

# THE EXPERIENCE OF CARE: PATIENTS AND PROVIDERS AS PARTNERS

---

## The Provider Perspective

*What do we learn from  
patient experience of care surveys?  
Can we do better?*



# Moderator

---

## Derek Forfang

Forum of ESRD Networks

Vice-Chair of the

Kidney Patient Advisory Council (KPAC)



# THE EXPERIENCE OF CARE: PATIENTS AND PROVIDERS AS PARTNERS

A 3-part Webinar Series

---

Improving Patient Experience of Care:

- ❖ How to change the way we look at patient experience of care
- ❖ How to use new information to improve the patient experience of care
- ❖ Breaking down barriers to communication.

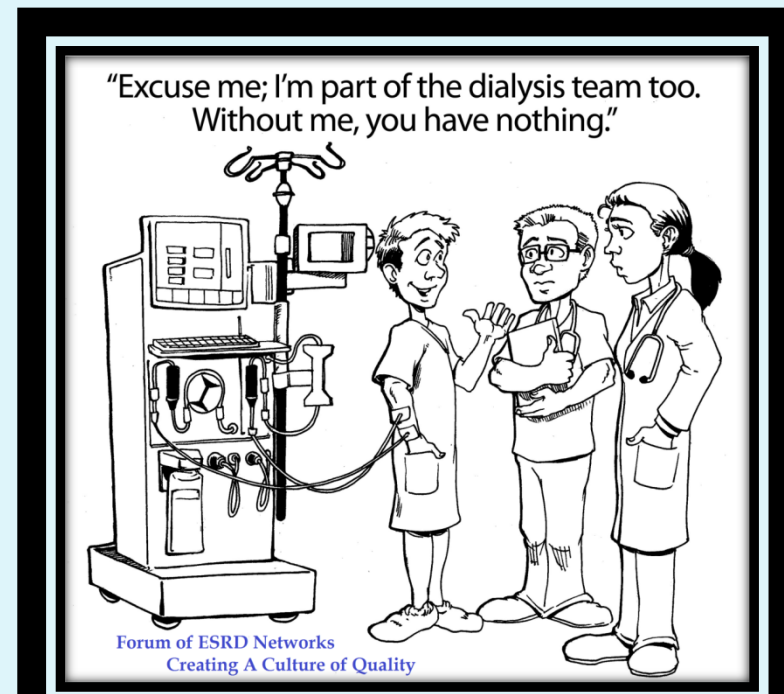


***The Patient Perspective:***  
*What is the experience of care?*  
*Are we asking the right questions?*

September 14  
October 19  
November 9

***The Provider Perspective:***  
*What do we learn from experience of care surveys? Can we do better?*

***Patient and Provider Engagement:***  
*Forging true partnerships and changing the culture*



# ACKNOWLEDGEMENTS

---



**American Association of Kidney Patients  
for their generous financial donation  
supporting this webinar series**

**Northwest Renal Network (#16) for  
supporting and coordinating the social  
work and nursing CEs**



# ACKNOWLEDGEMENTS

---

**Thank you to...**

**Fresenius Medical Care-NA**

**DaVita**

**Dialysis Clinic, Inc.**

**National Renal Administrator's Association**

**Renal Physicians Association**

# WEBINAR #1 : The Patient Perspective

*What is the experience of care?  
Are we asking the right questions?*

---

- ❖ Describe the differences between Patient Engagement, Patient Satisfaction and Patient Experience of Care
- ❖ Discuss CMS intent of ICH CAHPS and how dialysis facilities can use survey results to improve the patient experience of care.
- ❖ Identify the patient's expectations related to the use of survey results and how the results should be used to improve the patient experience of care.



# WEBINAR #2 : The Provider Perspective

*What do we learn from patient experience of care surveys? Can we do better?*

---

## OBJECTIVES:

- ❖ Explain how ICH-CAHPS was initially designed and how the developers envisioned its use including how to interpret and use the results
- ❖ Identify opportunities to use additional tools and information to better understand the barriers to an improved experience of care for patients
- ❖ Describe how a facility can improve patient-provider communications, solicit patient feedback and act on that feedback



# Interpreting and Using ICH CAHPS Results Patient Experience of Care Surveys... beyond ICH CAHPS

---

**Susan Edgman-Levitan, PA**

Executive Director,

Massachusetts General Hospital -

Stoeckle Center for Primary Care Innovation

Co-Principal Investigator

Yale CAHPS Team



# CAHPS Design Principles

---

1. *Emphasis on consumers and patients*
2. *Reports **and** ratings of care*
3. *Standardization*
4. *Access to benchmarks*
5. *Applicability across heterogeneous populations*
6. *Extensive testing with consumers and sponsors*
7. *Actionable information*
8. *Input from all affected parties*

# ICH-CAHPS Composites

---

- Nephrologists' communication and caring;
- Quality of dialysis center care and operations; and,
- Providing information to patients.

# CAHPS ICH-CAHPS QI Pilot

---

- Consciousness raising
- Participating facilities experienced positive organizational changes, such as enhanced teamwork and stronger staff capabilities with respect to using information to set and meet improvement goals.
- All developed a better understanding of QI concepts and processes throughout the organization.

# Early Evaluation Findings

---

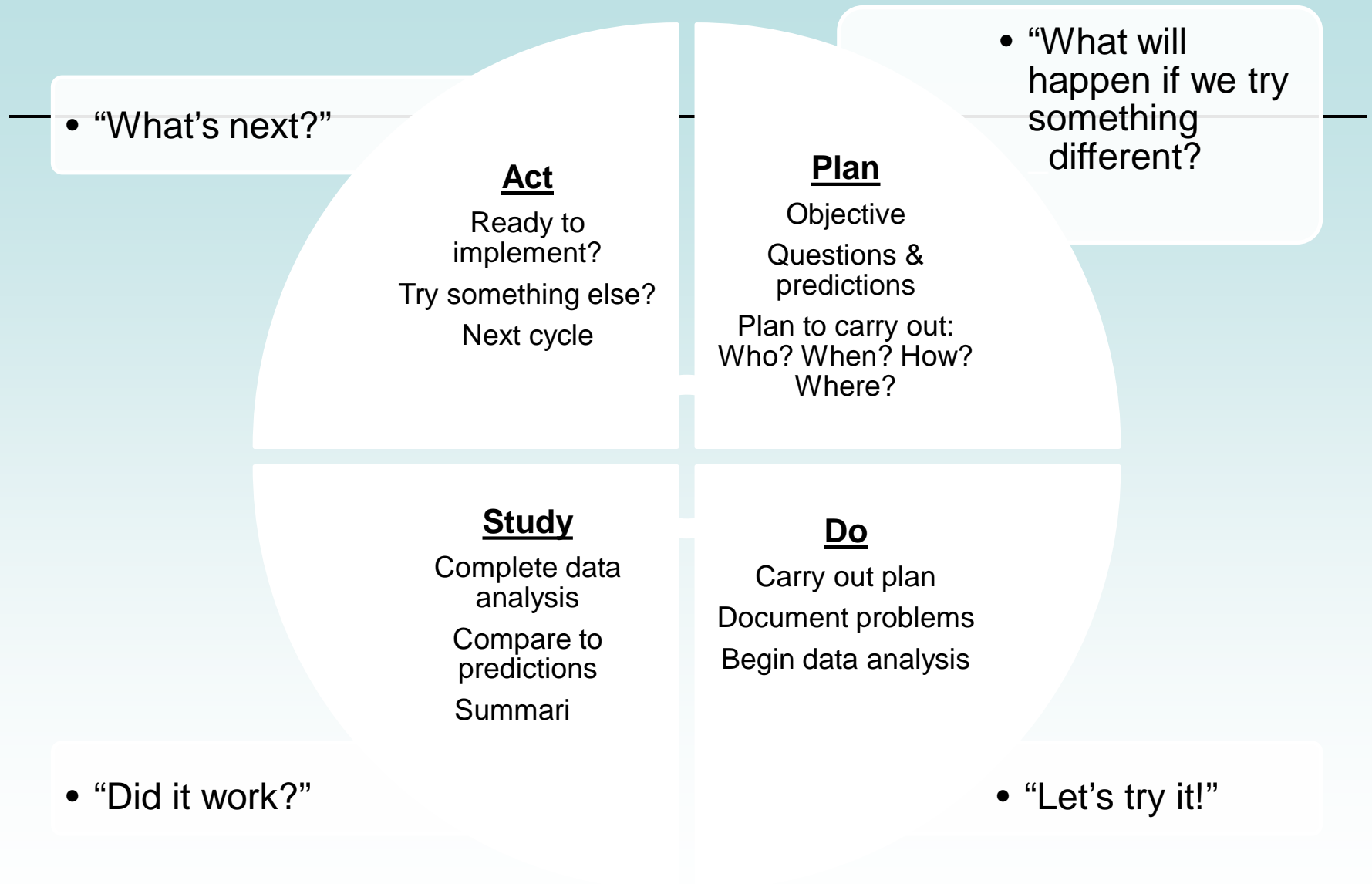
- Patient survey data is more difficult to use in improvement than other clinical data
- Centers need item-level data to focus improvements
- Feedback alone is insufficient
- Response requires expertise in quality improvement
- Organisational support and professional drive necessary for success

# Using Patient Experience Data for Improvement

---

- Patient survey data is more difficult to use in improvement than other clinical data
- Feedback alone is insufficient
- Response requires expertise in quality improvement
- Organisational support and professional involvement necessary for success

# Establish a Culture of Continuous Improvement





# Laying the Foundation

---

**Our Service Vision:** We strive for 100% patient, employee and physician satisfaction. We strive to create a place where employees and physicians love to work and patients choose to receive their healthcare.

**Our Belief:** Our employees are the key to our success. No matter what their job, each person plays an important role in achieving the service vision. Everyone makes a difference.

**Our Standards:** To reach our goal, every employee must believe in it, own it and strive to achieve it. Commitment to the standards will be the “XXXX Way”.

# Methods to Enhance the Patient/Family Voice

---

- Surveys
- Focus Groups
- Interviews with patients, family members, and employees.
- Walkthroughs
- Comment Cards/Open-Ended Questions
- Patient Family Partners

# Walkthroughs

---

- The center conducted “walk throughs,” i.e., a simulated dialysis treatment, to heighten staff awareness and empathy towards patients. To simulate the experience, staff had to wait outside the building in the early morning or wait in the waiting room, sign off if they wished to go to the bathroom, sit in a chair for four hours, have their vitals monitored including their weight, and sit with one arm taped lightly to a chair.

# Comment Cards

Insert your  
practice logo here

## Helping Us Improve Your Experience of Care

*Please answer the following questions based on your experience today.*

What do you like **most** about your care here?

What do you like **least** about your care here?

What is the one thing you would like to see **changed**?

# General Improvement Strategies

---

- **Staff training.** providing training to staff to help them see how they are dealing with patients and how they can improve on their professionalism.
- **Scripted education.** Facility staff are provided with scripted information they can use to educate patients and communicate with them in a consistent manner about common concerns, such as fluid needs and foot checks.
- **Patient representative council.** The council is intended to involve patients and cultivate continued input from them for ongoing change. A suggestion by staff and physicians to meet between shifts has helped with success.
- **All staff meetings.** Monthly staff and nurse meetings and the development of an RN desk with centrally-maintained information.

# “How often patients felt that dialysis center staff cared about patients as people.”

---

- **Staff to call patients by name.** When calling patients in for dialysis, center staff were to address patients by name, rather than calling them “you” or the like. This idea was suggested by patients.
- **Staff to acknowledge patients in passing.** When center staff walked by patients on the machines or in the waiting rooms, staff were to say “hello” or otherwise acknowledge the patients.
- **Reconfigured schedule.**

# “How often patients felt that dialysis center staff cared about patients as people.”

---

- **Informing family members and patients about delays.** As soon as a delay was expected, dialysis center staff would inform patients and families about what to expect as a result.
- **Conducting “fun” activities with patients while they were on dialysis.** Center social workers organized several activities that both patients and staff could participate in while patients were on the machines. These included bingo, holiday-oriented activities, and knowledge quizzes for patients about dialysis and dialysis preparation.



# “Nephrologist showed respect for patient.”

---

- **Fewer visits, more time.** The nephrologists reduce the frequency of the physician rounds at the center, while spending more time with patients as they make their rounds on a given day during the week
- **Doctor Talk cards.** The center staff distribute “Doctor Talk” cards to all patients and keep a stack of the cards at the nurse’s stations. When passing out the cards, staff used a script to explain the cards and their purpose to the patients. Patients can use the cards to write down questions or concerns they want to raise with the doctor on their next visit or extended hours. If there was a Doctor Talk card from the patient, it was flagged on his/her chart.

# References and Resources

---

- Barry MJ, Levitan SE. *Shared Decision Making—the Pinnacle of Patient-Centered Care*. N Engl J Med 2012; 366:780-781
- Gerteis M, Edgman-Levitan S, Daley J, Delbanco TL, editors. *Through the Patient's Eyes*. San Francisco: Jossey-Bass Publishers, Inc.; 1993.
- Fremont AM, Hargraves JL, Rowe RM, Jacobson NB, Ayanian JZ. *Patient-Centered Processes of Care and Longterm Outcomes of Myocardial Infarction*. JGIM, 2001;16:800-808.
- Luxford K. *What does the patient know about quality?* International Journal for Quality in Health Care 2012; Volume 0, Number 0: pp. 1–2
- Sorra J, Khanna K, Dyer N, Mardon R, Famolaro T. *Exploring relationships between patient safety culture and patients' assessments of hospital care*. J Patient Saf. 2012 Sep;8(3):131-9.

# References and Resources

---

- *Patient-Centered Care: What Does It Take?* Dale Shaller  
[www.pickerinstitute.org/Research/shaller.pdf](http://www.pickerinstitute.org/Research/shaller.pdf)
- Edgman-Levitan S, Shaller D, McInnes K, Joyce R, Coltin K, Cleary P. *The CAHPS Improvement Guide: Practical Strategies for Improving the Patient Care Experience*. CMS, Baltimore, MD; 2003

# References and Resources

---

- Leebov, W. G. Scott, et al. (1998) *Achieving Impressive Customer Service: 7 Strategies for Healthcare Managers*, Jossey-Bass.
- Leebov, W., S. Afriat, et al. (1998). *Service Savvy Healthcare: One Goal at a Time*, Jossey-Bass / AHA Press.
- Webster, PD, Johnson, B. *Developing and Sustaining a Patient and Family Advisory Council*, Institute for Family-Centered Care, 2000.
- Beeson, Stephen. *Practicing Excellence*, Firestarter Publishing, 2006

# References and Resources

---

- *Change by Design*, Tim Brown
- *The Art of Innovation*, Tom Kelley
- *The Penguin and the Leviathan: How Cooperation Triumphs Over Self-Interest*, Yochai Benkler
- *Where Good Ideas Come From: The Natural History of Innovation*, Steven Johnson

# Resources

---

- [www.ahrq.gov/cahps](http://www.ahrq.gov/cahps)
- [www.stoecklecenter.org](http://www.stoecklecenter.org)
- [www.ipfcc.org](http://www.ipfcc.org)
- [www.npsf.org](http://www.npsf.org)

---

# Thank You!

Susan Edgman-Levitan, PA  
Executive Director

[sedgmanlevitan@mgh.harvard.edu](mailto:sedgmanlevitan@mgh.harvard.edu)

617-643-3931

John D. Stoeckle Center for Primary Care Innovation  
Massachusetts General Hospital  
Boston, MA



# Practical Approaches to Improve Communications and Acting on Patient Feedback

---

**Julie A. Williams, BSA**

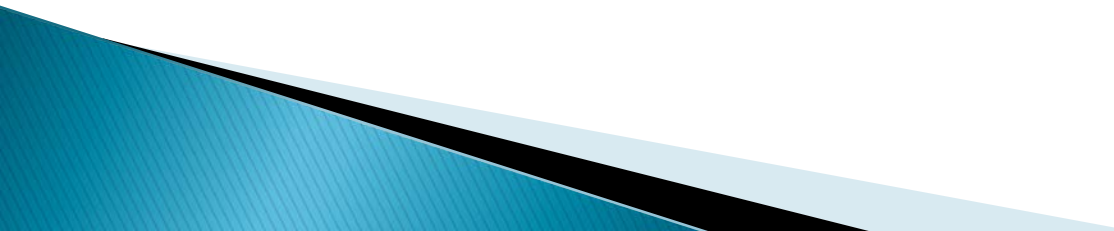
Administrator, Branson Dialysis & Nephrology

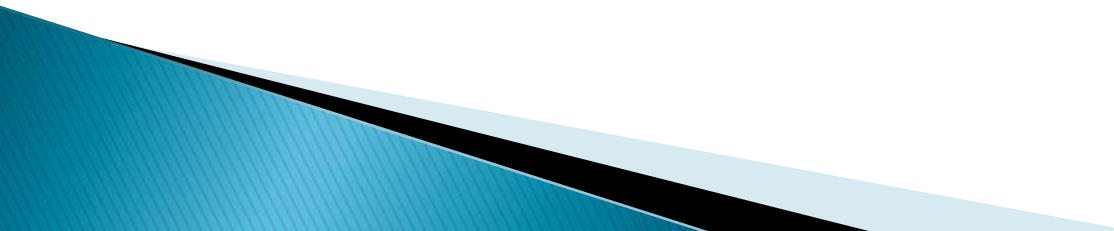
**Patty Parker, BSN**

Facility Manager, Branson Dialysis, LLC

Branson, Missouri



1. Identify communications barriers specific to your unit to acknowledge how your patients learn and retain based on their specific abilities / disabilities.
- 

- ▶ Verbal vs Non-verbal
  - ▶ Hard of Hearing (ICH CAHPS)
  - ▶ Illiterate or Unable to read
  - ▶ Blind or visually impaired
  - ▶ Non-English speaking
  - ▶ Never Assume You Know!
- 

2. **Create multi-directional communications** to educate patients in a manner conducive to their learning abilities or disabilities.

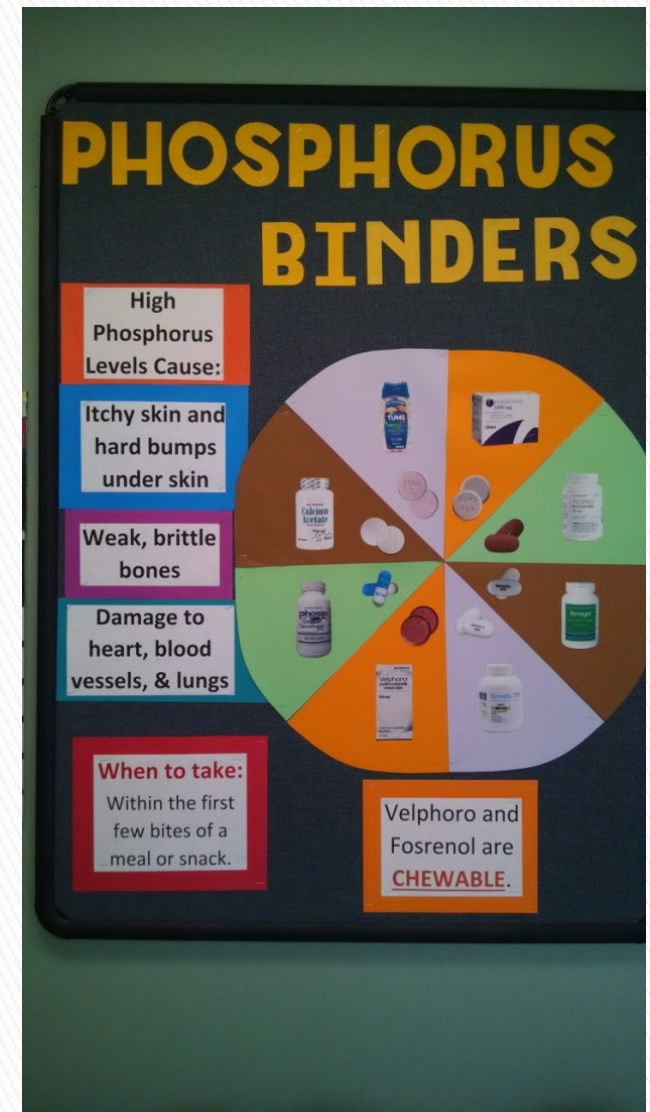
- a. **Engagement should provide visual and written stimulus** (see & take with you) with opportunities to interact with Care Team.





## b. Engagement starts with identifying a need

1. Dietitian created Questionnaire.
2. Staff sat and filled out questionnaire for direct engagement.
3. Data analyzed by Care Team
4. Created posters to clarify areas identified. (Chew vs. swallow)
5. Provide feedback: Newsletter to engage patient with games and learning fun; treats to reinforce good habits...



# What do you Need to Succeed? High Phosphorus Assessment Survey Tool

Patient Name: \_\_\_\_\_ Binder RX: \_\_\_\_\_

## Contributing Factors

Check if applies:

Unable to State consequences of high phosphorus	
Unable to Identify high phosphorus foods / phosphate additives	
Not able to state name of binder and prescribed dose	
Do you chew or swallow your binder?	
Not able to state reason for binder	
Has binder tolerance issues ( GI upset, swallowing, taste)	
Eats out frequently: # of times / week	
Irregular meal pattern affecting consistency of binder dose # of meals / # of snacks per day	
Takes a long time to eat: Stagger the binders during the meal	
Acknowledges intake of high phosphorus foods / excess processed foods	
Forgets to take binders while at home or eating out	
Not taking binders with all meals and snacks	
Runs out of binders	
Cannot afford binders	
Inadequate dialysis Kt/V under 1.2	
Frequent missed or shortened treatments	
Resides in LTC facility	
Protein intake higher than needed (excess BUN)	
OTC MVI with added phosphorus or herbals	

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

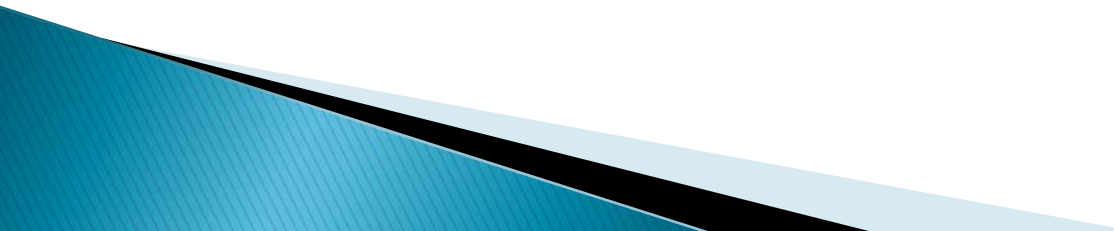
## MY GOAL THIS MONTH

Changing habits can be hard. Writing down what **you** want to change can help. **You** are also more likely to succeed if **you** pick the habit **you** want to change.

Here is a list of things **you** can do that will help **you** control your phosphorus levels. Please choose the goals **you** are willing to try for this month.

- I will learn the name of my binder and how many I should take.
- I will remember to take my binders with all meals and snacks.
- I will eat my meals and snacks on a more regular schedule.
- I will take my binder with me when I eat away from home.
- I will eat out less and cook for myself more often.
- I will limit my portion sizes of \_\_\_\_\_.
- I will eat less processed foods and eat more fresh foods.
- I will read the ingredients labels and avoid phosphorus additives.
- I will come to all my scheduled dialysis treatments and stay my full time.
- I will make sure to refill my binder before I run completely out.


## b. Engagement has no limits

1. Open Door Policy for Facility Manager & Administrator: Any patient, anytime!
  2. Pick a message and reinforce it in multiple ways, think of your senses (touch, smell, taste, etc...)
  3. We always do visual, written and direct face to face with physician, nurse or other team member depending on topic
  4. Make sure all members of dialysis team are educated prior on our desired outcomes so they can reinforce the message
- 



### 3. Don't force participation

If a patient sees other patients engaging and learning, they will eventually start to participate; learn by eavesdropping or engaging with other patients.

- a. ICH-CAHPS – does not provide feedback from all patients (low participation rates nationally). Create other survey opportunities that are fun and that will engage all patients. Ex: Patient Engagement Survey
  
  - b. Plan of Care – most patients do not want to attend POC meetings. Try to find ways to include patients without the burden of attendance.
    1. Meet with patients and go over POC at chairside, if possible.
    2. reviews the POC with patient prior to the meeting and follow up with a direct face to face of the POC outcome and try to include patient family if available.
- 

# Patient Engagement Survey

5 questions to help us make sure we are providing you more than just a treatment.  
(Why the bluebird... Because he is adorable!)



- I FEEL MY DIALYSIS STAFF CARES ABOUT ME? Yes or No
- I TRUST MY DIALYSIS STAFF TO ALWAYS DO THE RIGHT THING FOR ME? Yes or No
- MY DIALYSIS STAFF TAKES AN INTEREST IN MY HEALTH AND TRIES TO HELP ME UNDERSTAND THE DIALYSIS PROCESS AND OTHER MEDICAL PROBLEMS I MAY BE HAVING? Yes or No
- I BELIEVE I CAN TALK TO THE STAFF ABOUT ANY PROBLEMS I HAVE WITHOUT FEAR OF RETALIATION? Yes or No
- WHAT ACTIONS HAVE YOU TAKEN TO SHOW THAT YOU ARE ACTIVE IN YOUR MEDICAL DECISION MAKING?

(check any that apply)

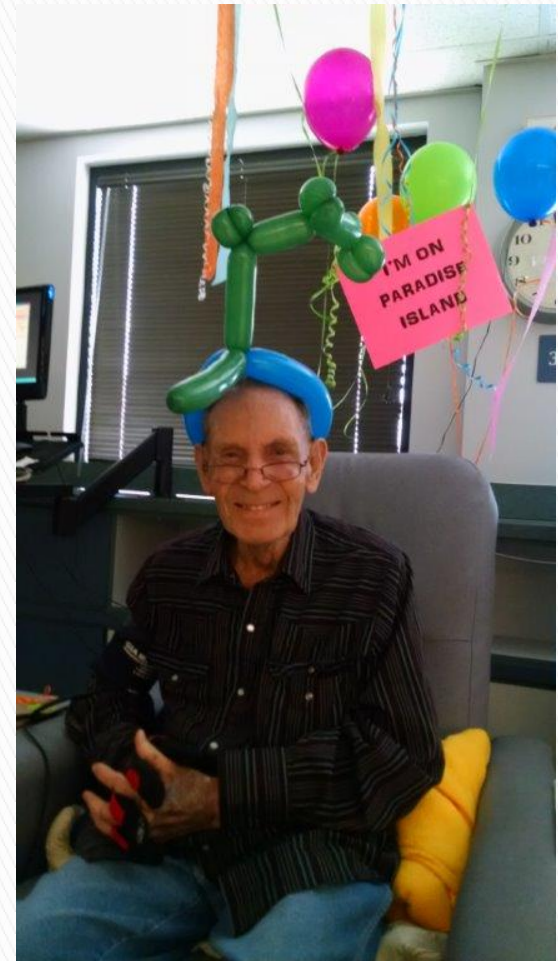
1.  I TRY TO LEARN HOW I CAN HAVE A BETTER DIALYSIS TREATMENT
2.  I COME TO MY DIALYSIS TREATMENTS BECAUSE I KNOW IT IS IMPORTANT TO MY QUALITY OF LIFE
1.  I ASK ABOUT OTHER TYPES OF DIALYSIS THERAPIES OR TRANSPLANT
2.  WHEN MY DIALYSIS UNIT CALLS ME, I ALWAYS ANSWER IF I CAN.
3.  I ASK WHEN I HAVE A QUESTIONS ABOUT MY MEDICATIONS
4.  I PARTICIPATE IN MY "PLAN OF CARE" MEETINGS
5.  I PARTICIPATE IN UNIT PROJECTS DESIGNED TO IMPROVE MY HEALTH
6.  I READ THE NEWSLETTERS
7.  I COMMUNICATE WHEN I HAVE A QUESTION OR COMPLAINT

Thank you for completing our survey!

You can choose to provide it anonymously or you may sign it if you wish.

c. Never lecture, always educate or praise for the positives. Patients are very resistant to sarcasm and negative joking when they are the butt of the joke.

d. Always find little ways to build trust. Showing you care is the easiest way to build a relationship with your patients.



# Examples of Everyday things that are opportunities for engagement:

a. Fluid Gains (water bottles)

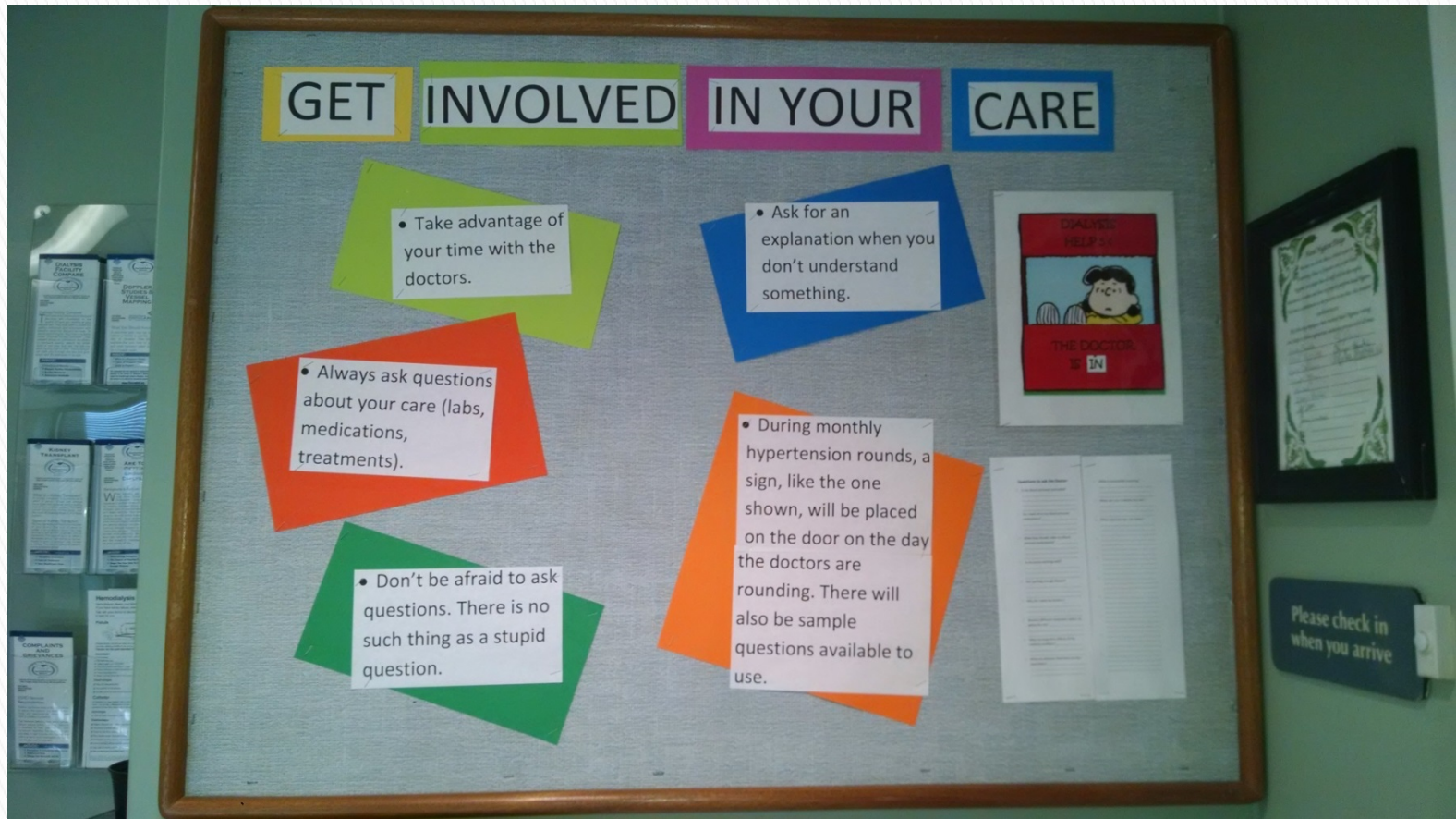


b. Medication Reconciliation – every month, consistency is key

c. Culture of Safety – always reminding patients to tell us if they see something that doesn't look right



## d. The Doctor is In – help patients identify questions before MD visits



- e. Modality and Transplant – every 6 months
- f. ICAHPS Survey results and facility response/actions
- g. Never under estimate the power of “how are you” conversations, building trust by sharing life’s journey.
- h. Engage with Family members frequently (learn a lot from waiting rooms)

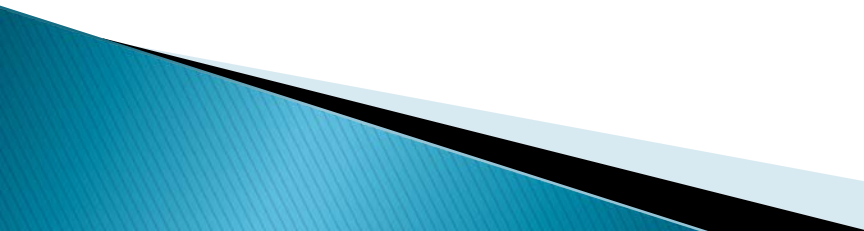


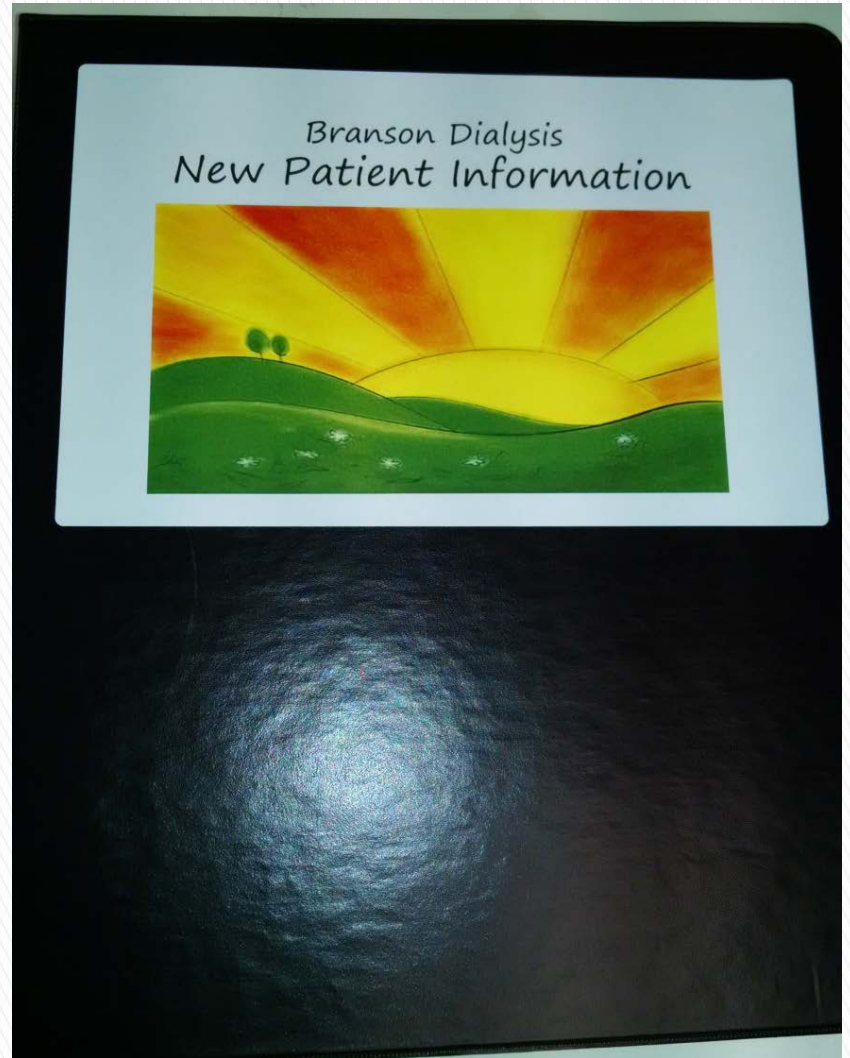
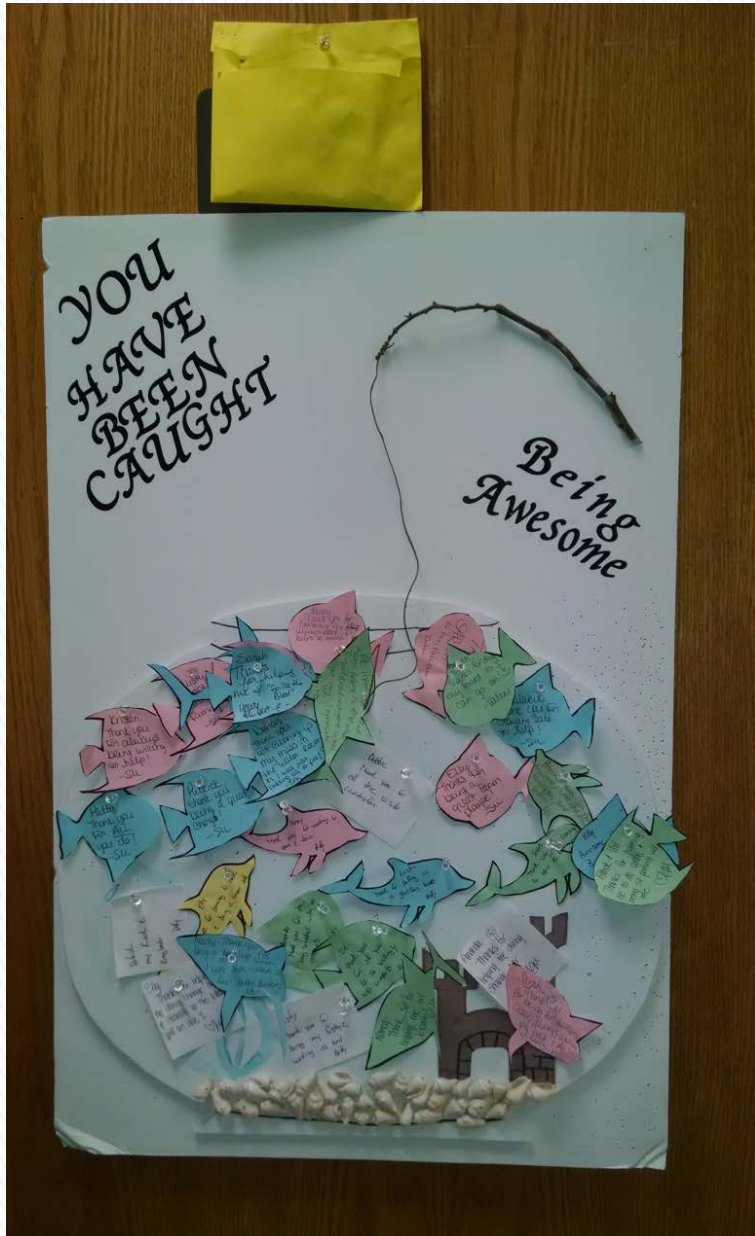


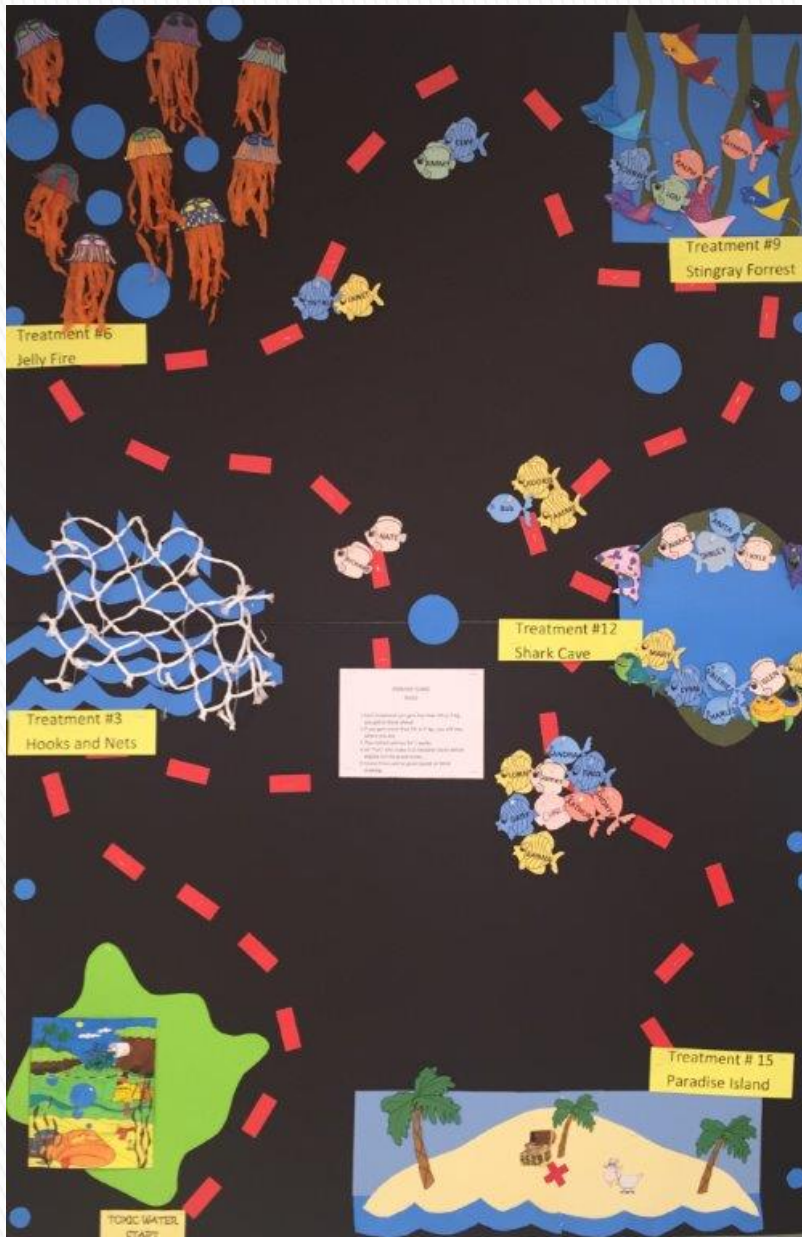
# Fun, Fun and MORE Fun!



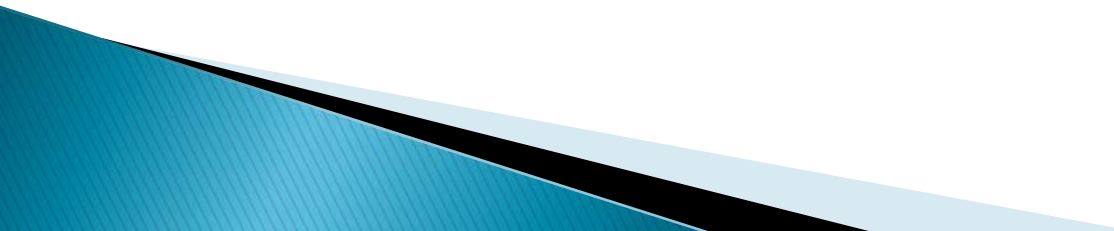


- Fun activities break down barriers and build trust
  - Games and Activities to help them learn
  - Dialysis Social Club
  - Enjoy holidays together, have a theme for patients and staff to participate in together.
  - Monthly Newsletter with education and facility events
  - Facebook and other social media “recognition & awards”
  - Fish Bowl – both patients and staff
  - Patient Education Binder with latest in dialysis talk and technology, patient friendly resources
  - Keep is short & simple (never longer than 90 days)
  - Have a small budget if possible for prizes or awards for winners. This can be as simple as a handmade crown!
- 





# 6. Caring comes from the top down





- a. Once you identify an education or patient engagement opportunity you must share with the entire team and discuss “the message”.
- b. Physicians are engaged and participate in holiday parties and education opportunities.



- c. Welcome new patients by a formal plan to introduce them into your unit and your team.
- d. All members of the team have to believe in the “You have to Show them how much you Care before they care how much you know!”



**417**  
MAGAZINE

# QUESTIONS & ANSWERS

---

**Use the “Question” box  
on your GoToWebinar panel  
to submit your questions**

*All unanswered questions will be reviewed by our co-chairs and speakers; they will be summarized in a Q & A document which will be posted to the Forum website after the webinar.*



# PATIENT OBSERVATIONS

---

# QUESTIONS & ANSWERS

---

**Use the “Question” box  
on your GoToWebinar panel  
to submit your questions**

*All unanswered questions will be reviewed by our co-chairs and speakers; they will be summarized in a Q & A document which will be posted to the Forum website after the webinar.*

# THANK YOU FOR JOINING US

---

*Please join us for Webinar #3*  
**November 9 at 2:00 pm ET**

## **Patient and Provider Engagement**

*Forging True Partnerships  
and Changing the Culture*

