



A Decade of Advancing Patient-Centered Care:  
**The 10th National CAHPS® User Group Meeting**




**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

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## 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

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## 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

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## 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

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## 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

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## 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**

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## 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**

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## 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**

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## 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**

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## 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

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## 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 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

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## 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

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## 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

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## 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**

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## 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**

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