

Decrease Dialysis Patient—Provider Conflict

Assess Facility Culture and Policies to Understand Patient/Provider Conflict in Your Facility



What does the assessment of facility culture and policies have to do with decreasing patient/provider conflict? All communication and conflict occur within a context. Facility culture and policies define staff roles, patient roles, formal and informal communication patterns and dialysis care processes, all of which create the context in which care is provided, interpersonal relationships are formed, and conflict can occur.

The Decreasing Dialysis Patient/Provider Conflict (DPC) Toolkit

The *DPC Toolkit* was developed to help dialysis facilities identify triggers for conflict internally and attend to them through the analysis of facility operations, on-going staff training, and quality improvement efforts. It is essential that facility leadership, including the Quality Assurance/Performance Improvement (QAPI) committee, critically review and assess how their facility's culture and policies may influence patient/provider conflict in your facility. With a focus on **patient autonomy, patient-centeredness, and conflict**, the following activities are recommended for facility leadership and the QAPI committee.

Analyze Existing Facility Culture

Culture is defined, by Merriam-Webster, as *the set of shared attitudes, values, goals, and practices that characterizes an institution or organization*. When cultural expectations of staff and patients differ significantly, conflict is likely to occur. Sometimes, simply increasing awareness and sensitivity to these differences can reduce conflict. The following table lists facility attributes, as well as questions, to help you begin to analyze potential areas of conflict within your facility.

Facility Attributes	Questions to Ask Yourself
Environmental Factors <ul style="list-style-type: none"> • Noise level • Chaos vs. calm • Room temperature • Lack of privacy 	<ul style="list-style-type: none"> ➤ What do patients say? ➤ How would they describe your facility? ➤ Have these been sources of conflict in the past?
Customer Service	<ul style="list-style-type: none"> ➤ Do staff members greet new patients by asking and using the name that the patient prefers to be called? ➤ Is your staff friendly, attentive, and responsive to all patients? (Would your patients agree with your answer?)
Staff Professionalism	<ul style="list-style-type: none"> ➤ Do staff members maintain a professional demeanor, attitude, and communication with and around patients? ➤ Does conflict among staff members get played out in the unit in front of patients?
Grievance Process	<ul style="list-style-type: none"> ➤ Do <u>all</u> staff understand their role and responsibility when a patient expresses a concern about their care? ➤ How do you ensure staff follows through with assisting patients to utilize your internal grievance process? ➤ Does the manager always follow up with a patient after a concern has been stated? ➤ Do you review the internal and external grievance process annually with patients and staff?
The Patient Role: Active Vs. Passive	<ul style="list-style-type: none"> ➤ What does your facility do to encourage and support patients to actively participate in their care? ➤ Have you identified patient leaders to partner with you in this effort? ➤ Is there conflict between staff and patients around patient treatment goals? ➤ Do you ask patients to identify a personal goal for their care plan? <ul style="list-style-type: none"> ○ Is progress toward this goal monitored and supported, like other care plan goals?

Facility Attributes	Questions to Ask Yourselfs
Patient Treatment Schedules	<ul style="list-style-type: none"> ➤ Can patients easily reschedule a treatment in order to go to a special event or accommodate family obligations or other life tasks? ➤ How are patients treated when they arrive late for treatment? <ul style="list-style-type: none"> ○ Is this a point of conflict between patients and staff at your facility?
Patient Access to Key Staff	<ul style="list-style-type: none"> ➤ As the administrator, do you have an open door policy for patients to bring their concerns to you? ➤ Can patients or family members drop in to see the social worker, dietitian, or head nurse or must they have an appointment? ➤ Do patients have contact information for key staff (e.g., social worker) who work in multiple facilities? ➤ Are limits set for patients when they may use this contact information? <ul style="list-style-type: none"> ○ Has this been a source of conflict?
Facility-Patient Communication	<p>How do you communicate with your patients about facility issues that are important to them? (e.g., bulletin board, newsletters, memos, chair side conversations, use of patient leaders)</p>

Review Facility Policies and Procedures (P&Ps)

Examine P&Ps related to patient conduct, grievances, treatment rescheduling, visitor and patient comfort (blankets, food, music, TV).

- Do all staff members and patients know and understand these policies?
- Are policies consistently and fairly enforced?
- If any P&Ps are identified that could be contributing to current patient/provider conflict or that might be a barrier to conflict resolution, it would be important for the governing body to address and modify.

Review Incidents/Reports Related to Patient/Provider Conflict

Retrospectively review all incidents and reports related to patient/provider conflict from the last six months.

- Use the quality improvement (QI) tools provided in the DPC Toolkit to chart/trend the types of conflict and their causes.
 - See pages 79–89 of the [DPC Provider Manual](#).
- This review will help focus your staff training efforts and ongoing data collection to shape future QI efforts toward decreasing patient/provider conflict.

Review the Staff Training Modules in the DPC Toolkit

Using the right staff training tools based on your review of your facility's culture, P&Ps, and identified trends of patient/provider conflict is important. Find the training materials that you need in the [DPC Provider Manual](#).

Close the Loop

After the completion of these activities, you will have a good understanding of how facility culture and policies may be impacting patient/provider conflict in the facility. Once problem areas are identified and an improvement plan has been developed, utilizing a Plan-Do-Study-Act (PDSA) process will help assure that all change efforts result in the desired outcomes.

The DPC Toolkit can be found on the National Forum of ESRD Networks website at <http://esrdnetworks.org/resources/special-projects/decreasing-patient-provider-conflict-dpc>.