CAHPS In-Center Hemodialysis Survey: Using Results to Improve Quality

Update and Lessons Learned

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RAND partnered with Network 14

- ESRD Network of Texas, Inc. (Network 14)
  - A nonprofit corporation
  - One of 18 ESRD Networks in the U.S.
  - Works with ESRD providers in Texas
  - Responsible for improving quality of care delivered to ESRD patients

- Facilities in Network 14 area
  - 350 dialysis facilities serving >28,000 patients
  - 22 renal transplant centers serving >7,500 patients
Roles of Network 14 and RAND in the Demonstration

- **Network 14**
  - Provided facilities with coaching and support for developing QI action plans and carrying out actions to improve performance
  - Participated in the site visits to learn from facilities’ experience

- **RAND**
  - Performed the evaluation activities to document and learn from the facilities’ experiences in using CAHPS for QI initiatives
  - Led site visits and conduct analyses of effects

Two Dialysis Centers Chosen from Network 14 for CAHPS QI Work

- **Loma Vista - El Paso, TX**
  - Serves about 240 patients, 90% Hispanic
  - Strong Continuous Quality Improvement (CQI) emphasis
  - First time using patient reported data for QI

- **North Texas - Wichita Falls, TX**
  - The only dialysis facility in the area
  - Serves about 240 patients
  - Limited experience in QI
  - Centralized team structure led by clinical director
RAND Quality Improvement Activities

- **Quality Improvement Team Members** – Donna Farley, Denise Quigley
- **Conducted two one-day site visits**
  - First site visit in Oct 2005 – within 2 months of drafting action plans
  - Second site visit in Jan 06 – 3 months after the first site visit, during implementation
- **Update call in December 2005 – track facilities’ progress in the QI initiatives**
  - Deciding upon interventions
  - Developing action plans
  - Diagnose relevant issues

QI Projects Chosen Based on ICH CAHPS Scores

- **Received ICH CAHPS data in July 2005**
- **Refined their strategies and action plans in Kick-off Meeting in August**
- **Loma Vista Dialysis Center**
  - Timely start of dialysis
  - Patient privacy
- **North Texas Dialysis Center**
  - Staff professionalism
  - Physician communication with patients
Highlights of Loma Vista

- **Staff and physicians’ responses to issues**
  - Agreed that “timely start” was an issue
  - Questioned the “patient privacy” issue

- **Used CQI methods of DaVita, parent corp.**

- **Adapted CQI to test interventions on a small scale using Rapid Cycle Improvement**

- **Facility leader was results-oriented and set an ambitious timeline**

- **Multidisciplinary implementation team**

- **Used pre and post surveys with subset of CAHPS items to test changes made**

Timely Start -- Intervention Selection and Implementation Process

- **Pre-survey of patients found that patients were confused about dialysis start times**

- **Started implementing fixed start times in one dialysis bay to assess the process**

- **Found that staff were not consistent in roll out of actions to fix start times**

- **Reviewed flow sheets to assess timeliness of dialysis starts**

- **Purchased atomic clocks so all gave the same times**
QI Intervention Process for the Timely Start Initiative

- Gave each patient a card with
  - Days for dialysis
  - Dialysis connection time
  - Length of dialysis
  - Take-off time
- Trained staff on use of cards and script
- Three-week test of implementation
- Verification to determine if patients received card and knew their start time
- Revised full implementation based on results from initial test

Patient Privacy – Intervention Selection and Implementation Process

- Implementation team was surprised by the low CAHPS scores for this issue
- Facility questioned the CAHPS survey data
  - Meaning of privacy
  - Skip logic in the questions on privacy
- They held a patient focus group to understand the patients’ perspective
  - Patients defined privacy in many more ways than staff realized
- Still working on approaches to this issue
Loma Vista Lessons Learned

- Focus on one QI initiative at a time
- Include technicians and nurses in development of process and intervention
- Ensure that staff training is consistent
- Get feedback from staff on their understanding of issues and actions
- Continue to check how well improvements are being maintained
- Learn from the patients – talk with them
- Focus on what the patients want

Highlights of North Texas

- Leadership felt the CAHPS data accurately reflected their needs for improvement
- Not sure which specific behaviors or actions contributed to the CAHPS scores
- Used patient surveys to learn more about patient perceptions of behaviors
- Implementation team consisting of facility managers and social workers
- Leadership focus
  - Long term goals and objectives
  - Informal, incremental process for change
Staff Professionalism –
Intervention Selection and
Implementation Process

- Patients were surveyed to identify actions they view as included in professionalism
- Having all staff “be a patient for a day” to learn how it feels to be a dialysis patient
- Network 14 did training in Professionalism and Boundaries
- Also did conflict resolution training for staff
- Plan to develop scripts for staff to use in routine interactions with patients

Physician Communication --
Intervention Selection and
Implementation Process

- Physicians visit their patients at the center very often, but contacts are very short
- Patients were surveyed to identify actions they view as included in effective communication with patients
- Tested redistribution of the time doctors spend with each patient
  - One day a week doctors spend more time with each patient during rounds
  - Led by the doctors with facility support
North Texas Lessons Learned

- Staff professionalism is hard to define and staff attitudes are hard to influence
- Improving staff morale and team building is key to better interactions with patients
- Recognize that time constraints on staff influence ability to change processes
- Changing or influencing doctor style and behavior is very difficult
- Patient expectations are high and sometimes unrealistic

Next Steps

- Follow up ICH CAHPS survey in late April/early May
- Examine and evaluate the trends in CAHPS performance on key measures for each facility
- Document individual QI projects
  - Lessons from the implementation process
  - Challenges and successes
- Assess lessons learned across the 6 sites and three networks