
Can't We All Just Get Along?

Managing Challenging Situations in the ESRD Setting

ESRD Network of New England
23rd Annual Network Meeting
October 13, 2011

What Do We Know?

“....69% of survey respondents indicated that their dialysis facilities had witnessed an increase in difficult/disruptive patient situations within the past 5 years.”

“The Frequency and Significance of the Difficult Patient: The Nephrology Community’s Perceptions “

King, K & Moss, A; Advances in Chronic Kidney Disease, 2004

Challenging Situations

- Undiagnosed and untreated mental health issues
- Substance Abuse Issues
- Anger and hostility
- Confusion, dementia, Alzheimer's
- Depressed (Hopelessness)
- Overwhelmed
- Frightened

And...

- 51% of staff indicate they lacked adequate training to deal with difficult/disruptive patient situations
- 77% of staff report that their facilities did not offer regular education on how to deal with difficult/disruptive patient situations

King, K & Moss, A; Advances in Chronic Kidney Disease, 2004

Are You Prepared?



The Plan

- All staff should be trained in the management of difficult situations.

Interpretive Guideline (Tag# V767)

“At the time of publication of these rules, each facility had received a copy of an interactive program developed by the ESRD Networks on Decreasing Dialysis Patient Provider Conflict (DPC) that addresses proactive techniques to resolve such issues before progression to involuntary discharge.”

DPC Toolbox



Decreasing Dialysis
Patient-Provider
Conflict



Conflict resolution resources for the dialysis professional



DPC “CONFLICT” Resolution Model





DECREASING CONFLICT

& BUILDING BRIDGES

CREATE A CALM
ENVIRONMENT

OPEN YOURSELF TO
UNDERSTANDING OTHERS

NEED A NON-JUDGMENTAL
APPROACH

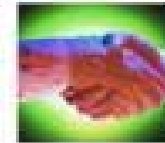
FOCUS ON THE ISSUE

LOOK FOR SOLUTIONS

IMPLEMENT AGREEMENT

CONTINUE TO COMMUNICATE

TAKE ANOTHER LOOK



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Why Is This Important?

- Provides structure for teaching about conflict
- Offers “tips” for each step
- Creates easy to recall language
- Promote teamwork in handling conflict
- Designed with the dialysis clinic in mind



Create A Calm Environment

“In order to effectively address a conflict, you need to be aware of the physical surroundings, as well as the thoughts and feelings you are experiencing because of the conflict”

Create A Calm Environment

- Assess the situation.
- Use a private setting. Avoid public discussion
- Know your limits, organize your thoughts
- Be aware of your body language

Open Yourself to Understanding Others

“When addressing a conflict, it is important to acknowledge the perspective and feelings of the other individual(s) involved”

Open Yourself to Understanding Others

- Listen (and hear) the whole complaint. Avoid being defensive.
- Ask questions, clarify what has been said.
- Recognize a patient's right to refuse, question, or disagree with a medical recommendation

▪

Need A Nonjudgmental Approach

“As a dialysis professional, it is important for you to maintain an objective and professional approach as you address the conflict. Keep in mind that words exchanged in the heat of an argument are often not intended as personal attacks.”

Need A Nonjudgmental Approach

- Avoid remarks that are blaming, threatening, or those that project guilt.
- Understand your values and beliefs about people who might be of a different race, gender, religion, sexual orientation, etc than you.
- Avoid using your authority as a healthcare professional to impose your beliefs.
- Make no assumptions about a patient's ability to understand what you are trying to say.

Focus On The Issue

“When conflict occurs, there is a tendency to lose sight of the issue that started the disagreement. For example, in the dialysis clinic, what starts out as a concern about a dialysis on time can quickly become a disagreement about the facility staff, the clinic operations, or the physician care.”

Focus On The Issue

- Use positive communication skills, including repeating or clarifying what has been said.
- Seek patient agreement on what the conflict is about
- Demonstrate a willingness to address the conflict by focusing on the patient.
- Minimize (better yet eliminate) distractions to your attention

Look For Solutions

“Not all conflicts can be resolved nor are all conflicts based on valid complaints. But, working in collaboration with the patient will improve the likelihood of a positive outcome.”

The Plan

- All staff should be trained in the management of difficult situations.
- **Actionable Grievance Policy**

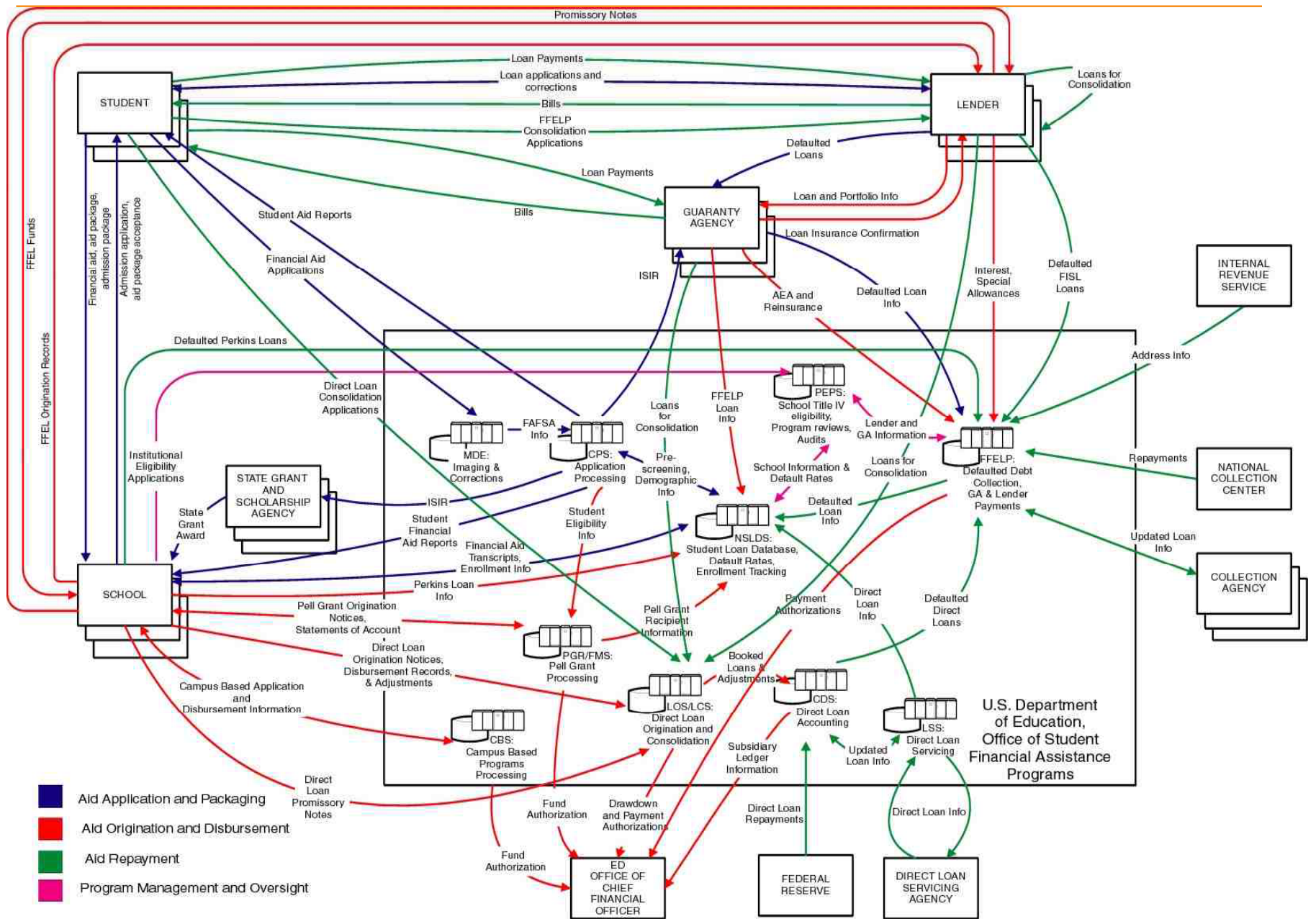
Conditions for Coverage

- CFR 42 405.2138(e) – Grievance Mechanism
 - All patients are encouraged and assisted to understand and exercise their rights. Grievances and recommended changes in policies and services may be addressed to facility staff, administration, the network organization, and agencies or regulatory bodies with jurisdiction over the facility, through any representative of the patient's choice, without restraint or interference, and without fear of discrimination or reprisal.

Key Points

“All patients are encouraged and assisted to understand and exercise their rights.”

“...without restraint or interference, and without fear of discrimination or reprisal.”



The Current Student Financial Aid Delivery System (Simplified View)

The Plan

- All staff should be trained in the management of difficult situations.
- Actionable Grievance Policy
- Understand your patient

What Is It Like?

“Patients with renal disease are challenged by many stressors, including loss of biochemical and physiologic kidney functions, development of digestive and neurological disorders, bone disease and anemia, inability to function in the family and to maintain one’s occupation, decreased mobility, decreased physical and cognitive competence, and loss of sexual function”

KimmeI, MD & Peterson, MD
Seminars in Dialysis, 2005

Along With

- Significant rates of Major Depression
- Chronic Pain
- Cognitive Impairment – 64% (Murray AM, Tupper DE, Knopman DS, et al. Cognitive impairment in hemodialysis patients is common. *Neurology* 2006;67(2):216-223.)
- Decreased Executive Functioning

Executive Functioning

“As the name implies, executive functions are high-level abilities that influence more basic abilities like attention, memory and motor skills.”

- ❑ Goal directed behavior
- ❑ Plan future behavior when face with novel tasks and situations
- ❑ Anticipate outcomes and adapt accordingly
- ❑ Problem solving skills
- ❑ Initiate and complete tasks and persevere in the face of challenges.

www.minddisorders.com/Del-Fi/Executive-function.html. Accessed September 8, 2011

The Plan

- All staff should be trained in the management of difficult situations.
 - Actionable Grievance Policy
 - Understand your patient
-
- **Prepare and Respond Accordingly**

Common Issues

- Nonadherence
- Verbal Abuse

Standard-Disruptive and Abusive

Interpretive Guideline:

Patients should not be discharged for shortened or missed treatments unless this behavior has a significant adverse affect on other patients' treatment schedules. A facility may evaluate the patient (who shortens or misses treatments) for any psychosocial factors that may contribute to shortening or missing treatments; for home dialysis; or, as a last resort to avoid inconveniencing other patients, may alter the patient's treatment schedule or shorten treatment times for patients who persistently arrive late

What Is It About Patient Adherence That Makes Us So Crazy?

February 8, 2002

ATTENTION ALL PATIENTS

Here at _____ we have an **ongoing epidemic called NON-COMPLIANCE**. Examples of NON-COMPLIANCE include missed treatment dates (no call, no show), Coming off your treatment early, (Against Medical Advice) and not following your physician orders.

Our mission is to improve the patient's awareness of the long-term consequences of these actions. Our goal is to improve compliance at this facility by following the physicians orders, coming to treatment three times a week and running our full treatment time.

We will be monitoring very closely, those3 who miss two or more treatments a month. If you are a patient that consistently misses treatment each month, you will be subject to disciplinary action. This could result in a change in shift time or dismissal from the program. The process that will be followed is with a letter discussing our concerns. The letter will be signed, witnessed and placed in your medical record. The second letter will follow when your behavior does not change giving you 60 days to adapt to the requirements. Your time will be changed to our third shift with this letter. This letter will also be signed, witnessed and placed in your medical record. We will then contact the Renal Network regarding our concerns. If the behavior continues after the second letter, the third letter will be given which will state you have 30 days to find another clinic for to dialyze. This will be your official notice of dismissal from the _____ outpatient hemodialysis program.

Please take this memo seriously as we are concerned about your health and well being. **We have tried to be accommodating for those who have requested and non-compliance has continued.** Please contact the Social Work Department if you have any questions. Thank you for your time and considerations

Sincerely,

Center Director, _____ and the Social Work Department

**NOITICE-----PATIENTS
EFFECTIVE FEBUARY 1, 2001,
NON-COMPLIANCE OF TREATMENT
TIME WILL BE MONITORED**

NON-COMPLIANCE OF TREATMENT TIME IS: MISSING TREATMENT THREE TIMES IN ONE MONTH **WITOUT** A MEDICAL EXCUSE. **STOPING** YOUR TREATMENT EARLY AGAINST MEDICAL ADVICE THREE TIMES IN ONE MONTH. IT CAN ALSO BE A **COMBANATION** OF MISSING TREATMENT AND **STOPING** TREATMENT EARLY THREE TIMES IN ONE MONTH

IT IS OUR PRIMARY GOAL AT -----TO PROVIDE QUALITY CARE FOR OUR PATIENT'S, BUT WE NEED YOUR COOPERATION TO ACCOMPLISH THIS GOAL. **OUR MEDICAL TEAM WILL MAKE EVERY EFFORT TO HELP YOU RESOLVE YOUR NONCOMPLIANCE AND WILL MONITOR YOUR PROGRESS. HOWEVER, IF YOUR NON-COMPLIANCE IS NOT RESOLVED WITHIN A 30 – DAY PERIOD YOU RECEIVE NOTIFICATION OF DISCHARGE FROM THE PROGRAM.**

WE LOOK FORWARD TO WORKING WITH YOU THE -----RENAL PATIENT. IT IS OUR GOAL TO MAKE THE -----UNIT THE BEST RENAL UNIT AVAILABLE IN ANY AREA. THANK YOU FOR YOUR HELP.

----- **RENAL MANAGEMENT**

Appropriate Response

- Appropriate AND ongoing education
 - Health Literacy Issues

Prevalence

- Up to 30% of dialysis patients demonstrated poor literacy with regards to their health condition

Grubbs V, et al. Clin J Am Soc Nephrology. 2009; 4:195-200

Low Health Literacy

- Poorer health status
- Lack of knowledge about medical care and medical conditions
- Decreased comprehension of medical information
- Lack of understanding and use of preventive services,
- Poorer self-reported health
- **Poorer adherence rates**
- Increased hospitalizations and greater health care costs.

American Journal of Kidney Diseases, Vol 53, No 5 (May), 2009: pp 884-889

Solution

- Utilize effective teaching skills
- Use visual aids
- Avoid medical jargon – Utilize “Patient-Friendly Language”

Patient Friendly Language

- Speak in a way that patients can understand. Patients are not usually interested in the medical terminology or understanding the disease in an intellectual way. They are more interested in understanding how the disease relates to them *(Funnell et.al)*.

A True Story...

“So Mr. Johnson I understand your ESRD was caused by your IDDM and by the looks of your A₁C levels you have not been controlled very well for awhile. I see your BP is high and based on your Hgb I am wondering if that might not explain your fatigue and labile mood. In addition you have fluid around your lungs and heart which might be CHF and also might explain why you are so SOB.

What Did The Patient Hear?

“Mr. Johnson, Blah, Blah,
Blah, Fluid, yada-yada,
Lungs, yada-yada, Heart,
SOB!”

What Likely Won't Work

- Lecturing
- Threatening
- Behavior Contracts

Behavior Contracts

- Clearly defined behaviors to change
- Patient Role AND Staff Role
- Time limited
- What is your goal?
 - Change behavior or documentation for discharge

Verbal Abuse

- What defines it?
 - Swearing
 - Threatening
 - Unit Policy
- How will it be handled?
 - Warning
 - Patient sent home
 - Meeting with medical director
- Consistency is key!

Conclusion

- Conflict is common, complex, and not going away
- All staff must be trained
- Involve ESRD Network 1 PSC earlier rather than later in the process
- Must have a plan!

Thank You

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