

In CONTROL

A Medical Education Institute/Life Options Publication

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How to Use *In Control*

Each issue of *In Control* offers background, tips, and patient education material on one issue that is important to living well with kidney disease. The 2-in-1 format of *In Control* is designed to make it easy to find the information and share it with your patients.

For you, there are 4 pages of professional content (pages S1, S2, S7, and S8), along with practical tips for putting key concepts into practice.

For your patients, there are 4 pages (S3–S6) of easy-to-read information. There's also a quiz patients can use to test their knowledge.

We encourage you to make copies of *In Control*. Use it to supplement your own education materials, and call us at (800) 468-7777 if you want to reprint an article. Help your patients get “in control” of their kidney disease!

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NEWS & ISSUES

Preventing Conflict in Dialysis: The Value of Customer Service

In-center hemodialysis is a unique healthcare setting. Nowhere else do we see the same patients—sometimes for years—on an outpatient basis, three times a week. In fact, the most analogous scenario is nursing home or other institutional care.

The chronicity of our patients can make it easier to see when something is wrong and to correct it and improve outcomes. However, constant contact with the same patients over time also creates the potential for conflict when differences of opinion arise, as they inevitably will.

The kidney community has paid a lot of attention recently to quantifying and coping with conflict. The ESRD Networks, in particular, released a lengthy and detailed report of their Dialysis Patient-Provider Conflict (DPC) consensus project, containing information about factors that contribute to conflict, data, and action options.¹ As Benjamin Franklin noted, “an ounce of prevention is worth a pound of cure.” Examining our paradigm for dialysis care may offer clues to help us *avoid* conflict and its ill effects on both staff and patients.

The Disruption of Conflict

“Conflict” is defined by Webster’s New World Dictionary as: “to fight, battle, contend; to be antagonistic, incompatible, or contradictory; be in opposition; clash.” It is no surprise, then, that for staff, conflict with

patients can be stressful and may contribute to increased turnover. It’s difficult for anyone to come to work knowing they will encounter someone with whom they don’t get along.

For patients, the costs of conflict may be higher—even life or death. Life Options research found that patients who had to “assertively self-advocate” scored significantly lower on the mental component summary (MCS) scale of the Medical Outcomes Study Short Form–12.² Lower MCS scores predict higher morbidity and mortality;³ avoiding conflict up front is better than coping with it after the fact.

Conflict can compromise patients’ lives in another way: an ESRD Network survey conducted in 2002 revealed that 458 patients (0.2% of the population) were involuntarily discharged from a dialysis clinic (primarily for “noncompliance”)—and deaths have occurred when patients were not able to find a new clinic.⁴

Walk a Mile in Patients’ Shoes

ESRD Network 2 developed sensitivity training to help dialysis staff—especially technicians, who are frontline to patient care—better understand patients’ experience of life on dialysis in order to prevent conflict.⁵ Focusing on patients’ fear, vulnerability, and day-to-day stress and anxiety can help staff to

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FMCNA Program Rewards Excellent Customer Service

In 2004, Fresenius Medical Care North America (FMCNA) introduced a company-wide program called UltraCare®—part of the organization’s commitment to ongoing training for all employees in innovative methods, the latest technology, and a shared focus on superior customer service. One of the key elements of the program is a renewed emphasis on “exemplary customer service.” Patti Gomez, Clinic Manager at FMC of Seguin, Texas, has seen a positive impact on her staff. Here are the details.

In-service Training

“To earn annual UltraCare certification, every staff person in our center needed to participate in a series of in-service training sessions,” explained Gomez. Although the topics and format of the sessions varied, there was a consistent focus on customer service and patient-staff relationships. Gomez thinks the brainstorming exercises were particularly effective. Small groups of 5 staff members—each group included a mix of nursing, patient care, office, and technical staff—were asked to come up with ideas for improving customer service.

“In one session they concentrated on patient needs and expectations, and what staff could do to make sure that patients’ needs were met,” said Gomez. In another session, staff identified challenges, then brainstormed ideas for positive ways to tackle those challenges. “These exercises really helped our staff to get a different

perspective, and think a little more about the patient’s perspective of dialysis,” reported Gomez.

Staff Awards

Another key element of the UltraCare program is the “Connection to Excellence” Awards for staff. Each quarter, every patient gets a form they can use to name a staff member who they think has gone “above and beyond their duty” to provide good care. The form is available in English and Spanish, and Gomez takes them around to all patients. “They can fill them out anonymously, or fill in their name if they prefer. Sometimes they just ask me to fill it in for them,” she said. “The staff person with the most nominations gets his or her name engraved on a plaque and also gets a gift certificate.”

According to Gomez, the “Connection to Excellence” awards program has benefits for both patients and staff. “On the staff side, getting an award feels good,” claimed Gomez. “They can’t wait to know who won,” she added. “It’s important to them to be noticed and appreciated.” In fact, Gomez thinks the recognition is almost more important than the reward. “I ensure they get the recognition they deserve,” she noted.

On the patient side, Gomez believes that the award program gives patients the sense that their opinions and comments are sought out and important. “They feel

“We will treat patients like we would want our mother or father to be treated... and head off possible conflicts *before* they occur.”

more comfortable commenting on both good and bad,” she added, “and communication is better.” Gomez cited an example of a patient who nominated a staff person who didn’t move the TV away after taking her off the dialysis machine, but instead let her watch TV while she held her needle stick site. “Everyone was surprised,” said Gomez “because the patient had never said anything, but it was clearly important and that one staff person had somehow picked up on the concern.”

From her point of view, Gomez thinks UltraCare produces results because both the training and the awards keep staff “more aware of how they act toward patients.” And that, said Gomez, makes it more likely that “we will treat patients like we would want our mother or father to be treated... and head off possible conflicts *before* they occur.”

Q & A:

Ask the Experts

An interview with Stephanie Johnstone, LCSW

Clinical Social Work Supervisor, Fresenius Medical Care North America (FMCNA)—San Diego

Stephanie Johnstone supervises a team of nephrology social workers at FMCNA. She publishes frequently on nephrology social work topics, including conflict management. She has 20+ years of experience in nephrology social work.

Q: What is the best way to help staff avoid conflicts with patients?

A: Preparing patient care staff to understand fluctuations in patient behavior as part of chronic illness is key. Understanding makes a big difference in how team members will react to difficult situations. If staff members come to work with the attitude that their needs as professionals are equal to the needs of the patient, it's a recipe for conflict. When, on the other hand, staff understand that fear, anxiety, feelings of powerlessness, depression, and stress can cause "challenging" or "regressed" behavior during treatment, they are much less likely to experience it as a source of conflict.

Q: How do you prepare new staff members to handle conflict?

A: Our initial training sessions provide a lot of information about expectations. We teach our new team members to expect conflict. And, we tell them why. In addition to the factors that go along with chronic illness, there is also the fact that almost 25% of our patients have altered mental status—due to anxiety, depression, substance

abuse, dementia, etc. Establishing realistic expectations is the best way to ensure that staff do not personalize difficult interactions. Next, we give our new team members a very clear protocol for dealing with conflict. It involves prompt reporting—usually within one hour—and a group approach to debriefing and problem-solving. The result is that staff members feel listened to and supported, and can move forward to approach the patient professionally to resolve the issue.

Q: Do you have any ongoing training for more experienced staff?

A: Keeping a good team attitude about difficult situations takes maintenance. We focus on reinforcing the protocol. We always thank team members for reporting problems and move quickly to respond to and resolve them. That way, team members don't feel alone, and can remain professionally "empowered." Often, involved team members come together *with* the patient at a meeting designed to debrief a situation and create a new plan. Preparing the team member for this experience fosters a willingness to approach the patient with a good attitude. Staff learn to approach the patient by simply

asking: "We can see that you've been upset, and we wonder what we could have done better." That disarms the patient's anxiety and anger and brings forth *their* willingness. Then, the team members can ask for something they need in return from the patient...and the patient usually cooperates. It is a win-win situation.

Q: What advice can you offer about conducting a successful patient meeting?

A: In my experience, there are two "magic bullets." The first is avoid "he did, she did" reporting. Rather, stick with the more forward-looking question of "What could you/we have done better?" Second, focus on how each party could improve and put both the patient and the staff member in the role of teacher. People like to teach, and in 99% of the cases, we can find a solution that works for everyone. And, finally, don't forget to reach down inside and help the team communicate that, underneath the conflict, they still care...that they want a positive working relationship. Patients respond to this with new hope. And hope is the key to starting again. ☺

Please note that any comments made or opinions expressed here are her own and do not necessarily reflect those of, nor are they necessarily endorsed by, her employer FMCNA.

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Preventing Conflict in Dialysis: The Value of Customer Service

empathize with patients so they can respond more appropriately when a difference arises.

A patient-centered approach that includes learning the basis of patient behavior *from the patient* is also fundamental to reducing conflict. For example, asking *why* a patient is leaving treatments early may reveal that he or she is trying to keep a job and support a family. Knowing the reason enables the team to problem-solve rather than begin a conflict that may lead to a patient discharge.

Using a Customer Service Approach

A better understanding of the “customers” of dialysis services—the patients—is the foundation of a customer service approach to care. Since virtually everyone has been a customer with a complaint at some point, this model of care is highly relevant and easy to explain to new trainees.

According to Berman, there are “7 C’s” of customer service in the Renal Care Group customer relations program. They are: communication, code of ethics (for staff), caring attitudes, collaboration, confidence, cultural sensitivity, and compassion.⁶

For More Information...

For more information about preventing conflict and providing excellent customer service in the dialysis center ask your ESRD Network for a copy of:

- *The DPC Toolbox: Conflict Resolution Resources for Dialysis Professionals.*

To find your Network go to the Forum of ESRD Networks website: www.esrdnetworks.org.

Quiz Answers

1. True
2. False. It’s important to report problems.
3. False. Your timing and manner make a difference.
4. True
5. False. You are more likely to get results if you remain calm.

Focusing our efforts as a community on understanding where our patients are coming from, improving training and professionalism, and implementing the 7 C’s has the potential to help avoid conflict and make dialysis clinics calmer and more pleasant for patients and staff alike. ☺

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Patients *In* CONTROL

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How to Handle a Problem at Your Dialysis Clinic

Problems sometimes arise at dialysis. Being on dialysis and dependent on a machine and clinic staff can be stressful. At the same time, many staff feel pressured to do a difficult and demanding job on a tight schedule. With all that stress and pressure, it's no wonder that patients and staff do not always see eye to eye.

Build Relationships

You're much more likely to avoid conflicts if you have honest, trusting relationships with the staff who work with you at the dialysis clinic. Treating the nurses and techs like people, not simply "your" caregivers, is a good start. Keep the golden rule—treat others the way you'd like to be treated—in mind as a starting place.

Speak Up

Treating staff members with respect, and expecting them to do the same for you, does not mean that you should keep concerns to yourself. On the contrary!

Let staff members know if you're having a problem. The key to speaking up lies in how you do it.

Here are some tips:

- Pick a good time, if you can. "When you have a minute, I'd like to talk."
- Stay calm and reasonable. Don't raise your voice.
- Be specific. Describe the problem and say how it makes you feel.
- Use "I" statements like "When my treatments don't start on time, I feel like the clinic doesn't respect my time."
- Talk about the *behavior* not the *person*. For example, "I prefer the TV volume to be set on low," rather than "You turn the TV volume too loud."
- Avoid "you" statements like "You always start my treatment late."
- Match your body language to your words. Don't smile if you're angry.

Follow Procedures

Preventing problems is always better than trying to fix them. But, if you do have a problem, it is important to deal with it in the right way. Your clinic has

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Heading Off Conflict Through Communication

Colorado native Jonathan Finger ran into one of the most common sources of conflict at his clinic: trouble cannulating his fistula that led to infiltrations. He worked with his clinic administrator to solve the problem, and, a year later, things are much better. Here's his story.

IgA Nephropathy

As early as 5th grade, Jonathan, now 28, knew he had a problem: Berger's disease (IgA nephropathy) was attacking his kidneys. The condition had not caused a loss of function, and was followed with regular blood tests until 1998.

"I was getting ready to move overseas for a year-long apprenticeship in Braunschweig, Germany, at a piano factory," recalled Jonathan, who works full-time as a rebuilder and technician in his family's piano store. "They did some bloodwork and said, 'you've lost 45% of your kidney function.' That was kind of a big blow."

Following a biopsy, Jonathan spent the year in Germany, taking fish oil to slow the progress of his disease, then came home with 10% function and got ready for a transplant from his mother. The transplant lasted 2 years before it failed.

Choosing In-center Hemodialysis

"I'm kind of a thinker personality,"

Jonathan noted. "I reviewed the options and coming into the center felt like a structure I needed. I was willing to give them the time, and in exchange, I was able to not think about it for a couple of days. As long as there's an administrator or a charge nurse I trust, I feel like it's a safe place. It allows me to keep dialysis separate from my life. There's a part of me, psychologically, that doesn't want to bring it into my home."

"[The administrator] made me feel like she was concerned, and in the end, that was what I was looking for."

"I've been really blessed," he added. "I dialyze in the afternoons, so I leave work early a couple of days a week, and then a couple of other days

I work later. The way I've been able to structure it, it fits well with work."

Coping with Cannulation

Good needle skills are key to helping a fistula last as long as possible. When Jonathan noted problems with staff who were sticking him—and a trusted nurse and technician quit—he knew he had to take action.

"I had had some problems with infiltration and thought they were 100% avoidable, a couple of times in particular," he reported. "The technicians didn't listen to me when I told them that the stick

felt wrong going in. Or, when a technician was having trouble cannulating, instead of getting the nurse right off the bat, they kept trying out of pride.”

Calling the Administrator

“In the end,” said Jonathan, “it was my treatment and my life, and everyone else’s at the clinic. I called up the administrator, Lori. I felt the best way was to approach it like they were a business and I was a customer, and give her a chance to earn my business—to make it right. So I had a pretty open chat with her about things I liked and things I didn’t like, and that I understood that some people had more experience and some had less. It wasn’t that I didn’t *like* them, but I didn’t *trust* them—they would watch TV with us, or trip over things and knock them over. Or they didn’t notice where the tape was, and would start pulling on a needle.”

“Lori’s smart and forward looking, and she saw how she could change things,” Jonathan explained. “She made me *feel* like she was concerned, and in the end, that was what I was looking for.”

Finding a Solution

Lori took action. She shifted staff schedules so less knowledgeable staff could learn from their more experienced coworkers, rather than always having the same team for MWF and TRS shifts.



And she added a new full-time nurse to ease staffing concerns.

The results were worthwhile, according to Jonathan. “Now, you have more experienced techs working with the other techs, and as a result, everybody is able to raise the bar a bit. If you have a couple of techs who are doing a good job, they can show the others. They share information.”

Raising the Bar

Besides resolving Jonathan’s cannulation conflict, Lori took another step to improve customer service: she authorized a wireless Internet network. For Jonathan, who has an on-line web “blog” about his dialysis experiences (at www.tollidee.com) this was the icing on the cake. “I really appreciate Lori’s willingness to listen and to make things better for everybody,” he concluded. ☺

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How to Handle a Problem at Your Dialysis Clinic

a process for making complaints. Be sure you know what it is—and follow the steps. Because you will be expected to provide specifics, write down all the details of your complaint, including dates, times, what happened, who was involved, what was said, and how you tried to solve the problem.

Kidney School™ Can Help

Would you like to know more about your rights and responsibilities as someone on dialysis...and how to handle problems in your clinic? Kidney School can help. Kidney School is the on-line, personalized kidney learning center created by Life Options. Module 14—*Patient*

Rights and Responsibilities—has detailed information about your rights as a patient and a step-by-step process for how to file a complaint. This helpful module will also help you learn about other key issues like privacy, switching clinics, getting second opinions, and changing your treatment. Kidney School is free—and can be accessed at www.kidneyschool.org.

If you don't have a computer at home, try the library. Or, ask a friend or relative to help you log on so you can use this valuable resource. Your ESRD Network is a valuable resource if you cannot resolve the problem with your center. ☺

Problem Quiz

Now that you've read about how to handle problems in your dialysis clinic, try to answer the true/false statements below to see how much you've learned (answers are on page S8).

1. Every clinic has a formal process for complaints. True False
2. You should avoid upsetting staff members by keeping problems to yourself. True False
3. It doesn't matter *how* you voice your complaints, as long as you're honest. True False
4. Dialysis patients need to treat staff members with respect. True False
5. If you're serious about making a complaint, you need to show it—even if you have to shout. True False

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