



Alternative Solutions

Conditions of Coverage

The Renal Network
August 2009

The Centers for Medicare and Medicaid (CMS) published the new Conditions for Coverage for End Stage Renal Disease (ESRD) facilities on April 14, 2009. Facilities were mandated to comply with requirements set out in the Conditions for Coverage by October 14, 2009.

The Renal Network (TRN) has recognized that facilities have had an increase in the number of involuntary discharges which puts patients at risk for morbidity and mortality. In many situations, patients with a history of difficult behavior have been discharged by their nephrologist as well as their facility. These patients have had problems with finding a new nephrologist to provide medical coverage and also locating a new dialysis facility. In these situations, patients have had to seek dialysis treatment at a nearby hospital. In some instances, the patient's health has deteriorated to the point where the patient needs to be admitted to the hospital.

In Condition 409.70: Patients' Rights (b) Standard: Right to be informed regarding the facility's discharge and transfer policies, the patient has the right to—

- (1) be informed of the facility's policies for transfer, routine or involuntary discharge, and discontinuation of

- services to patients; and
- (2) Receive written notice 30 days in advance of an involuntary discharge, after the facility follows the discharge procedures described in 494.180 (f) (4)

Standard: 494.180 (f) (4)
Involuntary Discharge Procedures—

This standard states that involuntary discharge or transfer should be **rare** and proceeded by a demonstrated effort on the part of the interdisciplinary team to address the problem in a mutually beneficial way. Neither CMS nor TRN supports the discharge of a patient for non-compliance or staff/patient conflict. An involuntary discharge is a measure of last resort.

Immediate Discharge

In the event a patient poses an immediate threat to the health and safety to others, the facility may use an abbreviated involuntary discharge procedure. The procedure for an immediate discharge includes: address the emergency and ensure that all patients and staff are safe, notify the patient's attending physician and the medical director, document all actions taken, assist the patient with finding a new facility, and notify The Renal Network and the state agency.

The Involuntary Policies and Procedures

The facility must ensure that all staff members follow the facility's patient discharge and transfer policies and procedures.

The medical director ensures that no patient is discharged or transferred from the facility unless: the patient or payer can no longer pay for services, the facility ceases to operate, the facility can no longer meet the patient's needs, the facility has reassessed the patient and has determined that due to the patient's disruptive behavior, or the facility is unable to operate effectively.

The medical director also ensures that the facility's interdisciplinary team does the following:

- Completes a comprehensive, interdisciplinary patient reassessment, identifies problems and the root cause of behavior
- Explores any potential action or plan that could prevent the need for discharge
- Provides the patient and The Renal Network with a 30 day notice of the planned discharge
- Obtains a written physician order signed by both the medical director and the patient's attending nephrologist concurring

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with the need for discharge or transfer

- Notifies the state survey agency of the involuntary discharge
- Assists the patient to find another facility
- Documents all actions provided by the interdisciplinary team

Contact The Renal Network Patient Services Department at 317-257-8265 for assistance in developing specific interventions for challenging situations **before** initiating a patient discharge. The earlier the Network is contacted, the more assistance the Network can provide to facilities.

Use the Dialysis Patient-Provider Conflict (DPC) Tool Box to train staff to decrease conflicts, track conflicts in the facility, and as a tool for quality assessment and performance improvement

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Put yourself in their shoes



Bob is a 38-year-old in-center hemodialysis patient. He developed renal failure from hypertension – a condition he was unaware he had. Prior to starting on dialysis he ran a successful computer software business. He is married and has one small child.

The dialysis staff has become frustrated with Bob. He is frequently late for his treatment and sometimes signs off early. He seems to have a short fuse, and gets very angry with the staff when they have trouble with his needles or the machine. Sometimes they hate to be assigned to his station because of the angry outbursts.

Recently, the social worker was trying to interview Bob while he was on dialysis and inquired whether he needed her assistance. Bob yelled at her to “leave him the f...alone...he didn’t need her help or anyone else’s for that matter.” The social worker was very upset about the incident and told her manager about it. She said she was afraid of him and did not feel comfortable around him since he

often yelled at her. She did not have time to “deal” with him.

Does this type of patient scenario sound familiar? Why do there seem to be so many angry dialysis patients? Try to put yourself in their shoes. What if you suddenly found yourself on dialysis? Think about it. You are being told when to come in for treatments, ordered to spend around 15 hours every week at the dialysis center. You have to endure the insertion of large bore needles into your arm. You are at the mercy of staff you don’t even know. You are being told what you can and cannot eat and drink. You are told to take numerous medications. You don’t feel good. You lack the energy to do housework let alone hold down a job. You don’t feel well enough to play with your kids. You and your spouse seem to always be at odds, after all her (his) life has changed drastically also. Do you think if you were a patient maybe you might be a little angry too?

Dialysis patients are faced with many

emotional and social issues. They face a loss of independence, changes in their self-image, changes in financial security, possible change in role within their home, lifestyle changes, dietary changes, as well as the anxiety and discomfort with the dialysis treatment itself. This list only partially covers it. Can you imagine why they may respond angrily to all the changes in their lives let alone facing their own mortality? Any angry individual needs some intervention. They need to be able to express their feelings with someone they are comfortable with, whether it be a social worker, a nurse or a psychologist. They need help adjusting to all the changes in their lives, and they need to know that it is normal to be angry without being threatened to be discharged. We need to find ways to help our patients rather than discharging them and passing their problems off to someone else.

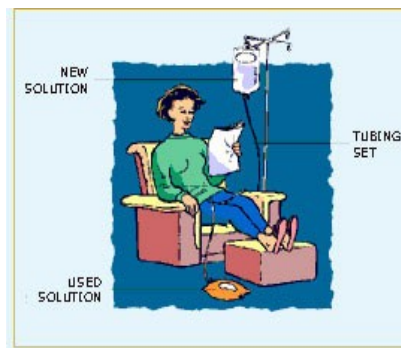
It is The Renal Network’s goal that the following scenarios will present alternative solutions to discharge.

How about trying Peritoneal dialysis?

In the above scenario, Bob was used to being the independent bread winner of the family. He was having a difficult time adjusting to the very dependent atmosphere of incenter hemodialysis. He lashed out at everyone.

Bob’s social worker arranged a face to face meeting to talk to Bob about alternatives to incenter hemodialysis. The nurse manager and Bob’s nephrologist also attended the meeting. Other treatment options were presented to Bob such as home hemodialysis, peritoneal dialysis and transplantation.

Bob’s caretakers thought he might do better on a modality where he had a little more control, a little more independence. Bob expressed an interest in trying peritoneal dialysis. His nephrologist felt he was a good candidate and had no



contraindications. Bob was attracted to the idea of the nighttime cycler so he could have his days free to work.

A peritoneal catheter was inserted and training initiated. In the meantime, he continued on incenter hemodialysis. He remained rather short-tempered but the goal of being off hemodialysis helped both him and the staff get through the

tense times. Bob learned how to operate the cycler and to do manual exchanges quickly. He was able to resume working during the day and dialyzed every night. He only had to see his physician at monthly clinic visits so he did not feel quite as “sick” as he did on hemodialysis. Bob was able to regain his sense of control over his life and felt like a more productive person.

Bob also discussed the possibility of receiving a transplant. Although this was an option to be pursued in the future, he chose to still change to PD for now.

Another alternative for Bob could have been home hemodialysis. For patients with a partner, the flexibility of home hemodialysis may be attractive. Patients can dialyze at any time during the day that is convenient for them.



The Chronically Late Patient

Clara is a 32 year old who has been on hemodialysis for 2 years. She is frequently late for dialysis, and occasionally does not show up at all. The staff take her off at her scheduled time but because she arrives late, she rarely gets her full treatment time. Her URR averages 63% and her Kt/V is 1.1. This morning the patient arrived a few minutes late and then socialized in the waiting room telling other patients that she had just finished having her nails done at the beauty salon. The nurse manager overheard the conversation and became angry with Clara. This was the last straw. She crafted a letter to Clara giving her 30 days to find another dialysis facility.

Being late to dialysis IS NOT a reason to discharge a patient!

Here are some other ideas on how to handle this type of situation:

- Have a team meeting and identify the reasons the patient is frequently late. (Perhaps the patient needs to maintain some control in her life by doing the same activities she is used to doing.)

- Offer assistance to the patient as needed, including time management;
- Review if the patient is a candidate for home dialysis where she will have more options and more flexibility in her treatments;
- Attempt to change the patient's scheduled time to better meet her needs;
- Have the patient sign a form releasing the facility from liability for not completing her prescribed treatment (similar to AMA form);
- Instruct the staff to not prime her machine until she arrives;
- Transfer the patient to the 3rd shift if available (or the last shift of the day);
- Dialyze the patient for as long as possible (until the last patient comes off);
- Do not allow the patient's noncompliance to affect the hours the staff work or other patient's scheduled times;
- Develop a behavioral agreement/contract with the patient;
- Document your interventions and reasons the patient is not adequately dialyzed;
- Compromise with the patient one small step at a time;
- Help her have some control over her situation, offer some choices;
- Have a competition between shifts for the best adequacy, best compliance, etc;
- Create rewards, prizes, motivations to encourage compliance;
- Above all, **LISTEN** to your patients! Remember, it is written in the federal conditions of coverage that "all patients are treated with consideration, respect, and full recognition of their individuality and personal needs..." It is also within their rights to refuse treatment, no matter how frustrating it is for the staff.

Paranoia?



James is 45-years-old and has been on hemodialysis several years. He is divorced with a 16-year-old son. He has been described as being mildly mentally retarded and /or schizophrenic. He is compliant with his dialysis treatments and generally has no complaints. Recently however he has felt the dialysis staff are out to get him. He frequently experiences muscle cramping during his treatment and he believes certain staff like to see him suffer. He has started to complain to either the social worker or the nurse manager after nearly every treatment. He has also mentioned his complaints to his doctor who supported the staff. Recently he observed a tech and a charge nurse talking in the corner and laughing. Although he could not hear what they were saying, he believed they were making fun of him. Frustrated with his constant complaining, the nurse manager told the patient if he was this unhappy he should consider transferring to another unit. The patient did not pursue a transfer, saying he was hurt that they just wanted to get rid of him. The social worker encouraged him to get

counseling. However the patient did not believe anything was wrong with him, so he refused. Finally the facility became so frustrated with his constant complaining and inability to trust any of them, they gave him a letter saying he needed to find another unit and would no longer be allowed to dialyze at their facility after 30 days. Staff frustration and patient complaining **ARE NOT** reasons to discharge a patient.

How else could they have handled this situation?

- The staff and doctor could meet to discuss the muscle cramping and develop a plan to identify the causes and to help decrease the patient's pain.
- Have a face-to-face meeting with the patient and the health care team; develop a plan of action to address his complaints.
- Acknowledge the reasons he is upset with the staff.
- Encourage staff to chat briefly with him when he is not complaining as a way to build rapport and to let him know he will be acknowledged even if he does not complain.
- Provide one-on-one counseling at the facility with the patient and help him to take responsibility for what he can do to make his situation better.
- Temporarily transfer him to another facility (within group if possible) to give the patient and the staff a break.
- While the patient is gone, counsel the staff on how to restore the patients trust.
- Hold in-services on professionalism, compassion, paranoia, mental illness.
- Allow the patient to do self care.
- Offer the patient other treatment options such as home hemodialysis, peritoneal dialysis, or pursue a transplant.
- Involve the local mental health center.
- Educate staff on communicating with paranoid, mentally ill patients.



Staff Frustration

The dialysis facility presents new challenges and new situations daily. There is a lot of responsibility on the staff to provide adequate, quality care in a timely, courteous, and respectful manner. Patients' lives are entrusted to the staff to keep them alive and to prevent complications. What a tall order!

Patients who complain, are disrespectful to staff, arrive late, leave early, or do not show up at all present additional challenges to staff. Besides the frustration of knowing that the patients compromise their health when they do not receive their full treatment, staff may get frustrated by

the extra work of setting up a machine for a no-show and being yelled at to take them off the machine early. Being disrespected by being called names, cursed at, being called incompetent, etc, can be demoralizing.

However, to work in a dialysis unit, staff need to know how to handle their frustration and have outlets for it. When staff and patients are stressed and frustrated at the same time, it can easily become a no-win situation. It is important to hear and listen to the patient, but to not take their yelling, name calling, etc. personally.

Staff need effective coping methods and stress reduction techniques too. It can be very helpful to offer in-service training programs in areas such as learning how to reduce their own stress, learning appropriate skills for working with challenging patients, learning how to de-escalate conflict, learning how their attitude and the patient's attitude affect their interactions, and learning a safety plan/approach for patients they deem threatening. All of these skills will increase their confidence in handling difficult situations.

Conditions of Coverage

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programs (QAPI). The Network can provide information on DPC training and use of these tools.

Many of these tools can be downloaded at <http://www.therenalnetwork.org>.

Examples of How The Renal Network Can Help Your Facility and Patients

Discuss your concerns, review the facility's interventions, provide feedback

Participate in conference calls

Assist facility with the Conditions for Coverage Involuntary Discharge Process

Provide educational materials for patients and staff

Provide resources

Provide training programs such as:

- Dialysis Patient-Provider Conflict : Train –the-Trainer Program
- The Patient Whisperer
- Behavior Contracts/Agreements
- Conflicts: The Art of Management and Resolution

- Patient Communication [Http://www.therenalnetwork.org/services/behaviorcontracts.php](http://www.therenalnetwork.org/services/behaviorcontracts.php)
- The YOU in What You Do
- Professionalism

Visit The Renal Network Web site, www.therenalnetwork.org for resources that address concerns relevant to challenging situations. For example:

Depression Scales and Screens
<http://www.therenalnetwork.org/services/depression.php>

Mental Health Resources
http://www.therenalnetwork.org/services/resources/sw_monthly/May_MentalHealthMonth.05.07.pdf

Behavior Contracts (Health Care Team Agreements) <http://www.esrdncc.org/services/behaviorcontract.php>

The Network Position Statement on Involuntary Discharge that can assist you in your efforts to avoid discharging patients http://www.therenalnetwork.org/about/involuntary_discharge.php

Decreasing Patient Provider Conflict**
<http://www.therenalnetwork.org/services/dpc.php>

Patient Centered Care focuses on ensuring that patients have the opportunity to make choices and feel a sense of control, which can be difficult when patients are coping with managing kidney disease, changes in lifestyle, and the need to be dependent on others for treatment.

Patients who have not learned good coping skills may find adjusting to kidney disease increases inappropriate behaviors such as yelling or being disrespectful. It may be challenging for staff to maintain professionalism and find alternative solutions for these inappropriate behaviors.

The Renal Network suggests that the staff member remain calm, affirm and support the patient's feelings, assure the patient that you are willing to work him or her, while at the same time clearly and directly advising the patient of the facility's expectations.

Involve the facility social worker to help the patient become aware of the problematic behavior and to assist the patient to handle possible stressors such as financial or family problems, recent losses, mental health, or addiction issues. The Renal Network is always available to help you.