HSAG HEALTH SERVICES ADVISORY GROUP

ESRD Networks 7, 13, 15, 17

# Difficult Staff-Patient Situations: De-Escalation in the Dialysis Unit

Patient Services Department
Health Services Advisory Group (HSAG)
End Stage Renal Disease (ESRD) Networks 7, 13, 15, 17

# Objectives

- Identify the contributing factors and indicators that may lead patients or caregivers to exhibit difficult or violent behaviors.
- Teach measures, techniques, and effective communication skills to de-escalate or defuse a tense situation.
- Improve staff knowledge and skill in communicating with and caring for difficult patients or caregivers.

# Dialysis Is a Unique Community*

The dialysis community is one in which:

- There is a "fishbowl effect":
  - — Patients and families are often watching, listening, theorizing, and worrying.
- Rules and expectations need to be clearly communicated with patients and staff:
  - Proactively, when possible.
  - Ongoing, not just at admission or at time of hire.
  - Boundaries between staff and patients must be clear/set: "We are friendly but not friends."

*Pugh A. *Dialysis: Creating a Culture of Safety.* July 17, 2019. Grievance-related presentation for NW 17 Clinics.

# Dialysis Is a Unique Community* (cont.)

- How things appear are important. (Wear your "We got this!" face.)
- Definitions of roles and the grievance process must be clearly defined and disseminated.
- There must be consistent care plan implementation and processes for dealing with difficult situations.
- It is important to harness and build on the power of each other and the interdisciplinary team.
- Despite the routine nature of dialysis to professionals, it is not always routine for our patients; we must follow their lead to give good, safe care.

*Pugh A. *Dialysis: Creating a Culture of Safety*. July 17, 2019. Grievance-related presentation for NW 17 Clinics.

# Case Scenario: Background—Setting the Stage

- Clinic is following CDC recommendations for COVID-19:
  - Screening prior to entry
  - Universal masking
  - No visitors unless medically necessary
  - No eating on the treatment floor unless medically necessary
- Patients are largely following the precautions without incident.
- The clinic educated all staff and patients in writing and in person about these rules three months ago.

CDC = Centers for Disease Control and Prevention

# Case Scenario: The Incident

- A patient decides to remove his mask to have his lunch, which is a large sandwich.
- He also finds the masks uncomfortable.
- The patient was admitted to the clinic after the no-food policy was rolled out, so this was not emphasized.
- The patient did not realize that lifting his mask to eat would be such a big deal.

# Case Scenario: The Incident (cont.)

- 2 CHTs and a RN in full PPE descend on the patient quickly, loudly ordering him to stop eating and re-mask or they will have to send him home!
- The patient becomes very upset, is startled, and embarrassed.
- The staff tells him to “Calm down!” and “This is the policy! Take it or leave it!”
- The patient yells “Get out of my face!” and tries to hit the nurse with his fist. He throws his sandwich at her.



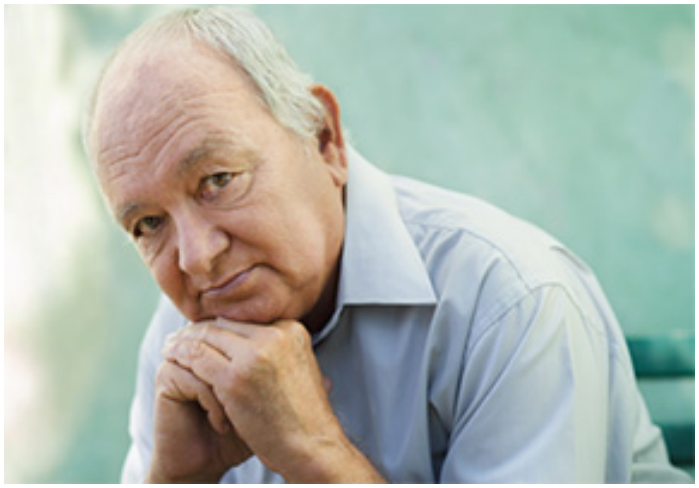
CHT = certified hemodialysis technician
RN = Registered nurse
PPE = Personal protective equipment

# How Should This Situation Have Been Handled/Prevented?

- Facility interventions
  - Inform patients about changes ahead of time whenever possible—verbally and in writing.
  - Staff were reminded to:
    - Remember that care still needs to be individualized and that care is planned to determine root causes.
    - Avoid educating patients when they are too upset to listen.
    - Only have 1 staff member speaks at a time with an upset patient.
    - Avoid saying "Relax," "Calm down!," "It is clinic policy," or "It's against the rules," especially when patients are upset.
- Can you think of any other strategies to de-escalate the situation?

# How Do You Handle This Situation? What Are Some Patient-Oriented Interventions?

- Patient interventions
  - Allow the patient to calm down and apologize for how things were handled. Ask if ready to proceed.
  - Acknowledge the patient's concerns and ask how you can make the situation better.
  - Review the rules, patient rights, responsibilities, and the grievance procedure with the patient.
  - Offer the patient the option of filing a grievance to address concerns away from the treatment floor.



# How Do You Handle This Situation? What Are Some Patient-Oriented Interventions? (cont.)

- Patient interventions
  - Evaluate for possible IVD.
  - Write a letter of concern to the patient—refer to the standards of conduct they agreed to upon admission.
  - Mark the patient unstable.
  - Perform a root cause analysis.
  - Offer a care planning or grievance meeting.

IVD = Involuntary discharge

# Escalating Behaviors: De-Escalation Techniques

# When Patients, Families, or Visitors Are Hostile to Staff*

- They are probably communicating their feelings of:
  - Vulnerability.
  - Frustration.
  - Emotional overload.
  - Fear.
  - Helplessness.
  - Powerlessness.

* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

# Displaced Anger*

- What is anger?
  - Anger is a response to feeling threatened, afraid, frustrated, or hurt.
- Why are they angry?
  - Anger could be a response to a perceived lack of control. Patients may be upset that they are in the "patient" role.
- Where is the anger?
  - People frequently displace their anger on a "safe target." Patients may displace their anger on those who are providing their care.

* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

# Assessing a Potentially Volatile Situation

- Signs of escalation can include:
  - Louder voice.
  - Fidgeting and/or verbal sounds.
  - Build-up of energy.
- If a situation continues to escalate without intervention or is handled poorly, it may become dangerous.
- Note: As emotions increase, auditory processing abilities decrease.*

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# Focus on the Patient, Not the Rules*

- Patient perception of his/her needs being met is important.
- Patients, families, and visitors do not care about regulatory rules.
- Phrase issues based on their purpose, not because of a rule or policy.

* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

# 10 Domains of De-Escalation*

1. Respect personal space while maintaining a safe position.
2. Do not be provocative.
3. Establish verbal contact.
4. Be concise; keep the message clear and simple.
5. Identify wants and feelings.

*Richmond J, Berlin J, et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project. BETA De-escalation Workgroup. 2012. The Western Journal of Emergency Medicine. 13(1): 17–25. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/

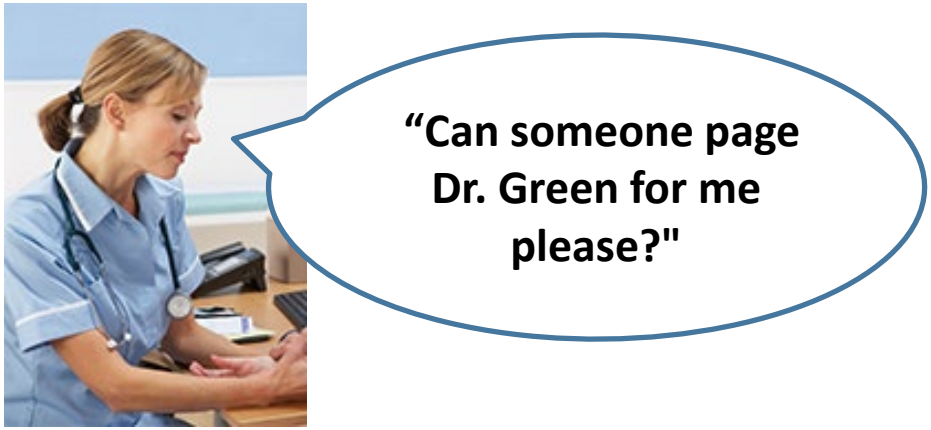
# 10 Domains of De-Escalation* (cont.)

6. Listen closely to what the person is saying.
7. Agree or agree to disagree.
8. Set clear limits and expectations.
9. Offer choices and optimism.
10. Debrief the patient and staff.

*Richmond J, Berlin J, et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. 2012. The Western Journal of Emergency Medicine. 13(1): 17–25. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/

# There Is No Shame in Asking for Help*

- Get help from someone who is neutral or has a different approach to de-escalate the patient.
- Do not hesitate to call 911, if necessary.
- Consider creating a "call 911" code that RNs can use to avoid causing panic on the clinic floor.




* Rasmussen M. American Renal Associates. Universal Behavioral Precautions: Techniques of Verbal De-escalation. Presented at St. Petersburg, St Petersburg, FL on September 19, 2019. Available at https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

# Fear of Retaliation

- Patients fear that after “losing control” they will be rejected.
- Reassure patients, families, or visitors of your ongoing desire to help, as long as they can respect the safety guidelines of the facility.
- Discuss the grievance procedure and need for the staff members and patients to address frustrations before things get out of hand.

# Food for Thought

- No single response will work in every situation.
- Not all violence can be de-escalated or prevented.
- In some situations, the best response may be to look after your own safety, run away, and/or hide.*

*Richmond J, Berlin J, et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project. BETA De-escalation Workgroup. 2012. The Western Journal of Emergency Medicine. 13(1): 17–25. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3298202/

# Resources for Clinic Use With Patients and Staff

# Dialysis Patient-Provider Conflict (DPC) Toolkit

- CMS-funded initiative to produce conflict training resources specific to dialysis
  - Group training manual focused on 9 separate modules
  - Interactive CD for self-paced individual training
- DPC resources (and more) available at Network 17's website: www.hsag.com/NW17IVD
- HSAG Universal Behavioral Precautions presentation: https://www.hsag.com/contentassets/39cfc6c5374444b798c924d83361aa06/nw17univbehavprecautionsv2508.pdf

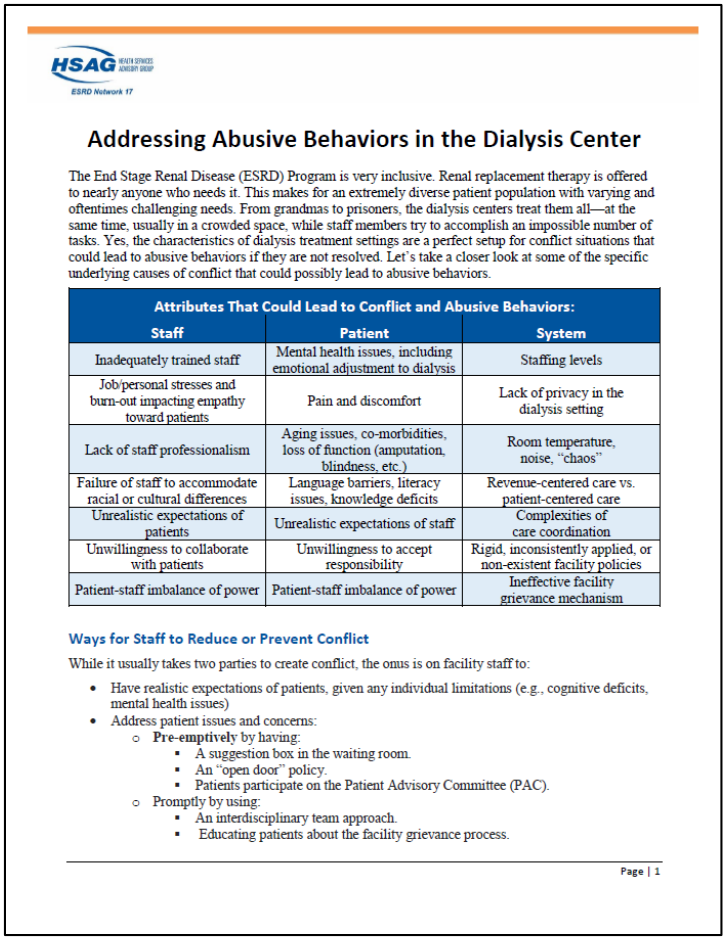


CMS = The Centers for Medicare & Medicaid Services; CD = compact disk

# ESRD Network Support

- Call your Network's Patient Services Department for a situation-specific consult!
  - ESRD National Coordinating Center: Directory of ESRD Network Organizations: https://esrdncc.org/contentassets/e36cb2ac872141428d01d2a3a703a592/jan2020directoryesrdorgs508.pdf
- ESRD Health Services Advisory Group Network 17: https://www.hsag.com/en/esrd-networks/esrd-network-17/
  - Professionalism Inservice (21 mins): https://hsagonline.webex.com/webappng/sites/hsagonline/recording/57df9cd701e34979915db251255017af
  - Slide deck: https://www.hsag.com/contentassets/20db849b688b4c5abd5dc86bd1cd2489/nw71517profptexp508.pdf
  - Tools to Improve the Facility Grievance Process and Patient Satisfaction: https://www.hsag.com/en/esrd-networks/esrd-network-17/for-providers/grievance-process/
  - IVD: https://www.hsag.com/en/esrd-networks/esrd-network-17/for-providers/involuntary-discharge/

# Disruptive Behavior Resources



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ESRD Network 17

## Addressing Abusive Behaviors in the Dialysis Center

The End Stage Renal Disease (ESRD) Program is very inclusive. Renal replacement therapy is offered to nearly anyone who needs it. This makes for an extremely diverse patient population with varying and oftentimes challenging needs. From grandmas to prisoners, the dialysis centers treat them all—at the same time, usually in a crowded space, while staff members try to accomplish an impossible number of tasks. Yes, the characteristics of dialysis treatment settings are a perfect setup for conflict situations that could lead to abusive behaviors if they are not resolved. Let's take a closer look at some of the specific underlying causes of conflict that could possibly lead to abusive behaviors.

| Attributes That Could Lead to Conflict and Abusive Behaviors: | | |
|---|---|---|
| **Staff** | **Patient** | **System** |
| Inadequately trained staff | Mental health issues, including emotional adjustment to dialysis | Staffing levels |
| Job/personal stresses and burn-out impacting empathy toward patients | Pain and discomfort | Lack of privacy in the dialysis setting |
| Lack of staff professionalism | Aging issues, co-morbidities, loss of function (amputation, blindness, etc.) | Room temperature, noise, "chaos" |
| Failure of staff to accommodate racial or cultural differences | Language barriers, literacy issues, knowledge deficits | Revenue-centered care vs. patient-centered care |
| Unrealistic expectations of patients | Unrealistic expectations of staff | Complexities of care coordination |
| Unwillingness to collaborate with patients | Unwillingness to accept responsibility | Rigid, inconsistently applied, or non-existent facility policies |
| Patient-staff imbalance of power | Patient-staff imbalance of power | Ineffective facility grievance mechanism |

### Ways for Staff to Reduce or Prevent Conflict

While it usually takes two parties to create conflict, the onus is on facility staff to:

- Have realistic expectations of patients, given any individual limitations (e.g., cognitive deficits, mental health issues)
- Address patient issues and concerns:
  - **Pre-emptively** by having:
    - A suggestion box in the waiting room.
    - An "open door" policy.
    - Patients participate on the Patient Advisory Committee (PAC).
  - Promptly by using:
    - An interdisciplinary team approach.
    - Educating patients about the facility grievance process.

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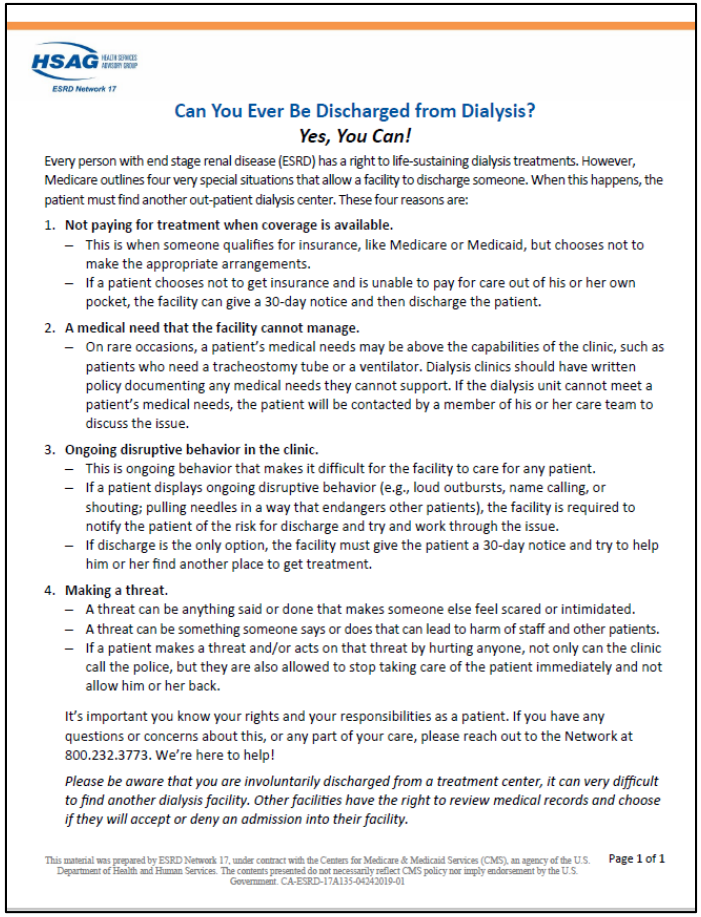
- *Addressing Abusive Behaviors in the Dialysis Center*: https://www.hsag.com/contentassets/2b0dc0d06fd54931bd47e17bcfc8cb15/nw17addressabusivebehaviors508.pdf

# IVD Resources



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ESRD Network 17

## Can You Ever Be Discharged from Dialysis?

***Yes, You Can!***

Every person with end stage renal disease (ESRD) has a right to life-sustaining dialysis treatments. However, Medicare outlines four very special situations that allow a facility to discharge someone. When this happens, the patient must find another out-patient dialysis center. These four reasons are:

1. **Not paying for treatment when coverage is available.**
   - This is when someone qualifies for insurance, like Medicare or Medicaid, but chooses not to make the appropriate arrangements.
   - If a patient chooses not to get insurance and is unable to pay for care out of his or her own pocket, the facility can give a 30-day notice and then discharge the patient.
2. **A medical need that the facility cannot manage.**
   - On rare occasions, a patient's medical needs may be above the capabilities of the clinic, such as patients who need a tracheostomy tube or a ventilator. Dialysis clinics should have written policy documenting any medical needs they cannot support. If the dialysis unit cannot meet a patient's medical needs, the patient will be contacted by a member of his or her care team to discuss the issue.
3. **Ongoing disruptive behavior in the clinic.**
   - This is ongoing behavior that makes it difficult for the facility to care for any patient.
   - If a patient displays ongoing disruptive behavior (e.g., loud outbursts, name calling, or shouting; pulling needles in a way that endangers other patients), the facility is required to notify the patient of the risk for discharge and try and work through the issue.
   - If discharge is the only option, the facility must give the patient a 30-day notice and try to help him or her find another place to get treatment.
4. **Making a threat.**
   - A threat can be anything said or done that makes someone else feel scared or intimidated.
   - A threat can be something someone says or does that can lead to harm of staff and other patients.
   - If a patient makes a threat and/or acts on that threat by hurting anyone, not only can the clinic call the police, but they are also allowed to stop taking care of the patient immediately and not allow him or her back.

It's important you know your rights and your responsibilities as a patient. If you have any questions or concerns about this, or any part of your care, please reach out to the Network at 800.232.3773. We're here to help!

*Please be aware that you are involuntarily discharged from a treatment center, it can very difficult to find another dialysis facility. Other facilities have the right to review medical records and choose if they will accept or deny an admission into their facility.*

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- *Can You Ever Be Discharged From Dialysis?*: https://www.hsag.com/contentassets/a2161af09b1249e197b40e9afc433490/nw17caringaboutyourcare508.pdf



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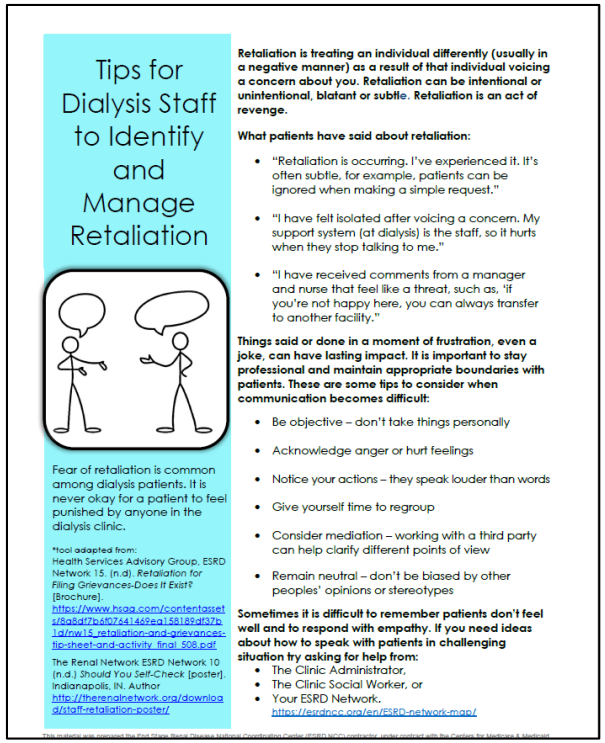
# Retaliation Resources for Patients and Staff Members

- *Tips for Dialysis Staff to Identify and Manage Retaliation* and *Thriving Without Fear* flyers: https://esrdncc.org/en/resources/patients/



Tips for Dialysis Staff to Identify and Manage Retaliation

Fear of retaliation is common among dialysis patients. It is never okay for a patient to feel punished by anyone in the dialysis clinic.

*Tool adapted from:
Health Services Advisory Group, ESRD Network 15. (n.d). *Retaliation for Filing Grievances-Does It Exist?* [Brochure]. https://www.hsag.com/contentassets/8a8df7be607641469ea158189df37b1d/nw15_retaliation-and-grievances-tip-sheet-and-activity_final_508.pdf

The Renal Network ESRD Network 10 (n.d.) *Should You Self-Check* [poster]. Indianapolis, IN. Author http://therenalnetwork.org/download/staff-retaliation-poster/

**Retaliation is treating an individual differently (usually in a negative manner) as a result of that individual voicing a concern about you. Retaliation can be intentional or unintentional, blatant or subtle. Retaliation is an act of revenge.**

**What patients have said about retaliation:**

- "Retaliation is occurring. I've experienced it. It's often subtle, for example, patients can be ignored when making a simple request."
- "I have felt isolated after voicing a concern. My support system (at dialysis) is the staff, so it hurts when they stop talking to me."
- "I have received comments from a manager and nurse that feel like a threat, such as, 'if you're not happy here, you can always transfer to another facility."

**Things said or done in a moment of frustration, even a joke, can have lasting impact. It is important to stay professional and maintain appropriate boundaries with patients. These are some tips to consider when communication becomes difficult:**

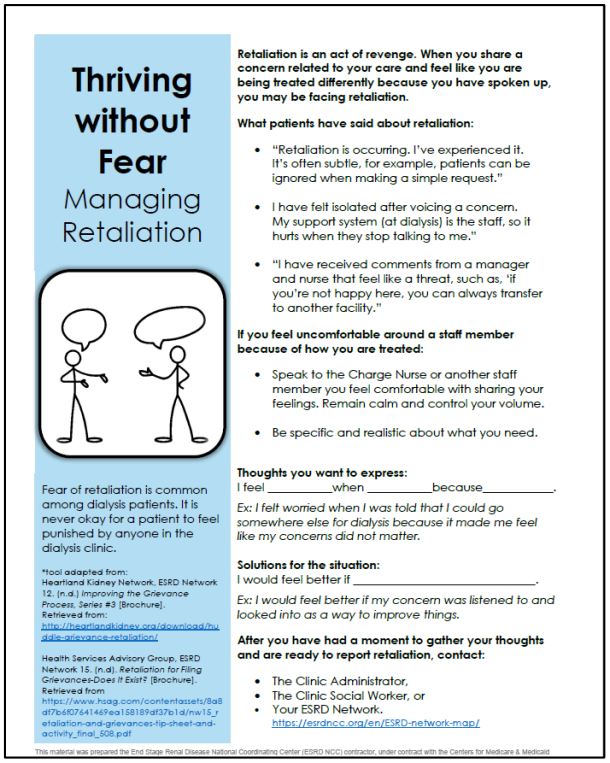
- Be objective – don't take things personally
- Acknowledge anger or hurt feelings
- Notice your actions – they speak louder than words
- Give yourself time to regroup
- Consider mediation – working with a third party can help clarify different points of view
- Remain neutral – don't be biased by other peoples' opinions or stereotypes

**Sometimes it is difficult to remember patients don't feel well and to respond with empathy. If you need ideas about how to speak with patients in challenging situation try asking for help from:**

- The Clinic Administrator,
- The Clinic Social Worker, or
- Your ESRD Network. https://esrdncc.org/en/ESRD-network-map/

This material was prepared by the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid

https://esrdncc.org/contentassets/7653276a11944bc2b9ec2daa5a400923/managing-retaliation-staff-resourcecmsfinal508.pdf



Thriving without Fear Managing Retaliation

Fear of retaliation is common among dialysis patients. It is never okay for a patient to feel punished by anyone in the dialysis clinic.

*Tool adapted from:
Heartland Kidney Network, ESRD Network 12. (n.d.) *Improving the Grievance Process, Series #3* [Brochure]. Retrieved from: http://heartlandkidney.org/download/huddle-grievance-retaliation/

Health Services Advisory Group, ESRD Network 15. (n.d). *Retaliation for Filing Grievances-Does It Exist?* [Brochure]. Retrieved from https://www.hsag.com/contentassets/8a8df7be607641469ea158189df37b1d/nw15_retaliation-and-grievances-tip-sheet-and-activity_final_508.pdf

**Retaliation is an act of revenge. When you share a concern related to your care and feel like you are being treated differently because you have spoken up, you may be facing retaliation.**

**What patients have said about retaliation:**

- "Retaliation is occurring. I've experienced it. It's often subtle, for example, patients can be ignored when making a simple request."
- I have felt isolated after voicing a concern. My support system (at dialysis) is the staff, so it hurts when they stop talking to me."
- "I have received comments from a manager and nurse that feel like a threat, such as, 'if you're not happy here, you can always transfer to another facility."

**If you feel uncomfortable around a staff member because of how you are treated:**

- Speak to the Charge Nurse or another staff member you feel comfortable with sharing your feelings. Remain calm and control your volume.
- Be specific and realistic about what you need.

**Thoughts you want to express:**
I feel _____when _____because_____.
*Ex: I felt worried when I was told that I could go somewhere else for dialysis because it made me feel like my concerns did not matter.*

**Solutions for the situation:**
I would feel better if _____.
*Ex: I would feel better if my concern was listened to and looked into as a way to improve things.*

**After you have had a moment to gather your thoughts and are ready to report retaliation, contact:**

- The Clinic Administrator,
- The Clinic Social Worker, or
- Your ESRD Network. https://esrdncc.org/en/ESRD-network-map/

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https://esrdncc.org/contentassets/f7c9f1fba7bd4f6ca9e1faba900cdceb/thriving-without-fear-managing-retaliation-patient-resource-cmsfinal508-002.pdf

# Supplementary Resources


- OSHA.gov. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. Available at: https://www.osha.gov/Publications/osha3148.pdf
- Workplace Bullying Institute: www.workplacebullying org.
- Havaei F, MacPhee M. The impact of heavy nurse workload and patient/family complaints on workplace violence: An application of human factors framework. Nursing Open. 2020. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1002/nop2.444
- The National Institute for Occupational Safety and Health (NIOSH). Occupational Violence. Available at: https://www.cdc.gov/niosh/topics/violence/resources.html.
- Agency for Healthcare Research and Quality. Team Strategies & Tools to Enhance Performance and Patient Safety. Available at: https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html
- Violence Prevention: The Evidence. Series of briefings on Violence Prevention, 2010. Available at: https://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_all.pdf

# Questions?

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ESRD Networks 7, 13, 15, 17

# Thank you!


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