End Stage Renal Disease Network of Texas

Be the Voice - Be the Change
ICH CAHPS Introduction Webinar

February 10, 2017
OBJECTIVES

- Introduction to Network 14 ICH CAHPS QI Team
- Explain linkage of ICH CAHPS with QIP and Dialysis Facility Compare, and Patient Centered Care
- Review project background/selection of focus facilities
- Describe project components
  - Patient Survey Toolkit
  - Root Cause Analysis
  - Patient Engagement
  - Facility Patient Representative (FPR)
  - Home Therapies Discussion Groups
  - Facility Intervention
  - Sustainability
- Review Project Timeline
- Explain CMS Watch List
- Wrap-up
STAFF

- Kelly Shipley, RHIA, QI Director*
  
kshipley@nw14.esrd.net
  (469) 916-3803

- Maryam Alabood, Administrative Assistant

- Javozzia Sterling, BA, Outreach Coordinator

*denotes project lead
WHERE TO FIND PROJECT INFORMATION INCLUDING THIS WEBINAR

http://www.esrdnetwork.org/
WHERE TO FIND PROJECT INFORMATION

QUALITY IMPROVEMENT ACTIVITIES (QIA)

Be the Voice-Be the Change: ICH CAHPS QIA

Twice a year, a patient experience of care survey is issued to in-center hemodialysis patients. The abbreviated name of the survey is ICH CAHPS which stands for Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis Survey. ICH CAHPS is part of the ESRD QIP. The Be the Voice-Be the Change QIA, co-designed by patient subject matter experts, will aid a group of facilities that scored low on one of the ICH CAHPS questions to improve scores. A variety of strategies will be used including monthly surveys and staff and patient activities.

Network Project Lead:
Kelly Shipley, QI Director, office (469) 916-3803, email kshipley@m14.esrd.net

For resources please click here
Six Domains of Quality Measurement Based on the National Quality Strategy

1. **Treatment and Prevention of Chronic Disease**
   - Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

2. **Care Coordination**
   - Promoting effective communication and coordination of care.

3. **Population/Community Health**
   - Working with communities to promote wide use of best practices to enable healthy living.

4. **Patient and Family Engagement**
   - Ensuring that each person and family are engaged as partners in their care.

5. **Safety**
   - Making care safer by reducing harm caused in the delivery of care.

6. **Affordability**
   - Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

ICH CAHPS
Consumer Assessment of Healthcare Providers and Systems In-Center Hemodialysis Survey
**WHAT IS PATIENT- AND FAMILY-CENTERED CARE (PCC OR PFCC)?**

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<tbody>
<tr>
<td><strong>Dignity &amp; respect</strong></td>
<td>Build patient/family knowledge, beliefs, culture into plan of care. Listen to, honor choices.</td>
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<tr>
<td><strong>Information sharing</strong></td>
<td>Share complete, unbiased, timely info. Know patients’ health literacy and act accordingly.</td>
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<tr>
<td><strong>Participation</strong></td>
<td>Support patient involvement at the level they choose. This level may change over time.</td>
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<tr>
<td><strong>Collaboration</strong></td>
<td>Patients/families/care team work together on policy development, implementation, evaluation.</td>
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WHAT IS ICH CAHPS?

• A set of questions asked of in-center hemodialysis patients via a third-party vendor which elicit valuations of care rather than satisfaction per se

• Asks *how often positive or negative aspects of care* occurred such as:
  − How often did the Dr. spend enough time with you?
  − How often were you treated with courtesy & respect?

• Asks *whether* and *how often* patients have specific experiences
  − Requires more items
  − Reports are less subjective (than many satisfaction survey instruments)
  − Are easier to interpret and more useful to providers

• Administered twice a year (once in spring, once in fall)

*Consistency of processes and people is key*
PY 2018 Scoring and Payment Reduction Methodology

**Clinical**

<table>
<thead>
<tr>
<th>Subdomain</th>
<th>Measures</th>
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<tbody>
<tr>
<td>Safety (20%)</td>
<td>NHSN Bloodstream Infection</td>
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<tr>
<td>Patient and Family Engagement/Care Coordination (30%)</td>
<td>ICH CAHPS Survey SRR</td>
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<tr>
<td>Clinical Care (50%)</td>
<td>STTR</td>
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<tr>
<td></td>
<td>Kt/V Dialysis Adequacy Measure Topic</td>
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<td>Hemodialysis</td>
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<td>Peritoneal Dialysis</td>
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<td>Pediatric Peritoneal Dialysis</td>
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<td>VAT Measure Topic</td>
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<td>Access via AVF</td>
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<td>Access via catheter</td>
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<tr>
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<td>Hypercalcemia</td>
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**Reporting**

- new measure for PY 2018
- Mineral Metabolism
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN HCP

**Total Category Weight**

- 100 pts.

**Payment Reduction Percentage**

- 100 pts.
- 90% + 10% = 100%
- min. TPS
- 0.5% Reduction
- 1.0% Reduction
- 1.5% Reduction
- 2.0% Reduction
- 0 pts.

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories.
PY 2019 Scoring and Payment Reduction Methodology

**Clinical**
- **Subdomain**: Patient and Family Engagement/Care Coordination (42%)
  - **Measures**:
    - ICH CAHPS Survey
    - SRR
    - STRR
    - Kt/V Dialysis Adequacy
    - VAT Measure Topic
      - Access via AVF
      - Access via catheter
    - Hypercalcemia
  - **Total Category Weight** = 75%
- **Clinical Care (58%)**

**Safety**
- **Measures**:
  - NHSN BSI Measure Topic
  - NHSN BSI Clinical
  - NHSN Dialysis Event Reporting
  - **Total Category Weight** = 15%

**Reporting**
- **Measures**:
  - Mineral Metabolism
  - Anemia Management
  - Pain Assessment and Follow-Up
  - Clinical Depression Screening and Follow-Up
  - NHSN Healthcare Personnel Influenza Vaccination
  - **Total Category Weight** = 10%

**Payment Reduction Percentage**
- Total Performance Score (TPS) is the sum of the weighted totals from the three measure categories.

- 100 pts.
- 60 min. TPS
- No Reduction
  - 0.5% Reduction
  - 1.0% Reduction
  - 1.5% Reduction
  - 2.0% Reduction
- 0 pts.
**Description** Percentage of patient responses to multiple testing tools.

Composite Score: The proportion of respondents answering each response option by item, summed across all items within a composite. Composites include: Nephrologists’ Communication and Caring, Quality of Dialysis Center Care and Operations, and Providing Information to Patients,

Overall Rating: a summation of responses to the rating items grouped into 3 levels

NQF #0258

**Exclusions**

1. Facility attests that it treated fewer than 30 eligible in-center hemodialysis adult patients during the “eligibility period,” which is defined as the year prior to the performance period
2. Facilities that treat 30 or more eligible in-center hemodialysis adult patients during the “eligibility period,” but are unable to obtain at least 30 completed surveys during the performance period
3. Facilities with a CCN open date on or after January 1, 2017
4. Facilities not offering In-Center Hemodialysis
5. The following patients are excluded in the count of 30 eligible patients:
   a) Patients less than 18 years on the last day of the sampling window for the semiannual survey
   b) Patients receiving hemodialysis from their current facility for less than 90 days
   c) Patients receiving hospice care
   d) Patients currently residing in an institution, such as a residential nursing home or other long-term care facility, or a jail or prison

**Data Source(s)**

1. ICH CAHPS
2. REMIS, CROWNWeb, Enrollment Data Base (EDB), and other CMS ESRD administrative data (form 2744 to obtain certification date and facility type)
What information can you get about dialysis centers?

Dialysis Facility Compare provides details on dialysis facilities (centers) across the country, including how well each dialysis center delivers care and the services they provide, patient experiences with dialysis centers, and much more. You can read more about:

- The quality of patient care star rating for dialysis centers
- Survey of patients’ experiences
- Basic information about dialysis centers and their services
- Quality of patient care at different dialysis centers
What information can you get about dialysis centers?

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- The quality of patient care star rating for dialysis centers

NEW Survey of patients’ experiences

The In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (I-CHAPPS) Survey:

- Asks dialysis patients about their experiences while getting hemodialysis in their dialysis facility (center).
- Focuses on patients who have gotten hemodialysis in their current facility for three months or longer.
- Focuses on topics that are important to patients, such as how well their kidney doctors and dialysis center staff communicate with them.
- Is conducted twice a year in the spring and fall. The survey results are based on the combined data from the last two survey periods.

Read more about the survey.

The table below lists the specific survey questions related to each topic.

<table>
<thead>
<tr>
<th>1) Kidney doctors’ communication and caring: How often kidney doctors communicate well with patients and care for them as a person</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the questions that follow, “your kidney doctors” means the doctor or doctors most involved in your dialysis care now. This could include kidney doctors that you see inside and outside the center.</td>
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<tr>
<td>• Do your kidney doctors seem informed and up-to-date about the health care you receive from other doctors?</td>
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<td>• How often did your kidney doctors listen carefully to you?</td>
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<tr>
<td>• How often did your kidney doctors explain things in a way that was easy for you to understand?</td>
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<tr>
<td>• How often did your kidney doctors show respect for what you had to say?</td>
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2016 PROJECT RESULTS

Be the Voice, Be The Change ICH CAHPS QIA
Percent of Patient Respondents who Answered Yes to Question #39
Goal: 5% RI (<=37.3%) by September 30, 2016

Q#39: In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?

n=25 Project Facilities
Network chooses the “worst” scored question to improve
- Select lowest performers (facilities with the worst scores for the selected question)
- Minimum of 20 facilities
- 5% patient impact
- Administer the survey to 1/8 of the patients monthly over an eight month period beginning in February 2017 and ending in September 2017
- Patient Subject Matter Experts will be utilized for development of interventions
- Goal: Achieve a 5% relative improvement from baseline

Not an explicit requirement, but seeking good response rates.

Bottom Line: Patients’ perspectives on experiences of care matters. Providers, Networks and CMS are listening and will collaborate with patients to make their experience of care better.
ICH CAHPS - Q#39 % Positive Responses

- Network 14 Avg. = 56.6%
- Focus Facility Avg. = 33.9%

SELECTION

1. Spring 2016 ICH CAHPS Results
   - 532 ICH Dialysis Facilities in Texas

2. Worst Scored Question Analysis
   - Q#39: Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?

3. Facility with poorest scores to Q39 (>59% patients answered negatively and response rates >20%); sorted by census
   - 26 focus facilities (6 over minimum requirement for attrition)
   - 2,121 patients (5.1% Network scope)
## PROJECT OUTLINE

### Webinars

1. Project Introduction – 2/10/17
2. Wrap-Up – by 8/28/17

### Facility Root Cause Analysis to examine reasons behind poor scores for Q39


### Surveys

4. Monthly patient survey distribution x 8 months (February, March April, May, June, July, August, and September) & send to Network

### Patient Engagement

5. Facility Patient Representative
6. Home Therapies Group Discussions in May – 6/7/17
7. Implement interventions June to July – 7/31/17

### Sustainability

8. Sustainability Plan - 9/13/17
By 3/27/17 facilities will complete a series of questions online via survey monkey to determine causes for HIGH negative patient responses to ICH CAHPS Q39 in their facility

- **Human Resource Factors**
  - Staffing
  - Kidney doctors

- **Patient-Related Factors**
  - Health literacy
  - Memory
  - Survey responses

- **Process Factors**
  - Patient education
  - Patient teaching
  - QAPI processes

- **Equipment/Material Factors**
  - National shortage of PD dialysate
  - Survey vendors
Root Causes for Negative Patient Scores on ICH CAHPS Q#39

- Lack of staff training on talking to patients/providing PD info
- Poor patient cognitive status
- Healthcare terminology confusing
- Health literacy, language
- Time constraints due to staff turnover
- Time constraints due to lack of staff to talk to pts about PD
- Urgent HD initiation with no PD follow-up discussion (educating pt) about PD
- Staff not following plan of care for talking to pts
- No modality education in place for new ICH pts
- Natl or regional shortage of peritoneal dialysate

Human Resource Factors
Patient Related
Process Factors
Equip/Material

#1
#2
#3

END STAGE RENAL DISEASE
NETWORK OF TEXAS
Patient Survey STARTER Kit

✓ Facility Instructions*
✓ Patient Surveys and Return Envelopes
  • Facility allotted number for 8 months plus 4-5 extra surveys
✓ Large Print Survey*
✓ Facility-specific Monthly Patient Checklist – *do not send this back to Network; this is for facility use only*
✓ Response Drop-Off Box
✓ UPS Ground Envelopes addressed to the Network
  • One per month for 8 months to be used to return the completed, sealed patient survey envelopes to the Network
✓ Survey Calendar*
  • Survey Month and corresponding monthly date to mail completed surveys back to Network

* available on website
PATIENT SURVEYS

Patient’s name – Voluntary

The ESRD Network of Texas is collaborating with this facility to improve patient experience of care. Your feedback matters to us. Please answer the question below and drop in the drop-off box. Your answers will be kept confidential.

Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the past 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?

☐ Yes  ☐ No

To file a grievance, please contact **End Stage Renal Disease Network of Texas (ESRD Network 14)** at 1-877-886-4435, info@nw14.esrd.net, 4040 McEwen Rd. #350, Dallas, Texas 75244, and www.esrdnetwork.org.

Spanish on other side
PATIENT SURVEYS
RESPONSE DROP-OFF BOX

BE THE VOICE/BE THE CHANGE DROP-OFF BOX
SEA LA VOZ/SEA EL CAMBIO CAJA DE DEPÓSITO

This survey is being conducted by the ESRD Network of Texas
Esta encuesta se lleva a cabo por la red de ESRD de Texas

Place sealed envelope into box
Colocar sobre cerrado en la caja

Survey is confidential
La encuesta es confidencial

Survey is due by the end of the month
Encuesta se debe a finales del mes
Insert TAB A in the slot with directional arrows labeled TAB A behind the survey response opening

Be the Voice

Be the Change
<table>
<thead>
<tr>
<th>Distribute patient surveys during this month:</th>
<th>Mail surveys (via UPS in enveloped provided) to Network by:</th>
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<tbody>
<tr>
<td>February 2017</td>
<td>Wednesday – <strong>March 1, 2017</strong></td>
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<td>March 2017</td>
<td>Monday – <strong>April 3, 2017</strong></td>
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<td>April 2017</td>
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<td>May 2017</td>
<td>Thursday - <strong>June 1, 2017</strong></td>
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<tr>
<td>June 2017</td>
<td>Monday - <strong>July 3, 2017</strong></td>
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<td>July 2017</td>
<td>Tuesday - <strong>August 1, 2017</strong></td>
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<td>August 2017</td>
<td>Friday - <strong>September 1, 2017</strong></td>
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<tr>
<td>September 2017</td>
<td>Thursday – <strong>September 28, 2017</strong></td>
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</tbody>
</table>
Inform patients that the survey is confidential and that is why it is being delivered in this manner.

Inform patient that staff will NOT see the results.

Give the patient a blank survey envelope with a blank survey card inside.

Patients can record their name on the survey if they would like (optional). Their name is NOT required to be on the survey or the envelope.

Instructions on the survey, the envelope, and the response box emphasize that answers are CONFIDENTIAL.

Educate staff and doctors regarding process – patient answers are CONFIDENTIAL. Answers will be aggregated at the Network level and an aggregate result will be supplied to the facility.

Response Drop-Off Box: Do not open sealed envelopes or look at surveys inside unsealed envelopes; remove surveys once a month and mail back to Network in the provided UPS envelope by due date.
**PATIENT INVOLVEMENT**

- **Required to engage** your patients with assisting you in this project
- **Facility Patient Representative (FPR)**

Ways the FPR can be involved include, but are not limited to, the following:

- **Surveys**
  - Distribute surveys to patients, briefly explain instructions
  - Assist patients complete the surveys, if patients need assistance
  - Use the large print survey for visually impaired patients
  - Encourage patients to complete the survey and place it in the Response Drop-Off Box by the end of the month
  - Show the patients where the Response Drop-Off Box is located
  - Encourage patients to complete the survey because their perspective is important and their answers will be used to improve care at this facility

- Attend project webinars and/or calls with you
- Collaborate with you on plans for Home Therapies Group Discussion with patients in May
- Assist with design and implementation of facility-specific intervention in June and July
- Be the Voice (Go-to-Patient Expert) to explain ICH CAHPS to other patients and why it is important to participate in survey.
Every dialysis unit in Texas should have a FPR who will act as a link between patients and the facility staff.
- Recommend 1 FPR for every shift
- Consider diversity and predominant and secondary languages spoken by patients
- Use Network FPR Toolkit to orient staff and patients to FPR role

Responsibilities
- Listed on website
- Assist facility
  - Gather information and ideas from patients
  - Distribute information to patients
  - Share ideas from patients with facility staff
  - Co-design strategies to improve the delivery of care and patient information
  - Support Patient and Family Engagement activities, including QI activities
  - Promote Patient and Family Centered Care
PATIENT REPRESENTATIVES

What is a Facility Patient Representative (FPR)?

Every dialysis clinic in Texas should have a Facility Patient Representative (FPR) who will act as a link between patients and the facility staff. The attached handbook and tools will assist facilities with recruiting and training patients to become valuable members of the team.

To learn more about the FPR program, contact your facility social worker and read the information available in the FPR Toolkit:

FFR Toolkit – English – Spanish – Revised 05/2015

Responsibilities Include:

Suggested Standard Responsibilities:
1. Be a role model to other patients by learning information about treatments for kidney disease and following his/her own treatment plan.
2. Receive and distribute ESRD Network patient mail-outs.
3. At the facility's request, communicate clinic updates or concerns to fellow patients.
4. Be available to assist the unit Social Worker with patient support groups.
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Hold at least one facility group discussion with patient attendance in order to ascertain patient’s perspective and feedback

Purpose to address:
- Barriers
- Improvement
- Interventions
- Disparities

Involve FPR – co lead
HOME THERAPIES DISCUSSION GROUPS
FACILITATOR GUIDE

- Overview: Recruiting Patients and Structuring your Groups
  - Recruiting patients
  - Group Size
  - Patient Co-Facilitator
  - Number of Groups
  - Language
  - Time, Length, location,
  - Documentation
- Recommendations
  - Record Keeping
- ICH CAHPS Warning
  - Staff restrictions
- Suggested Agenda
- Questions
HOME THERAPIES DISCUSSION GROUPS

May 1, 2017 to May 31, 2017—Organize and hold Discussion Groups

June 7, 2017—Sign-in sheets and Discussion Group Summary Forms due to the Network 14 office (DO NOT EMAIL)
FACILITY SPECIFIC INTERVENTION

Promote Home Therapies Awareness through an intervention developed by the facility using information learned from the Group Discussions and the facility’s Root Cause Analysis in conjunction with the FPR.

June 1, 2017 — July 30, 2017 – Conduct facility specific intervention. This is not the same thing as holding the Home Therapies Group Discussions. This comes after the discussions have taken place.

July 31, 2017 — Submit Facility Intervention Description Form to Network.
FACILITY PROGRESS REPORT

- Project participation level
  - Completion of components

- Results
  - Aggregate level
  - Percent of respondents who answered Yes
  - Survey response rate
  - Comparison to Focus Facility Group

- Initial, Mid-Point, Final
SUSTAINABILITY

SUSTAIN

- Sustain the improvements made during the project after the project has ended
  - Start early, at the beginning of the project with the end goal in mind
  - Use SUSTAIN mnemonic to remember the seven steps of sustainability
  - Complete and submit a Sustainability Plan for each project to Network toward end of project

- Role of organizational culture and leadership in successful sustainability activities

9/13/17 - Complete online, obtain corporate approval, submit to Network
Method of follow-up started in 2016, continuing in 2017

Facilities failing to submit required documentation for projects will receive:
- One written or emailed notice
- One notification via phone

If no response received from facility, the facility will be placed on the CMS Watch List, which will include:
- Report of non-compliance to corporate leaders (if applicable)
- Report of non-compliance with DSHS on monthly calls
- Report of non-compliance to CMS
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
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<tbody>
<tr>
<td>Submit Patient Survey Starter Kit Inventory Sheet by fax</td>
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<td>Attend Introductory Project Webinar</td>
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<td>Complete Facility-Level Root Cause Analysis</td>
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<td>Distribute survey to 1/8 patients</td>
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<td>Return completed surveys to Network through UPS mail</td>
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<td>Recruit FPR(s) if needed</td>
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<td>Hold Home Therapies Discussion Group(s) with FPR(s) and other patients</td>
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<td>Submit Sign-in sheet(s) and Discussion Group Summary Forms</td>
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<td>Implement Facility Specific Intervention</td>
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<td>Submit Facility Intervention Description Form</td>
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<td>Attend Project Wrap-Up Webinar; Complete Project Evaluation</td>
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<td>Complete Sustainability Plan</td>
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Don Berwick, former CMS administrator, gave his top ten tips during a speech.

- First, put the patient at the center at the absolute center of your system of care.

- “Nothing about me without me.” It means that we who offer health care stop acting like hosts to patients and families, and start acting like guests in their lives.
RESOURCES

- **ICH CAHPS**
  - [https://ichcahps.org/](https://ichcahps.org/) official ICH CAHPS website
  - [https://www.cahps.ahrq.gov/](https://www.cahps.ahrq.gov/) surveys and tools to advance patient centered care
  - [http://www.esrdnetwork.org/professionals/qip](http://www.esrdnetwork.org/professionals/qip) Network 14 website
    - ICH CAHPS Specification Manual
    - ICH CAHPS Webinars
    - ICH CAHPS Newsletter
    - ICH CAHPS Resource Matrix

- **Peritoneal Dialysis**
    - 5 Types of Home Dialysis Fact Sheet
    - Network Patient Representative Letter to Facility Patients (English/Spanish)
    - Lists of Patient and Professional Resources

- **ESRD Quality Incentive Program**
  - [http://www.esrdnetwork.org/professionals/qip](http://www.esrdnetwork.org/professionals/qip) Network 14 website
    - ESRD Final Rules
    - Final Measure Technical Specifications
    - National Provider Calls and Webinars
RESOURCES

- **Dialysis Facility Compare**
  
  https://www.medicare.gov/dialysisfacilitycompare/

- **Five Diamond Patient Safety**
  - Home Therapy module
  
  https://www.5diamondpatientsafety.org

- **The National Forum of ESRD Networks**
  - The Experience of Care: Patients & Providers as Partners
    - How to change the way we look as the patient experience of care
    - How to use new information to improve the patient experience of care
    - Breaking down barriers to communication
  - 3-Part Webinar Series
    - Webinar Recordings
    - Slides
    - Practical resources to help you empower your patients
    - Resources to make better use of CAHPS data

THANK YOU FOR PARTICIPATING!

- **Webinar Objectives**
  - Introduction to Network 14 ICH CAHPS QI Team
  - Explain linkage of ICH CAHPS with QIP and Dialysis Facility Compare
  - Review project background/selection of focus facilities
  - Describe project components
    - Patient Survey Toolkit
    - Root Cause Analysis
    - Patient Engagement
    - Facility Patient Representative (FPR)
    - Home Therapies Discussion Groups
    - Facility Intervention
    - Sustainability
  - Review Project Timeline
  - Explain CMS Watch List
  - Wrap-up

- **Complete the webinar evaluation via survey monkey link providing your name, facility name, and 6-digit CMS certified facility number (CCN#). This will serve as record of your attendance (a project requirement) at today’s webinar.**
QUESTION AND ANSWERS