



Agreement of Expectations

As the renal community begins to take a closer look at the impact of problems of non adherence in the dialysis units, **agreements** are being used to address and help manage problem issues that a Beneficiary might have with the facility or staff. The Southeastern Kidney Council believes that a true **Agreement of Expectations** if used correctly, can be an effective way to motivate change. If implemented early, a well-written agreement can also prevent problems from escalating into larger, more difficult to manage issues.

There are, however, some situations in which agreements either aren't appropriate or aren't necessary in order to reach the desired outcome. In fact, we believe that **agreements** that are misused can lead to a patient's mistrust of facility staff, which may ultimately lead the patient to refuse to cooperate completely. The following **guidelines** were developed by the Southeastern Kidney Council and can be used when approaching an **Agreement of Expectations**.

◆ Is the behavior changeable?

Consider whether or not there are precipitating factors that make a change in the behavior unreasonable. Evaluate and determine this before an **agreement of expectations** is attempted, or you may risk having the patient and staff members who are involved feel as though the agreement of expectations has failed.

EXAMPLE: Johnny Patient has mild mental retardation and cannot understand the terms or consequences of this agreement to control his verbal outbursts during treatment.

◆ Is the behavior measurable?

Just like when you go on a diet and you can't tell whether or not it was successful unless you weigh yourself, you also can't tell whether or not an agreement was successful unless you have something to measure.

EXAMPLE: "Jenny Patient is disagreeable often" (An **agreement of expectations** will not help Jenny to improve in this area).

◆ Is the behavior persistent? There are sometimes circumstances that lead to an unusual situation or behavior from a patient, yet it is clear that the behavior is not persistent. In these cases, an *agreement* is probably not necessary since there is no need for change to occur over time.

EXAMPLE: Johnny Patient is normally a very passive person, but he recently became very angry and yelled profanities while sitting in the lobby. In a discussion with the Social Worker after the incident, it was discovered that he was under a great deal of stress due to a recent death in his family. Instead of using an agreement of expectations, he was educated about the inappropriateness of his behavior and was referred for counseling.

If you decide an agreement of expectation isn't necessary, it's still important to consider how the problem will be addressed. Here are a few suggestions...

◆ Address the problem. Many problems can be resolved merely by bringing attention to them. This is especially true when a patient is unaware that the behavior is a problem – pointing it out to the patient may be the only solution needed.

EXAMPLE: Jenny Patient disagreed with the weight on the scale during her last treatment and became very loud and argumentative. In a meeting with her, she was told that her behavior was alarming and intimidating to

other patients. Jenny Patient did not realize that others saw her actions as threatening. A plan was developed by which all patients can address their concerns in the future.

◆ **Meet regularly.** If bringing attention to an issue isn't enough, the team and/or the parties involved should meet on a regular basis to validate, discuss, and follow up on an issue or problem.

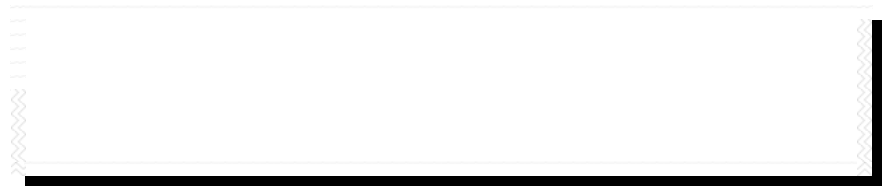
EXAMPLE: The team decided that Mr. Patient would meet with the Dietitian every other Friday to monitor his progress aimed at improving his compliance to his diet.

◆ **Educate all patients.** If an issue appears to affect more than just one patient, consider providing education to **All** patients through memos, meetings, bulletin boards, etc. This may help to resolve the current problem while at the same time helping to prevent other problems in the future.

EXAMPLE: Jenny Patient became disruptive when told that the unit would be implementing a policy of no eating or drinking on the machine. After the incident, all patients were educated more about the reasons for the new policy and about their options.

◆ **Educate the staff.** Patients may not be the only ones who need education in a dialysis unit when there is a problem or a concern. Having problematic behaviors in a dialysis unit can be challenging for all staff, and dealing with them is an ongoing learning process. Determine whether or not staff would benefit from additional training and/or education with regards to a problem.

EXAMPLE: An altercation occurred between Jane Patient and a Patient Care Technician when they began a heated discussion about religion. As a result, all staff members were in-service on professionalism and their role in the dialysis unit.



We're Developing an Agreement... What Now?

Although Agreements of Expectations can vary greatly among patients and situations, the following are some general guidelines that can be considered once you've decided to try an agreement...

◆ **Make the agreement specific and individualized.** The most important thing to keep in mind when developing an **agreement** is that each patient and each situation is different. Just as a Physician must take into consideration the medical needs of a patient before he/she can prescribe medicines, order dialysis treatments, or perform surgery, so too must the dialysis team when considering how to manage patient behaviors or reactions and how staff reacts to them.

EXAMPLE: The team met with Mr. Patient to determine how an **agreement** could work specifically to help him increase his compliance to his treatment. The team considered all of his barriers and came up with an **agreement** that everyone considered fair and appropriate for his situation.

◆ **Get in the game early!** If there is a persistent, problematic reactions that you have noticed with a patient, don't wait for it to escalate into a difficult to manage or even dangerous situation. It's important to educate all staff about what to do when a patient is displaying inappropriate, difficult, disruptive, abusive, non adherent, or unwanted behavior. Addressing the issue early, when the patient and staff are all willing to be flexible, could save you much time and hassle in the long run!

EXAMPLE: Jennifer Patient has been yelling at staff during treatments for the past 3 weeks, and has become increasingly louder and more aggressive. To prevent further escalation of the situation, the team met with Jennifer and an **agreement** was implemented that gave Jennifer a means to address her concerns with staff, and also provided her with consequences in the event that the reactions continue.

◆ **Make the agreement measurable and observable.** Unless an agreement is measurable, all parties will have difficulty knowing whether progress was made. When writing the agreement, it's helpful to think in terms of what results you hope to achieve and how they will be evaluated at the end of the agreement period. It is similar to weighing yourself at the end of a diet to see how much progress you've made.

EXAMPLE:

Rather than: "Johnny Patient will not talk harshly to staff." (remember, nor shall the staff talk harshly to Johnny Patient)

Try this: "Johnny Patient will speak in a normal tone of voice and refrain from cursing at staff for 2 months."

◆ **Make the goal achievable and the expectations reasonable.** Remember that the goal of a behavior change is to improve a behavior – not to make a "perfect patient", so get input from the patient on setting goals that are realistic. Keep in mind that smaller steps allow both parties encouragement in the success when the goals are achieved.

EXAMPLE:

Rather than: "Johnny Patient will not miss any of his treatments."

Try this: "Johnny Patient has been attending only 8 treatments per month. Within the next 2 months, Mr. Patient will attend at least 11 treatments per month." (Mr. Patient expressed that attending all treatments was unrealistic right now due to childcare issues, but he feels he can manage 11.)

◆ **Keep it positive!** Avoid using an **agreement of expectations** as a way to threaten or intimidate a patient, since neither will produce the long-term results that are desired. Also, avoid wording that is negative – never degrade a patient.

EXAMPLE:

Rather than: "Jenny Patient does not follow the Doctor's orders. If she misses another treatment she will be discharged."

Try this: "If Jenny Patient attends her treatments 20% more often for the next 3 months, her machine will be set up prior to her arrival at the dialysis unit."

◆ **Provide appropriate consequences.** Implement consequences for failure to adhere to agreements that are meaningful to the patient, but, **stay away from threatening language.** Consequences should not intimidate, but rather motivate change.

EXAMPLE: “John Patient will refrain from cursing at the staff and patients during treatment for the next 8 weeks. If he curses during treatment, the Nephrologist will be notified and John’s treatment will be discontinued for the remainder of the day. Less than adequate dialysis may cause John to feel poorly.”

◆ **Include the patient in the process.** Being involved in the goal-setting process will allow a patient to assume responsibility for a goal, and thus motivate him/her to achieve the goal. Consider having a confidential meeting with the medical team and the patient (including a support person, if the patient desires) in which the **agreement** can be developed. This will also help to prevent the patient from feeling isolated or “ganged up on”, which can lead to his/her disinterest or refusal to participate.

EXAMPLE: Janie Patient has been late for treatments for the past several months. The team met with her and her husband to discuss the issue and to come up with an agreement that worked for them and the facility.

◆ **Include the staff in the process:** An agreement is between two or more parties. so consider ways that the staff can be involved in the patient’s process of change. Educate staff about the roles in the process.

EXAMPLE: “Mr. Patient will alert the Tech in a normal tone of voice if he is not feeling well during treatment. The staff will respond to Mr. Patient within 2 minutes and will notify the Nurse if Mr. Patient needs additional assistance.”

◆ **Provide the patient with appropriate ways to address concerns with staff.** Rarely are patients the only ones involved in problematic reactions, so consider what the staff can do to make positive changes during the process and/or how they can be available to support the patient’s change. Include those elements in the **agreement**.

EXAMPLE: “Ms. Patient will address her concerns to the Charge Nurse rather than complaining to the Techs. The Charge Nurse will talk with Ms. Patient to address her concerns at least once a week during Ms. Patient’s treatment.”

◆ **Make it time-limited and regularly monitor the patient’s progress.** All agreements should have a clear beginning and ending date so that the patient doesn’t feel as though he/she is left hanging. This also contributes to a patient’s sense of

accomplishment at the end of the period. Likewise, it's essential that the patient's progress be monitored, whether through meetings, phone calls, correspondence, etc. Gauging a patient's progress throughout the **agreement** period will encourage him/her to stay on course. The period of time can be determined by the team while the agreement is being developed, but be careful not to make it too long or you may risk a lack of motivation from the patient. A period of between 6 and 12 weeks is usually sufficient.

EXAMPLE: "Johnny Patient will refrain from cursing in the lobby for the next 6 weeks. The Nurse Supervisor and Social Worker will meet with Johnny every Wednesday after treatment to monitor his progress."

◆ **Remember to document!** Make sure that all of the team's efforts and the patient's progress are recorded somewhere, and include specific documentation in the patient's record.

In addition to these guidelines, the Southeastern Kidney Council is available to assist facilities in individualizing an Agreement of Expectations to a specific situation. For more information or to request additional copies of this form, contact a Patient Services Coordinator (PSC) at the addresses or phone number listed below:

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The mission of the Southeastern Kidney Council is to improve the lives of people with, or at risk for, End Stage Renal Disease by promoting and advancing quality of care.

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