Listen-Only Mode

All attendees are in listen-only mode. Please keep your phones on mute to improve everyone's experience.

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Grievance Quality Improvement Activity (QIA)

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Objectives

- Provide the purpose and outline for the QIA
- Define all requirements and outcome goals
- Review resources and tools required for successful implementation
- Establish deadlines for data submission

Purpose

- To improve the grievance process at the facility level.
- To foster a culture where patients feel safe to voice their concerns:
  - Open communication
  - Patient engagement
  - Enhanced experience of care

Patient Experience Defined

The sum of all **interactions,** shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care

[The Beryl Institute]

Critical Components of a Culture of Safety

- Robust and proactive system for reporting and addressing errors and risks
- Open blame-free communication between all levels of staff and patients
- Clear expectations of staff practices

A Culture of Safety

- Supports complete staff and patient engagement

ESRD Core Survey Review

- Interviews with patients
  - Trends of concern?
  - Reluctance to speak up?
- Grievance logs
  - Patient concerns recorded?
  - Circumstances investigated?
  - Mutually acceptable resolution reached?
  - Results communicated to patient?

Core Survey Review…

- Evidence of
  - Patient education about grievances
  - Encouragement to freely speak up and voice suggestions and complaints – **without fear of retribution or retaliation**

A focus on fostering a culture of safety can result in better patient experience of care.

QIA Action Items

- Immediately- have **all staff** read and sign the Grievance Q&A.
- February 1, 2017- implement use of the CMS designated Grievance Log Acknowledgement Letter and Outcome Letter.
  - Use of these tools will continue through September
- March 3, 2017- provide the Network with copies of all Grievance Logs from February.
  - Please note all Grievance Logs will be due to the Network no later than the 3rd business day of each month. Submission can be by fax, mail, or email.

Grievance Q&A

- To ensure that all staff are aware of the grievance process and what their role is.
- To help foster an environment with all staff that encourages patients to share their concerns without fear of reprisal and create a culture that encourages engagement in care.

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.

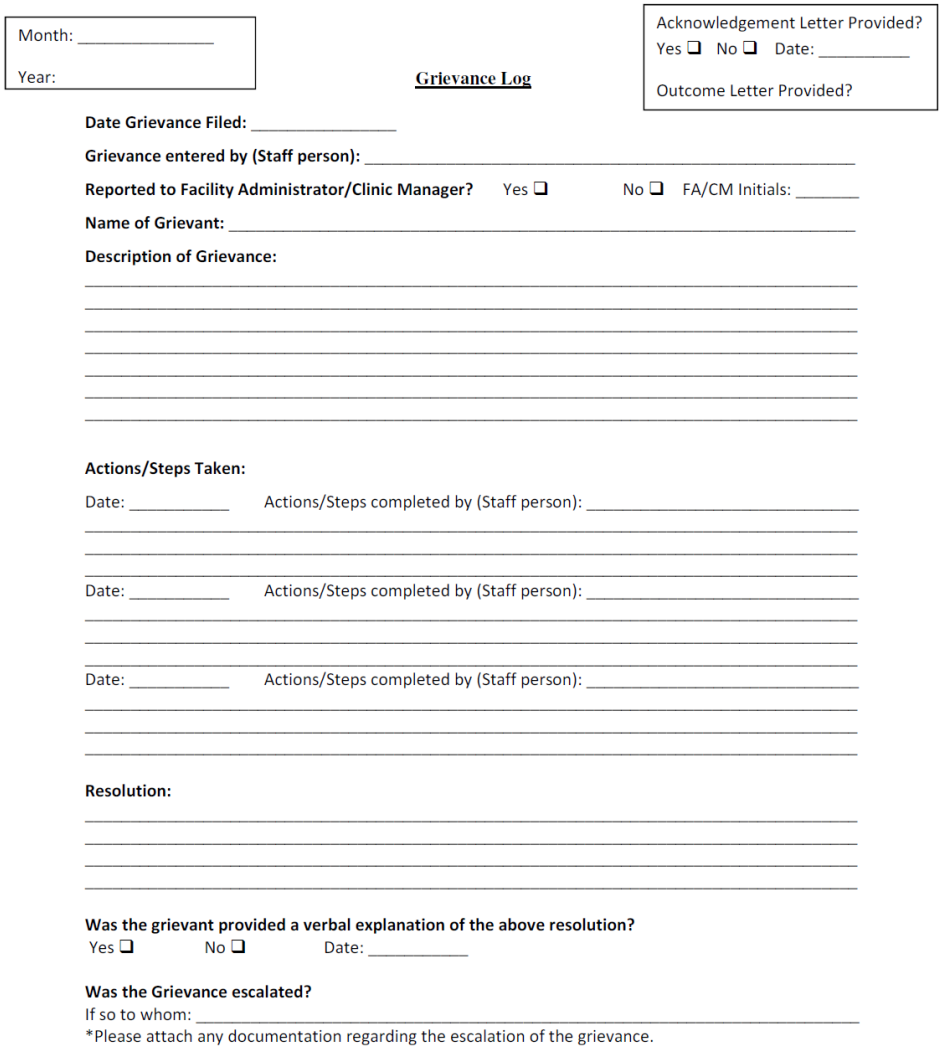
What fosters an environment that encourages patients, family members and care partners to voice their concerns?

- Ensure that all patients, family members and care partners are aware of the option to file a grievance internally at your unit, with Network 18 and with the Department of Health Services (DHS).
- Hang Network 18 grievance posters in an area that is visible to all patients and visitors.
- Place Network 18 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 18 or DHS.

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: _____

Grievance Log

- Use this log to record all grievances received.
- Print clearly.
- Every log should have the resolution section completed.



Month: _____

Year:

Grievance Log

Acknowledgement Letter Provided?
Yes ❑ No ❑ Date: _____

Outcome Letter Provided?

Date Grievance Filed: _____

Grievance entered by (Staff person): _____

Reported to Facility Administrator/Clinic Manager? Yes ❑ No ❑ FA/CM Initials: _____

Name of Grievant: _____

Description of Grievance:

_____
_____
_____
_____
_____
_____

Actions/Steps Taken:

Date: _____ Actions/Steps completed by (Staff person): _____

_____
_____
_____

Date: _____ Actions/Steps completed by (Staff person): _____

_____
_____
_____

Date: _____ Actions/Steps completed by (Staff person): _____

_____
_____
_____

Resolution:

_____
_____
_____
_____

Was the grievant provided a verbal explanation of the above resolution?
Yes ❑ No ❑ Date: _____

Was the Grievance escalated?
If so to whom: _____
*Please attach any documentation regarding the escalation of the grievance.

Grievance Acknowledgement Letter

- Use this letter when a grievance will take more than 7 days to resolve
- Each letter should be personalized for the grievant.
- This will ensure that the grievant knows their grievance was documented and will be investigated.

Acknowledgement Letter

Date

Dear Mr./Mrs. Patient First Last Name,

Thank you for bringing your concern to our attention. We take all concerns very seriously and can assure you that your concerns will be fully investigated. It is our goal to resolve your concerns in a manner that is satisfactory to all parties involved.

Name, Credentials, Title will follow up with you one week from the date of this letter to provide you with an update on our investigation. We appreciate your patience in this matter. If you have any questions please contact Name, Credentials, Title at Phone.

Please note that all patients should feel safe filing a complaint or grievance without fear of retaliation. If you feel that you are being retaliated against, please notify Name, Credentials, Title immediately. Additionally, if you feel that you have been discriminated against based on race, color, national origin, disability, age, gender, sexual orientation, or religious beliefs you may file a complaint with the Office for Civil Rights you may call toll-free at (800) 368-1019.

Kind Regards,

Outcome Letter

- Provide an outcome letter to all patients once you have concluded your investigation and/or reached a resolution.

Grievance QIA Outcome Template

Date:

Dear_____:
We would like to inform you that the complaint you filed on _____ has been concluded. You have been provided with a verbal explanation of the outcome of our investigation. We thank you for brining your concerns to our attention. If you have any additional questions or concerns, please contact_____ at _____.

If you are dissatisfied with the outcome of your complaint you may contact:

ESRD Network 18
Patient Services Department
700 N. Brand Blvd., Suite 370
Glendale, CA 91203
Toll Free: 1-800-637-4767

Or

Department of Health Service Licensing and Certification Division
P.O. Box 942732
1800 3rd Street, Suite 210
Sacramento, CA 94234-7320
Phone: (800) 236-9747

Kind Regards,

Name
Title

Timelines for Grievance Log Submission

- Grievance Logs will be submitted to the Network on the 3rd business day of each month.
- Logs can be sent via fax or any trackable shipping method (i.e.- FedEx, Certified mail, etc.) or by email.
  - Please note that any logs sent via email will need to have all patient identifiers removed.

Network Review of Grievance Logs

- Logs will be reviewed by the Network on a monthly basis.
- The Network will follow up to discuss any trends that were identified in the review.
  - We will work in collaboration with your units individually to ensure process improvement is conducted in QAPI for trends identified and that action plans are put in place.
  - The goal will be to find permanent solutions to frequently reported concerns in an effort to improve the patient experience of care.

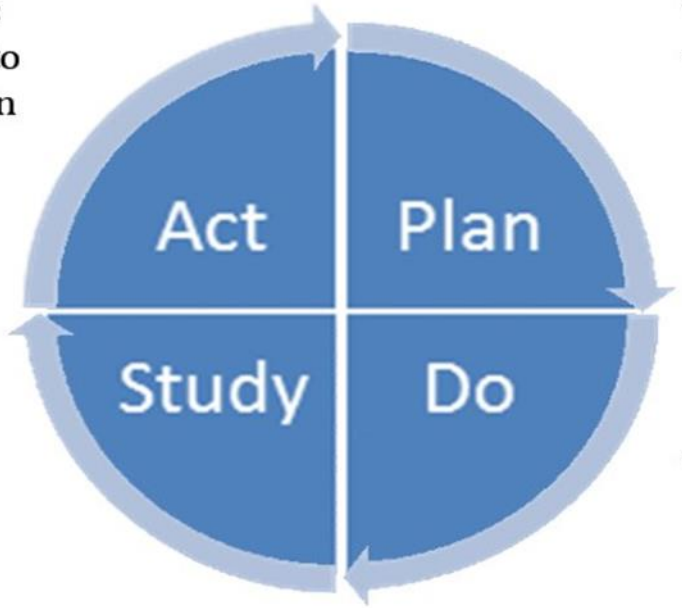
Techniques for Root Cause Analysis

- Choose a tool that works best for your team. Some examples include, but are not limited to:
  - "Ask Why 5 Times" Technique
  - Causal Tree
  - Decision Table
- An article outlining the above techniques will be provided to you in your project packet.

Plan-Do-Study-Act (PDSA)

What changes are we going to make based on our findings?

What exactly are we going to do?



What were the results?

When and how did we do it?

QAPI/PDSA Tool

PDSA Cycle Template

QAPI

Directions: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of chartered performance improvement projects (PIPs). While the charter will have clearly established the goals, scope, timing, milestones, and team roles and responsibilities for a project, the PIP team asked to carry out the project will need to determine how to complete the work. This tool should be completed by the project leader/manager/coordinator with review and input by the project team. Answer the first two questions below for your PIP. Then as you plan to test changes to meet your aim, answer question 3 below and plan, conduct, and document your PDSA cycles. Remember that a PIP will usually involve multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles.

Model for Improvement: Three questions for improvement

1. **What are we trying to accomplish (aim)?**
   State your aim (review your PIP charter – and include your bold aim that will improve resident health outcomes and quality of care)

2. **How will we know that change is an improvement (measures)?**
   Describe the measureable outcome(s) you want to see

3. **What change can we make that will result in an improvement?**

   Define the processes currently in place; use process mapping or flow charting

   Identify opportunities for improvement that exist (look for causes of problems that have occurred – see Guidance for Performing Root Cause Analysis with Performance Improvement Projects; or identify potential problems before they occur – see Guidance for Performing Failure Mode Effects Analysis with Performance Improvement Projects) (see root cause analysis tool):
   - Points where breakdowns occur
   - "Work-a-rounds" that have been developed
   - Variation that occurs
   - Duplicate or unnecessary steps

   Decide what you will change in the process; determine your intervention based on your analysis
   - Identify better ways to do things that address the root causes of the problem
   - Learn what has worked at other organizations (copy)
   - Review the best available evidence for what works (literature, studies, experts, guidelines)
   - Remember that solution doesn't have to be perfect the first time

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

Plan What change are you testing with the PDSA cycle(s)? What do you predict will happen and why? Who will be involved in this PDSA? (e.g., one staff member or resident, one shift?). Whenever feasible, it will be helpful to involve direct care staff. Plan a small test of change. How long will the change take to implement? What resources will they need? What data need to be collected?	**List your action steps along with person(s) responsible and time line.**
Do Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage.	**Describe what actually happened when you ran the test.**
Study Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.	**Describe the measured results and how they compared to the predictions.**
Act Based on what was learned from the test: Adapt – modify the changes and repeat PDSA cycle. Adopt – consider expanding the changes in your organization to additional residents, staff, and units. Abandon – change your approach and repeat PDSA cycle.	**Describe what modifications to the plan will be made for the next cycle from what you learned.**

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Questions?

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