

Decreasing Dialysis Patient- Provider Conflict Toolbox: Conflict Resolution Resources for the Dialysis Professional

Southeastern Kidney Council

March 24, 2009

Durham, NC

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Today's Plan

- Background and Purpose 8:00-8:30
- DPC CONFLICT Model and contents 8:30-9:15
- Group Activity and Training Modules 9:15-10:00
- Break 10:00-10:15
- Group Activity and Training Modules 10:15-11:00
- Interactive Training CD 11:00-11:15
- Implementing DPC 11:15-11:45
- Questions and Answers

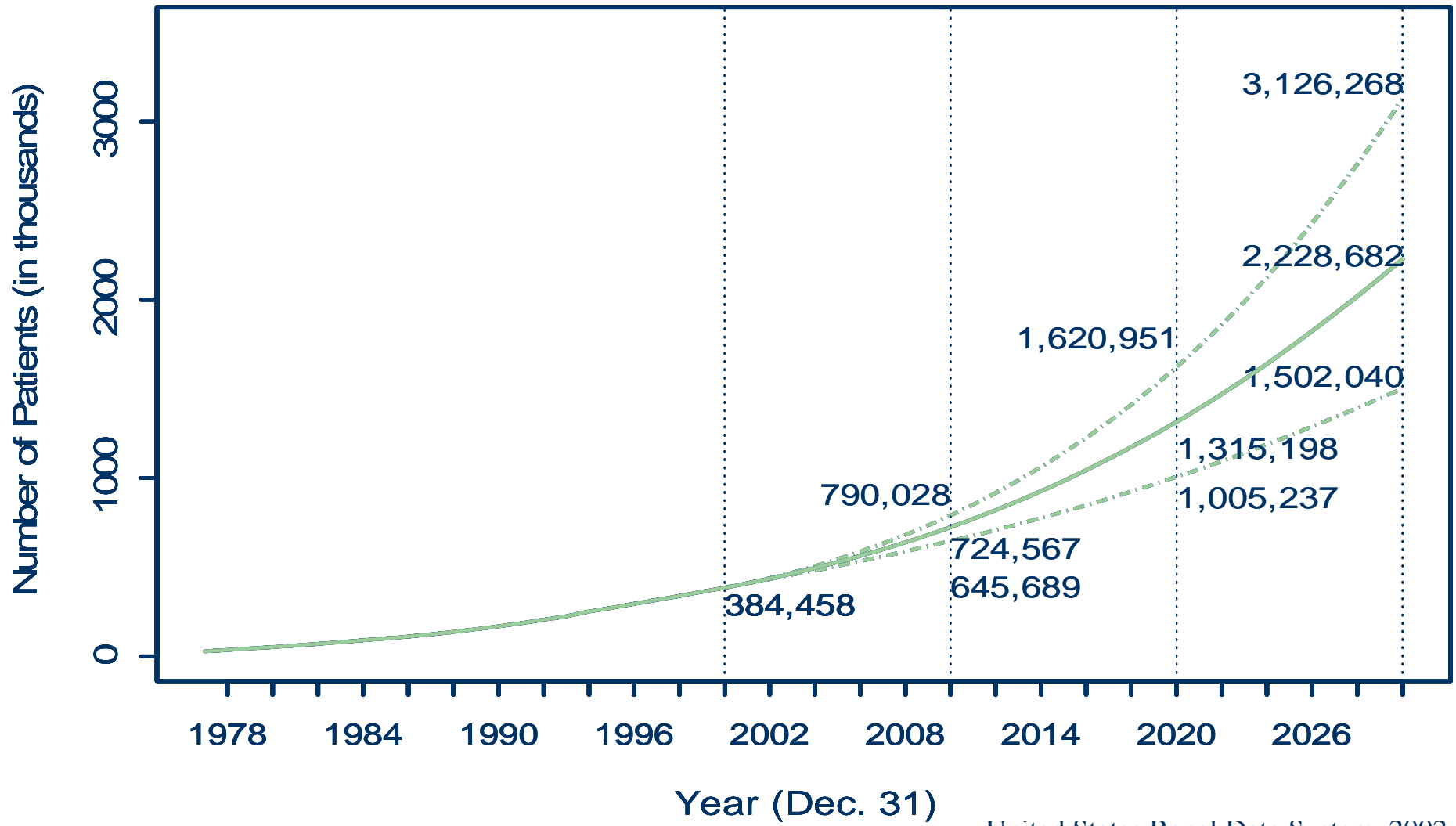
I Appreciate That...

- Time is an issue
- Duties are constantly changing
- The pay is _____ (you get to fill in the blank)
- The patients can be difficult
- You are frequently asked to do more with less

But Also...

- We are professionals
- We can make choices our patients cannot
- We are guided by ethics
- We need to challenge ourselves and those we work with to always strive for greater outcomes

And We Have Conflict Now!



United States Renal Data System, 2002

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

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

From CMS....

- “we believe that every dialysis facility has the resources and responsibility to work with every patient, including patients perceived to be disruptive or challenging”

-Conditions of Coverage

And...

- Patient care technicians “must have completed at least three months experience, following a training program...focused on the operation of dialysis equipment and machines, providing direct patient care, and communication and interpersonal skills including patient sensitivity training and care of difficult patients”

-Conditions of Coverage-

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Let Me Be Clear...

- This is not just a PCT issue
- Conflict Resolution requires practice and commitment
- It requires you to examine your role in the conflict
- It requires flexibility and openness

Reasons for Conflict

- Nonadherence
- Mental Health & Substance Abuse Issues
- Cultural & Racial Issues
- Complex Environment
- Communication Difficulties

Staff Role In Conflict

- Lack of professionalism
- Abuse of power

494.7-Conditions: Patients Rights

(a) Standard: Patients' rights.

The patient has the right to--

- (1) Respect, dignity, and recognition of his or her individuality and personal needs, and sensitivity to his or her psychological needs and ability to cope with ESRD;

Interpretive Guidelines

“In all verbal and nonverbal communications, patients should be treated with respect, dignity, and sensitivity. Interactions among patients, staff, and others should demonstrate observance of patients’ rights and consideration of a patient’s physical condition, emotional state, and cultural background.”

What is DPC?

Decreasing Dialysis

Patient-Provider

Conflict

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DPC is also...

A coordinated, national effort by the ESRD community to understand, educate, and provide resources to the providers of dialysis services to better cope with the issue of conflict in dialysis facilities

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DPC Goals

- Safe Dialysis Facilities
- Increase awareness of conflict and improve skills to decrease conflict
- Improved Staff/ Patient relationships
- National collaboration
 - Taxonomy & Glossary
 - Approaches

Why Is DPC Important?

- Help to foster an improved patient/staff working relationship
- Prevent escalation of conflict to maintain a safe workplace
- Improve Patient Care
- Improve Patient Outcomes

What Started This?

- Network 11 and Network 14 Involuntary Patient Discharge Surveys -2001
- National Involuntary Patient Discharge Survey -2002
- Consensus Conference -2003
- CMS support and participation -2004

Involuntary Patient Discharge Survey - 2002

- 9-question survey with standardized definitions
- Sponsored by the Forum of ESRD Networks
- Approved by CMS and the OMB

Involuntary Patient Discharge Survey - 2002

- Sample - 71% of U.S. patients and providers
- 94% survey return rate
- 458 discharges reported (0.2%)
- Noncompliance top reason for discharge

National Consensus Conference

- St. Louis, MO – October 2003
- 46 ESRD “Stakeholders”
- 2-Day Roundtable Meeting
- Collaborative Action Plan

Collaborative Action Plan Process

Selection of Stakeholders

Interview of Stakeholders → Discussion Paper

Discussion Paper → Triggering Question

Triggering Question → Influence Tree of Barriers/Challenges

Barriers/Challenges → → → Action Options

DELPHI Survey

Which organizations would lead and/or participate in which action options? How?

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Discussion Paper

- Conference Calls
- Interviews
- All stakeholders perspectives
- Summer 2003
- Final Report with recommendations

www.esrdnetworks.org

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Triggering Question

“What are the challenges (or problems) that the stakeholders of the ESRD community must address to make progress in resolving the issue of conflict in dialysis facilities?”

DPC Project Scope

1. Articulate variables of interest/issues to be studied/ for data collection
2. Definitions: Build consensus Network 17 glossary, test, & disseminate
3. Describe the rights & obligations of providers and patients in an entitlement system

DPC Project Scope

4. Conflict Management Brochure/Poster development & dissemination
5. DPC Toolbox
6. Network Training
7. Facility Training

DPC Workgroups

1. Taxonomy & Glossary Subcommittee

- Responsible for developing and testing language which can be used in a uniform manner to begin describing the types and levels of conflict experienced in the dialysis setting.

DPC Workgroups

2. Ethical, Legal, and Regulatory Subcommittee

- Research, write, and distribute a paper outlining the key ethical, legal, and regulatory issues related to the “entitlement” of dialysis care under the Medicare program, as well as the access to dialysis care as interpreted by legal and ethical guidelines.

DPC Workgroups

3. Variables Subcommittee

- Responsible for researching, writing about, and encouraging further research on other variables related to the issue of conflict in the dialysis setting, such as substance abuse, mental health, personality styles, and other psychosocial concerns.

DPC Workgroups

4. Toolbox Subcommittee

- Responsible to develop, disseminate, and educate on the use of a toolbox for the provider community which contains tools specific to coping with and decreasing conflict in the dialysis facility.

Pilot Testing

- 1-Day Workshop lead by Network
- Participants:
 - Facility Administrators
 - Charge RN's
 - MSW's
 - Medical Directors
 - Regional Directors

Test Facility Expectations

- Train all staff
- Focus 1-2 staff meetings on toolbox contents
- Use all materials for a 45-day period
- Complete evaluations

Testing Sites (N=33)

- Gambro- Houston, Texas
- Davita- Raleigh, North Carolina
- Fresenius- Detroit, Michigan

DPC “CONFLICT” Resolution Model

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Create A Calm Environment

Open Yourself To Understanding Others

Need A Nonjudgmental Approach

Focus On The Issue

Look For Solutions

Implement Agreement

Continue To Communicate

Take Another Look



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
- Remember many factors affect how people handle conflict. Age, gender, race, education, etc.

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

- Understand how you react to conflict.
- 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.”

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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.
- Maintain focus on the issue.
 - How do you do this?

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.”

Grievance Mechanism

(14) Be informed of the facility's internal grievance process;

(15) Be informed of external grievance mechanisms and processes, including how to contact the ESRD Network and the State survey agency;

(16) Be informed of his or her right to file internal grievances or external grievances or both without reprisal or denial of services;

Interpretive Guideline

Every patient must feel free to file a complaint or grievance within the facility or externally with the ESRD Network or State survey agency. Facility staff should inform patients that they can file a grievance anonymously or through a representative without being afraid that they will be treated differently or denied services.

“Reprisal” would include retaliation or revenge and could include perceived punishment, isolation, or the intentional infliction of physical pain or emotional distress or involuntary discharge from the facility.

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Look For Solutions

- Brainstorm solutions with the patient. What does the patient hope to accomplish?
- Hold a care conference.
- Be creative and flexible.
- Solve as much of the problem as you can.
- Only make promises you can keep.

Implement Agreement

“If you take the time to work through the conflict, it is likely that you will reach a stage of agreement when changes will need to be put into action.”

Implement Agreement

- Use action statements to describe the agreement.
- Document and communicate to the necessary parties the agreement that has been reached.
- Be consistent with any agreements that are made.

Continue To Communicate

“Effective resolution of a conflict requires follow-up communication. This will allow you to monitor the progress being made, and will demonstrate to the patient your commitment to resolving the conflict.”

Continue To Communicate

- Set a specific timeframe to sit down with the patient to look at the changes that were made.
- Be open and ready to deal with the fact that not all conflict is easily resolved.
- Consider the use of an independent third party to help mediate the conflict.

Take Another Look

“Handling a conflict, like successfully performing dialysis related tasks, requires practice, understanding, education, and monitoring. Regardless of whether a conflict is minor or major, reviewing the steps used in addressing the conflict will be beneficial.”

Take Another Look

- Meet with other staff members to discuss other possible ways of responding to the conflict.
- Seek additional training.
- Take a close (honest) look at the role you played in the conflict.
- Evaluate and understand the root of the conflict.



Group Activity

Focus On The Issue

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Group Activity

Take Another Look

Interactive Training

- CD-Rom and Forum website
- Conflict scenarios (right vs. wrong)
- Interactive learning module and scoring methods
- Based on educational theory

Implementing DPC

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Involve Who?

- Management Team
- Medical Director
- RN, MSW, RD,
PCT, Secretary, Reuse
Tech, etc
- Patients
- Anyone who has a stake in
the operation of the facility

Provider Manual

Step I: Management Orientation and Preparation

Step II: Trainer's Guide-Staff Training

Step III: Ongoing Quality Improvement

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Provider Manual

- DPC Position Statement On Involuntary Discharge: Executive Summary
- DPC Taxonomy & Glossary
- DPC Tips and Ideas

Step I: Management Orientation and Preparation

Time Required

- Two 1-hour meetings
- 30 minutes-Copying and dissemination
- 30 minutes-Review of policies and procedures
- Variable-Revisions of policies and procedures

Step I: Management Orientation and Preparation

First Leadership Meeting

1. Discuss purpose of DPC and explore
 1. Facility Culture

What Is Facility Culture?

- Policies & Procedures
- Prevailing attitudes
- Past behaviors
- Customs
- Traditions

Step I: Management Orientation and Preparation

First Leadership Meeting

1. Discuss purpose of DPC and explore
 1. Facility Culture – Patient autonomy, patient centeredness, and conflict
 2. Congruence of above with recommendations of DPC Toolbox
2. Review Policies and Procedures
 1. Zero tolerance
 2. Grievance Policy
3. Discuss needed revisions to existing staff training programs

Step I: Management Orientation and Preparation

Second Leadership Meeting

1. Review QI Tools in toolbox
 1. Policy & Procedures
 2. Staff training
2. Plan staff orientation
 1. Who will do the training
 2. Understand practicalities of implementing training

Step I: Management Orientation and Preparation

Conduct QI Meeting

1. Review QI Tools in toolbox
2. Review past data (if exists)
3. Plan implementation of use of QI tools
 1. Routine reporting
 2. Data collection methods
 3. Monthly review in QI meeting

Your Leadership Matters!

“I believe that if you show people the problems and you show them the solutions they will be moved to act.”

Bill Gates,
Founder Microsoft Corp.

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Step II: Trainer's Guide- Staff Training

- Review CONFLICT Model and Brochure
- Review CONFLICT Interactive Training Program
- Tips for Trainers
 - Open and Nonjudgmental Behavior
 - Leading Role-Playing

Step II: Trainer's Guide- Staff Training

1. Initial staff meeting to introduce DPC
 - Discuss DPC philosophy and clinic goals
 - Introduce DPC materials
 - Review plan for implementation to include interactive CONFLICT Training Program
 - Review plan for ongoing use of DPC materials
 - Provide leadership and support

Step II: Trainer's Guide- Staff Training

1. DPC CONFLICT Interactive Training Program
 - Review DPC brochure and Taxonomy & Glossary prior to use
 - Complete the programs in order
 1. Conflict Skills
 2. Critical Thinking
 - Provide leadership and support

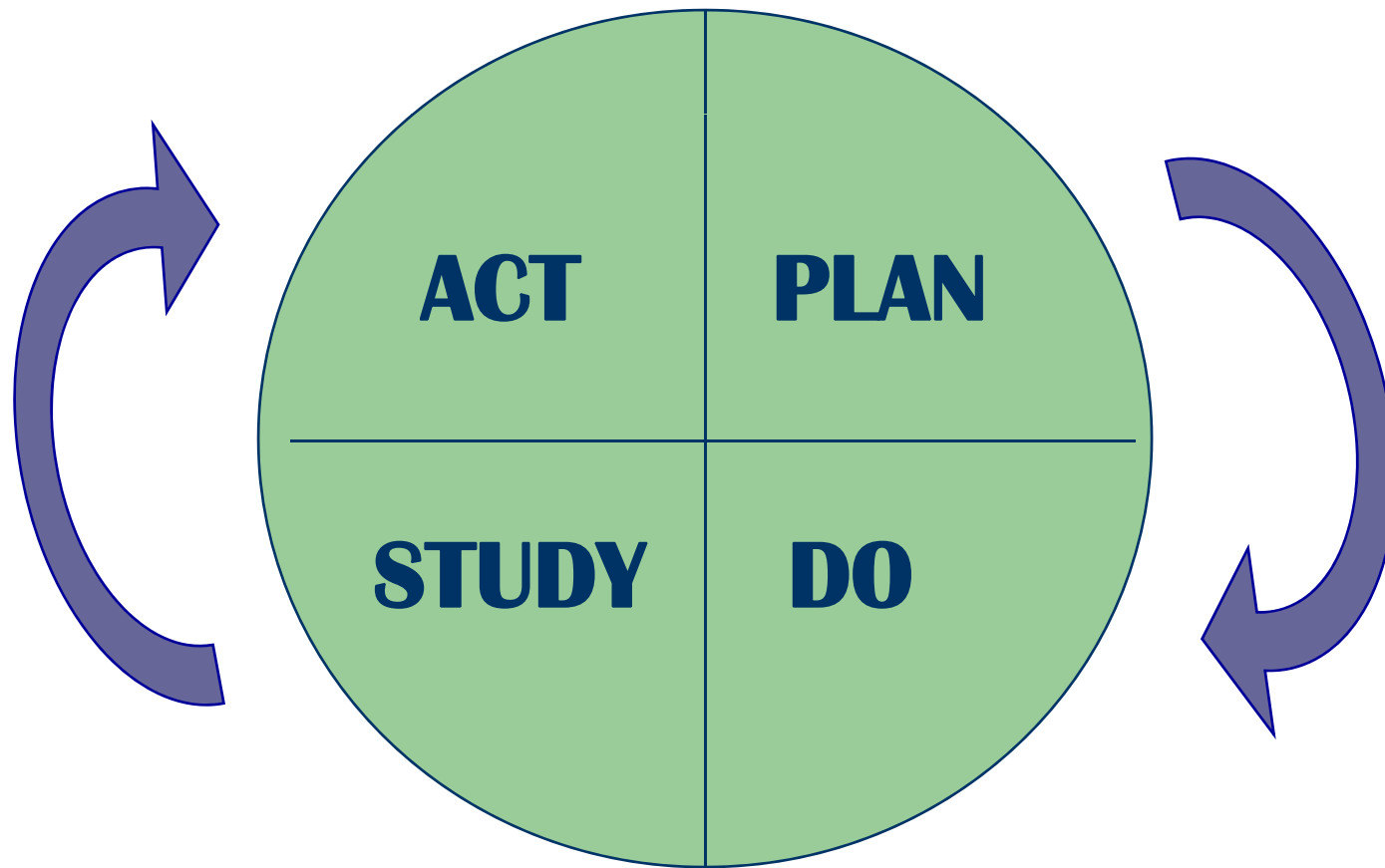
Step II: Trainer's Guide- Staff Training

1. 8 CONFLICT Training Modules
 - Designed for use with the DPC Brochure
 - Recommend completing in order
 - Create a casual atmosphere
 - Encourage open and candid dialogue
 - Provide leadership and support
2. Common Patient Concerns

Focus On The Issue

Purpose: To practice communication techniques that can be used in the dialysis clinic to help dialysis professionals stay focused on a single, clearly defined issue.

Step III: Ongoing Quality Improvement



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QI And Conflict???

- Allow for data collection related to conflict
 - **Number**
 - **Causes**
 - **Levels**
- Provide trending analysis of conflict
- Create objectivity toward conflict
- Identify areas for improvement or training

DPC Conflict Log

Date Conflict Occurred	Time of Day Conflict Occurred	Name(s) of Patient Involved in Conflict	Name(s) of Staff Involved in Conflict	Cause of Conflict*	Level of Conflict*

Causes Of Conflict

Causes of Conflict	
Physical Environment	E.g. Unit cleanliness, temperature, noise level
Treatment Related	E.g. Infiltration, med error, machine alarms
Staffing	E.g. Number and composition of staff, assignments
Staff Professionalism/Training	E.g. Staff talking about personal issues, competence
Financial	E.g. Nonpayment of fees, patient or staff seeking financial assistance from one another
Nonadherence	E.g. Missed, shortened Tx's, breaking facility policy
Scheduling/Transportation	E.g. Wait time, on time, transportation
Disruptive Behavior	E.g. Yelling, swearing, inappropriate remarks, tampering with the machine or other unit equipment
Other	

Types of Conflict

1. Nonadherence	Noncompliance with medical advice, facility policies and procedures, professional standards of practice, laws and/or socially accepted behavior toward others.
2. Verbal/Written Abuse	Any words with an intent to demean, insult, belittle, or degrade staff, patients, families, or others
3. Verbal/Written Threat	Any words expressing an intent to harm, abuse, or commit violence towards staff, patients, families, or others
4. Property Damage	Theft or damage to property on premises of ESRD facility
5. Physical Threat	Gestures or actions expressing intent to harm, abuse, or commit violence towards staff, patients, families, or others
6. Physical Harm	Any bodily harm, injury, or attacks upon staff, patients, families, or others
7. Lack of Payment	Refusal to maintain or apply for coverage or misrepresentation of coverage

Other QI Tools

1. Graphs & Tables

- a) # of conflicts by month
- b) Types of conflicts by month
- c) Causes of conflicts by month

Other QI Tools

2. Documentation Form

- Tool to describe conflict
- Tool to describe intervention and resolution
- Teaching tool to improve interventions
- Could be used as part of your facility's grievance policy

What Is Your Plan?

Team Topic: Decreasing Dialysis Patient-Provider Conflict					Team Members:	
Team Leader:						
Facility Name & Telephone Number:						
Actions/Strategies:						
Actions/Strategies	Tasks	Responsible Team Member	Due Date	Others Needed (Please list)	Resources (Be Specific)	Next Steps

ESRD Network Role

- Offer Training
- Support Implementation
- Provide Support

Remember This...

- 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

What's Next?

- Incorporate DPC training into new staff orientation
- Provide regular DPC training
- Ongoing Quality Improvement
 - Review data regularly
 - Act on any trends or patterns
- Create Expectations

Summing It All Up

- Conflict is difficult
- Unresolved or ignored conflict is really difficult
- Conflict can create opportunities for improvement
- Conflict is unavoidable
- DPC can help



Questions??



Thank You!

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