

March 26, 2019

Fall 2018 In-Center CAHPS Patient Experience Survey Executive Summary

Summary

The Northwest Kidney Centers (NKC) hired DSS Research to administer the Fall 2018 In-Center Patient Experience CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey required by the Centers for Medicare and Medicaid Services (CMS) since 2012.

The survey was administered from November 2, 2018 to January 11, 2019 using a paper survey mailed to patient homes and by phone. The paper survey is in English, Spanish, and Chinese. The phone survey is in English and Spanish. Powercharts (Key Driver Analysis reports) were fully available on March 11, 2019.

Response Rate

All patients 18 years or older with at least 3 months of experience on hemodialysis at their current facility were sampled. This survey did not include Home Hemodialysis or Peritoneal Dialysis patients. It also excludes nursing home residents or those known to be participating in Hospice. 1183 NKC patients were sampled, with 959 being eligible. 310 patients completed surveys, 189 by mail and 121 by phone. The NKC response rate was 32%; the response rate was 35% for all DSS surveyed facilities.

See response rate data by unit:

Facility Name	Fall 2017 Response Rate	Spring 2018 Response Rate	Fall 2018 Response Rate	Fall 2018 (# of respondents)
Auburn	42%	30%	41%	19
Broadway	30%	37%	32%	18
Elliott Bay	28%	21%	28%	19
Enumclaw	38%	36%	38%	12
Federal Way East	-	-	41%	17
Kent	34%	27%	24%	16
Kirkland	37%	33%	40%	21
Lake City	27%	33%	38%	22
Lake WA	46%	31%	46%	15
Port Angeles	36%	18%	33%	8
Renton	34%	31%	28%	34
Scribner	44%	35%	35%	31
Seattle 2 nd and 3rd Floor	24%	20%	16%	12
SeaTac	33%	36%	32%	39
Snoqualmie Ridge	64%	29%	50%	8
West Seattle	35%	26%	33%	19
TOTAL	35%	30%	32%	310

Northwest Kidney Centers Overall Trended Results. The ICH-CAHPS survey produces the following six categories of measures of patient experience. Top Box refers to top responses in either individual questions or a group of questions.

	Category	NKC Fall 2017 % Top Box	NKC Spring 2018 % Top Box	NKC Fall 2018 % Top Box
Q8	Overall rating of kidney doctors (scale 0-10) – top box is 9-10	77.5%	76.7%	78.2%
Q35	Overall rating of dialysis center (scale 0-10) – top box is 9-10	76.4%	74.2%	76.5%
Q32	Overall rating of dialysis center staff (scale 0-10) – top box is 9-10	68.8%	70.6%	68.6%
Q 3, 4, 5, 6, 7, 9	Nephrologists' communication and caring (scale 1-4 or yes/no) – top box is always or yes	76.9%	79.1%	79.8%
Q 19, 28, 29, 30, 31, 36, 38, 39, 40	Providing information to patients (yes/no) – top box is yes	82.8%	82.8%	82.3%
Q 10, 11, 12, 13, 14, 15, 16, 17, 21, 22, 24, 25, 27, 28, 33, 34, 43	Quality of dialysis center care and operations (scale 1-4 or yes/no) – top box is always or yes	66.5%	66.7%	65.9%

ICH-CAHPS national benchmarks (compared to Fall 2017 and Spring 2018).

This is the percent of respondents who provided “top box” scores, e.g. 9 or 10 on 10 point scale, or “always”, or “yes.”

	<u>QIP 2017 PERFORMANCE YEAR</u>			NKC Combined Spring and Fall 2018
	15 th	Percentile 50 th	90 th	
Overall rating of kidney doctor	49%	62%	77%	77.5%
Overall rating of dialysis center	52%	67%	83%	75.4%
Overall rating of dialysis staff	49%	62%	77%	69.6%
Nephrologist communication and caring	57%	67%	78%	79.5%
Providing information to Patients	73%	80%	87%	82.5%
Quality of Dialysis Care and Operations	53%	61%	72%	66.2%

Overall Impression:

- NKC had a 32% response rate from eligible patients, as compared to DSS book of business at 35%.
- Compared to Spring 2018, Fall 2018 NKC trended Top Box results show:
 - Improvements in 3 measures
 - No change in 1 measure
 - Slight decrease in 2 measures

NKC Fall 2018 PowerChart Results

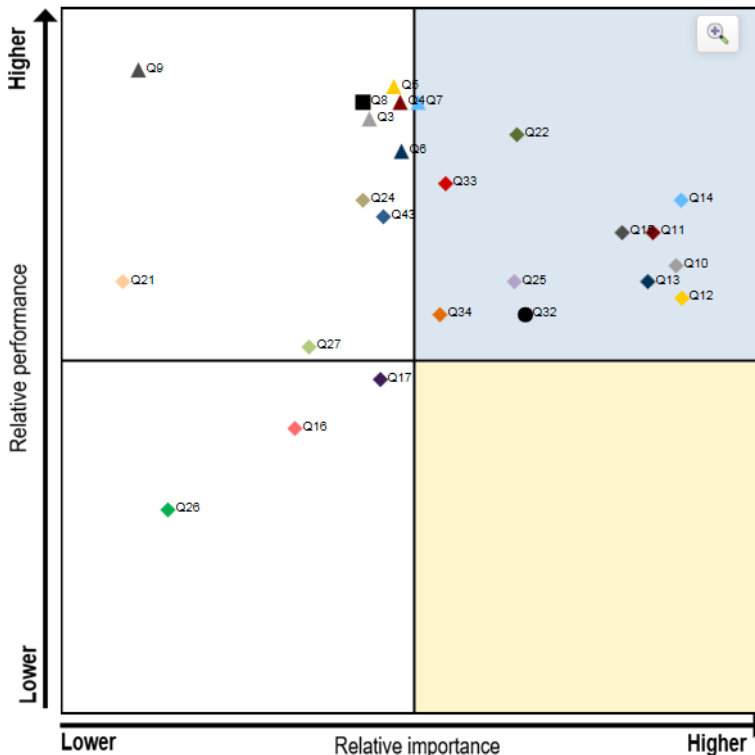
POWeR™ Chart for Facility Rating - Fall 2018

RETAIN

Items in this quadrant have a relatively small impact on the rating of the facility, but performance is above average. Simply maintain performance on these items.

WAIT

Though these items still impact the rating of the facility, they are somewhat less important than those that fall on the right hand side of the chart. Relatively speaking, performance is low on these items. Dealing with these items can wait until more important items have been dealt with.



POWER

These items have a relatively large impact on the rating of the facility and performance levels on these items are high. Promote and leverage strengths in this quadrant.

OPPORTUNITY

Items in this quadrant also have a relatively large impact on the rating of the facility but performance is below average. Focus resources on improving processes that underlie these items and look for significant improvements.

Note: Key drivers in the in the "Power" quadrant are shaded in blue, while those in the "Opportunity" quadrant are shaded in yellow. See next page for question legend.

Power - high importance, high performance. These questions have a relatively large impact on the overall rating and NKCC's performance on these questions is high.

Questions identified as "Power"

- Q12. Dialysis Center: Showed respect
- Q14. Dialysis Center: Felt that staff really cared
- Q10. Dialysis Center: Listened carefully
- Q11. Dialysis Center: Explained things in a way that was easy to understand
- Q13. Dialysis Center: Spent enough time
- Q15. Dialysis Center: Made patients as comfortable as possible during dialysis
- Q32. Staff Rating
- Q22. Dialysis Center: Checked patients on the dialysis machine as closely as wanted
- Q25. Dialysis Center: Behaved in a professional manner
- Q33. Dialysis Center: Put on dialysis machine within 15 minutes of appointment
- Q34. Dialysis Center: Dialysis center as clean as it could be
- Q7. Nephrologist: Felt that doctor really cared

Opportunities - high importance, lower performance. These questions have a relatively large impact on overall ratings, but NKC's performance is below average.

0 Questions identified as "Opportunities"

Wait – lesser importance, lower performance. These questions have a lesser impact on overall rating. However, NKC's performance is low on these items. Dealing with these items can wait until more important items have been addressed.

Questions identified as "Wait"

Q17. Dialysis Center: Comfortable asking everything about dialysis care

Q27. Dialysis Center: Explained blood test results in a way that was easy to understand

Q16. Dialysis Center: Information kept as private as possible from other patients

Q26. Dialysis Center: Talked about eating and drinking

Retain – lesser importance, high performance. These questions have a lesser impact on overall rating, but NKC's performance is above average. Maintain performance on these items.

Questions identified as "Retain"

Q6. Nephrologist: Spent enough time

Q4. Nephrologist: Explained things in a way that was easy to understand

Q5. Nephrologist: Showed respect

Q43. Dialysis Center: Satisfied with the way staff handled problems

Q3. Nephrologist: Listened carefully

Q24. Dialysis Center: Managed problems during dialysis

Q8. Doctor Rating

Q9. Nephrologist: Informed and up to date about care from other doctors

Q21. Dialysis Center: Inserted needles with as little pain as possible

Organization action plans and Fall 2018 results

The Operations Committee reviewed the ICH CAHPS results on 3/25/19.

The Spring 2018 PowerChart identified no system-wide Opportunities .

The Fall 2018 survey also identified no system-wide Opportunities.

Unit Action Plans and Fall 2018 Results

In-Center units will review their results and PowerChart in their May 2019 QA/PI meeting.

QA/PI Action Items:

- Record the following information in unit QA/PI minutes:
 - The response rate (see page 1)
 - The “top box” results for past three surveys for “Overall Rating of the Dialysis Center” (see Addendum A on page 7).
- Celebrate Power questions and review Opportunities on PowerChart
- Review Comments
- See Addendum B (see pages 8-10) for assignments of Unit Specific Action Plans
 - Close Action Plans where improvements achieved.
 - Revise or Continue Action Plans where opportunities still exist.
 - Develop new Action Plans for the one opportunity identified by Operations Committee.
 - Units with low response rates are asked to develop an Action Plan to increase patient participation; this is especially important for ESCO units.

FUTURE SURVEYS

Spring 2019 Survey schedule (In-Center):

- Pre-notification Letter – 4/19/2019
- In-Center Questionnaire Mailed – 5/3/2019
- In-Center Phone Survey Begins – 5/31/2019
- Data Collection Ends – 7/12/2019
 - Note: Federal Way West and Fife will not be included in Spring survey – patient census is too low

Addendum A

Annual Top Box Results to put in QA/PI Minutes

Q35 - Overall rating of dialysis center (scale 0-10) – top box is 9-10.

	Fall 2017	Spring 2018	Fall 2018
NKC Overall	76.4%	74.2%	76.5%
Auburn	79.4%	84.6%	78.9%
Broadway	88.2%	88.2%	77.8%
Elliott Bay	80.0%	81.8%	68.4%
Enumclaw	92.3%	100%	90.9%
Federal Way East	--	---	76.5%
Kent	70.0%	73.7%	71.4%
Kirkland	75.0%	66.7%	66.7%
Lake City	75.0%	76.5%	77.3%
Lake Washington	57.1%	72.7%	84.6%
Port Angeles	N/A	N/A	N/A
Renton	77.3%	62.2%	78.8%
Scribner	78.9%	74.1%	80.0%
SeaTac	70.3%	70.0%	71.8%
Seattle 2 and 3	66.7%	66.7%	75.0%
Snoqualmie Ridge	N/A	N/A	N/A
West Seattle	66.7%	66.7%	72.2%

N/A = 10 or less responses

Addendum B (Fall 2018)

Unit Specific Action Plan to be Developed by QA/PI Team

Action Plans are based on each unit's PowerChart. Units must have 15 or more responses for a Power Chart to be generated.

Auburn

Fall 2017 Opportunity was Q34 – Dialysis center as clean as it could be – Moved into Power in Spring 2018 and remained in Power in Fall 2018. Close Action plan.

No Opportunity identified for Spring 2018 survey.

Fall 2018 Opportunity: Q10 Staff listen carefully to what you have to say– develop Action Plan.

Broadway

Fall 2017 Opportunity Q05 – Physicians show respect for what you had to say – Moved into "Retain" in Spring 2018. Also in "Retain" in Fall 2018. Close Action plan.

Spring 2018 Opportunity Q12 – Staff show respect for what you had to say. This question moved into Power in Fall 2018 – sustain the gain.

Elliott Bay

No Spring 2018 Powerchart due to low response rate.

Fall 2018 Powerchart shows multiple Opportunities in the areas of patient respect.

Fall 2017 Opportunity was Q14 – Feel that staff really cared about you as a person. While Q14 remains an Opportunity in Fall 2018, Q12 Staff show respect for what you had to say is identified for Action plan.

Patient survey response rate improved to 28% from 20% –continue Action Plan to sustain/improve response rate.

Enumclaw

No PowerChart for Fall 2018 survey, due to low response rate.

Number of survey respondents is low –continue Action Plan to increase number of patient responding to the survey.

Federal Way East

First time participating in ICH CAHPS. Most significant Fall 2018 Opportunity was Q13 – Staff spent enough time with you – Develop Action Plan.

Kent

Spring 2018 Opportunity was Q12 – Staff show respect for what you had to say. This remains an Opportunity in Fall 2018 – revise Action Plan.

Kirkland

Fall 2017 Opportunity Q12 – Staff show respect for what you had to say –Moved into Power in Spring 2018 and Fall 2018. Close Action Plan.

Spring 2018 Opportunity Q34 – Dialysis center as clean as it could be. Moved into Power in Fall 2018 – sustain the gain.

Fall 2018 Opportunity is Q25 - Staff behave in a professional manner – Develop Action plan.

Patient survey response rate improved – sustain the gain.

Lake City

No Fall 2018 Opportunities identified.

Response rate shows continued improvement – sustain the gain.

Lake Washington

Spring 2017 Opportunity Q11 – Staff explain things in a way that was easy to understand” –identified as Power in Fall 2017. Also identified as Power in Fall 2018 – close Action plan.

Fall 2017 Opportunity Q22 – Staff check you as closely as you wanted on dialysis machine. This is identified as Power in Fall 2018, sustain the gain.

There was no Power Chart for Spring 2018 survey, due to low survey response rate.

Fall 2018 Opportunity was Q32 – Overall Staff rating - Develop Action Plan.

Patient survey response rate improved – sustain the gain.

Port Angeles

No Power Chart for Fall 2018 survey, due to low number of survey responses.

Number of survey respondents is low –continue Action Plan to increase number of patient responding to the survey.

Renton

Fall 2017 Opportunity Q15 – Staff make you as comfortable as possible on dialysis – Identified as Power in Spring 2018 and Fall 2018 , close Action Plan.

Spring 2017 Opportunity Q12 - Staff show respect for what you had to say – Identified as Power in Fall 2017 and Spring 2018. However back into Opportunity in Fall 2018 – revise Action Plan.

Scribner

Fall 2017 Opportunity Q14 –Feel that staff really cared about you as a person– Identified as Power in Spring 2018 and Fall 2018 – close Action Plan.

Spring 2018 Opportunity Q15 – Made patients as comfortable as possible. Remains an Opportunity in Fall 2018 –Revise Action Plan.

SeaTac

Fall 2018 greatest Opportunity was Q14 Feel that staff really cared about you as a person – develop Action Plan.

Seattle 2 & 3

No Fall 2018 Powerchart due to low number of completed surveys.

Spring 2017 Opportunity Q12 - Staff show respect for what you had to say. Still on PowerChart as an Opportunity for Fall 2017, but moved into Power in Spring 2018 – sustain the gain.

Spring 2018 Q15 – Made patients as comfortable as possible during dialysis – continue Action Plan.

Number of survey respondents low –continue Action Plan to increase number of patient responding to the survey.

Snoqualmie Ridge

No Fall 2018 Powerchart due to low number of completed surveys.

Number of survey respondents low –continue Action Plan to increase number of patient responding to the survey.

West Seattle

Spring 2017 Opportunity Q14 – Staff really cared about you as a person- Identified as Power in Fall 2017 and Spring 2018, close Action Plan.

Fall 2017 Opportunity Q34 – Dialysis center as clean as it could be – Moved into Power in Spring 2018 and stayed there in Fall 2018, close Action Plan.

Fall 2018 Opportunity Q10 Staff listen carefully to you – Develop Action Plan.

Response rate improved in Fall 2018 –sustain the gain.