

# Quality Corner



## Solutions for the Network's Top Five Reported Facility Concerns

The Network is interested in serving as a resource to ESRD patients and providers in Florida. A large number of calls we receive involve challenging situations. These calls come from both patients and facilities. Our goal at the Network is to work proactively with patients and providers to discuss difficult situations, make suggestions and help all parties to resolve issues prior to becoming a formal complaint or involuntary discharge.

Though each call is unique, and the appropriate solutions may vary, there are common themes and corresponding solutions. Following are the top five categories of provider concerns and tips to consider when working toward resolution:

### 1) **Disruptive / Abusive Patient**

- ✓ Intervene early and appropriately.
- ✓ Remove the audience, if possible, and allow the patient to vent their feelings.
- ✓ Support the feelings behind the behavior, but be clear and directive on facility expectations.
- ✓ Consider the precipitating factors leading to the behavior.
- ✓ Remain calm and open to compromise.
- ✓ Involve the social worker in addressing patient stressors, changes in status such as recent losses or financial concerns, substance abuse and mental health issues.
- ✓ Remind the patient of proper channels to file grievances with the facility and the Network.
- ✓ Consider a team meeting with the patient, and allow time for the patient to share his viewpoint.
- ✓ Consult the facility's risk management department or legal counsel. Be certain to enforce the facility's policies equally for all patients.
- ✓ Thoroughly document all incidents and facility interventions.
- ✓ Assist staff to deal with difficult situations by providing an annual in-service in communication, professionalism and patient sensitivity.
- ✓ Reinforce any positive changes in the patient's behavior - catch them doing good.

### 2) **Disruptive Caregiver**

- ✓ Be certain that facility policies and possible consequences of violation are clearly communicated to the caregiver; remember to equally enforce policies for all families.
- ✓ Be sure to consider the patient's needs and behaviors separate from the caregivers.
- ✓ Have the social worker assess the caregiver's emotional needs and intervene appropriately, keeping in mind that controlling behavior on the part of the caregiver is often related to fears and anxiety.
- ✓ Invite the caregiver to participate in the care planning process.
- ✓ The suggestions listed for disruptive / abusive patients are also important components in working with caregiver conflict.

### 3) **Non-Adherent Patient**

- ✓ Assess the patient's capacity to understand risks of non-adherence.
- ✓ Provide education to the patient regarding risks and optimal outcomes.
- ✓ Have the social worker address social barriers to adherence.
- ✓ Detect patient depression early and refer for treatment.
- ✓ Ask each team member to assist the patient in staying on track.
- ✓ Give the patient the opportunity to make choices and have control where possible.
- ✓ Identify creative ways to motivate the patient.
- ✓ If the patient's non-adherence is disrupting facility operations, adjust schedules or wait to set up until the patient arrives.
- ✓ Reinforce patient achievements or successes, no matter how small.

### 4) **Patient Will Only Allow Certain Staff To Treat Them**

- ✓ Ask the patient why they are refusing certain staff. (this is usually related to personality clashes, ethnic or gender concerns or proficiency of staff cannulation)
- ✓ Address the patient concerns and facilitate resolution, such as in-servicing staff on patient sensitivity and professionalism or mentoring a staff member until they are more proficient with cannulation.

*Continued on Page 8...*

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*Continued from Page 6*

- ✓ Assist the staff with ways to distance themselves from the patient's rejection, so that they do not enter into conflict with the patient.
- ✓ Adhere to the facility policy related to patient special requests, and administer it evenly with all patients.
- ✓ Involve the social worker in addressing the patient's emotions related to treatment and relationships with the staff.

### 5) Patient Is In Need Of A Sitter During Treatment Due To Incapacity / Safety Concerns

- ✓ Consult with the nephrologist to determine the etiology of the incapacity, particularly if there has been a change in mental status.

- ✓ Ask the nephrologist if something can be prescribed for the patient to keep them calm during treatment.
- ✓ Consider a change in the patient's dialysis time to accommodate for the sitter's schedule (for instance if the family member works).
- ✓ Consider home dialysis options.
- ✓ Determine whether the patient is appropriate for referral to Hospice.
- ✓ If the patient is in a nursing home, coordinate care with them in arranging a sitter.



The above information is not meant to be an exhaustive list of solutions, as every patient and facility situation should be considered on an individual basis. We welcome provider calls to the Network, so that together we can work toward optimal care and successful adjustment for your patients.

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