondary Driver #3b: Adopt patient-centered actions to resolve concerns
Putting the patient at the center of policies and procedures to resolve concerns and grievances allows for early resolution and builds trust between patients and staff. Patients feel safe in voicing concerns and confident that they are being heard. **Change Ideas** 1. Listen, empathize, acknowledge, and resolve all issues—no complaint is too small. 2. Be proactive to address voiced and known potential issues—the 4 Ts (transportation, TV, time onto treatment, and temperature of facility)—and more, e.g., coach staff on the importance of making sure patients know what time they are scheduled to start treatment. 3. Recognize that a patient's understanding is reality. Provide education, clear up assumptions, have the difficult discussions, and work collaboratively with the patient. 4. Resolve issues on the front end, recognizing that timing is key. "Don't make it bigger than it has to be." 5. Adapt processes to account for the uniqueness of each case. 6. Create a checklist of steps to manage concerns and keep accurate and up-to-date documentation. 7. Share concerns and resolutions with patients via facility posters, handouts, and 1:1 discussions.

Table 8. Recognize That "Everyone Deserves A Second Chance"

PRIMARY DRIVER #3: FOSTER A PROACTIVE APPROACH TO GRIEVANCES AND ACCESS TO CARE ISSUES
Secondary Driver #3c: Recognize that "everyone deserves a second chance"
When staff adopt a mindset of giving each patient a fresh start and look beyond the challenges to see the person, they give each patient the opportunity to succeed. **Change Ideas** 1. Give anyone that is referred to the dialysis facility a chance. "If the patient is willing to take a chance, the facility should too." 2. See the person as more than the issues or problems he or she has. 3. Provide consistent, open, and honest dialogue, especially for individuals with known issues, e.g., anger issues, missed treatments. 4. Be upfront and acknowledge previous issues, develop a plan of treatment with the patient, and implement the plan, including check-ins that: a. Ask how the patient is feeling. b. Offer mental health resources. c. Discuss family support. d. Identify other community resources.

V. Conclusion and Next Steps

The ideas presented in this change package are being implemented in high-performing dialysis facilities across the United States. These ideas can be tailored and adapted to fit the needs of dialysis facilities and the patients with ESRD that they serve across the country.

As with any change, a best practice is to start small and build improvement toward systemic change. Facilities can start with one test of change and do it well. This will relieve the burden on staff and encourage buy-in when change begins. Measuring and monitoring performance improvement will ensure the facility stays on track with goals. Celebrating every success with staff, patients, families, and community partners at every change will be contagious. Above all, the best time to start performance improvement is now. With this change package in hand, program leaders, administrators, and staff should ask themselves, "What can I do by next Tuesday to get this started?"

VI. References

1. Institute for Healthcare Improvement. *QI Essential Toolkit* [ebook]. 2017; pp. 7–8. Available at: http://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx?utm_campaign=QI-Toolkit-Promotion&utm_medium=Whiteboard-Video&utm_source=ihi. Accessed February 5, 2020.

2. Institute for Healthcare Improvement. *QI Essential Toolkit* [ebook]. 2017; pp. 7–8. Available at: http://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx?utm_campaign=QI-Toolkit-Promotion&utm_medium=Whiteboard-Video&utm_source=ihi. Accessed February 5, 2020.

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