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ESRD Grievant Satisfaction Survey

Pilot Survey Findings Report

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Executive Summary

From December 2013 to July 2014, the End Stage Renal Disease (ESRD) Network Coordinating Center (NCC), in collaboration with CMS, developed and piloted a survey to assess grievant satisfaction with the ESRD Network grievance process. This supports the requirements stated in Subtask 1.B. of the NCC Statement of Work (SOW): Support for Clinical AIM 1 – Improved Patient Experience of Care and Improved Access to Patient-Appropriate Care – Grievances, Failures to Place, Involuntary Discharges, Involuntary Transfers.

Telephone survey instruments and administration processes were developed by CMS and the NCC, including NCC survey experts[1], and then assessed over the course of 4 meetings by an ESRD Pilot Survey Review Board, comprised of ESRD beneficiaries and ESRD Network representatives. This review board was created with the goal of obtaining patient input, validating survey instruments, assessing and identifying the best methodology, initiate discussion on the purpose of the instrument and types of data CMS is seeking, and obtaining the members' recommendations for establishing a robust survey process. Detailed summaries from the review board meetings were provided to CMS to assess and incorporate participant feedback.

The NCC obtained the pilot sample from grievant data submitted by 15 ESRD Networks that included patient name, demographic information, contact information, treatment modality, area of concern, and grievance close date. Pre-notification letters were mailed to 41 participants identified by the Networks. Of those, 18 participants were randomly selected for the pilot sample and 9 of those participants completed the survey. The pilot survey was administered twice over a 14 to 15 day period in June and July to assess reliability. A brief cognitive test was administered at the conclusion of the retest to obtain feedback about the participant's experience while taking the survey.

Findings reveal that the survey tool is both a valid and reliable tool to measure grievant satisfaction with the Network grievance process. Feedback from cognitive testing and review board meetings supported the validation of the survey materials and administration process. Results from analyzing differences in participant response from the initial survey to the retest show that response variation is not statistically significant and demonstrated the survey tool consistently measures grievant satisfaction.

Based on an analysis of the findings of the pilot survey and feedback from the review board meetings, the NCC identified the following recommendations to enhance the final survey tool:
(1) use relevant feedback from the review board meetings and the cognitive test findings to create valid and reliable survey materials and finalize a standardized administration process that meets community survey administration standards; and
(2) develop tools and a process to be used by the Networks to standardize Network data entry in the Patient Contact Utility (PCU) in order to obtain accurate grievance data.[2]

[1] NCC survey experts who supported the design and development of methodologies related to reliability, validity, and scoring; these experts are (1) MA, CHCA, senior director, certified HEDIS compliance auditor, more than 15 years of experience in healthcare quality improvement and performance assessment, survey research, and statistical analysis; and (2) MA, PhD, 21 years of experience in research, analysis, and preparation of reports; manages Medicaid quality improvement research studies and survey research projects, has performed sophisticated statistical analyses and survey development.
[2] This recommendation is outside of the NCC's current Statement of Work.

The purpose of this report is to (1) describe the methodologies used to design and administer the ESRD NCC Grievant Satisfaction Pilot Survey, (2) report findings from the pilot survey, and (3) provide recommendations to enhance the final survey administration process, including the survey tools.

Background

As specified by the federal regulations at 42 CFR §405.2112(g) and §§1881(c)(2)(D) of the Social Security Act, each ESRD Network is required to evaluate and resolve beneficiary grievances. The sources of grievances may include ESRD beneficiaries, their representatives, other family members/caregivers, facility employees, physicians and other practitioners, federal or state agencies, Quality Improvement Organizations (QIOs), and State Survey Agencies (SAs). In addition, Network responsibilities under the core contract include conducting quality improvement efforts relative to the grievance process.

The NCC is contracted by CMS to develop a satisfaction survey relative to the grievance process, create the survey instruments, pilot test the survey process, and analyze and report the findings. In response, the ESRD Grievant Satisfaction Survey was created to measure the grievant's satisfaction with the process created by CMS to be used by the Networks in addressing grievances and non-grievance access to care issues and a pilot survey was conducted. Prior to this period, there had been no formal measurement by CMS of patient satisfaction with the ESRD Network grievance process.

Purpose

The purpose of the pilot survey was to (1) test the effectiveness of the survey administration methodology, (2) test the validity and reliability of the survey questions, and (3) make modifications to the process and tools to improve the final survey.

Methodology

Survey Design

The survey was designed to measure satisfaction with several components of the Network grievance process, including customer service, the participant's personal experience with filing a grievance, overall satisfaction with the interaction with the Network in filing, investigating, and resolving the grievance, and knowledge and understanding of the Network grievance resolution process. The target survey population was anyone who filed a grievance in 2013 that has been closed.

Per guidelines from the Office of Management and Budget, a maximum of 9 participants can complete a survey without approval of a formal Paperwork Reduction Act (PRA) Information Collection Request Package. To comply with the requirements of PRA, the target number of completed surveys was limited to 9. The administration of the survey was limited to less than 15 minutes per CMS guidance.

Survey Method

Initially, the method of administering the survey was determined by CMS to be a written survey distributed via mail. Advantages of a mail survey include (1) they are generally less expensive, and (2) they are more convenient to complete for the participant as they can be answered at the participant's leisure. However, CMS subject matter experts[3] reported prior experience with low response rates from mail surveys, and CMS concluded that administering a telephone survey would increase the overall survey participation rate. Other advantages of a telephone survey include (1) participants are contacted directly, and (2) the timeframe in which results are captured is much shorter with real-time data capture.

A test-retest method was also employed, in which the survey was administered two times in a 14 to 15-day period to the same participants to measure response variance for each question.

Sample

Each of the 18 ESRD Networks was asked to identify the survey candidates, and was responsible for contacting and obtaining consent to participation from three individuals and submitting the requested information to the NCC. This information included contact information, demographic information, grievance number, treatment modality, and the primary and secondary areas of concern. A total of 15 Networks[4] submitted grievant information[5], resulting in 45 candidates. However, 4 candidates' information could not be validated in CROWNWeb and consequently these candidates were excluded from the sample, resulting in 41 final survey candidates.

After compiling the information provided by the Networks, the NCC used a simple random sample methodology to select the pilot sample. Simple random sampling was recommended by the NCC survey experts[6] and endorsed by available research findings as the most effective method to prevent bias by ensuring that all candidates have an equal chance of being surveyed (Davis, 2012; Schwarz, 2014), and that the sample is representative of the overall grievant population (Davis, C. 2012; Schwarz, 2014; Black, 1999; The University of Hawaii, n.d).

To determine the sample, the following steps were taken:

- The NCC randomly selected four participants from each of the 4 CMS regions (Boston, Kansas City, Dallas, and Seattle) using a lottery method, producing 16 participants.
- The NCC combined the remaining participants from all regions and randomly selected 2 participants.
- These 18 participants made up the pilot sample. While the target number of completed surveys was 9, the sample size was increased to 18 in order to have a larger pool of available participants in the event some participants could not be contacted.

[3] Steven Preston, PhD, Science Officer, CMS; and Coles Mercier, MBA, CCSQ, Quality Improvement
[4] Three Networks reported not having any data that met survey participant criteria.
[5] Demographics of the participants in the pilot survey can be found in Appendix A.
[6] (1) MA, CHCA, senior director, certified HEDIS compliance auditor; (2) MA, PhD

Survey Tools

The tools[7] developed to support the pilot survey administration included:

- the pre-notification letter,
- the survey script,
- the survey questions.

As directed by the CMS subject matter expert[8] and supported by a 2009 study regarding readability and patient education materials used for low income populations (Wilson 2009), all survey materials were developed at a fifth grade reading level. All materials were edited by the NCC technical writer.

Pre-Notification Letter

The pre-notification letter[9] was mailed to each of the 41 possible participants identified in the survey sample. This letter described the purpose of the survey, the process for administering the survey, the expected duration of the survey, and the timeframe in which calls will be placed to the participants. It also included information about the confidentiality of the participant's responses and assurance that the survey will not change the participant's benefits.

Survey Script

The survey script[10] was developed to provide standard wording for the NCC surveyor to use when administering the survey and included (1) a scripted introduction, (2) the survey questions, and (3) a scripted closing statement. The introduction included the information communicated in the pre-notification letter, introduced the NCC, its relationship to CMS and its role in the patient satisfaction survey, confirmed the grievance close date, and asked permission from the participant to administer the survey. It also included directions on how to answer the survey questions and provided contact information for CMS in the event the participant had questions related to the survey or being contacted. In the conclusion, the participant was thanked for their time and the contact information for CMS was repeated.

Survey Questions

The survey consisted of 10 rating scale questions[11] that used a scoring system to compute an overall satisfaction rating. The Likert scale was used to format the possible responses to the questions, as it is the most widely used rating scale and includes responses that are balanced on both sides of a neutral option, creating a less biased measurement. Responses for rating scale question numbers 1, 3C, 5, 6, 7, 7B, 8, and 9B ranged from very satisfied to very dissatisfied. Responses for rating scale question number 2 ranged from very good understanding to very poor understanding. Responses for question number 4 ranged from very respected to very disrespected.

In addition, questions 3A, 3B, 7A, and 9A used a yes/no format to determine if the next question applied to the participant or if the participant met the criteria for not being asked. Question 10 was an open-ended question used to obtain additional comments from the participant.

[7] Each of the survey tools can be found in Appendix B.
[8] Steven Preston, PhD, Science Officer, CMS
[9] Each of the survey tools can be found in Appendix B.
[10] Ibid.
[11] Ibid.

Validity

Validity is the extent to which a survey measures what it intends to measure, and is a requirement for any study which aims to generalize its findings. Two procedures to establish validity were performed during survey development to ensure the survey tool accurately measured grievant satisfaction with the Network grievance process. Each procedure focused on collecting feedback about the survey materials and administration process from key stakeholders, ESRD beneficiaries and ESRD Networks.

The first procedure involved a series of 2 review board meetings with ESRD beneficiaries and 2 review board meetings with the ESRD Networks to obtain feedback on the pilot survey materials and administration process. Beneficiaries and Network representatives from each CMS region attended separate forums to maintain beneficiary confidentiality, as well as to minimize any chance of dominant response bias. This bias can occur when one participant influences other participants, particularly when participants in different roles are in the same group. One of each forum occurred prior to pilot survey administration, and one of each forum took place after the pilot concluded. The survey tools were supplied to the review board members in advance of the forums, with instructions to review the materials and to be prepared to provide feedback to a predefined list of questions in a focus group format.

The next step in determining validity was to administer a cognitive test[12] consisting of 5 questions at the conclusion of the survey retest. The cognitive test collected participant feedback about the effectiveness and readability of the survey and the accompanying materials, as well as the participant's experience of taking the survey. Findings from the cognitive test were presented to the review board for feedback. CMS and the NCC used feedback from both the review board meetings and the cognitive test findings to revise the survey materials and to refine the administration process.

Reliability

Reliability is a measure that confirms the survey tool can produce consistent results. Much like validity, reliability is a requirement to verify that a measurement can be used in real life scenarios. The NCC implemented two processes to establish reliability for the pilot survey.

The first was the test-retest method, as described in the Survey Method section. A low response variance between the first survey and the second survey is an indicator of reliability. The second process involved a review of the pre-notification letter, survey script, and survey questions by the NCC technical writer to ensure readability, comprehension, and appropriate use of language, formatting, and sentence structure. Following this review, the technical writer revised the survey materials to a 5th grade reading level, edited the materials to remove passive voice, and revised the grammar and formatting.

[12] See Appendix B for the cognitive test questions.

Survey Administration

Process – Initial Survey

The pre-notification letter was mailed to the 41 possible participants 14 days prior to administering the initial survey. Using the sample, the NCC surveyor contacted one participant at a time from each of the 4 CMS regions until the survey had been administered to 9 participants. The surveyor contacted the participants via telephone between 9:00 AM and 7:00 PM over the course of 5 business days in June and early July, making up to 3 attempts at different times of the day. The survey script and questions were read to the participants and responses were recorded using an electronic Microsoft Access data collection tool developed by the NCC specifically for the pilot survey. At the conclusion of each survey, the NCC surveyor scheduled a time with the participant 14 to 15 days after the initial survey to administer the retest.

Process – Retest

Over the course of 6 business days in July, the NCC surveyor contacted the participants who completed the initial survey via telephone during the times scheduled at the conclusion of the initial survey. The survey script and questions were read to the participants and responses were recorded using the electronic data collection tool in the same manner as the initial survey. In addition, a 5-question cognitive test was administered at the conclusion of the retest to obtain feedback about the participant's experience while taking the survey.

Scoring

The responses to the rating scale questions were assigned a value of 0 to 4 and used to calculate the final score. The following Likert-style scale was applied to 8 of the satisfaction questions: Very satisfied (4); Somewhat satisfied (3); Neither satisfied nor dissatisfied (2); Somewhat dissatisfied (1); Very dissatisfied (0). In addition, 1 satisfaction question was scored using the following Likert-style scale: Very good understanding (4); Good understanding (3); Neither good nor poor understanding (2); Poor understanding (1); Very poor understanding (0); Did not understand at all (-1). One question used the following Likert-style scale: Very respected (4); Somewhat respected (3); Neither respected nor disrespected (2); Somewhat disrespected (1); Very disrespected (0).

Points from Likert-style questions were added together and divided by the total number of satisfaction questions answered (out of ten possible questions) to determine the composite score for overall satisfaction. A threshold of 80% percent was recommended by a CMS subject matter expert[13] as an indicator of overall satisfaction.

For the single open-ended question, key comments were identified in each response and grouped into two categories: (1) Network Approval, and (2) Other. Yes/no questions were not scored, as they were used to identify if a participant met the criteria to respond to a satisfaction question.

[13] Steven Preston, PhD, Science Officer, CMS

Key Findings and Interpretation

Satisfaction Results

In accordance with the defined scoring methodology, 6 participants reported satisfaction (≥ 80% overall satisfaction) with the Network grievance process, while 2 participants expressed dissatisfaction (< 80% overall satisfaction) during both the initial survey and retest[14]. Of the participants who expressed satisfaction during the initial survey, 1 participant had an overall satisfaction score of 87%, whereas 5 participants had overall satisfaction scores between 93% and 100%. Although the only measurement of overall satisfaction was a score of ≥80%, the majority of satisfaction scores for the initial survey were extremely high. Of the 2 participants who expressed overall dissatisfaction during the initial survey, 1 score was 75%, just below the 80% satisfaction threshold, and the other was exceptionally low at 32% due to dissatisfaction from a lack of good customer service.

For the retest, overall satisfaction scores changed slightly. The total number of participants reporting an overall satisfaction score of 80% or higher remained the same at 6, however 3 participants reported overall satisfaction scores between 83% and 87%, and 3 participants reported scores between 97% and 100%. The biggest change involved 1 participant who had an improved overall satisfaction score from 32% on the initial survey to 64% on the retest. This may be attributed to the result of research showing that customers are more satisfied when they believe that their opinion is important.[15]

Table 1 below provides a summary of the responses received for the open-ended question during pilot administration. The NCC grouped responses into two different categories: (1) Network Approval, and (2) Other. While the sample size of this pilot survey was small, the comment regarding a concern for possible retaliation confirms a hypothesis identified by CMS and the NCC at the beginning of this project. During the survey development process, 2 questions about possible retaliation that were originally included were removed from the survey for inclusion in an environmental scan. This comment from the initial pilot supports the assertion to add these 2 questions back into the survey.

[14] These satisfaction results are for the 8 participants who completed both the initial survey and the retest; one participant who completed the initial survey could not be reached at the time the retest was administered.

[15] West, Ken. (2014). *10 Factors That Affect Customer Satisfaction*. National Business Research Institute. Retrieved from http://www.nbrii.com/customer-survey-white-papers/10-factors-that-affect-customer-satisfaction/

Table 1. Summary of Open-ended Question

Network Approval
"The Network was very conscientious and they knew the situation I was in. The grievance was resolved that day."
"The Network provides a useful service that provides an avenue for patients to resolve grievances when they occur."
The Network did an outstanding job as far as coordinating and contacting the right people to resolve my grievance and making sure things were taken care of."
Other
Additional Concern: Me and other patients are afraid to file a concern about a staff because everyone is family and we feel that the staff will become hostile to us in retaliation."
Criticism for Dialysis Facilities: "The nurses and the personnel at the dialysis facility in general should not treat their job like an assembly line; they need to treat patients like people. The facility dehumanizes people."

Validity

By obtaining feedback and approval from ESRD beneficiaries and ESRD Networks through the review board meeting format, the NCC was able to validate both the survey materials and the survey administration process. Responses collected through cognitive testing also supported survey validation and were used for further discussion with the review board to identify ways in which the survey process could be improved. Based on these findings, the following changes were made:

- Highlighted the purpose of the survey in both the survey script and pre-notification letter.
- Identified a procedure to officially translate survey materials into Spanish.
- Emphasized the number of contacts in the pre-notification letter that will be made to administer the survey.

Survey Tools

Feedback from the review board meeting with the Networks held prior to the pilot survey on April 28, 2014 included the following recommendations to the survey tools:

- Emphasize the purpose of the survey in both the survey script and pre-notification letter to prevent the chance of the participant conflating the grievance process with the grievance outcome.
- Include an additional question asking if the participant would recommend the Network grievance process to a friend on dialysis.

Feedback from the review board meeting with beneficiaries held prior to the pilot survey on May 5, 2014 included the following recommendations to the survey tools:

- Officially translate Spanish language survey tools.
- Emphasize the number of contacts that will be made to administer the survey.

At the conclusion of the first series of review board meetings, the NCC provided CMS with a summary of participant feedback. CMS and the NCC used applicable feedback to revise the survey script, questions, and pre-notification letter prior to pilot survey administration.

Two additional review board meetings were held after the pilot survey concluded. Feedback from the review board meeting with the Networks on July 24, 2014 did not yield any substantive findings. The meeting with beneficiaries on July 22, 2014 included the following recommendations to the survey tools:

- Change the survey script to be more conversational.
- Reorganize the survey script to be more clear.
- Add a question asking if the participant feels comfortable enough with the Network grievance process to file another grievance.
- Restate assurances at numerous points throughout the survey script and pre-notification letter about the confidentiality of the participant's responses and that the survey will not change the participant's benefits.
- Clearly state in the survey script and the pre-notification letter that the surveyor is not employed by the Network or the dialysis facility.

Surveyor Qualifications

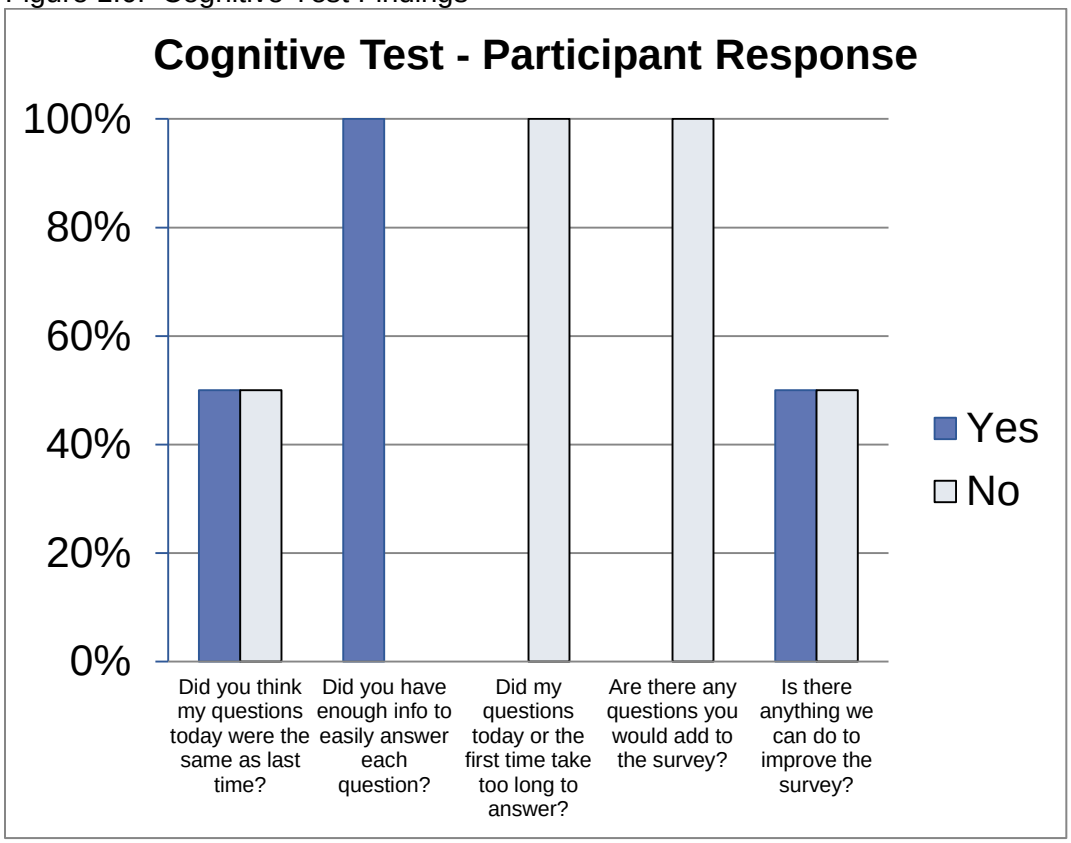
Feedback from every review board meeting revealed a shared concern for skilled surveyors. In addition, CMS expressed concern about the use of NCC surveyors as IPRO, the NCC's parent company, also operates two ESRD Networks. CMS identified this as a potential conflict of interest. Therefore, a subcontract with a 3rd party survey administrator is recommended and will require expertise in survey administration, data collection, and analysis. The use of skilled surveyors to administer the survey will likely increase the overall response rate, as trained interviewers will be able to employ professional survey administration techniques.

Cognitive Testing

Cognitive testing yielded a great deal of substantive feedback. The findings are presented in Figure 1.0. Each of the participants (1) reported having enough information to easily answer each question, (2) did not feel the survey questions were too long, and (3) were unable to identify any questions that could be added to the survey. Interestingly, 50% of participants believed the survey questions differed from initial survey to retest, although there were no differences in the questions. A participant's inability to remember survey content may be attributed to the 14 to 15-day gap between both tests, in addition to the number of questions included in the survey, which could have been difficult to commit to memory during the brief survey administration period.

Participant feedback for the question, "Is there anything we can do to improve the survey?" revealed a number of useful recommendations for consideration. In particular, participant feedback underscored the need to provide additional confidentiality assurances in survey materials, as well as assurances that beneficiary care and benefits will not be affected as a result of participation in the survey. Other recommendations included the option of providing participants with a printed copy of the survey, adding questions about grievance follow-up or grievance outcome, as well as the suggestion to administer the survey as soon as possible after the Network closes the grievance.

Figure 1.0. Cognitive Test Findings



Reliability

Overall findings reveal that the survey questions are reliable, as the variation in responses to individual survey questions from the initial survey to the retest did not produce a significant difference.

The statistical analysis of the test-retest results for each question is presented in Figure 2.0 below. Correlation coefficients, using both the Spearman's rho correlation and the Pearson correlation, were calculated to assess the strength and direction of the relationship between the first and second survey scores. There were 8 participants who completed both the initial survey and the retest, as 1 participant could not be reached for the retest.

Correlation coefficients could not be computed for questions 3C and 7B, as there was no variation in responses from the initial survey to the retest. A correlation coefficient could not be analyzed for question 9B since no responses were received during both tests due to all participants qualifying to not administer this question.

Figure 2.0. Test-Retest Statistical Analysis

Survey Question #	N	Correlation Coefficient	Statistical Significance
1	8	.69	N.S.
2	6	.42	N.S.
3C	4	N/A	N/A
4	8	.99	.0001
5	8	.52	N.S.
6	8	.47	N.S.
7	8	.57	N.S.
7B	2	N/A	N/A
8	8	.42	N.S.
9B	0	N/A	N/A
Overall	**8**	**.88**	**.004**

N = number who completed both initial survey and retest
N.S. = not significant
N/A = not applicable

Participant Data

Three participants selected in the sample were ineligible to participate in the survey due to criteria that were not disclosed at the time the Networks submitted candidate data. These criteria included incorrect contact information, a grievance close date of 2012, and death of a participant. The lack of accurate data can most likely be attributed to incorrect data entry in the Patient Contact Utility (PCU), the database the Networks use to capture grievance data. CMS has acknowledged that the Networks have not been given a standard process to follow when entering grievances, and as a result, grievance data is not being entered in a consistent or standardized way by the Networks into the PCU.

Any individual who filed a grievance in 2013 and had the grievance closed was eligible to be included in the pilot sample. Pilot participants represented three age groups (40-49; 50-59; 60-69), which are characteristic of the majority of ESRD patients as reported in the CMS *End Stage Renal Disease Network Organization Program 2011 Summary Annual Report (2011 SAR, p. 80)*[16]. Participant gender was also representative of the figures reported in the *2011 SAR*, with 56% male and 44% female participants (p. 81), while participant race was nearly characteristic with 56% White and 44% Black or African American participants (p. 82). Ethnicity reporting showed that 89% of participants were categorized as Not Hispanic or Latino, whereas 11% were categorized as Hispanic or Latino. Although there was not equal participant representation from across the four CMS regions, participants from each region were included in the sample (Region 1/Boston = 33.3%; Region 2/Kansas City =22.2%; Region 3/Dallas = 33.3%; and Region 4/Seattle = 11.1%).[17]

[16] Centers for Medicare and Medicaid Services. *End Stage Renal Disease Network Organization Program 2011 Summary Annual Report.* Baltimore, MD: CMS; 2012.
[17] Complete demographics of the participants in the pilot survey can be found in Appendix A.

In June 2014, CMS convened the PCU Data Committee[18], comprised of CMS, NCC, and Network representatives, to address issues related to the standardization of PCU data entry and reporting by identifying (1) inconsistencies in data entry, (2) opportunities for standardization, (3) training needs, (4) reporting requirements, and (5) changes to the PCU extract query. Identification of these items by the PCU Data Committee and the process of developing solutions will ensure that the data entered into the PCU at the time of full survey administration (estimated April 2015) will be of higher quality, minimizing the likelihood of extracting incorrect participant information.

Average Time to Administer

The average time to administer the initial survey was 15:22. Two outliers (24:08; 38:23) were responsible for the average time to administer exceeding 15 minutes in length, as the remainder of administration times were between 7:31 and 14:47. Conversely, the average administration time of the retest was 8:48. Retest times included 7 participants with an administration time between 6:40 and 9:32, and 1 outlier whose call was 15:32 due to an extensive answer for the wrap-up question.

The difference in the average time to administer between the initial survey (15:22) and the retest (8:48) can be credited to the majority of participants (1) electing not to restate the response provided for the wrap-up question (originally provided during the initial survey) for the retest, and (2) submitting the response to the survey question prior to the NCC surveyor providing the full list of response options. The latter can be attributed to participants becoming more familiar with the survey response options (majority of satisfaction question response options are alike) after similar response options were provided in previous questions. The projected duration of the full survey is expected to be in between the 2 averages: (1) the average time to administer the initial survey, and (2) the average time to administer the retest. This projected time is 12 minutes.

[18] The PCU Data Committee was suspended pending CMS direction on contractor responsibility.

Recommendations

Based on the findings of the pilot survey, the NCC recommends the following actions to strengthen the survey process prior to full administration.

- Implement applicable feedback from the review board and cognitive test findings to improve the quality of the survey materials and to standardize the administration process.
    - Feedback from the review board
        - Change the survey script to be more conversational.
        - Group related subject matter together to make the survey script clearer.
        - Add a question asking if the participant feels comfortable enough with the Network grievance process to file another grievance.
        - Restate assurances at defined points throughout the survey script and in the pre-notification letter about the confidentiality of the participant's responses as well as the assurance that there will be no change in the care and services the participant receives.
        - Clearly state in the survey script and the pre-notification letter that the surveyor is not employed by the Network or the dialysis facility.
        - Develop an education plan to ensure survey administrators are trained to employ professional survey administration techniques.[19]
    - Feedback from the cognitive test
        - Add additional confidentiality assurances to the survey tools.
        - Add assurances that beneficiary care and benefits will not be affected by the survey responses or participation.
        - Provide participants with a printed copy of the survey.
        - Administer the survey as soon as possible following the time the grievance is closed.
- Develop a process to standardize Network grievance data entry in the PCU in order to obtain accurate grievance data.[20]

Implementing these recommendations will further validate the survey by ensuring both the tools and processes used to collect participant responses incorporate the feedback from the pilot survey findings and stakeholder review board. Validating the survey in this way increases the likelihood that the fully developed Grievant Satisfaction Survey will achieve its objectives. Moreover, the survey results will assist in identifying areas for improvement in (1) standardization of the grievance process, (2) actionable quality improvement activities at each ESRD Network and the ESRD Network program as a whole, and (3) increased assurance of meeting the requirements of the PRA package approval process.

[19] The use of a 3rd party survey administrator will address this recommendation.
[20] This recommendation is outside of the NCC's current Statement of Work.

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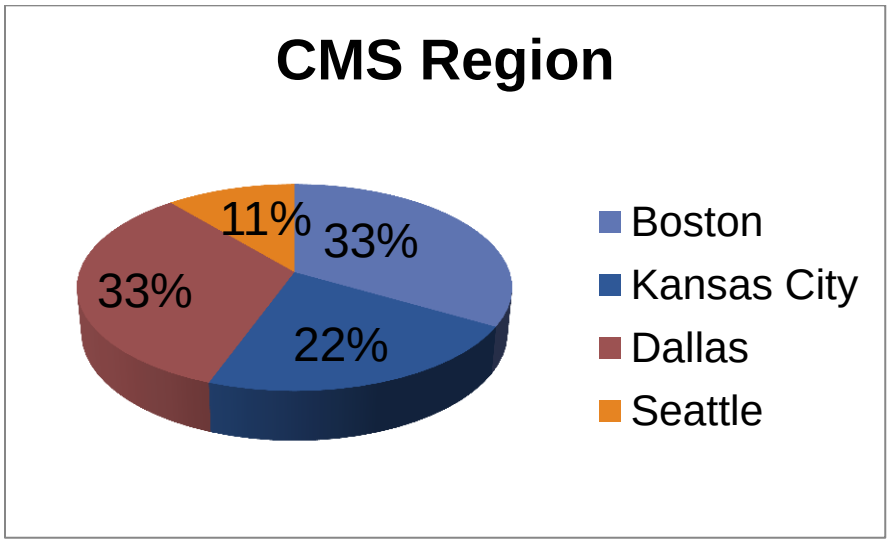
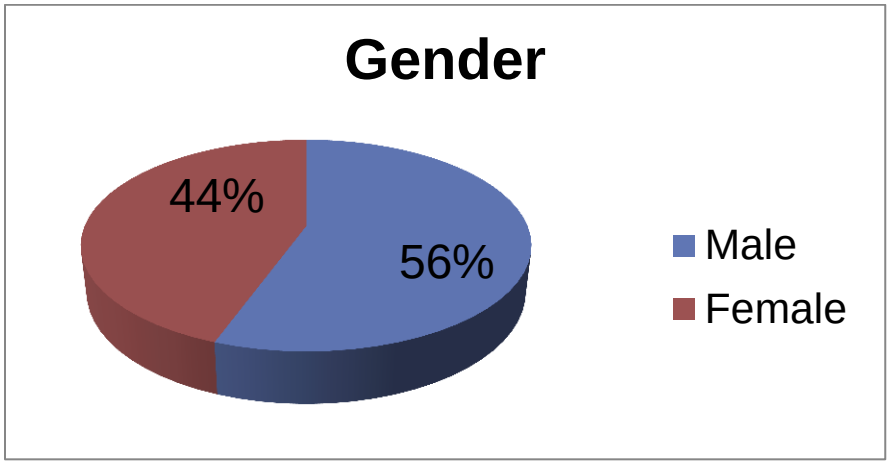
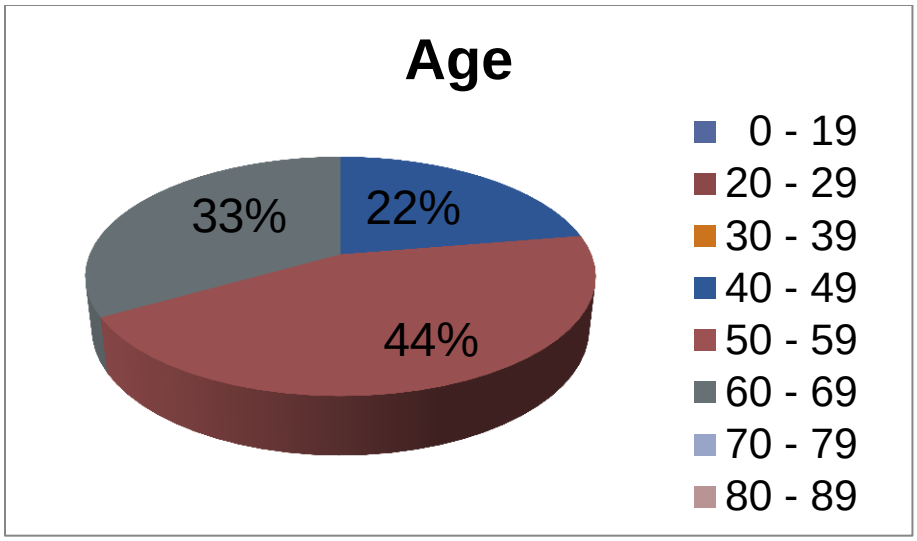
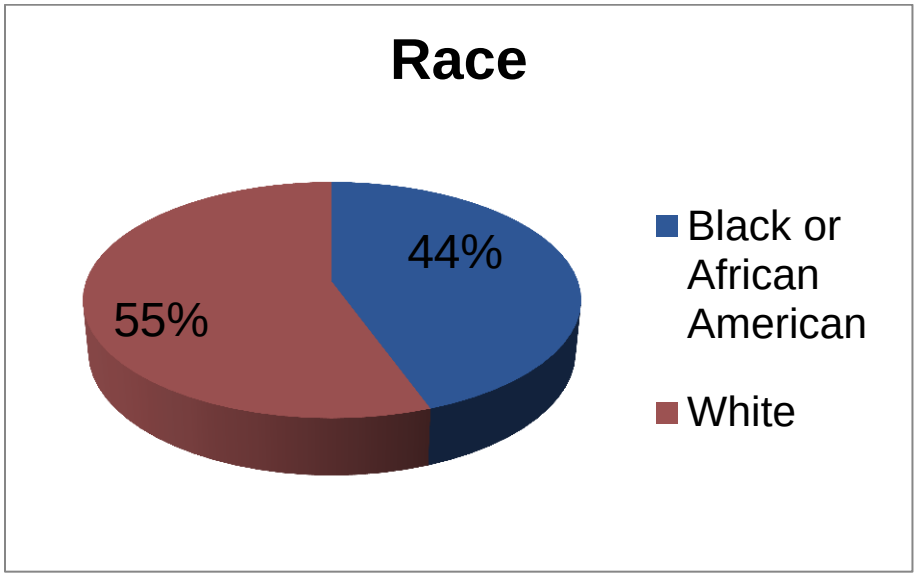
Appendix A: Pilot Survey Participant Demographics[21]

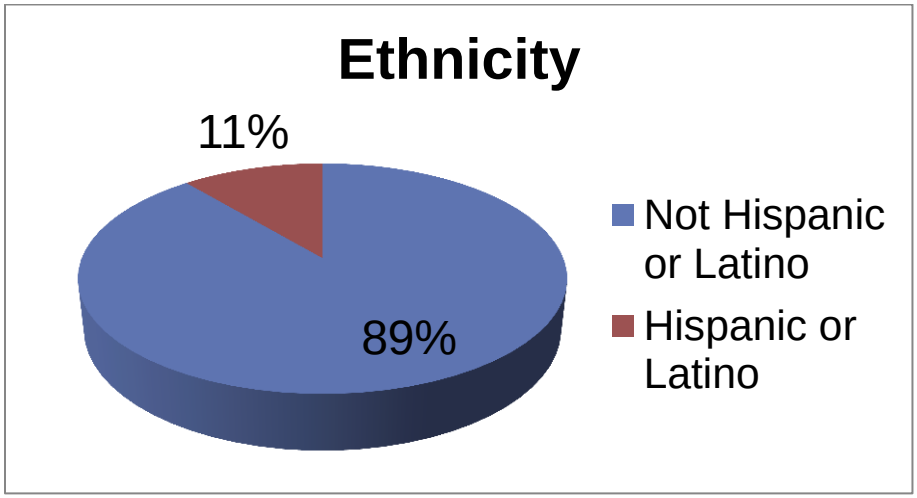




[21] Sum of percentages less than 100% are due to rounding.


Age
33%
22%
44%
0 - 19
20 - 29
30 - 39
40 - 49
50 - 59
60 - 69
70 - 79
80 - 89


Race
44%
55%
Black or African American
White


Ethnicity
11%
89%
Not Hispanic or Latino
Hispanic or Latino

Appendix B: Pilot Survey Tools

Pre-Notification Letter

June X, 2014

Dear [Mr./Ms./Dr. Name of Grievant]

I work for the End Stage Renal Disease (ESRD) Network Coordinating Center (NCC). We work with the Centers for Medicare & Medicaid Services (CMS). Part of our job is to make sure patients are happy with the way their ESRD Network handles their grievance.

We are now choosing ESRD patients who have filed a grievance to take part in a survey. We will use what we learn from this survey to help CMS support ESRD Networks and improve the way they handle the grievance process.

Our records show you filed a grievance with [Network Name] on or around [Complete Date]. If this is true, we might want to ask you some questions about your contact with [Name of Network] during 2013. If we choose you to take part, a surveyor from the ESRD NCC will call you to set up an interview. You can decide then whether you want to talk to the surveyor.

If you did not file a grievance, please tell the NCC surveyor if he or she calls you. We will try to call you three times to set up the first interview. At the end of the first interview, we will set up a time for the second telephone interview. We will choose a time that is good for you. We will have the second interview two weeks after the first one.

If we choose you, one of our ESRD NCC surveyors will call you on the following dates:

- mm/dd/yyyy and mm/dd/yyyy [between 9:00 am and 7:00 pm]; and
- mm/dd/yyyy and mm/dd/yyyy [between 9:00 am and 7:00 pm]

If you get a phone call but do not have time to talk, you can choose a better time for your interview.

The surveyor will ask different types of questions. Each call should last 10 or 15 minutes.

Your thoughts and feedback are very important to us. But If you choose not to take this survey, there will be no change in the care and services you receive. The questions will be about your contact with [Network Name] during the time you filed your grievance. They will not be about what happened with your grievance. We will keep your answers private. Your dialysis facility or [ESRD Network] will not see your answers. Your answers will not change your Medicare benefits.

If you have any questions, please call Renee Dupee at CMS (410-786-6747). You can also send an email to Renee.Dupee@cms.hhs.gov.

Thank you for your time.

Sincerely,

Walter Linney, MA
Patient Services Project Manager
End Stage Renal Disease Network Coordinating Center

Initial Survey - Script and Questions

Introduction

Hello, may I please speak with [**participant name**]?

If the participant is unavailable, the surveyor will thank the person on the phone and end the call by saying, "Thank you for your time."

If the participant answers the phone, state the following:

Good Morning/Evening **[participant name**], this is [**surveyor name**], I'm calling from the End Stage Renal Disease Network Coordinating Center. We call it the ESRD NCC for short. I want to ask you some questions about your contact with the ESRD Network when you filed your grievance. We would like to talk about how you felt during your contact with **[Network Name]**. We will not talk about the result.

You might want to take some notes while we talk. If you want to get a pencil and paper before we begin, I can wait. *Wait for respondent to get pencil and paper.*

The ESRD NCC contracts with CMS. We are responsible for leading this survey. We will use what we learn today to help CMS improve the process.

What we talk about today is private; we will not share what you say with your ESRD Network or with any dialysis centers. You do not have to take the survey if you do not want to. The survey will not change your Medicare benefits. We will talk for about 10 or 15 minutes.

I will give you a number to call in case you have questions about the survey. You can also ask about the NCC and its role in the survey. If you have questions, please call Renee Dupee at 410-786-6747 at CMS.

Our records show you contacted [**Network Name**] around [**complete date**] to file a grievance. Is this correct?
If yes, continue with survey. If no, conclude survey and thank the respondent.

Is this a good time for you to take the survey?
If yes, continue with the survey. If no, the surveyor will schedule a follow-up call.

Grievance/ Process: The next few questions are about the way [**Network Name]** handled your grievance. Please consider only the question I ask. Try not to think about whether your grievance turned out the way you wanted. I will give you a list of answers, and you can choose the best one.

1. How satisfied were you with the customer service [**Network Name**] provided when you first contacted them to talk about your grievance?

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

2. After speaking with the Network, did you have a good understanding of your right to file a grievance?

Very good understanding	(4)
Good understanding	(3)
Neither good nor poor understanding	(2)
Poor understanding	(1)
Very poor understanding	(0)
Did not understand at all	(-1)
Network did not explain grievance rights	(-2)
No answer/Don't know	(9)

3A. Did you talk more than once with [**Network Name**] while your grievance was in process?

Yes (go to 3B)
No (go to 4)

3B. Did a patient representative or someone who works with patients at your dialysis facility help you with your grievance?

Yes (go to 3C)
No (go to 3C)

3C. How satisfied were you with the customer service [**Network Name**] provided in follow-up talks during your grievance?

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

4. Did you feel respected while [**Network Name**] processed your grievance?

Very respected	(4)
Somewhat respected	(3)
Neither respected nor disrespected	(2)
Somewhat disrespected	(1)
Very disrespected	(0)
No answer/Don't know	(9)

5. How satisfied were you that the Network listened to your concerns and understood them?

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

6. How satisfied were you with the Network's effort to process your grievance?

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

7. How satisfied were you with the way the Network acted in your best interest

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

7A. Did you get a letter from [**Network Name**] with results of their work to resolve your grievance? (Item is not scored.)

Yes (if yes, go to 7B)
No (if no, go to 8)

7B. How satisfied were you with the letters you received from the Network?

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

8. Overall, how satisfied were you with the help [**Network Name**] offered you to resolve your grievance?

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

9A. Did you file an appeal based on the Network's decision about your grievance?

No (go to question 10)
Yes (go to 9B)

9B. How satisfied were you with the Network appeal process?

Very satisfied	(4)
Somewhat satisfied	(3)
Neither satisfied nor dissatisfied	(2)
Somewhat dissatisfied	(1)
Very dissatisfied	(0)
No answer/Don't know	(9)

<u>Wrap-Up Question</u>

10. Would you like to add any thoughts about your contact with [**Network Name**] during the time you filed your grievance?

_____
_____
_____
_____
_____
_____

Conclusion

On behalf of the ESRD NCC, I want to thank you for your time today. Again, if you have any questions or concerns about this survey or the way I asked questions, please contact CMS at:

Renee Dupee, CMS
410-786-6747
Renee.Dupee@cms.hhs.gov

For Pilot Survey Process Only:

Someone from the NCC will call you in two weeks on [**exact date**] to complete the second part of our survey. The second call will be questions like those we asked this time. You will also have a chance to tell us what you thought about the survey. You can always choose whether you want to take the survey.

Is [**exact time**] the best time to reach you?

And is [**exact phone number]** the best phone number?

Thank you again. I look forward to talking to you on [**exact date**].

Have a good day/evening. Goodbye.

Cognitive Test Questions

1. Did you think my questions today were the same as last time?

   Yes
   No

2. Did I give you enough information for you to easily answer each question?

   Yes
   No

3. Did my questions today or the first time take too long to answer?

   Yes
   No

4. Are there any questions you would add to this survey?

   Yes
   No

If yes:

_____
_____
_____
_____
_____
_____

5. Is there anything we can do to improve the survey?

Yes
No

If yes:

_____
_____
_____
_____

Conclusion

On behalf of the ESRD NCC, I want to thank you for your time today. Again, if you have any questions or concerns about this survey or the way I asked questions, please contact CMS at:

Renee Dupee, CMS
410-786-6747
Renee.Dupee@cms.hhs.gov