




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




**Development and Use of CAHPS  
 In-Center Hemodialysis Survey  
 Provider Reports for Quality  
 Improvement**

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*American Institutes for Research (AIR)*  
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**REPORT DEVELOPMENT: GOALS**



- Design and produce reports to present the results of the CAHPS In-Center Hemodialysis Survey to dialysis center staff.
- Develop a report useful for quality improvement efforts in dialysis centers.
- Use an audience-driven approach to develop report content and format
  - Primary Audiences: Dialysis center staff
  - Secondary Audiences: ESRD Network staff and CMS


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## REPORT DEVELOPMENT: AN AUDIENCE-DRIVEN APPROACH



Our development process included:

- An environmental scan of relevant literature and existing provider reports
- Group interviews with staff from dialysis centers, ESRD Networks, and CMS
- One-on-one testing of alternative provider reports with dialysis center staff
- Feedback on final report from dialysis center staff and Networks; CMS, AHRQ, and CAHPS grantees



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**INSIGHT INTO DIALYSIS CARE QUALITY 2005**  
A CAHPS® IN-CENTER HEMODIALYSIS SURVEY OF PATIENTS

This guide presents information about the experiences of Medicare beneficiaries on hemodialysis at ABC Dialysis Center. You can use this guide to better understand ABC Dialysis Center's strengths and weaknesses and help you develop strategies to improve performance and provide even better care.

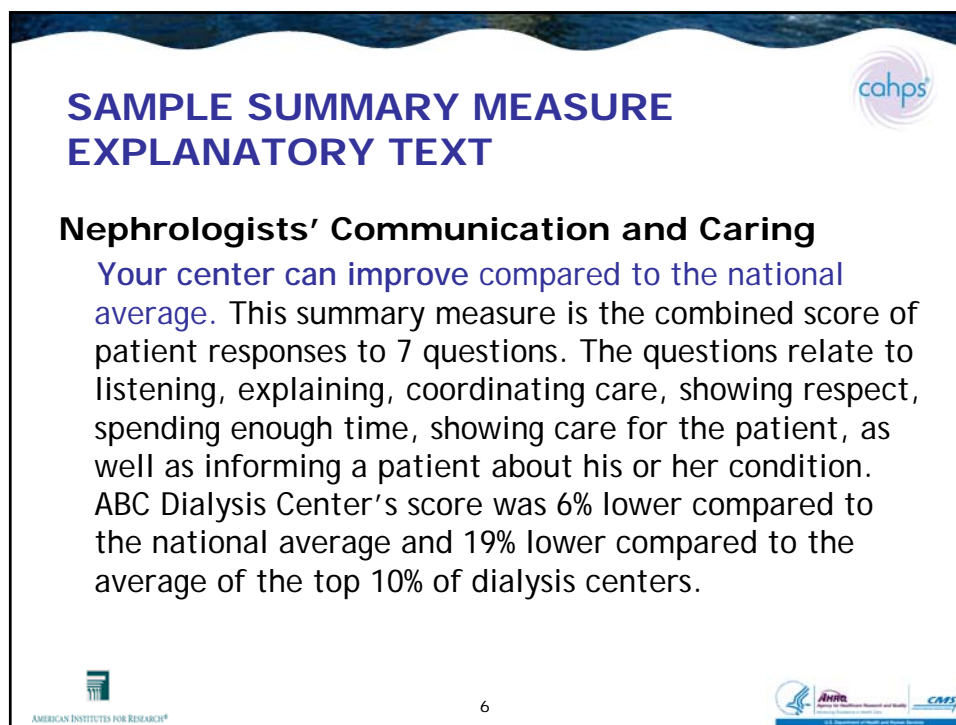
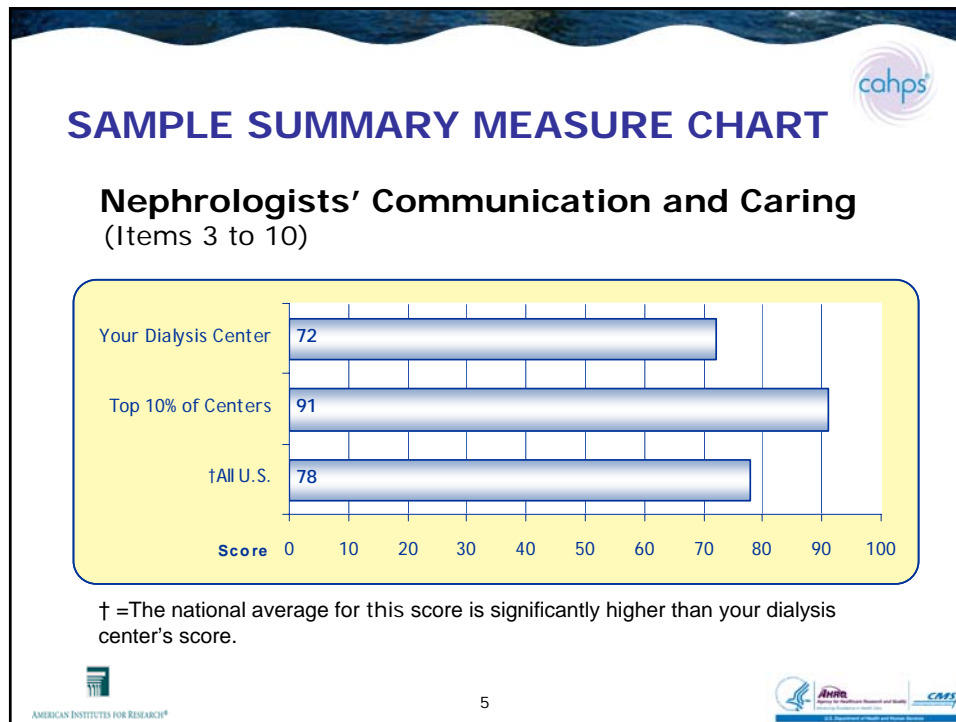


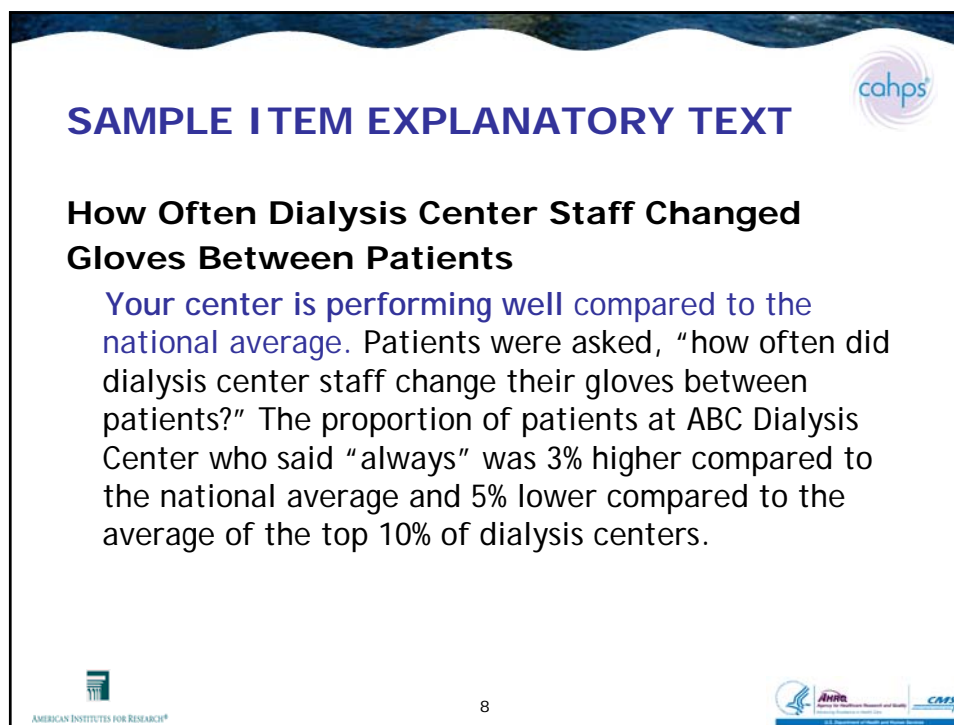
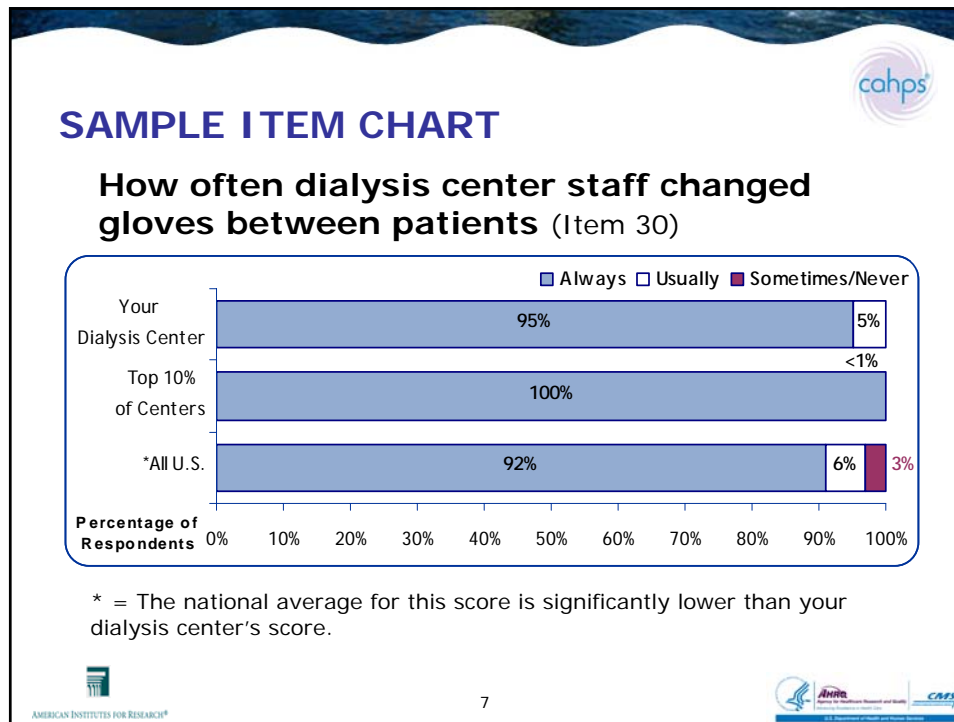
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## REPORT DEVELOPMENT: LESSONS LEARNED

- Providers want more detail for QI
- *Most* providers don't want extensive information about statistical methods
- Provide explanatory/interpretive text with charts
- Comparison data should include "top performers"
- Must include a summary up front, 2-3pp.






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## FROM REPORTING TO QUALITY IMPROVEMENT: CMS/AHRQ Project

- Using CAHPS Survey Data for QI
- 3 ESRD Networks: New England(#1), Mid-Atlantic (#5), Texas (#14)
- 1 Coordinating Network (#15)
- 7 Dialysis Centers: 2 partner w/ each Network/Grantee team; 1 with Network 15.
- 3 Grantees: American Institutes for Research, Harvard, and RAND
- Products:
  - QI Projects
  - Lessons Learned Report



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## QUALITY IMPROVEMENT: AIR'S EXPERIENCE



- Partner Network: Mid-Atlantic Renal Coalition (#5)
- Partner Dialysis Centers:
  - FMC of Charleston, WV
    - 32 hemodialysis stations
    - Rural setting
    - Owned by Fresenius Medical Care (FMC)
  - DaVita of Covington, VA
    - 13 hemodialysis stations
    - Rural setting
    - Changed ownership from Gambro to DaVita



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## QUALITY IMPROVEMENT: DIALYSIS CENTER PROJECTS



- Joint review of CAHPS Survey results with Grantee and Network
- Charleston: *How often dialysis center staff cared about patients as people (Q15)*
  - Polled patients for further info
  - Interventions: "All Hands on Deck"; Increased time between shifts; Acknowledge and address patients by name; Add "fun" activities; Let patients/family know about delays
- Covington: *How often patients were satisfied with way staff handled problems (Q51)*
  - Conducted poll of patients on satisfaction; Network conducted patient interviews
  - Interventions being defined



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## QUALITY IMPROVEMENT: PROCESS EVALUATION APPROACH



- Approach:
  - Interviews with Network staff
  - 2 site visits to dialysis centers
  - Interviews with dialysis center staff & patient representatives
  - Lessons learned report across all sites
- Dialysis center staff interviewed:
  - Social workers, clinical managers, charge nurse, nephrologists, dietician, and administrators
- Interview topics:
  - Defining QI intervention; how it was implemented; experiences of implementation; how QI decisions are made; facilitators and challenges to the project



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## QUALITY IMPROVEMENT: PRELIMINARY FINDINGS



- Not all staff were informed about the CAHPS survey or the report
- Staff had multiple competing priorities: Patient care, Large Dialysis Organization (LDO) takeovers, work at multiple sites, etc.
- Most staff involved had worked in dialysis centers for many years
- Patient-centered quality improvement was new; previously focused on clinical areas
- LDO defines clinical areas for improvement and strategies



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## QUALITY IMPROVEMENT: PRELIMINARY FINDINGS



- Variety of staff involved in QI interventions
  - Some had little experience with QI, but had great suggestions
    - e.g., “All hands on deck”
  - One site needed more time due to a corporate takeover
- Nephrologists typically not involved in quality improvement, only in defining priority area
- Network’s role needs to be better defined



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## QUALITY IMPROVEMENT: PRELIMINARY LESSONS LEARNED



- CAHPS survey can provide information useful for defining quality improvement areas
- Centers need training in using quality information, quality improvement planning, and getting feedback from patients
  - Involving patients is a new concept
  - Defining QI projects at dialysis center level is new for some
  - Collecting and analyzing qualitative data may require additional training
  - Quality improvement process is new to some staff




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## QUALITY IMPROVEMENT: PRELIMINARY LESSONS LEARNED

- Centers and all of their staff can define and implement useful QI interventions
- Centers need time to develop QI interventions
- National implementation would need CMS backing and Network support
- National implementation would need LDO backing




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## *Thank You*

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