

Decreasing Dialysis Patient—Provider Conflict (DPC)

Addendum December 2022





Table of Contents

Introduction	1
Health Equity	2
Self-Awareness	4
De-Escalation Techniques in Health Care	6
When Conflict Occurs	8



Introduction

In follow-up to the original (2005) and revised (2008) Decreasing Dialysis Patient-Provider Conflict (DPC) Toolbox, a new DPC Addendum has been created to support the additional knowledge and skills needed to appropriately address conflict in today's dialysis settings. Four new modules provide education on topics including health equity, cultural competency, de-escalation, triggers, dealing with conflicts, and self-awareness.

Recognizing that dialysis facility staff have limited time availability outside of patient care, these modules have been created in a user-friendly format that allows for group learning and engagement in 15-minute segments. These modules can be led by a variety of individuals in the clinic (e.g., head nurse, social worker, nurse educator) and can be conducted during regularly scheduled meetings, such as home rooms or huddles. Each module includes:

- Key concepts
- Case scenario
- Discussion topics
- Additional resources to encourage interactive group discussion.

If you have questions about how to utilize the modules included in this DPC Addendum, please reach out to your [ESRD Network](#) for technical assistance.



Health Equity

Significant inequities in kidney disease prevalence and outcomes exist among racial, ethnic, and socioeconomic lines. Compared to Whites, people of color have a higher prevalence of diabetes and high blood pressure, have a longer wait for a kidney transplant, are less likely to be insured, and have a higher death rate. Many of their experiences in the healthcare system have also caused mistrust.

Social determinants of health (SDOH), defined by Healthy People 2020 as the conditions under which people are born, grow, live, work, and age, are significant contributors to health inequities among individuals with kidney disease. A few examples include food insecurity, housing instability, unreliable transportation, safety fears, environmental exposures, education level, employment, prison, health, and mental health.

Time Required: 15 minutes

Purpose: To increase understanding of how health equity uniquely affects patients in your unit and strategies to better meet their needs.

Key Concepts:

To effectively address health equity, you need to be willing to acknowledge disparities that exist in your facility and work together with your patients to understand the personal impact to them and what actions can be taken to best meet their healthcare needs.

- Increase cultural awareness of clinic staff and patients. What is the makeup of your clinic staff compared to patients? Does everyone look the same? Do staff represent a different cultural makeup from the patients?
- Learn about each other. Invite patients and staff to create a page to post on the facility bulletin board about themselves highlighting their life goals and plans, activities they enjoy, their proudest moments, and their greatest challenge in their job or treatment.
- Increase your knowledge. Read about different cultures. Watch TedTalks about health equity. Complete a related learning module (many come with continuing education [CEs].)
- Involve your patients. Ask for their impressions regarding what you are learning. Do they have recommendations? Ask them to provide feedback on actions you want to take.

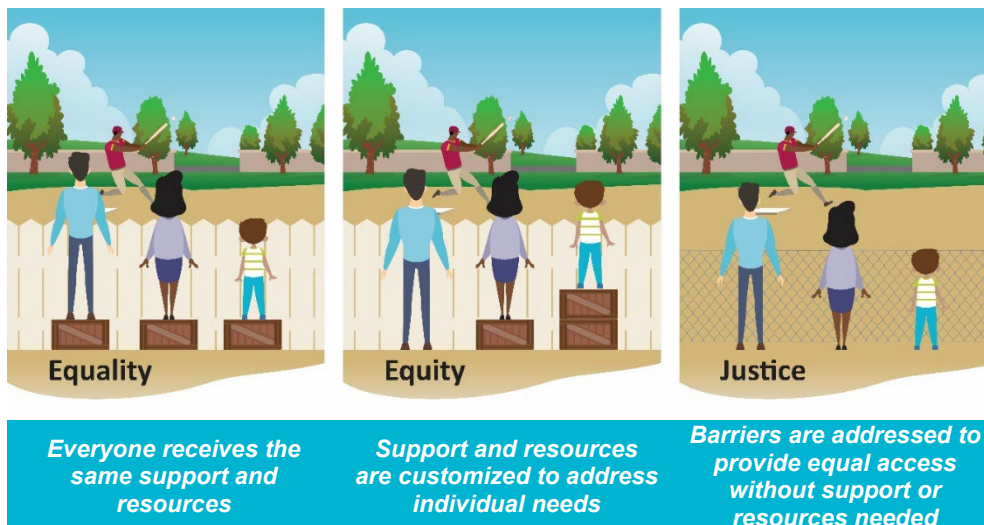
Case Scenario:

Mr. Jones is a 75-year-old Black man who has been on dialysis for two years. His dietitian, Ms. Marrow is Filipino. She is counseling him on phosphorous control and is frustrated because he has not been taking his binders and continues to eat convenience store foods. What she does not know is that Mr. Jones has limited transportation and depends on the mini-market at the corner gas station for his essentials. Mr. Jones also is hiding his limited reading comprehension and has not been able to effectively manage his medications. On top of that, he has been rationing his medication to stretch it out until he can get back to the pharmacy for refills.



Group Discussion Topics:

- How would you respond, as a senior person who has always struggled to get by, if you were confronted by a professional person about not meeting their expectations? Would you be angry and feel disrespected? Would you be eager to share your challenges and short-fallings, or would you feel embarrassed or ashamed?
- Would you want to admit that you do not have access to fresh foods? Would this admission make you feel unequal to your peers? How would you feel about asking for or accepting assistance?
- What community resources are available that might help this patient meet his needs? Are there area food pantries, Meals on Wheels programs, or home health programs that could help with medication management? Would your facility be willing to assist the patient in filling a pill dispenser?
- What one thing that each staff member will do to increase their personal awareness of health equity?
- Discuss the illustration below. What comparisons can you make to your dialysis center? Can you identify patients who have less access to resources? How might your facility help lessen the inequity?



Additional Resources:

- TedTalks:
 - Tiffany Alvoid: [Eliminating Microaggressions: The Next Level of Inclusion](#) (9 min)
 - David R. Williams: [How Racism Makes Us Sick](#) (17 min)
- Learning Modules:
 - Quality Insights: [Advancing Health Literacy in the Kidney Disease Community](#) *Free CEUs for select disciplines
 - Quality Insights: [Addressing Social Determinants in CKD: Quality Indicators for Patient-Centered Care](#) *Free CEUs for select disciplines



Self-Awareness

Self-awareness is one of the most important components of handling patient issues at the clinic. It is the ability to internally examine how your actions, thoughts, and body language align with your personal standards. Being self-aware will:

- Allow you to be more in control during tense situations.
- Help you identify potential issues or situations with patients before they happen, allowing you to be emotionally better prepared.
- Help you calm down faster and more effectively following tense moments.
- Help you feel better about going to work and help you create a better place to be for everyone at the facility.

Self-awareness is a continual act of noting how things outside yourself make you feel and how those feelings make you behave. This will help you know what calms you, what makes you happy, and when to take some space. Being self-aware will help you realize when someone has crossed your boundaries. You know when you are getting upset, you will be able to be in more control of situations and know when to step away. This is how self-awareness helps improve judgment and help identify opportunities for professional development and personal growth.

Time Required: 15 minutes

Purpose: To help you become more self-aware, so you can navigate working with patients with more control, ease, and comfort.

Key Concepts:

As part of self-awareness, explore the following:

- Personality Traits – Understanding our personality can help us be grounded in whatever environment we find ourselves in.
- Personal Values – Focusing on our personal values, what matters to us and why, will help guide us towards making decisions we can be proud of.
- Habits – Being aware of the behaviors, good and bad, that we repeat daily and often automatically, is a key part of self-awareness growth.
- Emotions – Understanding our own feelings and how they impact our thoughts and actions is essential to self-awareness.
- Psychological Needs – Our psychological needs are neither good nor bad, they just are. Often, they are what drive our behaviors and include needs such as self- or group-esteem, affection, belongingness, achievement, self-actualization, power, and control.

Self-Practice:

You can start becoming self-aware right now. To start:

- Take a few deep breaths and relax.
- Check in on yourself – are you hot, cold, tense, happy, tired, or excited? Do you feel any aches or pains in your body?



- Think about things that have made you happy or sad in the past. As we move into reviewing things that have happened at the clinic, your personal self-awareness will often come back to these basic things.
- Take some time to recall moments you got angry or felt uncomfortable around patients at the facility.
 - What did those patients do?
 - What did the patient look like?
 - What was going with you outside the clinic at that time?
 - Is there something you wish could you have done better to handle the situation?
 - Repeat this process three-to-four times and look for patterns in how certain situations make you feel.
- Things that consistently make you feel angry, stressed, or uncomfortable are called “triggers.”
- Being aware of things that trigger you can help you alter your behaviors, so you act in ways that de-escalate a situation and make you feel more in control.
- Finally, take a moment to reflect on what calms you down: a place, a person, a memory, a song.
- Being aware of what calms you can help you focus on calming thoughts so you can center yourself in the moments before you must handle a stressful situation.

Case Scenario:

A tall, large male patient arrives late to treatment due to ongoing transportation issues. The patient states he does not feel well and demands to be put on immediately. It takes the staff some time to get to the patient, and everyone can feel his irritation growing. On the treatment floor he continues getting upset. He was infiltrated at his last treatment and is getting triggered now that he is back in the clinic. He gets angry and is yelling obscenities on the floor. When staff approach him to calm the situation, he makes statements that sound threatening, “Just you wait! I’ll show you!”

Group Discussion Topics:

- How did you feel or what went through your mind as you read the description of the patient and his actions?
- What would you have done in this situation?
- How could being self-aware help in this moment?
- What could have prevented this situation or helped calm the patient?
- How would you want to be treated if you were the patient?
- How might reviewing patients who made you stressed in the past help you with patients in the future?

Additional Resources:

- Institute of You: [9 Tips to Build Self-Awareness](#)
- Mindful: [Three Daily Mindfulness Practices for Healthcare Workers](#)



De-Escalation Techniques in Health Care

We all know that staying calm and relaxed in difficult situations is easier said than done. We also know that conflicts happen even in the best of circumstances and that sometimes, arguing with a patient seems like the only way to get your point across.

When there is an argument or conflict, it's best to stay calm. We may be able to create a calm environment by not judging the other person and by not acting like one person must be right and one person must be wrong. This will help us to be open to learning from differing viewpoints.

During and after an argument or conflict, some people become very stressed. Different people need different techniques and take different amounts of time to calm down. It is important for each of us to learn ways to calm down quickly. We all know that remaining calm and relaxed helps us, as well as the patient.

Time Required: 15 minutes

Purpose: To explore current and new strategies for remaining calm, even in tough situations.

Key Concepts:

Thompson's Five Universal Truths of Human Interactions apply to all individuals, including our ESRD patients:

- All people want to be treated with respect and dignity. Promoting respect, understanding, and forgiveness can connect all individuals.
- All people want to be asked rather than told to do something.
- All people want to be informed as to why there are being asked to do something.
- All people want to be given options rather than threats.
- All people want a second chance when they make a mistake.

Additional tips:

- Listen.
- Do not make a statement "I understand how you feel."
- Meet the patient where they are.

Case Scenario:

A new ESRD patient (less than a year) has a history of playing loud music on the treatment floor. The patient has been informed several times of the rules and regulations of the clinic. Staff continuously have been telling the patient to turn off the music. The patient has been removed from treatment several times for not following the rules and regulations of the clinic.



Group Discussion Topics:

- How might you assess a patient for stressors and ability to cope with being diagnosed as an ESRD patient?
- How would you recommend addressing the issue related to the loud music? Would you consider the patient's financial status? Why or why not? (e.g., to secure headphones to eliminate the loud music.)
- What other assessments or recommendations would you make? Would you consider the patient be assessed for home modality? Why or why not?

Additional Resources:

- Crisis Prevention Institute (CPI): [CPI's Top 10 De-Escalation Tips Revisited](#)
- Western Journal of Emergency Medicine: [Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup](#)



When Conflict Occurs

Once you encounter conflict with a patient the key is to keep safety in mind and not escalate the situation. Before you do anything, please take a breath, and reflect on what triggers, either for yourself or the patient, might occur that could heighten the anger or aggression in the room. Remember that the patient has gone into fight or flight response. Indeed, even as a professional you may have entered fight or flight.

What is fight or flight? It is a function of the sympathetic nervous system and acts like a gas pedal in a car. It provides the body with a burst of energy so that it can respond to perceived dangers. This active defense response causes a person's heart rate to get faster, which increases oxygen flow to their major muscles. Their pain perception drops, and their hearing sharpens. You may be able to see a change in the patient such as a flushed face, dilated pupils, muscle tension, or a rapid heart rate when on the machine. These changes help us all act rapidly in tense situations, but they can also keep us from thinking carefully about our actions or their consequences.

Time Required: 15 minutes

Purpose: To prepare as a team to handle an aggressive patient and avoid violence or discharge

Key Concepts:

To de-escalate a volatile situation, you must prioritize safety by keeping control of yourself and your environment.

- Take a deep breath.
- Have a planned escape route from the room.
- Stay at least two arms' length away from the person escalating and do not turn your back on him or her.
- Keep your expression and posture relaxed and do not use too many gestures.
- Stay at eye level with the patient.
- Maintain a calm expression and voice.
- Keep your hands where the patient can see them.
- Designate one primary person to communicate with the patient.
- Restate what the patient says so they know he or she has been heard and to be sure you understand the issues. "Tell me if I have this correct..."
- Do not threaten; but do set boundaries. "I understand you're frustrated with your treatment, however, it's important that you do not yell at staff."
- Speak in short sentences.
- Empathize with feelings.
- Offer the patient realistic choices, when possible.
- Use the person's name and maintain the connection or seek a staff member who has a better relationship with the patient.



- Be okay with silence; sometimes it gives people time to realize the difficulty their behavior is causing.
- Do not argue; but do point out consequences of the behavior.
- Be respectful.

Case Scenario:

A patient demands to be taken off the machine. The patient escalates with cursing the staff about being slow and incompetent. The patient has disturbed other staff and patients. The patient is waving his or her arms and throwing things from the chair. After the patient is taken off treatment, and is heading to the scales, the patient states, “Do you know how easy it would be to come shoot this place up?”

Group Discussion Topics:

- What internal response is triggered in you just reading the scenario?
- Give examples of how words or body language would make the situation escalate.
- If the social worker and nurse manager are not present, how would you best handle the situation?
- Should the patient then leave peacefully, what would the next steps be in addressing the situation before the next treatment?

Additional Resources:

- The Joint Commission: [De-escalation in Healthcare](#) (Quick Safety, Issue 47, January 2019)

This material was prepared by the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. FL-ESRD NCC-NC2PAC-12282022-01