

The Grievance Toolkit: Fostering Communication & Improving Quality

May 2, 2018

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Chair, Forum of ESRD Network's
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&

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Acknowledgements

Thank you



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

CHAPTER 5

BARRIERS TO A SUCCESSFUL GRIEVANCE EXPERIENCE

There may be barriers that you might face through the Grievance Experience. This chapter will identify some of the most common. If you understand these barriers, you can solve problems faster and more effectively.

BARRIERS CAN BE CLASSIFIED IN ANY OR ALL OF THREE CATEGORIES

- I. Barriers of Information and Awareness
- II. Barriers of Trust and Confidence
- III. Barriers of Strength and Ability

I. Barriers of Information and Awareness

1. Know your Patient Rights (Chapter 4)
2. Write your Concerns (sample forms are in pages 24 & 26)
 - a. What happened?
 - b. When did it happen?
 - c. Who was involved?
 - d. Who did you talk to about the concern?
3. Follow the Process (Chapter 6)
4. Evaluate how the Grievance Process worked
 - e. Is the concern resolved?
 - f. If not, are there any further steps you can take?

The first and most obvious barrier to be overcome is a lack of knowledge and understanding of the Grievance Process. The process, at times, can be involved and without a “roadmap” it is easy to get lost.

No two grievances are the same. The process can change from situation to situation and from grievance to grievance. A grievance may be as simple as a verbal complaint or as complicated as a formal complaint to a State Regulating Agency. If certain steps are followed, the grievance experience can be positive and effective.



Webinar Objectives

1. Describe how a facility can improve patient-provider communications, solicit patient feedback and act on that feedback.
2. Discuss strategies for communicating with kidney patients to decrease fears of retaliation (perceived or real) and to improve communication and collaboration between the patient and his/her care team.
3. Describe the Forum of ESRD Network's Grievance Toolkit and how to use it in the dialysis facility to improve communication between kidney patients and the healthcare team.

The Patient Perspective

Joe Karan

Vice-Chair, Forum KPAC

Dir. of Advocacy & Education, NKF of Florida

Fear of retaliation is one of the most common concerns expressed by kidney patients and is often a barrier to reporting concerns or grievances

Type of Grievances:

- Between a patient and provider/staff member
- Between 2 patients
- Between a family member of a patient & provider/staff member

ESRD Network 17

Quality Improvement Activity

“A Success Story”

Anne Pugh, MSW, LCSW

Patient Services Manager

HSAG ESRD Network 17



The Grievance Toolkit: Fostering Communication and Improving Quality

ESRD Network 17

Grievance Quality Improvement Activity (QIA) 2017

Anne Pugh, MSW, LCSW

Patient Services Manager

HSAG: End Stage Renal Disease (ESRD) Network 17

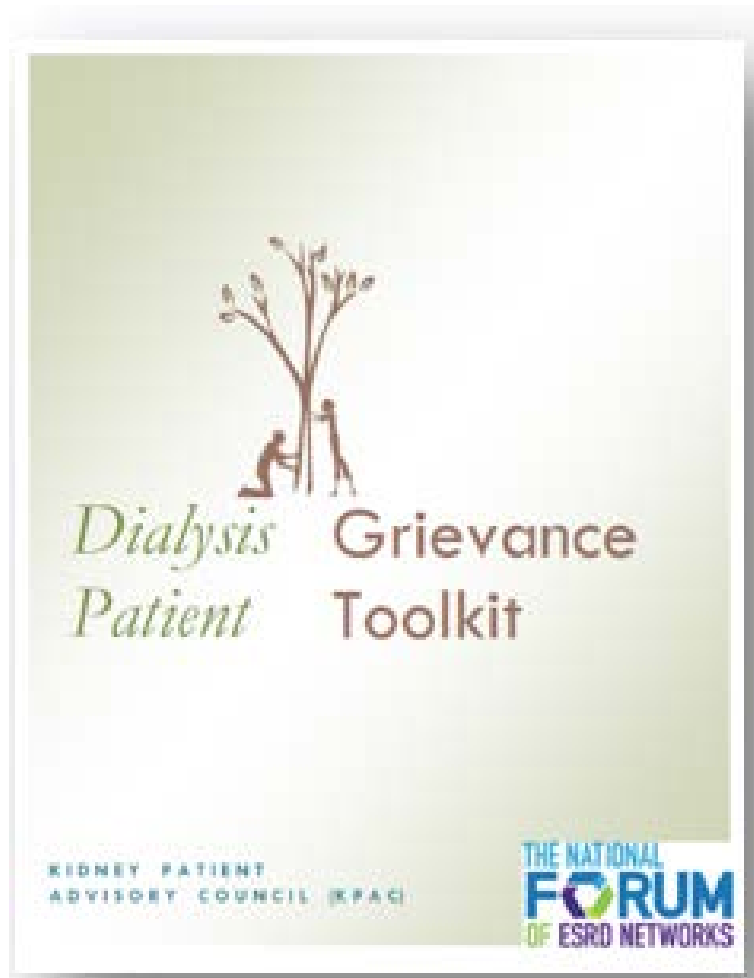
May 2, 2018

2017 Grievance QIA Participation

Participants included:

- Five Network patient subject matter experts (SMEs)
- 12 In-Center Hemodialysis Clinics
 - Representing four different dialysis companies in Northern California
 - 1,278 patients
 - Eleven facilities had patient grievances in 2016
 - One facility was included because of an At-risk Access to Care incident
 - Patient-staff assault
- 10% of each clinic's patients completed the exercise with staff

The Grievance Toolkit: Chapter 5



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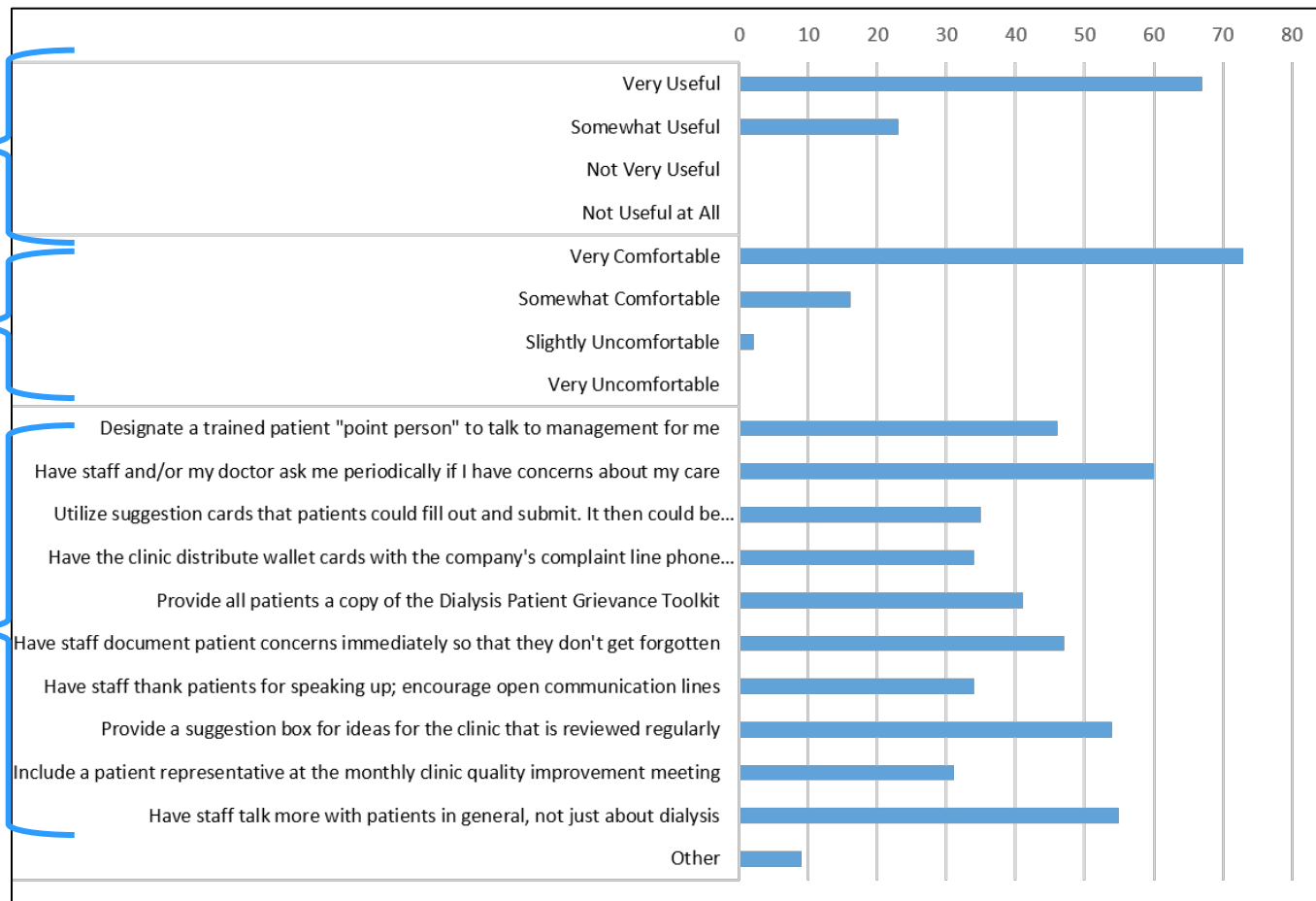
Patient Feedback March 2017

n=111 patients

How useful did you find the information you read in Chapter 5?

After reviewing Chapter 5 today, how comfortable would you be voicing a concern to facility staff?

Please select the five ideas from the list below that you feel would help patients become more comfortable talking with staff about their concerns.



Best Practices, Lessons Learned

Best Practice:

- Engaging patients one-on-one helps patients to feel more comfortable speaking up.
- Clinics implemented suggestions from their patients after receiving scan results.

Lessons Learned:

- Patients have a lot to say about the grievance process and their facilities.
- Patients would appreciate being talked to about their lives, not just about dialysis.
- Staff learned about the grievance process by discussing it with patients chairside.

Thank you!

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Effective Communication Skills for Resolving Conflict

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Effective Communication Skills for Resolving Conflict



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Today's Outline

- Patient barriers
- Creating a safe space for conversation
- Tips for effective communication

PATIENT BARRIERS

Let's begin the grievance meeting



CREATING A SAFE SPACE FOR DIALOGUE



“Go ahead speak freely. This is a safe space”

What is the biggest factor in
communication?

RESPECT

What people would love to hear



What you want them to hear

WE UNDERSTAND
YOUR CONCERNS



Important to remember

- Don't turn into power struggle
- This is not a teachable moment
- Be aware of how your role impacts your relationship
- Us vs. them mentality

**10% OF CONFLICTS ARE DUE TO
A DIFFERENCE IN OPINION
AND 90% ARE DUE TO
THE WRONG TONE OF VOICE**

Focus on the content of their objection

- What are they really bothered by?
- What happened that was so bad that made them stick with this process?
- **DEVELOP AN EMPATHIC UNDERSTANDING**

em • pa • thy

n. /'em-pə-thē/ or /ɛmpəθi/

the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

Vignette-

You are the nurse manager of a dialysis facility and had two patients lose consciousness while on dialysis in the past week. The same protocol was followed in each case and both patients were quickly taken to the emergency room by ambulance. The attending nephrologist was not present in either case, but when he rounded at their next dialysis session he told them he had reviewed the records and said it was just due to a temporary drop in BP, nothing to be concerned about.

One patient has no issue with how the situation was handled and the second patient intends to transfer her care to another facility.

How would you understand the different reactions?

Why the difference between the two reactions to the same event?

The interpretation of the event drives the reaction.

We need an empathic understanding to make sense of the the varied reactions.

Essential Principle of Empathic Understanding

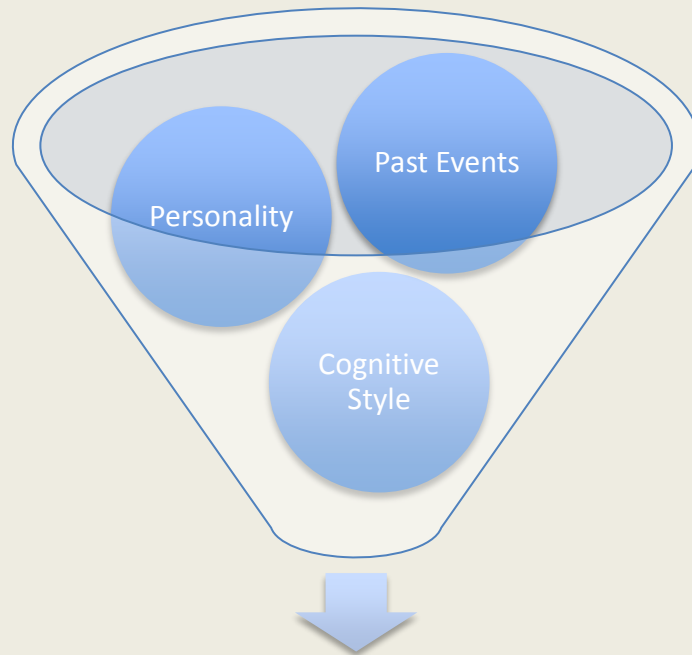
PEOPLE ARE NOT RESPONDING TO
THE ACTUAL EVENT

THEY ARE **ALWAYS** RESPONDING TO
THEIR
INTERPRETATION/UNDERSTANDING
OF THE EVENT.



Essential Principle of Cognitive Therapy

PEOPLE ARE NOT RESPONDING TO THE ACTUAL EVENT
THEY ARE ALWAYS RESPONDING TO THEIR
INTERPRETATION/UNDERSTANDING OF THE EVENT.



INTERPRETATION/UNDERSTANDING

Reaction of Patient 1

Event	Interpretation	Action
I lost consciousness while on dialysis	This is a normal part of dialysis treatment.	My center responded well to the situation.

I am satisfied with my care here

Reaction of Patient 2

Event	Interpretation	Action
I lost consciousness while on dialysis	Something went wrong, I almost died.	My doctor and center are not treating this seriously

I need to change my care team

Managing patient 2's grievance

- Without empathic understanding
 - technical response of team to emergency
- With empathic understanding
 - Education, expectation management, anxiety management

What to do?

WHEN AGGRESSION IS ENCOUNTERED

The problem is...

- Your judgment may be impaired under influence of adrenaline
- You may react defensively
- Thereby becoming part of the drama instead of above it

Modifying your physiological reaction

- Note your own physiological response
 - Do a quick body scan - muscle tension, breathing rate, heart rate, body language
- Take a few slow breaths
- Self-talk
- Why are they reacting like this?
- How would I respond if I felt that way? (not the same as if it happened to me)



The CMS Perspective

Steven Preston, PhD, MPH

Todd Johnson, MSW, LCSW

Steven Preston, PhD, MPH

CMS Co-SME Patient Experience of Care AIM Lead
Contracting Officer
Seattle Regional Office, CMS

Todd Johnson, MSW, LCSW

CMS Co-SME Patient Experience of Care AIM Lead
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The Grievance Toolkit

A Brief Overview

Derek Forfang
Chair, Forum KPAC

The Grievance Toolkit

- Written BY Patients FOR Patients
- Primary Goal - Improve Communication
- English & Spanish
- View, download and print free of charge from the Forum website:
<http://esrdnetworks.org/resources/toolkits/patient-toolkits>
- Poster - Developed in collaboration with the ESRD National Coordinating Center for providers to print and share



Dialysis **Grievance**
Patient **Toolkit**

KIDNEY PATIENT
ADVISORY COUNCIL (KPAC)

THE NATIONAL
FORUM
OF ESRD NETWORKS

THE NATIONAL
FORUM
OF ESRD NETWORKS



Dialysis Patients – Grievance Toolkit Summary

The grievance process provides a method for patients to voice their concerns about the services received by a provider that did not meet care standards with respect to safety, civility, patients' rights, and/or clinical standards of care.

To help guide patients through the grievance process, the Forum of ESRD Networks' Kidney Patient Advisory Council (KPAC) developed an educational toolkit. This toolkit was developed BY patients FOR patients! This summary explains what is in each chapter of the patient toolkit. If you need assistance with understanding the toolkit, you can ask your social worker to help you!

What is the Dialysis Patient Grievance Toolkit?

A guidebook designed by patients for patients to help explain the grievance system.

Chapter 1: Utilizing the Grievance Toolkit-Explains how the toolkit can be used to create a safe dialysis setting for all patients. It can be downloaded as one guidebook or by each chapter.

Chapter 2: Definitions-Describes words and terms that are used during the grievance process. To make sure patients understand what is happening, learn these words and key terms.

Chapter 3: Recommended Patient Rights and Responsibilities-Outlines the patients' responsibilities and explains what patients can expect from their health care team.

Chapter 4: Grievances in a Patient Centered Care (PCC) Environment-PCC is care that is focused on patients' values and preferences and involves sharing information and active shared decision making with patients.

Chapter 5: Barriers to a Successful Grievance Experience-Identifies some common barriers patients may face through the grievance experience. It is never too late to file a grievance.

Chapter 6: What do Patients do If They Have a Concern or Grievance-Discusses steps patients can take if they have a concern or grievance, and explains patients' rights.

Chapter 7: The Network's Role in the Grievance Process-The ESRD Network's role is to serve as an investigator, facilitator, referral agent, coordinator, and/or educator.

Chapter 8: Document Before Proceeding with a Grievance-Before filing a grievance, it is important to organize your thoughts about the grievance. The toolkit provides patients with optional resources to assist them in organizing and recording their concerns.

To view or print a chapter, visit [The National Forum of ESRD Networks'](http://www.esrdncc.org/GrievanceToolkit) website at www.esrdncc.org/GrievanceToolkit

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.

Observations Challenges Successes

<http://esrdnetworks.org/>

Thank you for joining us!

Please visit the Forum website to
download the Grievance Toolkit and Poster

<http://esrdnetworks.org/resources/toolkits/patient-toolkits>

Forum Office:

forumcoord@centurytel.net



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