

Decreasing Dialysis Patient-Provider Conflict (DPC)

**An Introduction
to the DPC
Project**



What is DPC?

D Decreasing Dialysis

P Patient-Provider

C Conflict



The DPC Project is

- A coordinated, national effort by the ESRD community about conflict in dialysis facilities
- Providing resources to understand, educate, and cope with conflict

DPC Goals

- Safe Dialysis Facilities
- Increase awareness of conflict and improve skills to decrease conflict
- Improved Staff/ Patient relationships
- Create common language to describe conflict

Why Is DPC Important?

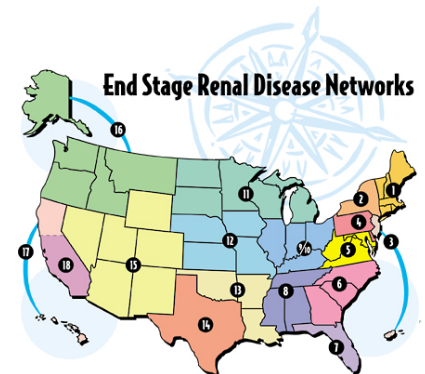
- Foster an improved patient-staff working relationship
- Prevent escalation of conflict to maintain a safe workplace
- Provide you with skills to intervene successfully in a conflict

Why Is DPC Important?

- Improve employee morale
- Increase employee and patient satisfaction with the dialysis experience

Who is leading the way?

- Funded by the Centers for Medicare & Medicaid Services (CMS)
- Contract held by ESRD Network of Texas
- Coordinated by the Forum of ESRD Networks



DPC Participants

- American Association of Kidney Patients (AAKP)
- American Nephrology Nurses Association (ANNA)
- Centers for Medicare & Medicaid Services (CMS)
- Council of Nephrology Social Workers (CNSW)
- DaVita, Inc.
- Dialysis Clinic Inc. (DCI)
- eSOURCE
- ESRD Network #12

DPC Participants

- ESRD Network of Texas, Inc. (#14)
- Forum of ESRD Networks
- Fresenius Medical Care North America (FMCNA)
- Gambro Healthcare U.S.
- National Association for Nephrology Technicians/Technologists (NANT)
- National Kidney Foundation (NKF)
- National Renal Administrators' Association (NRAA)
- Renal Care Group (RCG)

DPC Participants

- Renal Network of the Upper Midwest (#11)
- Renal Physicians Association (RPA)
- Southeastern Kidney Council (#6)
- The Renal Network (#9/10)
- TransPacific Renal Network (#17)
- University of Houston Health Law and Policy Institute
- Washington University School of Medicine

DPC Workgroups

- 1 DPC National Taskforce
- 4 subcommittees
 - **Taxonomy & Glossary**- Develop and test language to describe the types and causes of conflict
 - **Ethical, Legal, & Regulatory**- outline key ethical, legal, and regulatory issues related to the “entitlement” of dialysis care under the Medicare program

DPC Subcommittees

- **Variables-** Research, write about, and encourage further research on other variables related to the issue of conflict in the dialysis setting
- **Toolbox -** Develop, disseminate, and educate on the use of a toolbox tools specific to coping with and decreasing conflict

What Will You Do?

- DPC CONFLICT Interactive Training program
 - Individually complete 2 programs on the computer
 - Print and turn in your Certificates of Completion
- Participate in upcoming staff meetings
 - 8 modules about conflict resolution
 - 1 module on positive responses to common patient concerns

What Will You Do?

- Learn to use the DPC “Taxonomy & Glossary”
- Use the CONFLICT Resolution Model
- Fill out the QI forms on conflict situations
- Keep taking good care of your patients!

Decreasing and Resolving Conflict

A National Model for Dialysis



DPC “CONFLICT” Resolution Model

- Basis for DPC Poster, Brochure, Pocket Card, and CONFLICT Interactive Training
- Model for responding to various phases of a conflict
- Key tips for how to accomplish each step of the model
- Fully described in the DPC brochure “Building Bridges and Decreasing Conflict”
 - Review today

“CONFLICT” Resolution Model

C -Create a Calm Environment

O -Open Yourself to Understanding

N -Need A Nonjudgmental Approach

F -Focus on the Issue

L -Look for Solutions

I -Implement Change

C -Continue to Communicate

T -Take Another Look

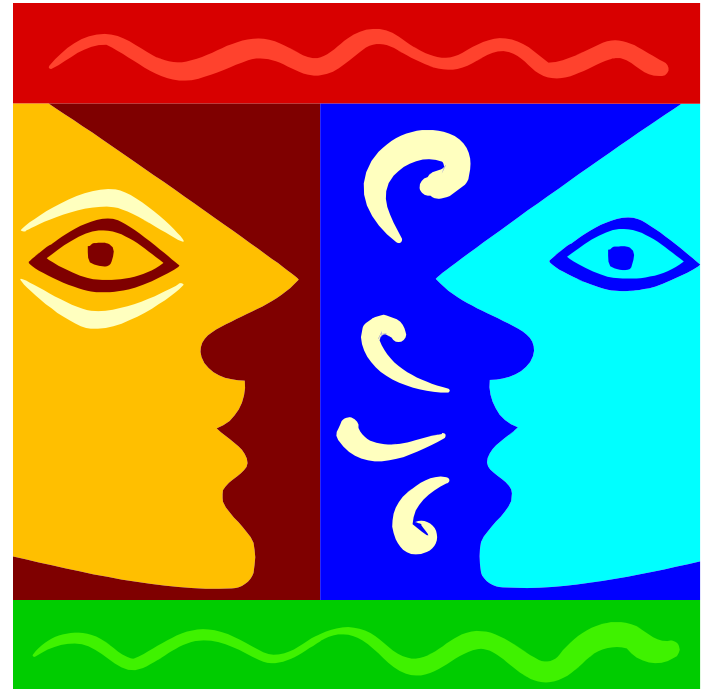
Create A Calm Environment

“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”



Open Yourself to Understanding Others

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



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.”

Focus On The Issue

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



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.”



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.”



Continue To Communicate

“Effective resolution of a conflict requires follow up communication. This allows you to monitor the progress being made. And demonstrates to the patient your commitment to resolving the conflict.”

How's it working out?



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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.”

Tools to help you use the Conflict Resolution Model

- DPC Brochure: “Decreasing Conflict & Building Bridges”
- DPC CONFLICT Poster
- DPC CONFLICT Pocket Guide

DECREASING CONFLICT

- 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

& BUILDING BRIDGES

In October 2003, forty-six concerned ESRD stakeholders from twenty-seven organizations met to begin discussing the causes of conflict in the dialysis clinic setting. The Decreasing Dialysis Patient-Provider Conflict (DPC) initiative is a continuation of that work. Its goal is to provide the dialysis community with resources to manage and decrease conflict.

DPC was generously funded by The Center for Medicare & Medicaid Services (CMS) and developed and led by The Forum of ESRD Networks under special study CMS contract # 500-03-NW14 with the ESRD Network of Texas, Inc. (#14)

With Special Thanks to:

- American Association of Kidney Patients (AAKP)
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- Davita, Inc.
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decreasing conflict



collaborate



agreement

solutions



calm



understanding



communicate



& BUILDING BRIDGES

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Decreasing Dialysis Patient-Provider Conflict (DPC)

As a professional working with dialysis patients, it is likely that you have witnessed or experienced a conflict in your dialysis unit. Like many health care professionals, you may have felt unprepared to effectively address the conflict. Understanding, appropriately responding to, and resolving conflict is a difficult task that requires training, practice, and experience. The information in this brochure is designed with you, the dialysis professional, in mind to give you a framework to use when involved with a conflict.



CREATE A Calm Environment

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- Remember that many factors affect how people handle conflict, including culture, age, race, gender, economic status, family upbringing, and education level.

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.

- * Assess the situation. Does the conflict need immediate attention or can you meet with the patient after the dialysis treatment?
- * Use a private setting to address the conflict. Avoid discussing the issue in front of other patients, uninvolved staff, or visitors.
- * Know your limits and take the time needed to calm yourself and organize your thoughts before engaging the patient. Dealing with conflict is difficult, and if you are frustrated or angry a successful resolution will be more difficult.
- * Demonstrate an open attitude, and avoid a threatening presence, such as standing over the patient, pointing a finger, or placing your hands on your hips.

ceasing any other activity, listening to what the patient is saying, and telling the patient that you are committed to addressing his or her concerns.

- * Maintain focus on the agreed upon issue. If other complaints enter the conversation, indicate to the patient you will address these issues at a later time once the initial complaint has been discussed.

through will likely lead to more conflict.

- * Take a close look at the role you played in the conflict. Ask yourself if you might have been able to diffuse the conflict by responding in a different manner.

- * Evaluate and understand the root of the conflict. It might be related to clinic policies or practices that could be changed to help prevent future conflicts.



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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CONTINUE TO COMMUNICATE



TAKE ANOTHER LOOK

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CREATE A CALM ENVIRONMENT

"This is really a busy time for me right now because it is a change of shift. I need 20 minutes to finish what I am doing and then we can find a quiet and private place to discuss your concern."

OPEN YOURSELF TO UNDERSTANDING OTHERS

"I see that this issue is really upsetting you and I want to give you the chance to help me understand your point of view."

NEED A NONJUDGMENTAL APPROACH

"I am uncomfortable with the way you are talking to me right now. I would like for you to lower your voice and not swear at me so that we can discuss your concern in a reasonable manner."

FOCUS ON THE ISSUE

"When you first called me over you said you were mad about the placement of your needles. You have since mentioned other issues about the clinic that are making you unhappy. Let's talk about the needle issue first and then we can discuss your other concerns."

LOOK FOR SOLUTIONS

"You have a valid complaint. Let's think about some ideas for how to solve this problem and then we can present the ideas to the clinic administration for further discussion."

IMPLEMENT AGREEMENT

"I wanted to let you know that because of the discussion we had, we are going to change our clinic policy to help accommodate patients with transportation problems."

CONTINUE TO COMMUNICATE

"I know that when you first discussed this concern two weeks ago you thought all your suggestions should be implemented. But since that wasn't possible I wanted to check back with you to see what your thoughts are about the changes that have been made."

TAKE ANOTHER LOOK

"That argument I had with Mr. Doe was really out of control. Do you think I might have caused part of the problem or do you think I could have handled it differently?"

The DPC Taxonomy & Glossary

What the heck is
a taxonomy?

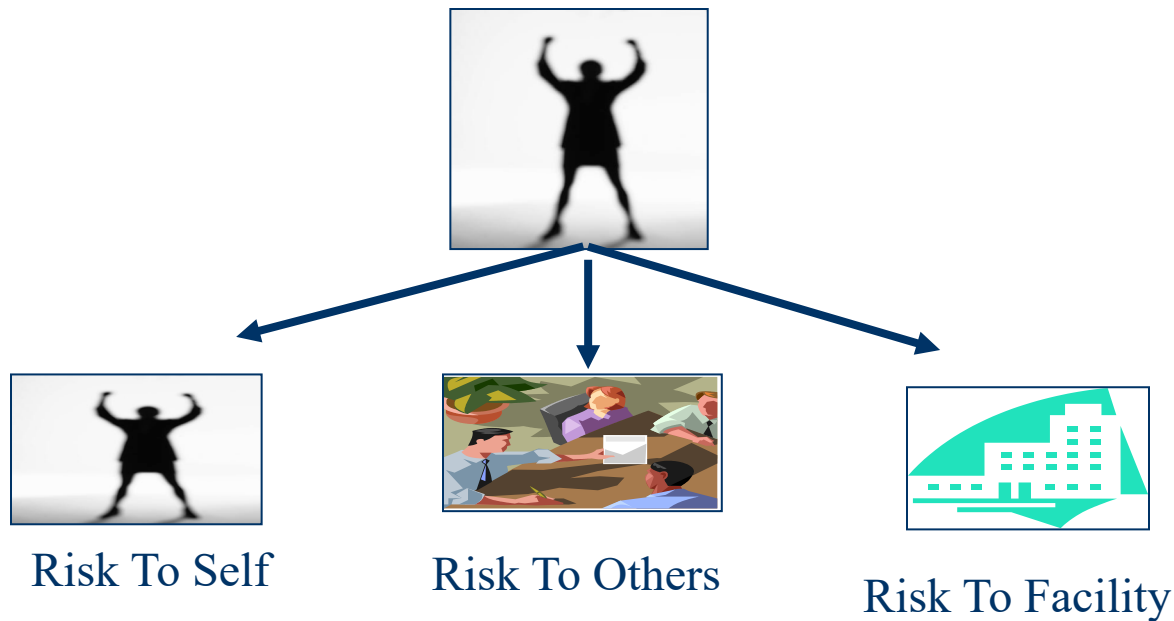
Categories & classifications

DPC Glossary- Definitions

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- 1. Nonadherence**
 - 2. Verbal/Written Abuse**
 - 3. Verbal/Written Threat**
 - 4. Physical Threat**
 - 5. Physical Harm**
 - 6. Property Damage/theft**
 - 7. Lack of Payment**

DPC Taxonomy

“At Risk” Categories



Both Patients & Staff can do things that are a risk to themselves, others and the facility

Why Do We Need a Glossary?

1. Define and understand the types of conflict in dialysis facilities
2. To collect and analyze dialysis patient-provider conflict
3. Promote common language to describe conflict
4. Use in Quality Improvement

DPC Glossary

1. **Nonadherence**: Noncompliance with or nonconforming to medical advice, facility policies and procedures, professional standards of practice, laws and/or socially accepted behavior toward others (Golden Rule).
2. **Verbal/written abuse**: Any words (written or spoken) with an intent to demean, insult, belittle or degrade facility or medical staff, their representatives, patients, families or others.

DPC Glossary

3. **Verbal/written threat:** Any words (written or spoken) expressing an intent to harm, abuse or commit violence directed toward facility or medical staff, their representatives, patients, families or others.
4. **Physical threat:** Gestures or actions expressing intent to harm, abuse or commit violence toward facility or medical staff, their representatives, patients, families or others.

DPC Glossary

5. **Physical harm:** Any bodily harm or injury, or attack upon facility or medical staff, their representatives, patients, families or others.
6. **Property damage/ theft:** Theft or damage to property on premises of ESRD facility.
7. **Lack of payment:** Refusal to maintain or apply for coverage or misrepresentation coverage.

Other resources

1. Manual for administration
2. DPC Tips and Ideas
 - Tips For Defusing Anger
 - Six Steps To Resolving Conflict
 - Cultural Awareness Article
3. Bibliography

In Closing....

“....embrace the voice of representative stakeholders in the ESRD community in their directive to ensure that patients and providers in the dialysis units are able to resolve the issues of conflict and improve the quality of care of all patients in the units.”

Project Goals



- Safe Dialysis Facilities
- Improved Staff/Patient relationships
- National collaboration