

Facility Grievance Profile Report

DATE: July 2010
TO: Medical Directors and Center Managers
FROM: Renée Bova-Collis, Patient Services Coordinator
RE: **2009 Annual Facility Grievance Profile Report and Resources - Provide: 99999**

The Mid-Atlantic Renal Coalition (MARC) investigates and processes patient grievances as part of its Centers for Medicare and Medicaid Services (CMS) contract. This report provides medical directors with information about complaints the Network received regarding their dialysis facility or transplant program during 2009. The graphs provide a comparison of complaint data for Network 5, your state, and your dialysis center with further breakdown of the main areas of concern. **Additional copies of your report have been included.** Please share the “Facility Report” (insert) with your governing body, and other members of the healthcare team.

We hope that you will use this information for internal quality improvement.

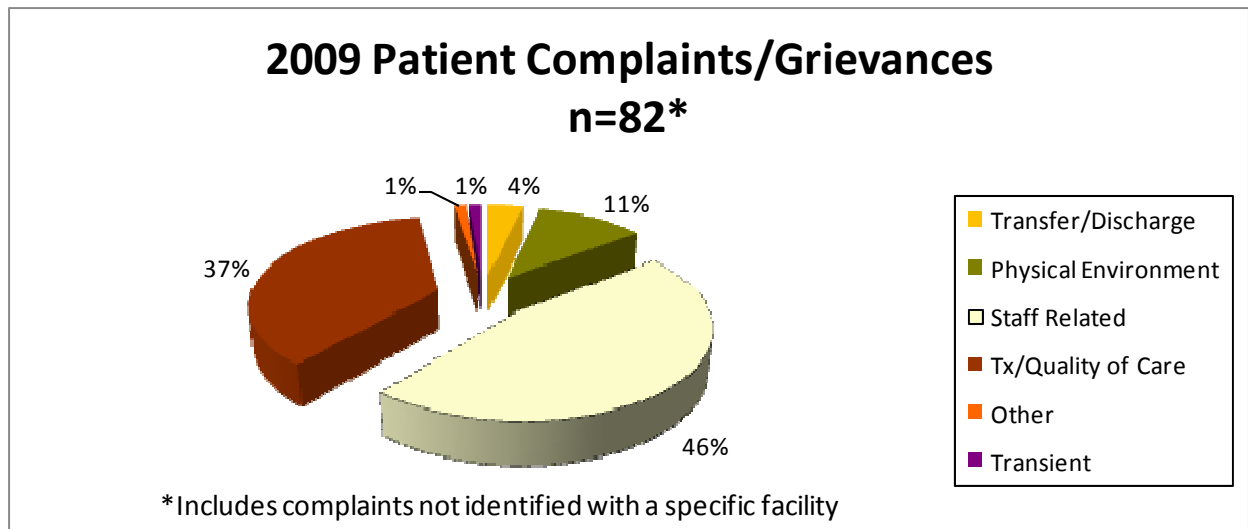
Enclosed are resources to assist your facility in developing skills to better manage conflict and challenging patients. Please contact the Network if you have questions or would like more information on how to develop a quality improvement project to address areas of concern in your facility. Contact Renée Bova-Collis at:

804.794.3757 (Phone)
866.651.6272 (Patient Toll-Free)
804.794.3793 (Fax)
rbovacollis@nw5.esrd.net (Email)

Check out the Resources page on our website at www.esrdnet5.org/resources.asp. It's full of tools and resources for staff education and training, managing difficult situations, and more. Our website also contains helpful information on QAPI, patient education materials, and guidelines and a checklist for involuntary discharge. We are available for technical assistance. Call us today and let us know how we can help.

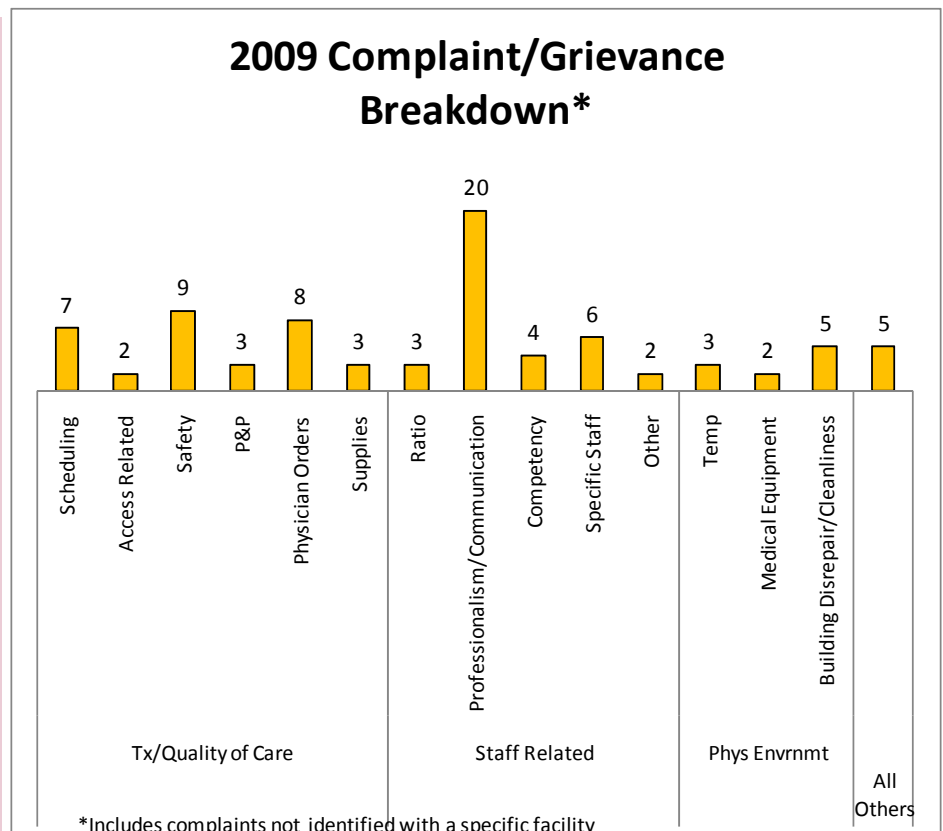
PATIENT COMPLAINTS AND GRIEVANCES

In 2009, the majority of complaints and grievances fell into the categories of treatment/quality of care (37%) and staff-related (46%) issues. Staff-related complaints more than doubled from 2008, and it is the first time in this Network's recording that staff surpassed treatment related/quality of care as the area of greatest concern. Patient and staff relations have been observed throughout the nation for several years as potentially problematic for several reasons, including frequency of interaction, power differential, and degree of staff skill in preventing conflict. Stress in adjusting to the new demands of the revised Conditions for Coverage may be a primary factor in this shift in complaints. Stress felt by staff can directly affect how patients perceive the care they are receiving.



Further analysis of these areas of concern indicates that among the staff-related complaints, the majority regarded patient perception of staff lacking professionalism and appropriate communication skills.

Facilities are encouraged to provide on-going training to staff regarding professionalism and conflict management. The Medicare Conditions for Coverage states that facilities will conduct Quality Assessment and Performance Improvement (QAPI) for patient satisfaction and grievances. The Network is available to provide technical assistance and has resources that may be helpful with your efforts. We also continue to offer educational opportunities throughout the Network. For information about opportunities available in your area and additional resources regarding the management of difficult patient situations visit our website at www.esrdnet5.org.

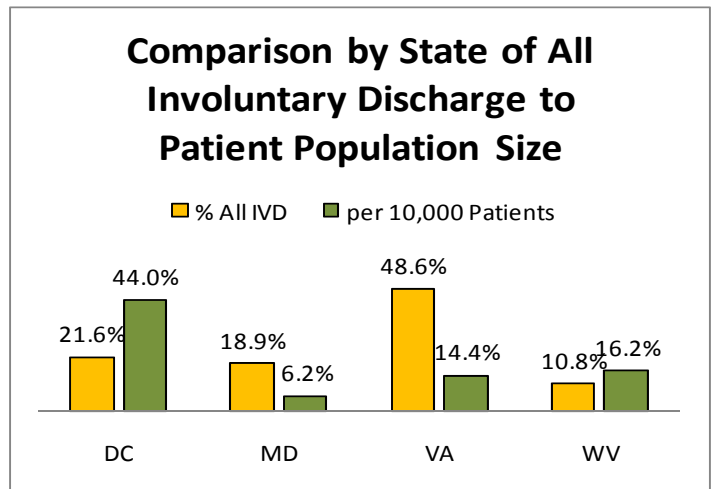
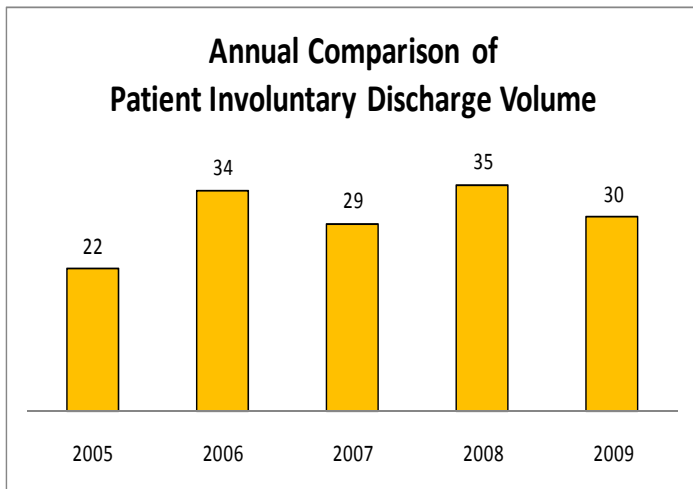


PATIENT INVOLUNTARY DISCHARGE

In 2009, 30 patients were reported as involuntarily discharged from units, representing a 14.3% decrease from 2008. *Immediate severe threat* was the leading reason for discharge (53.3%). Of all the involuntarily discharged patients reported in 2009:

- 32.4% were female; 67.6% were male
- 2.7% were Asian; 67.6% were Black; 29.7% were White
- 18.9% were reported by facilities to have mental health problems; 8.1% cognitive problems; 21.6% chemical dependency problems
- 18.8% were reported by facilities to have been involuntarily discharged from previous facilities.

It is interesting to note that while Virginia had the largest percentage of involuntary discharges in the Network 5 area, Washington, DC, had the greatest rate per patient population size.



Prior to an involuntary discharge, the Network should be notified. This provides an opportunity for the facility staff to receive feedback on steps taken and planned, and to ensure consideration of other options that may exist. MARC assists providers in handling challenging patient situations. Most challenging situations can be successfully managed through effective assessment, planning of care, interventions, and collaboration between providers and patients. Providers are encouraged to reference the Decreasing Dialysis Patient-Provider Conflict (DPC) materials and other related staff training modules, and to consult with MARC regarding challenging situations and involuntary discharge. These materials are available online at www.esrdnet5.org/resources.asp. Facilities should train staff in conflict management techniques and work to remove barriers that patients may be facing.

The Conditions for Coverage require facilities to notify both the Network and the State Survey Agency of involuntary discharges and transfers. Below is a listing of contact information for the State Survey Agencies within the Network 5 area:

District of Columbia

DC Department of Health
Health Care Facilities Division
Phone: 202.724.8800

Virginia

Virginia Department of Health
Office of Licensure and Certification
Contact: Greg Stolcis
Phone: 804.367.2102

Maryland

Maryland Office of Health & Mental Hygiene
Contact: Barbara Fagan
Phone: 202.724.8800

AND

Maryland Commission on Kidney Disease
Contact: Donna Adcock
Phone: 410.764.4799

West Virginia

Office of Health Facility Licensure & Certification (OHFLAC)
Phone: 304.558.0050

Please share with your co-workers!

Facility Grievance Profile Report Enclosed



Mid-Atlantic Renal Coalition
1527 Huguenot Road
Midlothian, Virginia 23113

RETURN SERVICE REQUESTED

PRESORTED STANDARD
NON-PROFIT ORGANIZATION
US POSTAGE PAID
MAILED FROM ZIP CODE 23112
PERMIT NO. 4206

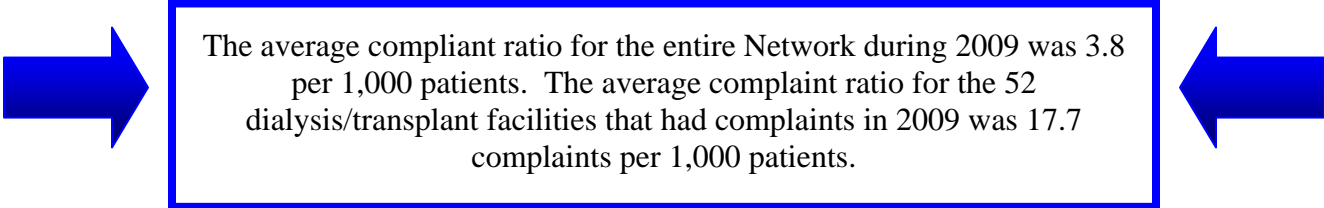
Annual Facility
Grievance Profile
Report

99999– ANY DIALYSIS FACILITY OR TRANSPLANT PROGRAM

During 2009, the Network received the following complaint(s) about your facility/program:

<u>#</u>	<u>Area of Concern</u>
1	Staff Related
1	Transient

Please note that not all complaints require the Network to address issues directly with the facility, and therefore some facilities may not have had prior knowledge of one or more of the complaints noted above.



The average compliant ratio for the entire Network during 2009 was 3.8 per 1,000 patients. The average complaint ratio for the 52 dialysis/transplant facilities that had complaints in 2009 was 17.7 complaints per 1,000 patients.

Year	Number of dialysis facilities and transplant programs	Number of facilities/programs with 1 or more complaints
2005	307	58
2006	313	79
2007	322	60
2008	329	48
2009	331	52

If you are seeing a pattern of care that is concerning, or are having difficulties with patients, we welcome you to contact us to provide technical assistance regarding these cases. You can contact Renée Bova-Collis at rbovacollis@nw5.esrd.net or by phone at 804.794.3757 should you have any questions, comments, or concerns.

THANK YOU FOR THE CARE YOU PROVIDE.

Helpful Resources

Abusive/Disruptive

Working with Non-Compliant and Abusive Patients

<http://www.esrdnet5.org/Education/Staff/NonCompPts.pdf>

Guidelines for Management of Disruptive and/or Abusive Patients

http://www.esrdnetwork18.org/professionals/Challenging_Patient_Management/Guidelines_for_Management_of_Disruptive_and_or_Abusive_Patients.php

Adherence/Patient Self-Management

Helping Patients Manage Their Chronic Conditions

<http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=111768>

(Companion on-line video or DVD) Coaching Patients for Effective Self-Management

<http://www.chcf.org/search?query=coaching%20patients%20for%20effective%20self%20management>

5-Diamond Patient Safety Program: Missed Treatments

<http://www.esrdnet5.org/5DiamondMT.asp>

The Method for Assessing Treatment for Home Dialysis (MATCH-D)

<http://www.homedialysis.org/MATCH-D>

Behavior Agreements

Care Agreements: An Effective Way to Motivate

<http://www.nwrenalnetwork.org/SW/CareAgree.pdf>

Involuntary Discharge

MARC Position Statement on Involuntary Patient Transfer or Discharge

<http://www.esrdnet5.org/IVDPositionStatement2008.pdf>

Guidelines for Involuntary Patient Transfer or Discharge

<http://www.esrdnet5.org/IVDGuidelines.pdf>

Involuntary Discharge Checklist for Dialysis Facilities <http://www.esrdnet5.org/IVDChecklist.pdf>

Professionalism

The Patient Whisperer: Compassionate Care for Challenging Situations (Webinar)

<http://www.esrdnet5.org/webextraining.asp>

Wendy Leebov: The Quality Patient Experience <http://www.quality-patient-experience.com/>

Mary Rau-Foster: Foster Seminars and Communications www.fosterseminars.com

Quality Assessment Performance Improvement (QAPI)

Performance/Quality Improvement (presentations and resources)

<http://www.esrdnet5.org/presentations.asp#QI>

Staff Training Modules

Dialysis Care: Communication for Quality <http://www.esrdnet5.org/in-service.asp>

Decreasing Dialysis Patient-Provider Conflict (DPC) <http://www.esrdnet5.org/DPC.asp>