

# Network Council Meeting

4/21/14 – 1:00 PM

4/22/14 – 9:00 AM

# Agenda

- Opening Remarks
  - Network Council Representation
  - Announcements
  - Network Update
- Process Improvement Discussion
- Emergency Preparedness
- Resolving Grievances

# Network Council Representation

- Each facility is to have a representative on all Network Council Calls.
- Gives Facilities an opportunity to receive Network announcements and ask questions/provide feedback
- At the end of the quarterly call there will always be time for discussion and questions anyone may have about any topic
- Please communicate any questions or concerns to the network by:
  - Direct phone call to network 610-265-2418
  - Go to the website and send an email at [www.qirn4.org](http://www.qirn4.org)
    - Click on “contact us” to send an email

# Announcements

- New Executive Director
  - Tish (Patricia) Lawson
  - 610-265-2418 x 2841
  - [plawson@nw4.esrd.net](mailto:plawson@nw4.esrd.net)
- New Data Manager
  - Karen Hricak
  - 610-265-2418 x 2810
  - [khricak@nw4.esrd.net](mailto:khricak@nw4.esrd.net)

# Network Updates

- **2744 – Annual Crown Web Survey**

- Was due to the network on 2/14/14
- Need to complete all draft 2744 by this Friday COB
- Karen or Anne will be calling to confirm your submission

- **Annual Meeting**

- May 20<sup>th</sup>, 2014— Hershey Pennsylvania
- Tomorrow last day be in the running for a smart pad giveaway
- Register today at [www.qirn4.org](http://www.qirn4.org)

# Introduction to Quality Improvement

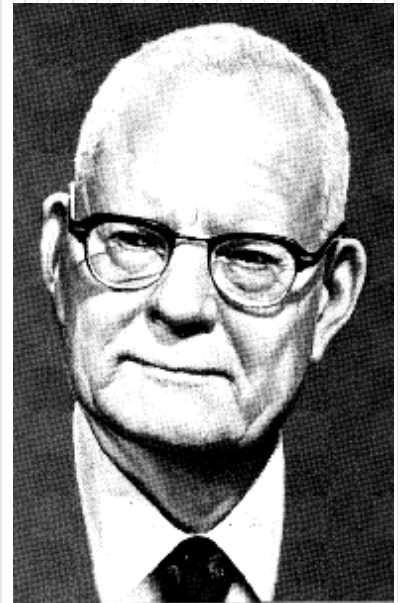
Tish Lawson RN, MSN  
Executive Director Network 4

# Improvement Teams

- Most facilities within the network are involved in at least one improvement activity
- Objective of this discussion
  - Introduce process improvement terms
  - Introduction of Model for Improvement

“Every system is perfectly designed  
to get the results it gets”

W. Edwards Deming





# Objectives

- To gain an understanding of what quality improvement is
- To present the Model for Improvement and PDSA cycle
- To introduce measurement in quality improvement

# What is quality?

- Definition of quality depends on stakeholders
  - The client/customer (the patient)
  - The provider/employer (health care providers)
  - Management (dialysis facility management)
  - Payer (CMS)

# What is Quality Improvement?

- A formal approach to the analysis of performance
- The systematic efforts to improve
  - *Different from Quality Assurance*

# Quality Improvement versus Quality Assurance

Quality Improvement	Quality Assurance
What can we do to improve?	What went wrong?
Proactive	Reactive
Avoids blame	Often Punitive
Fosters System change	Tries to find who was at fault
Focuses on the entire system	Focuses on the specific incident

# What is a system?

- System = any assembly of procedures, resources and routines to carry out a specific activity
- The process that is currently in place

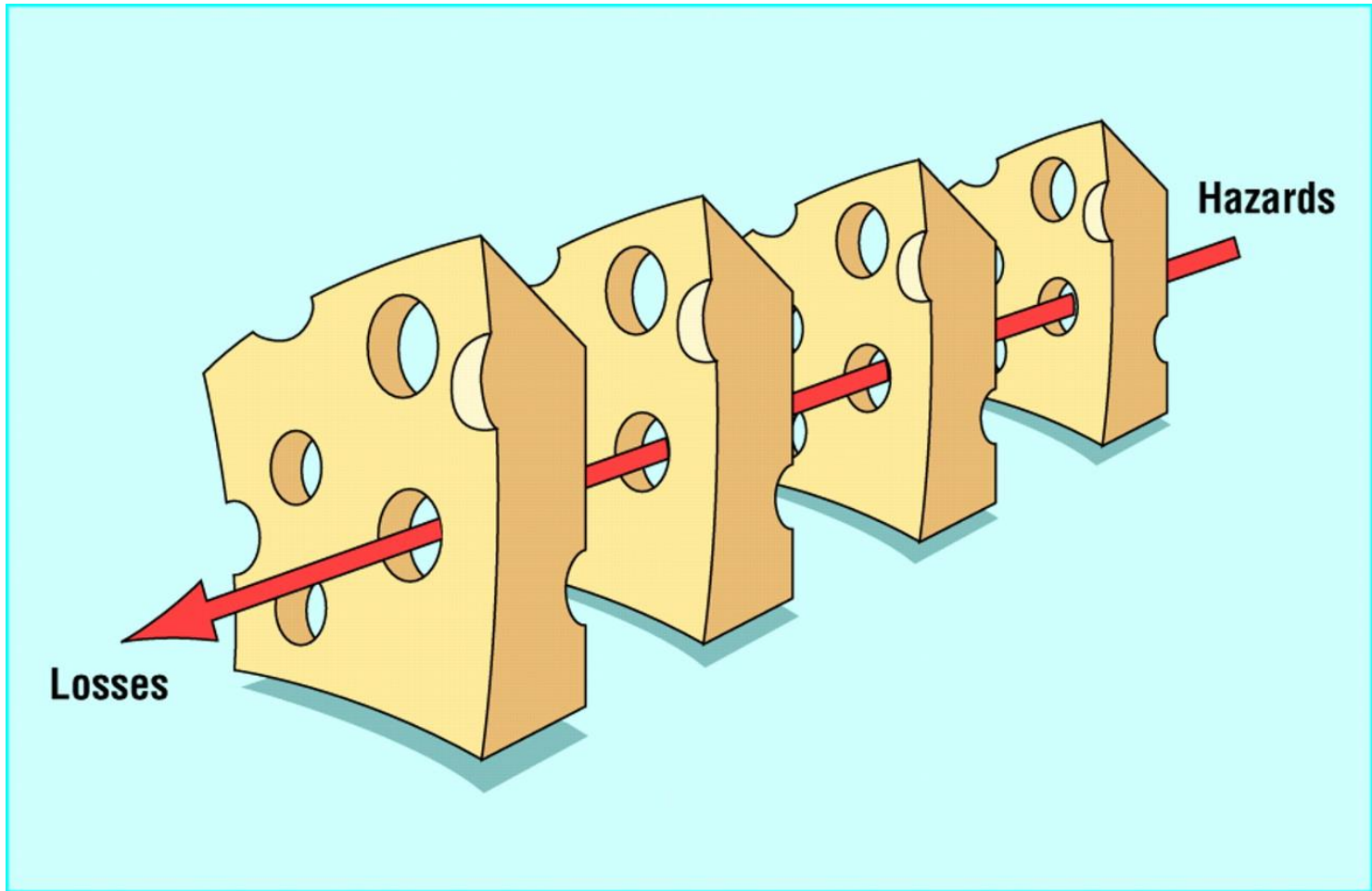
“Every system is perfectly designed  
to get the results it gets

Earlier we quoted Deming

How can you improve a system/process to achieve  
better results?

Looking a quality improvement from a  
different view

# Develop Better Systems





# Model for Improvement

Three questions + PDSA cycle

# Opportunity for Improvement

- Identify an opportunity for Improvement
- If the opportunity involves more than just you, it is time to get a group together and solve the problem

# Choose your team

- Consider the system that relates to the opportunity for improvement
- Who would be part of that system
- What processes will be affected by the improvement efforts
- Involve members familiar with all different parts of processes
- Team leader, Technical expert, Day to day leader or anyone close to the process - patient



# The Three Questions

**What are we trying to accomplish? – THE AIM**

**How will we know that a change is an improvement? – THE MEASUREMENT**

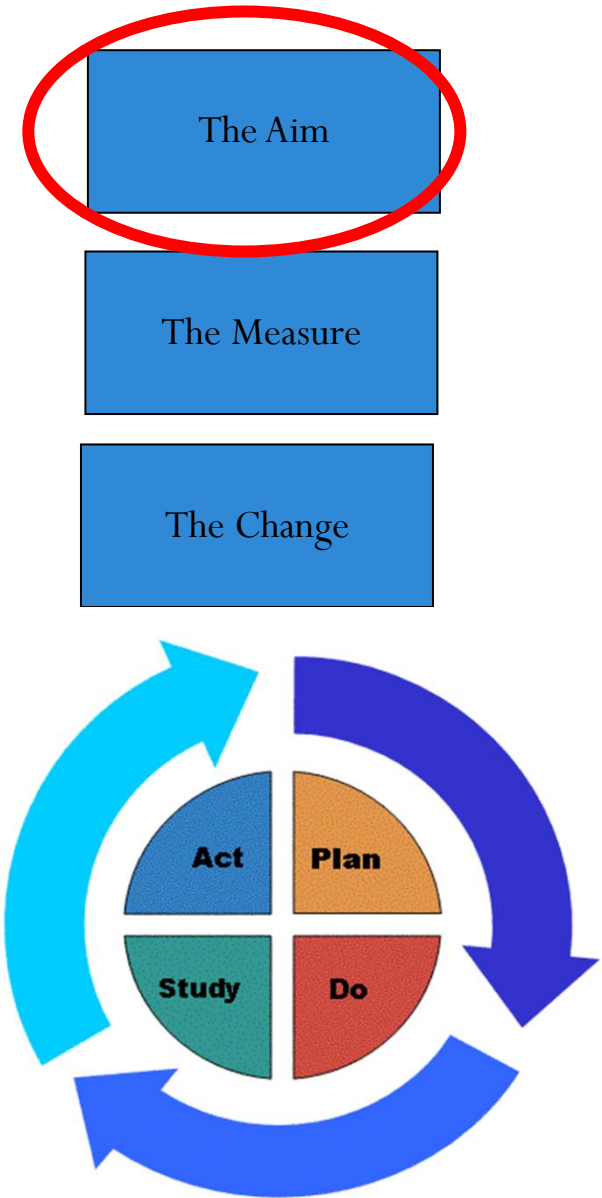
**What change can we make that will result in improvement? – THE CHANGE**



**MODEL FOR IMPROVEMENT**

# The Aim

- A strong, measurable aim with a clear time frame will help keep your project on course
- A good aim:
  - Is Specific
  - Is Measurable
  - Determines a time frame
  - Addresses who the change is for, and what has to be achieved
  - Is Sustainable



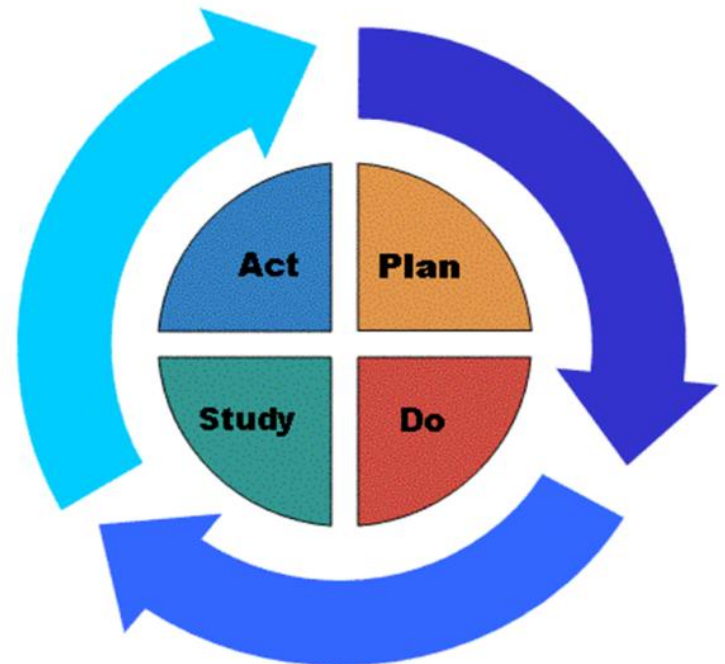
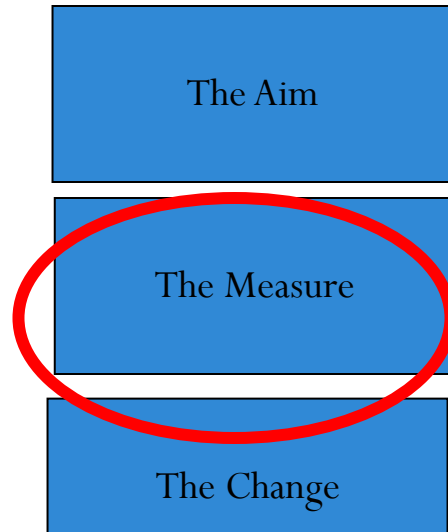
# Aim Examples

- I will become a good runner
- I will run 10 kilometers per week by May 31st
- I will run more often



# Measurement

- How will we know that a change is an improvement?
- Measurement is critical for testing and implementing changes
- Different from measurement for research



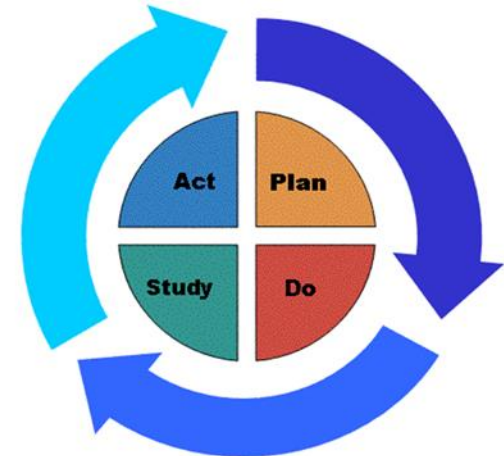
# Developing Changes

- What change can we make that will lead to improvement?

The Aim

The Measure

The Change





# Change Concepts

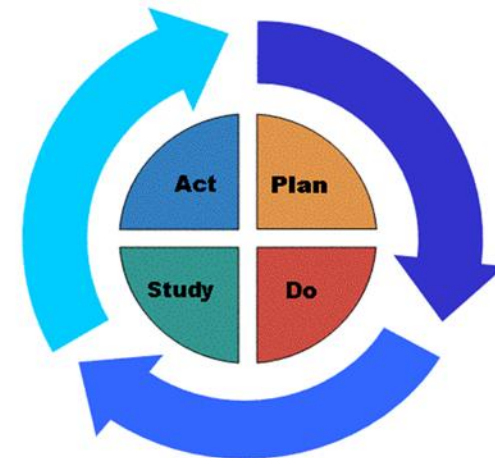
- **Improve patient safety** – reduce infections
- **Improve Work Flow**
- **Eliminate Waste** - an activity or resource that does not add value
- **Optimize Inventory** - is your work being held up because items are not properly organized or available

# Test Changes using the PDCA Cycle

- **P**lan a change
- **D**o the change
- **S**tudy the results
- **A**ct on the results



- Can aid in:
  - Developing a change
  - Testing a change
  - Implementing a change



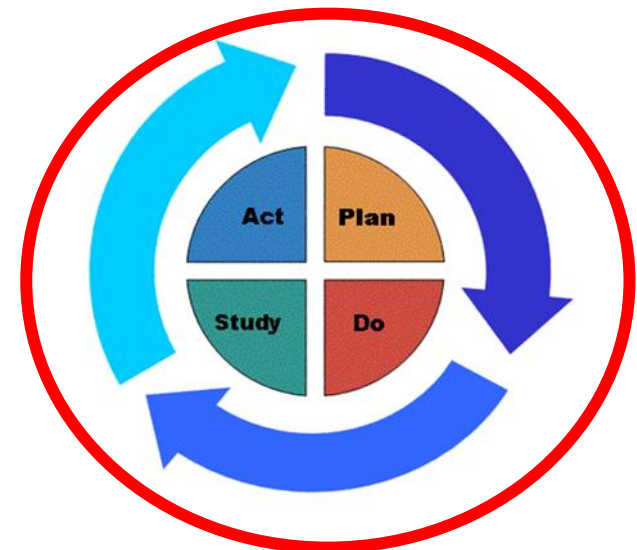
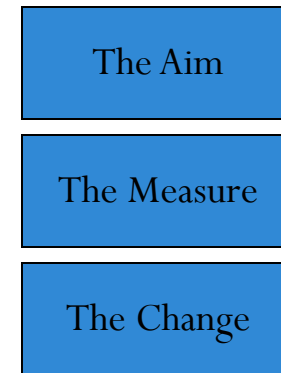
# PDSA Cycle

## Small test of change

- Enables rapid testing and learning
- Allows for incremental testing
- Instead of spending weeks or months planning out a comprehensive change, then putting it into practice only to find that it is fundamentally flawed

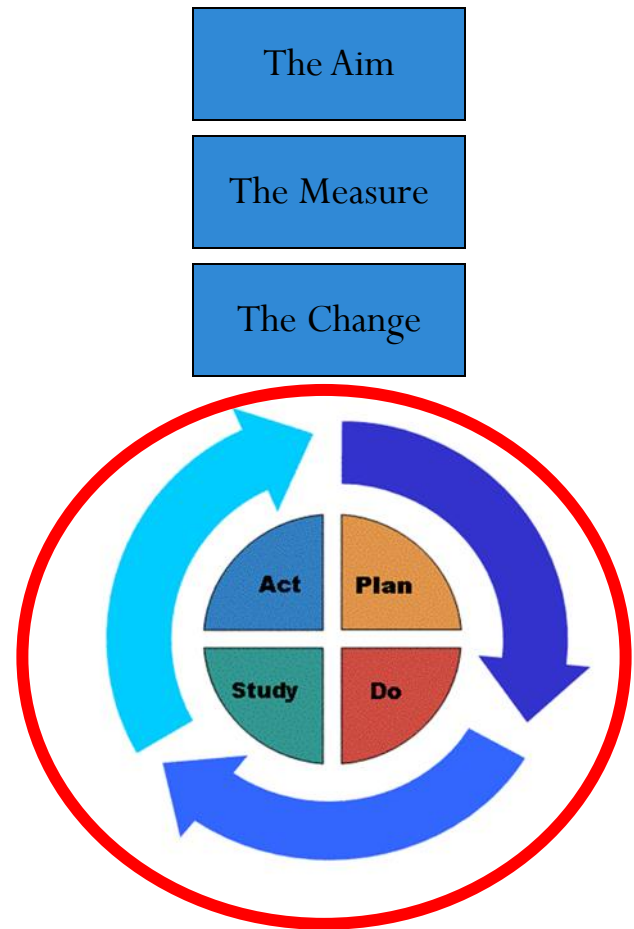
# PDSA Cycle

- Plan
  - Objectives
  - Questions and predictions
  - Plan to carry out the cycle  
(who, what, where, when)
  - Plan for data collection



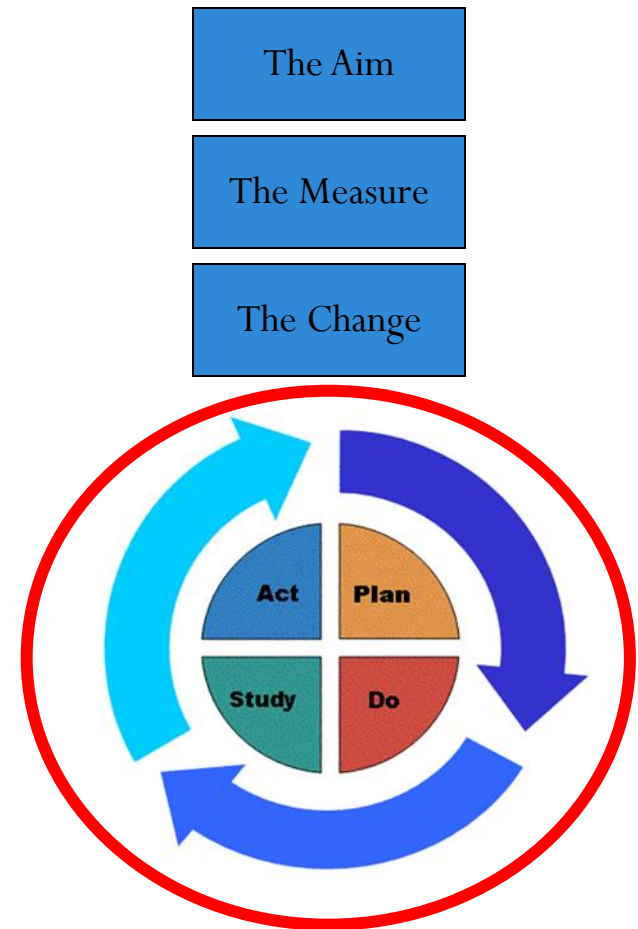
# PDSA Cycle

- Do
  - Carry out the plan
  - Document problems and unexpected results
  - Begin Analysis



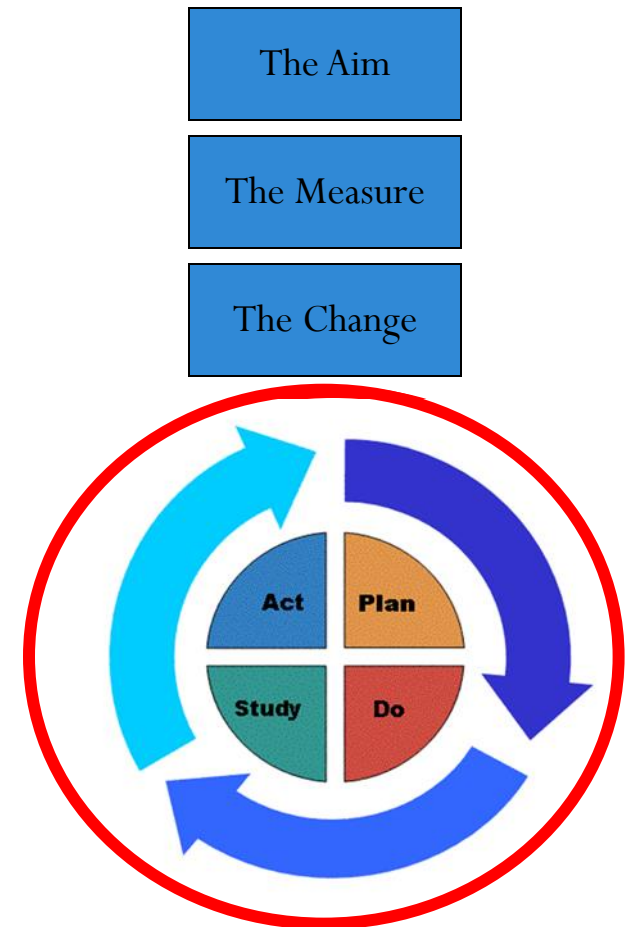
# PDSA Cycle

- Study
  - Measure
  - Complete analysis of the data
  - Compare data to prediction
- Summarize what was learned
  - Even failure is something learned – it didn't work



# PDSA Cycle

- Act
  - What changes are to be made
  - Or do you need another test cycle?



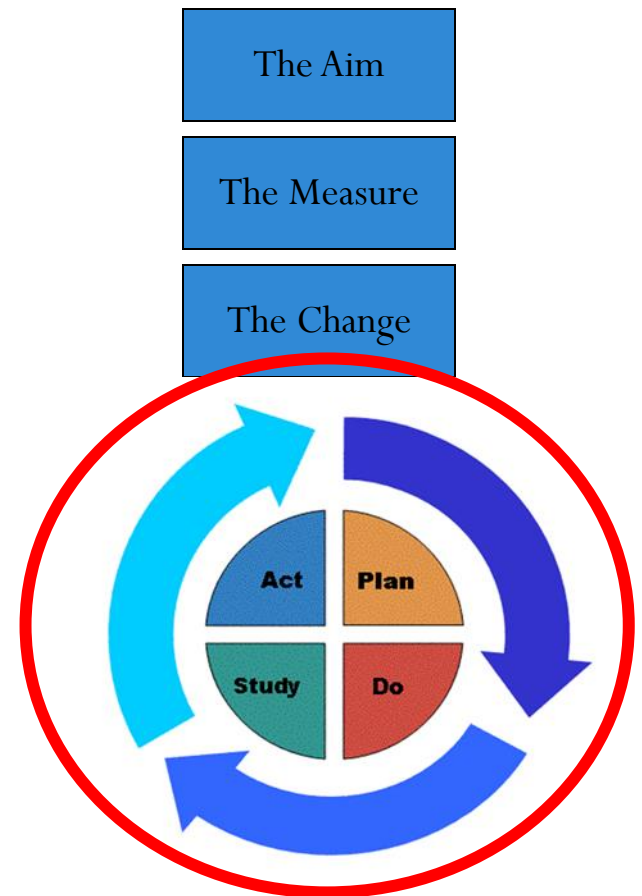
# How easily is change adopted?

- Process of “Normalization”
  - People have a tendency to fall into old habits
  - People have a tendency to resist change
  - People may feel threatened by a change



# Review: Executing the Model for Improvement

- Three Questions: The Aim, The Measures, The changes
- Test changes - PDSA Cycle
- **Implement changes** that work
- Spread the changes



# Spread and Hardwire Change

- Market your change
- Train everyone involved
- Make changes to job descriptions, policies, procedures, forms
- Addressing supply and equipment issues
- Assigning day-to-day ownership for the maintenance of the new process
- Have senior leaders remove any barriers
- Celebrate success

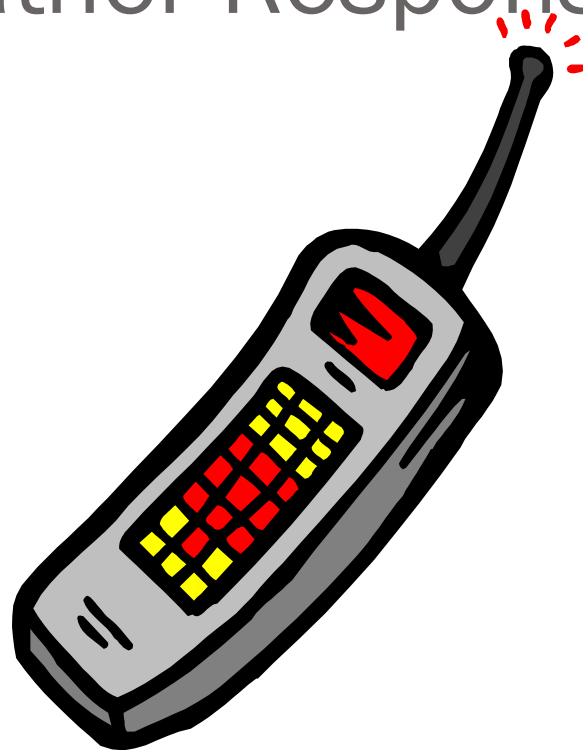
# Emergency Preparedness

Deborah Knight, MSW

Patient Services Coordinator

Network 4

# Winter Weather Response



**THANK YOU  
FOR THE CALL!**

# Objectives

- Provide Websites
- Review America's PrepareAthon

# Websites

CfC: Offer continuous education to their patients about personal emergency preparedness and facility procedures

- New KCER website

<http://kcercoalition.com/>

- Ready.gov/prepare

<http://www.ready.gov/about-us>

# America's PrepareAthon

**Be Smart, Take Part, Prepare**

- America's PrepareAthon

[http://Community.FEMA.gov/connect.ti/AmericasPrepareathon/  
groupHome](http://Community.FEMA.gov/connect.ti/AmericasPrepareathon/groupHome)

- Spring: April 30<sup>th</sup> national day of action

Hurricane, Flood, Tornado and wildfire

- Fall: Stay tuned for date

Earthquakes, Hazard Material Incident, Pandemic Flu and severe winter weather

# **America's PrepareAthon**

**Be Smart, Take Part, Prepare (cont.)**

- Playbook – table top exercise
- Community Tool Kit – forms, templates and talking points to walk you through the exercise



# America's PrepareAthon

## Be Smart, Take Part, Prepare (cont.)

- Use the emergency preparedness outreach tools and self-guided instructor course for preparedness topics throughout the year.

- website:

IS-909: Community Preparedness: Implementing Simple Activities for Everyone<sup>2</sup>



Questions, Comments, Concerns....

# **Resolving Grievances**

**Conditions for Coverage – V766 and V767**

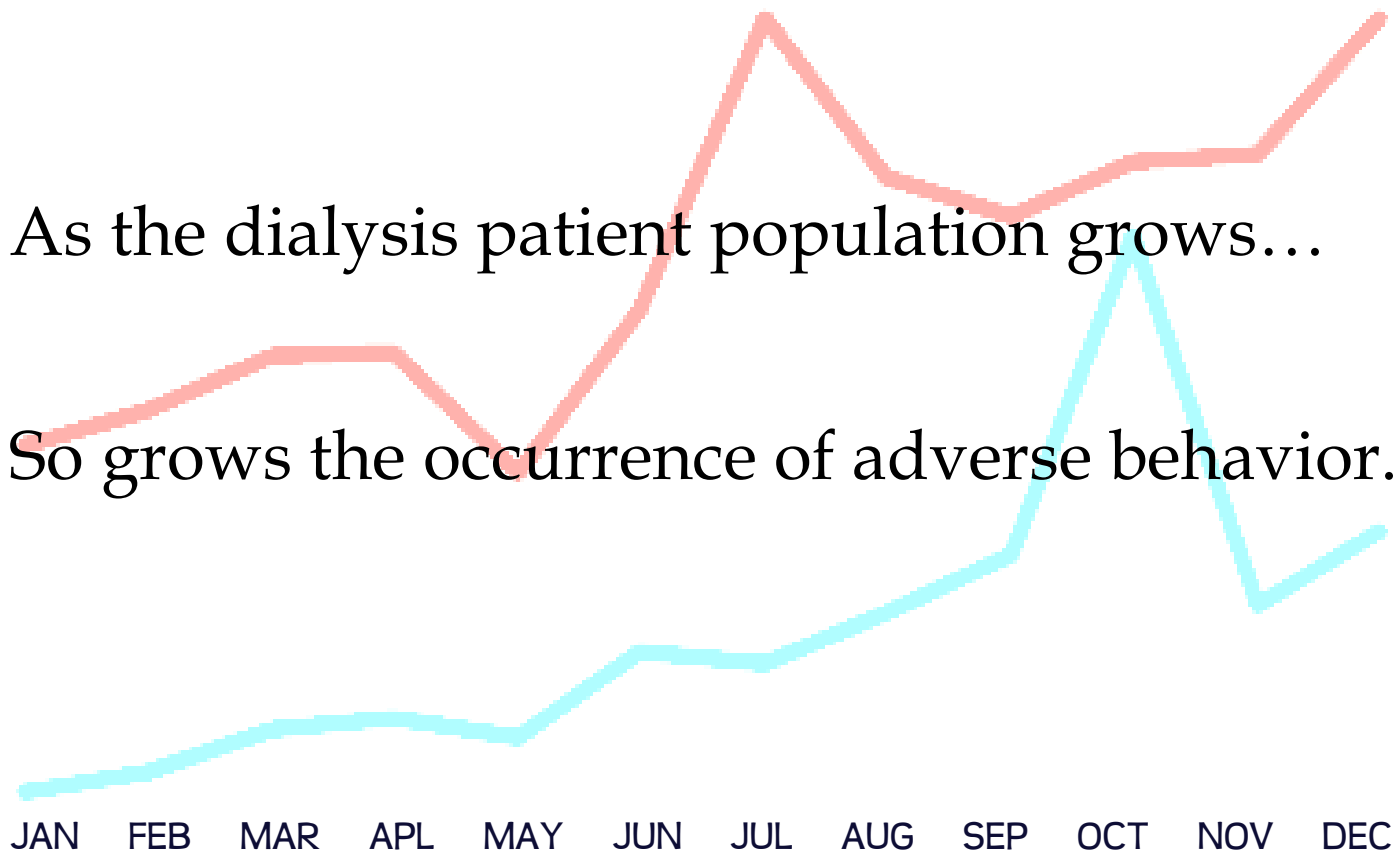
Deborah Knight, MSW

Patient Services Coordinator

Network 4

As the dialysis patient population grows...

So grows the occurrence of adverse behavior.



# Objectives

- Discuss what constitutes disruptive behavior
- Discuss internal vs external grievance process
- Discuss invalid reasons for an IVD/IVT
- Discuss Behavioral Contracts / Patient Agreements
- Discuss common provider concerns
- Discuss best practice for managing disruptive patients
- Discuss Network Goals

# What is considered disruptive behavior?

- Patients can display any number of behaviors that interrupt the flow of operations at the dialysis center.
- These behaviors range from being as trivial as gossiping about staff or fellow patients





- to dangerous threats or acts of violence.

## **Other predominant disruptive behaviors include**

- Arriving late for scheduled appointments
- Failing to show up at all
- Making false allegations against staff
- Engaging in verbal abuse
- Expressing aggression toward fellow patients
- Presenting for treatment with firearms **(Call 911)**



# Control – Safety first

- Under no circumstances should any staff person tolerate verbal abuse, threats, or physical violence from an unruly patient.
- If the patient will not be civil and makes a threat call the police immediately.



# Internal vs External Grievance

- Patients using the facility grievance process
- Patients using the Network grievance process

# **Invalid Reasons for Discharge**

- Shortened or Missed treatments not acceptable reason for Involuntary Discharges (IVD) / Involuntary Transfers (IVT)
- Noncompliance not acceptable reason for IVD/IVT
- CMS goal is to reduce IVD/IVT

# **Behavioral Contract / Patient Agreement**

- Notify the network before a behavioral contract / patient agreement is presented to a pt.
- Pt. considered unstable – monthly care plan
- Review the behavioral contract / patient agreement
- Document the ongoing problem(s) and efforts made to resolve the problem(s) and pt.'s response to the interventions.

# **Behavioral Contract / Patient Agreement cont.**

- Notify the network if pt. at risk for discharge prior to a 30 day notice being given to a pt.
- Must notify Network and State agency 30 days prior to the IVD/IVT
- IVD packet (Thank You - Network 8)
- Complete documentation (this is the only information that CMS is going to review)

*Patient Grievance Handout and Toolkit is under development*

# Concerns for the provider

- Safety is a major concern of providers

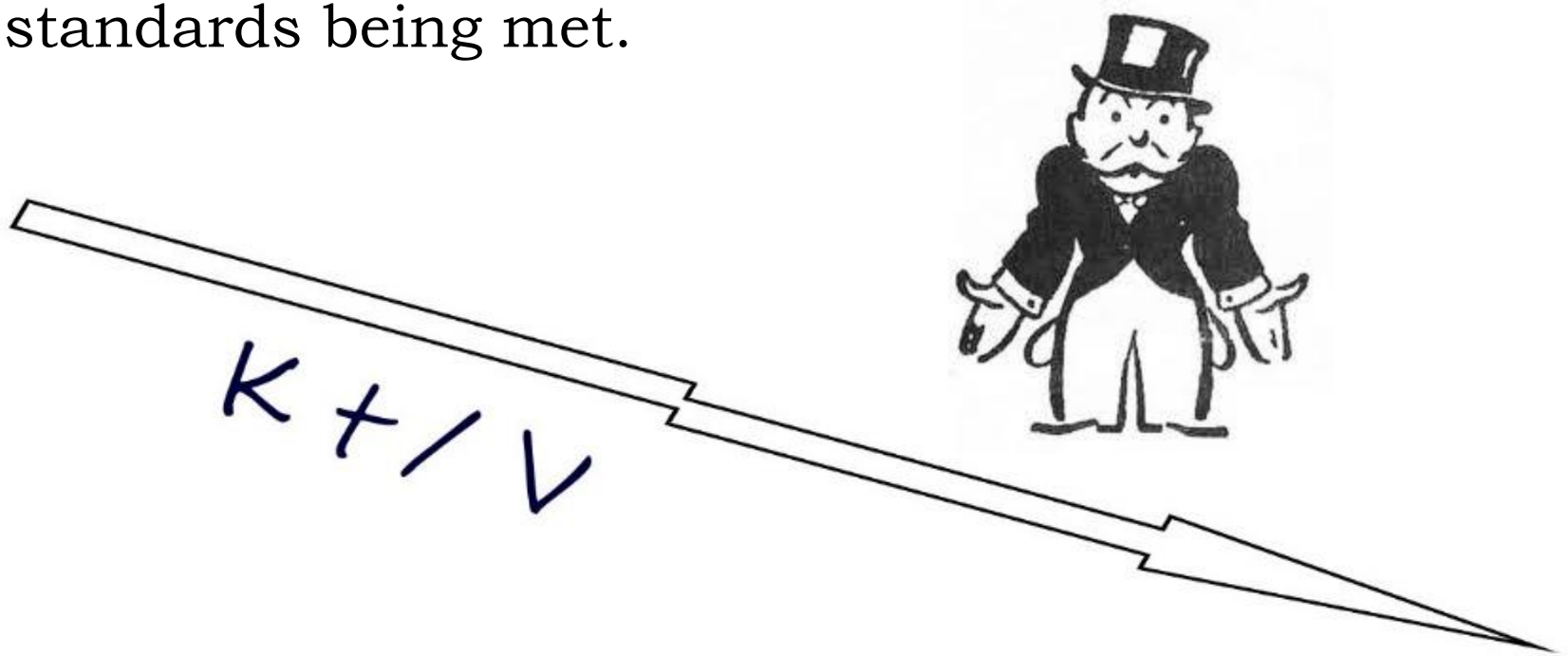
Others Concerns Include:

- Patients transferring out
- Staff retention
- Lawsuits
- Property damage



# Negative impact on outcomes

- QIP PY16 reimbursement is dependent on  $Kt/V$  standards being met.



# **Best practices include the 3C principle**

- Composure
  - Remain calm and don't lose focus on the primary concern.
  - Your demeanor will dictate the tone of the interaction.
- Control
  - Keep the upper hand as the person in charge.
  - Insist that you direct the encounter or you will get help.
- Consideration
  - Listen carefully, restate and consider your patient's point-of-view while working toward a solution.



# **Demeanor**

- Always be firm and professional when managing a disruptive patient encounter.
- Set and maintain limits and promote safety for yourself, your patients and fellow staff members at the dialysis center.



## Consideration

- Therapeutic communication techniques can go a long way because they let the patient know that staff is hearing them out.
- Techniques such as restating what your patient says and openly seeking clarification of any statements made can be greatly helpful.



## **Patient and Staff Safety**

Staff at the dialysis center must find techniques to effectively deal with disruptive behavior while maintaining the safety and order in the dialysis clinic.



**Decreasing Dialysis  
Patient-Provider  
Conflict (DPC)  
Provider Manual  
2nd Edition**

## DECREASING CONFLICT

**C**REATE A CALM ENVIRONMENT

**O**PEN YOURSELF TO UNDERSTANDING OTHERS

**N**EED A NON-JUDGMENTAL APPROACH

**F**OCUS ON THE ISSUE

**L**OOK FOR SOLUTIONS

**I**MPLEMENT AGREEMENT

**C**ONTINUE TO COMMUNICATE

**T**AKE ANOTHER LOOK

**& BUILDING BRIDGES**

## **Quality Insights Renal Network 4's goal is**

- to ensure access to safe care for all patients.
- to protect the rights of all Network patients.
- to support the dialysis facilities in managing these challenging patient situations.
- to reduce the occurrence of disruptive encounters in the dialysis facilities.

The Network will work in a reasonable capacity to facilitate a timely, fair and workable resolution.





Questions, Comments, Concerns....