



# Empowering Partners for Improved Care

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2021  
Toolkit

Questions can be directed to

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# Goal & Requirements

The dialysis facility will establish a process to sustain year-round engagement of at least two (2) patients, family members and/or caregivers in the facility's Quality Assurance and Performance Improvement (QAPI) meetings as the role of Patient/Family Facility Representative. The interdisciplinary team will brainstorm with its selected Patient/Family Facility Representative(s) and strategize initiatives to impact:

- I. Plan of Care
- II. Peer Mentoring
- III. Patient Depression Screening and Referral
- IV. Infection Rates in Skilled Nursing Facilities Dialyzing Patients (BSI NH)
- V. Home Dialysis & Telemedicine
- VI. Transplant
- VII. Immunization (COVID-19, Influenza, Pneumococcal, etc.)
- VIII. Hospital Admissions, Readmissions, and Emergency Visits
- IX. Nursing Home Dialysis Blood Transfusions
- X. Other facility relevant topics.

The facility must demonstrate having effectively established an ongoing practice of integrating patient, family or caregivers by informing the Network of participation in at least three (3) QAPI meetings during 2021 - 2022. Patient/Family Facility Representative recruitment should be ongoing and participation must be sustained thereafter.

## Monthly Reporting

Document patient/family member participation in QAPI meetings using the Network's Online Report. Use this link to submit to the Network:

<https://esrdqiaforms.qualityinsights.org/nw5/epic2021/create>

**This task must be completed monthly whether your facility has had a Patient/Family Facility Representative (Subject Matter Expert – SME) participate in the facility's QAPI meeting or not.**

Print the online report before clicking submit to keep on record and use as proof of patient and family engagement to the state survey agency, Network and others.

# Supportive Documents

Use these documents to establish a process for ongoing Recruitment/Participation of Patient and Family Member Representatives in your facility's QAPI meetings.

**You DO NOT have to submit any of the following documents to the Network.**

- ☐ QAPI Meeting Worksheet
- ☐ Interdisciplinary Team Acknowledgment & Commitment of Support
- ☐ Patient/Family Member Facility Recruitment Letter
- ☐ Patient & Family Representative Participation/Membership Policy
- ☐ Patient & Family Member Representative Registration Form

# QAPI Meeting Worksheet

*You may use this worksheet to help your team manually capture your patient/family member participation in QAPI meetings for online reporting to the Network. Using the form is **OPTIONAL**.*

QAPI Meeting Date: \_\_\_\_\_

## Plan of Care

- ☐ SMEs helped identify barriers to patients and/or family members' development of plan of care and participation in POC meetings.
- ☐ SME provided ideas on how to improve patient and family members' participation in the development of Plan of Care.
- ☐ SME's feedback improved the way staff approached the Plan of Care process/meetings.
- ☐ SME worked with staff to address patient education about the importance of the plan of care and the meetings.
- ☐ Other:

## Peer Mentoring

- ☐ SME identified barriers to establishing/continuing the peer mentors program at the facility.
- ☐ SME provided ideas on how to improve patients' engagement of peer mentors and peer mentees.
- ☐ SME is partnering with the staff to recruit patient mentor(s) at the facility.
- ☐ SME is working with staff to promote the patient support to mentees at the facility.
- ☐ Other:

### **Patient Depression Screening and Referral**

- ☐ SMEs support staff with awareness interventions for patients relating to depression screening tools and support available in-center.
- ☐ SMEs provided interventions to encourage patients to be more open to receiving treatment referral.
- ☐ SME shared his/her personal experience managing depression.
- ☐ SME helped arrange / participated in a lobby day focused on Depression Screening / Referral.
- ☐ SME assisted the facility in determining how to utilize Network, NCC and other external partners' resources.
- ☐ SME reviewed/revised patient or staff developed educational material.
- ☐ Other:

### **Infection Rates in Skilled Nursing Facilities Dialyzing Patients (BSI NH)**

- ☐ SME shared his/her personal experience to encourage patients to be more aware of infection prevention practices.
- ☐ SME helped arrange / participated in a lobby day focused on infection prevention.
- ☐ SME conducted staff hand hygiene audits this month.
- ☐ Other:

### **Home Dialysis & Telemedicine**

- ☐ SME identified new ways to work with patients who are not interested in home therapies.
- ☐ SME provided support/education to fellow patients about home therapies.
- ☐ SME helped arrange / participated in a lobby day focused on home therapies.
- ☐ SME assisted the facility in determining how to utilize Network, NCC and other external partners' resources.
- ☐ SME reviewed/revised patient or staff developed educational material.
- ☐ SME shared his/her experience using telemedicine.
- ☐ SME helped identify issues/barrier impacting patients' access to telemedicine.
- ☐ Other:

### Transplant

- ☐ SME identified new ways to work with patients not interested in transplantation.
- ☐ SME provided support/education to fellow patients regarding the evaluation / transplant process.
- ☐ SME assisted the facility in determining how to utilize Network, NCC and other external partners' resources.
- ☐ SME reviewed/revised patient or staff developed educational material.
- ☐ SME helped arrange / participated in a lobby day focused on transplant.
- ☐ Other:

### Immunization

- ☐ SME helped identify issues/barrier impacting patients' decision to vaccinate.
- ☐ SME provided support/education to fellow patients regarding immunization.
- ☐ SME assisted the facility in determining how to utilize Network, NCC and other external partners' resources.
- ☐ SME reviewed/revised patient or staff developed educational material.
- ☐ SME helped arrange / participated in a lobby day focused on immunization.
- ☐ SME shared his/her immunization experience.
- ☐ Other:

### Hospital Admissions, Readmissions, and Emergency Visits

- ☐ SME assisted the facility in determining how to improve patient's comfort to call the facility with medical concerns that may lead to an ER visit (vascular access complications, shortness of breath, rescheduling missed treatment, etc.)
- ☐ SME identified new ways to educate patients about missed / shortened treatments leading to hospitalizations.
- ☐ SME provided staff with strategies to support fellow patients regarding medication adherence.
- ☐ SME reviewed/revised patient educational material regarding risk management to reduce hospitalizations/ER visits.
- ☐ SME helped arrange/participated in a lobby day with staff to promote treatment adherence (diet, meds, schedule, etc.)
- ☐ Other:

### Nursing Home Dialysis Blood Transfusions

- ☐ SME shared his/her personal experience to encourage patients to be more aware of what leads to Blood Transfusions.
- ☐ SME helped arrange / participated in a lobby day focused on ways to avoid/reduce blood transfusions.
- ☐ SME assisted the facility in determining how to utilize Network, NCC and other external partners' resources.
- ☐ SME reviewed/revised patient or staff developed educational material.
- ☐ Other:

### Other Topics / Actions Items

# Interdisciplinary Team Acknowledgment & Commitment of Support

Date: \_\_\_\_\_

The members of the interdisciplinary team at \_\_\_\_\_ commit to support our facility's initiatives towards the improvement of care and outcomes, engagement and satisfaction of the patients, families and staff.

As part of our commitment we will support:

- ✓ The development of partnership and integration of selected patients and/or family members as representatives in the facility's QAPI meetings
- ✓ Patient and staff education and empowerment
- ✓ Promoting a patient/family-centered culture at the facility
- ✓ The development of a culture of professionalism and open communication in the facility
- ✓ Appropriate opportunities for patients and family members to provide feedback

Please sign:

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Medical Director/Nephrologist

Facility Administrator

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Social Worker

Dietitian

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Head Nurse

Patient / Family Member  
Representative (*only if you  
currently have one active  
at the facility. If not, then  
you do not need their  
signature*)

*This is a non-legally binding document.*

*It is meant for the sole purpose of facility participation in the EPIC program. You do not need to send this to the Network.*

*Please save it with your project records.*

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# Patient, Family and/or Caregiver Recruitment Letter

**FROM:** Facility Administrator

**TO:** In-Center/Home Dialysis Patients, Transplant Patients, and Family Members

**SUBJECT:** Ongoing Recruitment of Patient or Family Member Representative to Join Facility's QAPI Meetings

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The \_\_\_\_\_ *Dialysis Center* is very excited to offer our Patients/Family Members the opportunity to join our Interdisciplinary Team in the monthly Quality Assurance and Performance Improvement (QAPI) meetings. During these meetings we will be discussing facility specific outcomes and projects that influence the work we perform every day. By becoming a part of this team, you will be able to:

- ✓ Contribute your knowledge and level of experience as a patient and/or family member.
- ✓ Assist our team in the development of a patient and family-centered culture at our facility.
- ✓ Direct our team's attention to areas of concern that impact patient care.
- ✓ Provide feedback on the effectiveness of project related activities and the development of interventions at the dialysis facility.

As an individual you have unique skills and understanding that others cannot convey. Therefore, you will be recognized in our group as the facility's Patient & Family Representative. You will have a voice, and your voice will count where it matters most. Your contributions will add tremendous value to the objectives the group aims to achieve.

**We are selecting at least two candidates for this position, if you are interested please:**

- Review the "Patient & Family Representative Participation/Membership Policy"
- Fill out the "Patient & Family Representative Registration Form" and the "Do's and Don'ts for a Productive Meeting" and submit to a facility staff as soon as possible.

## Be a part of the Action and Make a Difference!

Thank you,

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*Facility Administrator*

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# Patient & Family Representative Participation/Membership Policy

## **PURPOSE**

To establish standards for Patient & Family Representative attendance at regularly scheduled facility's Quality Assurance and Performance Improvement (QAPI) meetings.

## **MEETING SCHEDULE**

QAPI meetings are scheduled once every month, twelve (12) meetings per year. The goal is for facilities to have, at all times, active participation of at least two patients and/or family member representatives in the monthly QAPI meetings. You may alternate monthly participation with other representatives.

## **STANDARDS FOR ATTENDANCE**

Primary method of participation in meetings will be in-person but phone conference and Zoom meetings will also be made available. To better serve in your role of Patient & Family Representatives you should regularly attend scheduled QAPI meetings.

- You are expected to notify facility staff of meetings you know you will miss or attend.
- If you are having difficulties attending scheduled meetings address these with your facility's QAPI team. The staff may be able to assist you with options.
- If you do not wish to continue your participation, please notify the facility so they may recruit someone else.
- Ongoing lack of participation in scheduled QAPI meetings or violation of the Do's and Don'ts (below) may lead to formal removal from your role as Patient & Family Representative. The facility will provide you with written notification informing of your completion of tenure.

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To ensure positive and productive discussion between the Patient & Family Representatives and the interdisciplinary team during the QAPI meetings there must be a common understanding of some basic ground rules. All participants must abide by these rules when engaged in QAPI meetings and discussions:

### **DO**

- ✓ Come prepared
- ✓ Respect all members as equal partners in decision-making
- ✓ Keep each other informed
- ✓ Treat each other with respect, regardless of title
- ✓ Always listen to each other
- ✓ Respect each other's time
- ✓ Value diverse opinions
- ✓ Participate
- ✓ Give constructive feedback
- ✓ Learn from each other
- ✓ Give genuine thanks

### **DON'T**

- ✗ Think your priorities are all that matter
  - ✗ Get emotional
  - ✗ Engage in arguments
  - ✗ Engage in finger pointing or blaming
  - ✗ Be defensive when you are given feedback
  - ✗ Interrupt each other
  - ✗ Be negative
  - ✗ Be distracted by your phone, etc.
  - ✗ Discuss patient specific information
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# Patient & Family Member Representative Registration Form

Applicant is:

- |  |  |
|--|--|
| <input type="checkbox"/> In-Center Dialysis Patient  | <input type="checkbox"/> Home Hemodialysis Patient |
| <input type="checkbox"/> Peritoneal Dialysis Patient | <input type="checkbox"/> Transplant Patient        |
| <input type="checkbox"/> Family/Caregiver            |  |

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

This agreement is between the patient and/or family member candidate and the dialysis facility.

**By signing this agreement, the candidate acknowledges/agrees that:**

- His/her participation is voluntary.
- He/she is willing to become the facility's Patient & Family Member Representative and participate in the facility's QAPI meetings either in-person or via teleconference.
- He/she has the right to resign the role of Patient & Family Member Representative if no longer able to serve but shall provide ample notice to facility staff to allow for recruitment of a new representative.
- The facility staff may revoke the candidate's membership at any time.
- Patient information is confidential, and he/she will respect the privacy of other patients.
- Abide by the Do's and Don'ts

**Please read the following statements (*all must be checked to be considered*):**

☐ I have read the member responsibilities and participation / membership policy and agree to fulfill them to the best of my ability.

☐ I further authorize my facility to use my name where necessary in meeting minutes and in reports to the Centers for Medicare and Medicaid Services (CMS) and other business documentation.

Candidate's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If candidate is selected as the facility's Patient & Family Member Representative to join QAPI meetings staff are to sign this form.*

\_\_\_\_\_  
Medical Director/Nephrologist

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Social Worker

\_\_\_\_\_  
Head Nurse

\_\_\_\_\_  
Dietitian

# Network Contact Information



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