HSAG
ESRD Networks

Working Together to Address Challenging Patient Behaviors and Prevent Involuntary Discharge

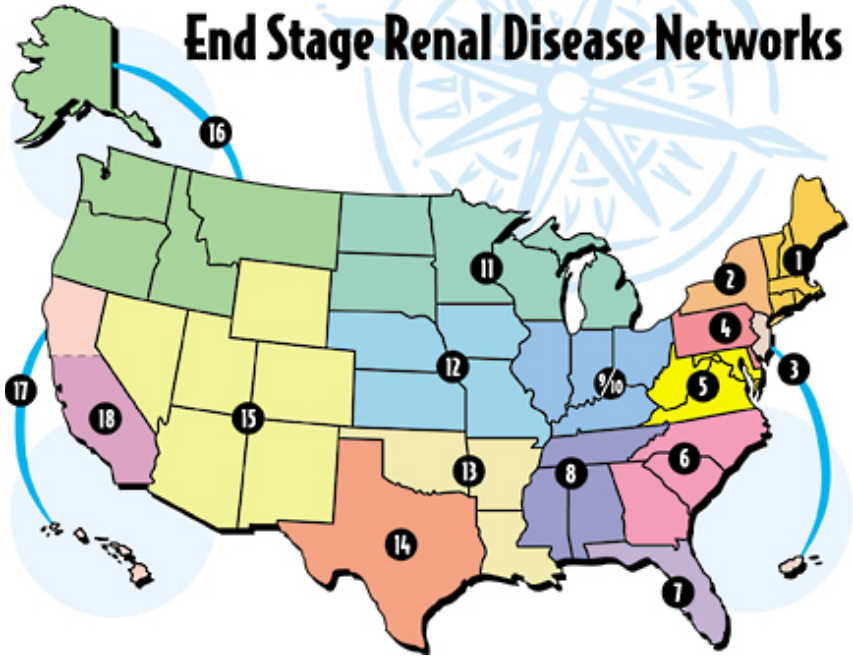
Patient Services Staff
HSAG ESRD Networks 7, 13, 15, 17

November 3, 2016

Objectives

- Review the *End Stage Renal Disease (ESRD) Conditions for Coverage* pertaining to involuntary discharge (IVD)
- Increase awareness of risk factors that place patients at risk for IVD
- Identify resources and approaches to manage challenging situations

About End Stage Renal Disease (ESRD) Networks



Centers for Medicare & Medicaid Services (CMS) goals for Networks:

- Increase focus on patient-centered care
- Improve quality and safety of care
- Improve patients' independence, quality of life, and rehabilitation
- Resolve grievances and improve patient perception and experience of care
- Increase collaboration with providers
- Improve collection, reliability, timeliness, and use of data

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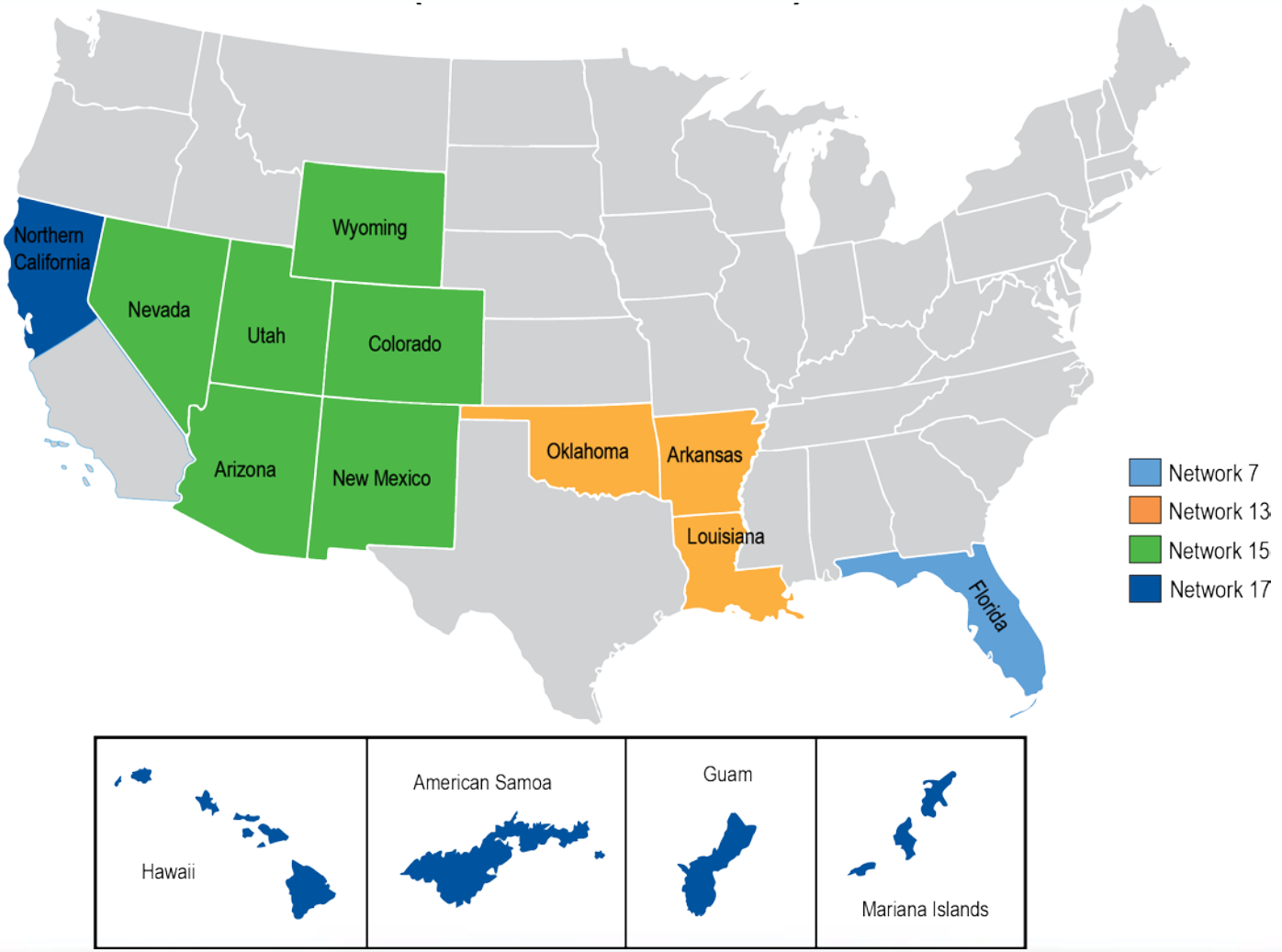

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Network-Facility Collaboration

- Our common goals
  - Delivering high-quality patient care
  - Providing safe environment for patients
  - Promoting increased patient responsibility
  - Improving the patient experience of care
- Our shared responsibilities
  - Providing patient and staff education
  - Resolving patient grievances
  - Finding successful interventions to address challenging patient-provider situations
  - Decreasing involuntary patient discharges

Things To Think About as You Are Listening

- What successful approaches to conflict resolution have you used?
- What can you do differently?
- What practices can you take back to your facility?

Federal Regulations: Involuntary Patient Discharge

Conditions for Coverage (CfC) for ESRD Facilities

Department of Health and Human Services (HHS)
Centers for Medicare & Medicaid Services (CMS)
April 2008

CMS Expectations

- "Every dialysis facility [have] the resources and responsibility to work with every patient, including patients perceived to be disruptive or challenging."

  Preamble to CfC Proposed Rules, January 2005

- All patient care technicians receive interpersonal skills training.
- Potential impact of multiple duties/demands on interdisciplinary team members is recognized.
  - "If a facility 'shares' the social worker or dietitian with multiple clinics or requires professional staff to perform non-clinical tasks, it must not negatively impact the time available to provide the clinical interventions required to achieve the goals identified in the patient's plan of care."

    CfC Interpretive Guidance

Overview of IVD Process

Process clearly defined:

- Document efforts made to resolve problem/reassess patient in medical record.
- Provide patient with a 30-day advance notice of IVD.*
- Notify ESRD Network of IVD.
- Obtain discharge order signed by patient's nephrologist and facility medical director.
- Make good faith efforts to transfer patient's dialysis care.*
- Self-report IVD to the State Survey Agency (SSA).

*If there is an immediate severe threat, an abbreviated IVD procedure shortening the 30-day advance notice requirement can be used.

ESRD Conditions for Coverage V766 — Governance

(f) Standard: Involuntary discharge and transfer policies and procedures. The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures.

ESRD Conditions for Coverage V766 — Governance (cont.)

The medical director ensures that no patient is discharged or transferred from the facility unless:

(1) The patient or payer no longer reimburses the facility for the ordered services;

(2) The facility ceases to operate;

(3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient’s documented medical needs; or

ESRD Conditions for Coverage V766 — Governance (cont.)

(4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired, in which case the medical director ensures that the patient's interdisciplinary team-

(i) Documents the reassessments, ongoing problem(s), and efforts made to resolve the problem(s), and enters this documentation into the patient's medical record;

(ii) Provides the patient and the local ESRD Network with a 30-day notice of the planned discharge;

(iii) Obtains a written physician's order that must be signed by both the medical director and the patient's attending physician concurring with the patient's discharge or transfer from the facility;

(iv) Contacts another facility, attempts to place the patient there, and documents that effort; and

(v) Notifies the SSA of the involuntary transfer or discharge.

(5) In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated IVD procedure.

Definition of Immediate Severe Threat

- *An "immediate severe threat" is considered to be a threat of physical harm.*
- *An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.*

CMS ESRD Program Interpretive Guidance Interim Final Version 1.1

Response to Immediate Severe Threat

1. Take immediate protective actions
    a. e.g., call 911 for police assistance.
2. After the emergency is addressed, notify the patient's physician, the facility medical director, the State Survey Agency (SSA) and the ESRD Network.

Note: In these scenarios, there may not be time or opportunity for reassessment, intervention or contact with another facility for possible transfer.

IVD Case Review — Staff Errors Resulting in IVD

- IDT did not address escalating behavior before discharge event.
- IDT ignored, minimized, waited for someone else to address behavior.
- Physician was not involved.
  - He or she believed that the patient's behavior was a facility operations problem, not a clinical one.
- No attempt was made to obtain results of known mental health evaluation.
- The same unsuccessful interventions were tried with the patient with the expectation of different results.

IDT Documentation Requirements

Documentation must be:

- Timely
- Accurate
- Complete
- Objective

Physician Discharge

If a physician decides to terminate his or her relationship with the patient, it places the patient at risk for IVD from the facility.

In the event of an IVD resulting from a physician discharge, the facility must:

- Provide the patient with a **30-day notice** of involuntary discharge from the facility.
- Assist the patient with obtaining alternate physician coverage.
- Coordinate medical management with medical director, if necessary, to ensure patient has 30 days to find another physician in order to:
  - Stay at the facility.
  - Facilitate transfer to another facility.

Summary of Regulation Review

- It is the facility's responsibility to address issues that place patients at risk for involuntary discharge.
- Involuntary discharge should be an option of last resort.
- Document, document, document!
- IVD can result in a patient's:
  - Reduced access to appropriate dialysis when treated through emergency room visits.
  - Losing access to necessary support services.
  - Increased risk for morbidity and mortality.

Case Scenario

- Calvin arrives at his dialysis clinic at 8:30 am for his 10:15 scheduled treatment. He demands to be started early because that is the time he wants to have, and he believes that since he has commercial insurance, he should be able to do whatever he wants.
- The nurse calmly tries to educate the patient on the policy and procedure related to scheduling and offers to schedule a meeting to explore other treatment times that may better fit his schedule.
- Calvin continues to demand to be started and begins cursing very loudly at the nurse and calling her names. The nurse loses control of her emotions and starts yelling at the patient “Calvin, in life we don’t always get what we want, now do we?!” Calvin then threatens the nurse.
- The patient is now at risk for involuntary discharge.

Tracking and Trending of IVDs

Network Tracking and Trending of IVDs

- Analyze trends to identify regional, corporate, local, or provider-specific patterns of concern.
- Collaborate with the SSA.
- Submit IVD data to CMS.
- Identify opportunities for improvement.
- Utilize data to plan Network trainings and provide facilities with feedback.

Addressing Challenging Situations

Risk Factors for Conflict
What Works and Doesn't Work to Address Conflict
Resources

The Patient/Care Team Responsibilities

Patients

- Learn all they can about their chronic condition(s)
- Make informed decisions about treatment
- Follow the agreed-upon treatment plan
- Make healthy behavior choices

Care Team

- Assess each potential IVD and the circumstances surrounding the incident(s)
- Teach staff and patients about conflict resolution
- Guide patients toward a better understanding of facility rules and regulations
- Collaborate with patients and care staff to find acceptable resolutions to avoid IVD
- Support staff

Case Scenario

- Arnold refuses to speak to most staff, including his nephrologist.
- He often gives the wrong weight to staff or refuses to weigh himself.
- Arnold has fired a nephrologist and is angry with his current doctor who won't authorize ambulance transport to dialysis.
- He rejects engagement efforts by the IDT and doctor, including yelling at staff and referring to his lawyer.
- The doctor provided Arnold with notice of discharge from his care.
  - Arnold declined assistance that was offered to find another doctor.

Risk Factors for Conflict

- Patient Level
  - Ineffective coping styles and difficulty adjusting to ESRD and treatment
  - Depression and dialysis
  - Lack of support system
- Staff Level
  - Poor communication
  - Lack of professionalism
  - High staff turnover
  - Ineffective facility management

Risk Factors for Conflict (cont.)

- Facility Level
  - Facility policies inconsistently applied, ineffective, or not followed
  - Inflexible treatment scheduling
  - Communal treatment space
    - Lack of privacy, noise, room temperature
- Treatment Level
  - Pain, discomfort
  - Medical errors, near misses

Quality of Life

Quality of life is enhanced by:

- Ability to adapt to multiple, significant lifestyle changes
- Creating a life that is more than ESRD and treatment
- Taking an active role in managing personal health
- Having support from family, friends, others

Emotional Reponses to Dialysis

Individuals experience a range of emotions in response to the stress related to diagnosis and treatment of ESRD:

- Sadness
- Anxiety
- Anger
- Fear

Coping Strategies and Strengths

Coping is affected by:

- Individual strategies and strengths
  - Action-focused problem solving
  - Emotion-focused, managing emotions
  - Active versus avoidant coping strategies
- Underlying mental health or substance abuse disorders

Mental Health and Dialysis

- One study suggests that 44% of dialysis patients will present with depression.
- Untreated mental illness increases risk for IVD.
- Staff and patients should be educated about mental health and chronic illness.
- Providers should be proactive in referring patients for psychiatric evaluation.

Source: Watnick, et al

Screening for Clinical Depression and Follow-Up: ESRD QIP

- Facilities are required to report that they screened eligible patients for depression and developed follow-up plans when appropriate.
  - Reporting in **CROWNWeb** by **February 1, 2017**
- For more information:
  - http://mycrownweb.org/wp-content/uploads/2016/01/CROWNWeb-and-the-ESRD-QIP-QA.pdf
  - http://homedialysis.org/news-and-research/blog/138-new-cms-reporting-requirement-for-2016-clinical-depression-screening-for-dialysis

Case Scenario

- Craig is homeless and has a history of substance abuse.
- He is estranged from his family.
- He argues with staff and is demeaning and verbally abusive toward them.
- Craig told staff that he doesn't care about the staff or himself anymore, and said he doesn't care if he never comes back to the clinic.
- He bumped into a nurse on the way out of the clinic and she fell backwards.
- Craig continued to mumble as he was leaving that he didn't care about any of this anymore.
- Staff want Craig to be discharged.

Staff Level Risk Factors for Conflict

- Insufficient staffing
- High staff turnover
- Inadequately trained staff
  - Professionalism
  - Conflict management
- Unrealistic expectations of patients

Patient/Provider Conflict: What Doesn't Work

- Avoidance
- Staff arguing with and complaining about the patient
- Ignoring staff behaviors that trigger, escalate, or perpetuate a patient's behaviors

What Doesn't Work (cont.)

- Unrealistic expectations of the patient
- Staff powerlessness
  - Lack of knowledge of how or permission to intervene
- Ineffective intervention plans
  - Not individualized to the patient
  - Only known or implemented by one or two staff
  - Inconsistent implementation

Trouble in Paradise

- **Challenging Patient Behaviors**
  - *Disruptive behavior* that negatively impacts the operation of the clinic, environment, and/or the treatment given to other patients
  - *Abusive behavior* that is perceived as dangerous, violent, and/or threatening to the health and safety of anyone in the clinic
- **Challenging Staff Behaviors**
  - Inconsistent professional boundaries
  - Insufficient behavior management skills
  - Lack of team cohesion

Staff Rights vs. Patient Rights

When battle lines are drawn, it:

- Generates a negative and combative attitude.
  - "We shouldn't have to put up with that behavior."
  - "The patient has to go or I'll quit."
- Creates a bind for clinic managers.
  - They may not have been informed of potential issue by staff early on.
  - The issue may be the result of avoidance.
- Increases risk of a poor outcome for the patient.
- Reduces options for problem resolution.

Case Scenario

- Ms. Carter brings a boom box into the facility and plays music without head phones. The social worker reports the volume of the music affects her ability to have chairside conversations with patients. The clinical staff have concerns about being able to hear machine alarms and their ability to provide safe care to all patients.
- The social worker reports half of the facility patients do not like to hear the music during treatment, and the other half do not mind the music because they have hearing loss. When Ms. Carter is asked to turn down the radio volume, she sometimes complies for a short period of time and other times refuses to adjust the volume.
- The social worker reports this behavior has been going on for at least two years. Social worker reports the staff are becoming more frustrated with the facility management's lack of response to their concerns, and some staff have discussed referring the facility to the state survey agency.

Formalizing Behavior Expectations

- Behavioral contracts are not appropriate for **all** patients or **all** problems
- Objective is behavior change, not involuntary discharge
- Behavior must be
  - Persistent
  - Measureable
  - Changeable

Contract/Agreement Errors

- Behavior management plan is not individualized to the patient
- Dates, context, and specific problem behavior are not included
- IVD is the identified consequence
- No end date for monitoring behavior is identified
- Lack of follow-up with patient re:
  - Progress, or lack of progress, toward patient behavior change
  - Positive reinforcement versus negative reinforcement
- Lack of follow-through or inconsistent follow through with staff behavior change
  - Has negative consequences for the patient

Proactive Strategies To Minimize Conflict

Patient Orientation

- Encourage a facility tour and meeting with members of the IDT prior to the first scheduled dialysis
- Provide ample time for answering questions and completion of initial paper work
- Ensure patients understand their rights and responsibilities, as well as facility policies
- Introduce new patients to other patients at the dialysis center

Meet the Patients Where They Are

People move through different levels of meeting needs (Maslow's Hierarchy):

1. Basic living and security needs (Physiological)
2. Social needs and belonging (Safety)
3. Taking on projects (Love/Belonging)
4. Learning (Esteem)
5. Being innovative (Self-actualization)

If a person is challenged to meet basic daily living needs or feel secure, they may have difficulty focusing on learning and problem solving.

Empathy

"People don't care how much you know, until they know how much you care."

—Theodore Roosevelt

Customer Service 101

- "Perception is reality."
  - Engaging in a positive interaction is the goal when you have differing perceptions, rather than focusing on who is right.
- Never underestimate the impact you have on other people.
  - You can, and do, have great influence, which can turn a person's bad day into a good day, or vice versa.

Sitting Down Versus Standing Over

Taking the time to sit rather than stand when meeting with a patient reaps benefits.

- One study showed that patients perceived ***up to 40% more time*** was spent with them when the clinician was sitting rather than standing.
- Patients also reported:
  - Greater satisfaction with their care.
  - Better rapport with clinician.
  - Better understanding of their condition.

Effective Communication

Communicate more effectively by using:

- Active listening
  - ***"We have two ears and one mouth so that we can listen twice as much as we speak."***

    ~Epictetus
- Teach-back method
- Open-ended questions

Does Your Team Have an Effective Communication System In Place?

- Does your team know how to:
  - Answer patient questions?
  - Address patient concerns?
- All staff must know when, how, and to whom they should report experiences of abusive behavior.

Collaborate with Patients for Assessment

- Engage patients in their care as much as possible.
- Use patient satisfaction survey results to identify areas of improvement.
- Use the KDQOL survey to discuss emotions related to dialysis and goals.
- Use the care planning process to identify possible concerns and discuss with the IDT and patient.

Be Professional and Maintain Boundaries

- Staff professionalism and maintenance of consistent and respectful boundaries:
  - Promote mutual respect.
  - Make patients feel safe while in your care.
- Regular staff training and support improves:
  - Communication and interpersonal skills.
  - Conflict resolution.
  - Sensitivity to patients.

Staff Skill Development

- Build a cohesive treatment team.
- Use internal and external resources for support and guidance.
- Continuing professional education
- Conduct annual staff training for:
  - Interpersonal skills development.
  - Diversity and sensitivity.
  - Professionalism and boundary setting.

Tips for Handling a Difficult Situation

- Stop—Breathe—Think before you speak.
- Maintain perspective and emotional control.
- Stay focused on the issue.
- When there is a negative interaction with a patient:
  - Address it with the patient, as soon as appropriate.
  - Anticipate the need for a "cooling off" period for both the patient and the staff
  - Avoid "ganging up" on the patient.
    - Do not include too many staff in the discussion.
- Contact the Network to brainstorm ways to address the situation.

Debrief Staff

Explore the:

- Reason for conflict.
- Contributing factors and precipitating events that led to the situation.
  - Identify and address staff behaviors that may trigger, escalate, or perpetuate patient behaviors.
  - Ask staff who were involved if they:
    - Show empathy when challenged?
    - Tried to avoid personalizing patient behaviors?
    - Maintained realistic expectations of the patient?

Resources

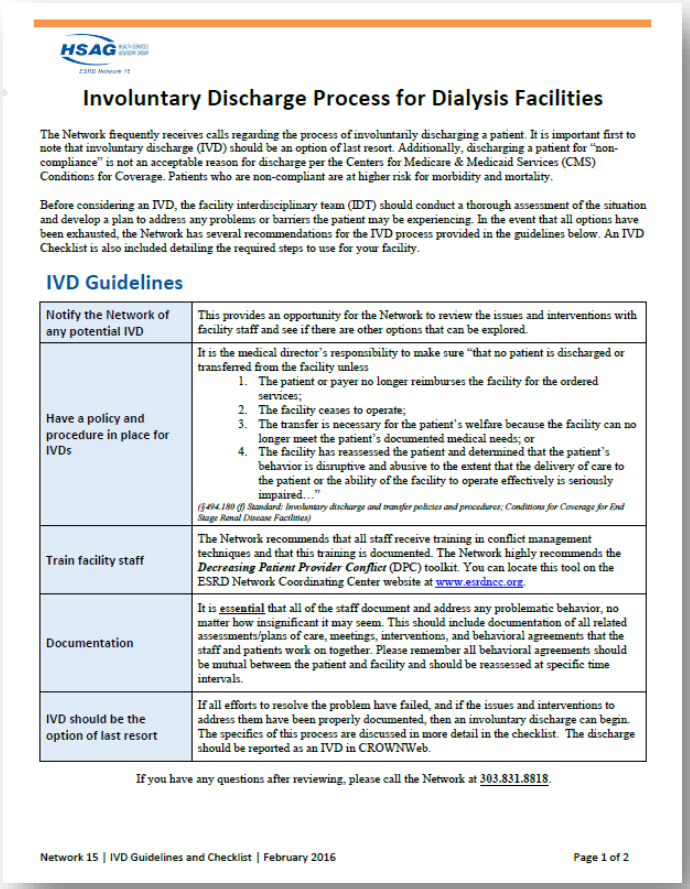
Dialysis Patient-Provider Conflict (DPC) Toolkit

- CMS-funded initiative to produce conflict training resources specific to dialysis
  - Training manual intended for group training on nine separate modules
  - Interactive CD for self-paced individual training
- DPC resources previously sent to all existing facilities
- DPC resources found on HSAG website at www.hsag.com/ESRD-IVD

Additional Resources

- HSAG ESRD Network websites at www.hsag.com/ESRD
- Conflict Resolution Meeting Tip Sheet
- V-tags and Interpretive Guidance Regarding Patient IVD CMS End Stage Renal Disease (ESRD) Program Interpretive Guidance Interim Final Version 1.1
- Let's Work Together to Address Challenging Patient Situations and Prevent Involuntary Discharges
- Behavioral Agreement Guidance for Facilities

HSAG: ESRD Networks IVD Checklist



Involuntary Discharge Process for Dialysis Facilities

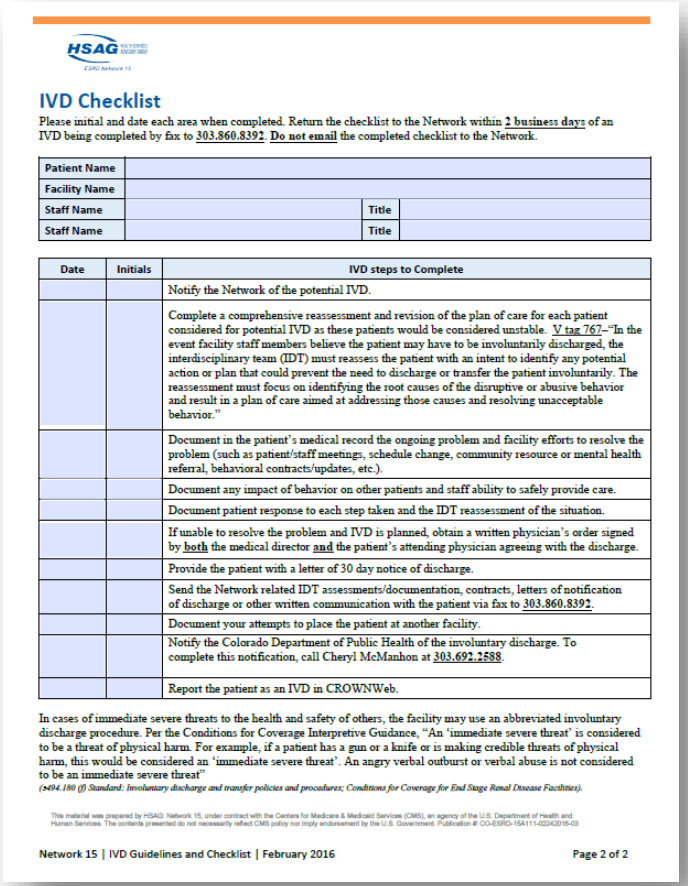
The Network frequently receives calls regarding the process of involuntarily discharging a patient. It is important first to note that involuntary discharge (IVD) should be an option of last resort. Additionally, discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage. Patients who are non-compliant are at higher risk for morbidity and mortality.

Before considering an IVD, the facility interdisciplinary team (IDT) should conduct a thorough assessment of the situation and develop a plan to address any problems or barriers the patient may be experiencing. In the event that all options have been exhausted, the Network has several recommendations for the IVD process provided in the guidelines below. An IVD Checklist is also included detailing the required steps to use for your facility.

IVD Guidelines

Notify the Network of any potential IVD	This provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that can be explored.
Have a policy and procedure in place for IVDs	It is the medical director's responsibility to make sure "that no patient is discharged or transferred from the facility unless 1. The patient or payer no longer reimburses the facility for the ordered services; 2. The facility ceases to operate; 3. The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or 4. The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired…" *(§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities)*
Train facility staff	The Network recommends that all staff receive training in conflict management techniques and that this training is documented. The Network highly recommends the ***Decreasing Patient Provider Conflict*** (DPC) toolkit. You can locate this tool on the ESRD Network Coordinating Center website at www.esrdncc.org.
Documentation	It is essential that all of the staff document and address any problematic behavior, no matter how insignificant it may seem. This should include documentation of all related assessments/plans of care, meetings, interventions, and behavioral agreements that the staff and patients work on together. Please remember all behavioral agreements should be mutual between the patient and facility and should be reassessed at specific time intervals.
IVD should be the option of last resort	If all efforts to resolve the problem have failed, and if the issues and interventions to address them have been properly documented, then an involuntary discharge can begin. The specifics of this process are discussed in more detail in the checklist. The discharge should be reported as an IVD in CROWNWeb.

If you have any questions after reviewing, please call the Network at 303.831.8818.



IVD Checklist

Please initial and date each area when completed. Return the checklist to the Network within 2 business days of an IVD being completed by fax to 303.860.8392. **Do not email** the completed checklist to the Network.

Patient Name			
Facility Name			
Staff Name		Title	
Staff Name		Title	

Date	Initials	IVD steps to Complete
		Notify the Network of the potential IVD.
		Complete a comprehensive reassessment and revision of the plan of care for each patient considered for potential IVD as these patients would be considered unstable. V tag 767–"In the event facility staff members believe the patient may have to be involuntarily discharged, the interdisciplinary team (IDT) must reassess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily. The reassessment must focus on identifying the root causes of the disruptive or abusive behavior and result in a plan of care aimed at addressing those causes and resolving unacceptable behavior."
		Document in the patient's medical record the ongoing problem and facility efforts to resolve the problem (such as patient/staff meetings, schedule change, community resource or mental health referral, behavioral contracts/updates, etc.).
		Document any impact of behavior on other patients and staff ability to safely provide care.
		Document patient response to each step taken and the IDT reassessment of the situation.
		If unable to resolve the problem and IVD is planned, obtain a written physician's order signed by both the medical director and the patient's attending physician agreeing with the discharge.
		Provide the patient with a letter of 30 day notice of discharge.
		Send the Network related IDT assessments/documentation, contracts, letters of notification of discharge or other written communication with the patient via fax to 303.860.8392.
		Document your attempts to place the patient at another facility.
		Notify the Colorado Department of Public Health of the involuntary discharge. To complete this notification, call Cheryl McManhon at 303.692.2588.
		Report the patient as an IVD in CROWNWeb.

In cases of immediate severe threats to the health and safety of others, the facility may use an abbreviated involuntary discharge procedure. Per the Conditions for Coverage Interpretive Guidance, "An 'immediate severe threat' is considered to be a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an 'immediate severe threat'. An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat"

(§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities).

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For More Information and Technical Assistance

Contact the Network Patient Services Staff

Network 7 813.383.1530 x3368	**Network 13** 800.472.8664 405.942.6000
Network 15 303.831.8818, Option 3	**Network 17** 415.897.2400, Option 2 or 5

HSAG HEALTH SERVICES ADVISORY GROUP

ESRD Network 15

Thank You!

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