



END STAGE RENAL DISEASE NETWORK OF TEXAS

Be the Voice



Be the Change

2017 ICH CAHPS QI Activity Patient Survey Starter Kit For Facilities

Listed below you will find the contents of the **Be the Voice-Be the Change Patient Survey Starter Kit** with instructions and tips on getting started. This is a quality improvement activity which your facility is required to participate in due to low patient scores on the ICH CAHPS question: *In the last twelve months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?* You will receive additional information about the project soon and you will be able to locate project information on the Network's website including these instructions.

Content	Description
a. Patient Survey	Survey with one ICH CAHPS question printed in English on one side and Spanish on the other side. A few large print surveys for visually impaired patients.
b. Survey Return Envelopes	For patients to enclose their completed surveys in. Survey instructions to the patients are printed in English and Spanish on the front of the envelope.
c. Facility Patient List	List is divided by month (February, March, April, May, June, July, August, September) with a group of your facility's in-center hemodialysis patients who are assigned to receive the survey in the month listed. Each patient will be requested to complete the survey only once during the 8 month project. This list aids the facility in keeping track by month of who they distributed the survey to.
d. Response Drop-off Box	Drop-off box for completed patient surveys. Box has pink labels with printed "Be the Voice\Be the Change" tagline on it and instructions for patients in English and Spanish.
e. UPS Return Envelopes	Eight UPS envelopes (one for each month – February, March, April, May, June, July, August, September) that are pre-addressed, pre-postage paid which will be used to return the patient surveys to the Network in.
f. Survey Calendar	Lists the survey period and corresponding due dates for monthly survey returns to the Network.

Instructions:

1. Assign one responsible staff member to deliver the surveys to the patients monthly. We suggest this step to be coordinated with your Facility Patient Representative (FPR) who can assist with distribution of surveys to patients.
2. Distribute the **Patient Surveys** with **Survey Return Envelopes** to patients who are listed on the **Facility Patient List** for the given month. Provide a pen or pencil for patients to use to complete the survey.

- a. Utilize your Facility Patient Representative (FPR) to assist in the distribution of surveys and explain instructions.
 - b. The FPR can also assist patients complete the survey if needed.
 - c. *Although the surveys were printed in a readable font type and size for most patients, we have enclosed a few patient surveys in large print for distribution to visually impaired patients if needed. The large print version can be downloaded on the Network's website www.esrdnetwork.org under the **Be the Voice-Be the Change** ICH CAHPS QI Activity section.*
 - d. Patient survey responses are confidential and should **NOT** be seen by facility staff or leaders.
 - e. If the patient is not English or Spanish speaking, facilitate a call with the patient to the Network's toll free number 1-877-886-4435 and request to speak to the Network Outreach Coordinator, Javozsia Sterling, who will facilitate translation services.
3. Instruct the patients to complete the survey, put it in the envelope, seal the envelope, and drop it off in the **Response Drop-off Box** by the end of the month.
 4. Place the **Response Drop-off Box** in a convenient place for the patients to use for dropping off their answered surveys.
 5. At the end of the month, take the surveys out of the **Response Drop-Off Box** and insert them into the **UPS Return Envelope**.
 6. Mail the surveys monthly to the Network in the provided **UPS Return Envelope** by the due date listed on the **Survey Calendar**. Once you've mailed the surveys via UPS to the Network, email Maryam Alabood, (MAlabood@nw14.esrd.net) with the name of your facility and that the surveys have been mailed.

Tips for good patient participation:

1. Involve the FPR(s) explaining that this is a patient engagement activity and you need their assistance. Ways the FPR can be involved include, but are not limited to, the following:
 - ✓ Distribute surveys to patients and briefly explain instructions to patients
 - ✓ Assist patients to complete the surveys, if patients need assistance
 - ✓ Encourage patients to complete the survey and place in the Response Drop-off Box by the end of the month
 - ✓ Encourage patients to complete the survey because their perspective is important and their answers will be used to improve care at this facility
 - ✓ Show the patients where the Response Drop-Off Box is located
 - ✓ Use the large print survey for visually impaired patients
2. Encourage patients to give their perspective through "using their voice" by completing the survey and let them know that you will be sharing results with them and obtaining their feedback and ideas on how to improve.

NEVER EMAIL PATIENT SPECIFIC INFORMATION TO THE NETWORK. IF THIS OCCURS, IT WILL BE REPORTED TO CMS AS A SECURITY INCIDENT.

For questions, contact Kelly Shipley, QI Director, by email kshipley@nw14.esrd.net or phone (469) 916-3803

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