Decreasing Dialysis Patient-Provider Conflict Tracking Tool

To the Dialysis Provider:

One of the goals identified by the members of the Decreasing Dialysis Patient/Provider Conflict Initiative (DPC) was to increase Quality Improvement activities related to conflict in the dialysis facility. One step taken in meeting this goal is to include the attached Decreasing Dialysis Patient/Provider Conflict Tracking Tool in the DPC Toolbox. This tool was developed to assist you in tracking the number, causes, and severity of patient/provider conflicts that occur in your facility using the terms and definitions contained in the DPC Taxonomy and Glossary. The members hope that the tool will help you to identify trends unique to your facility so that the facility can implement strategies to decrease the frequency and severity of conflicts that occur.

The tool contains the following components. You may choose to use any or all of the components included. You may also wish to tailor the components to your specific needs.

1. Conflict Log – an easy way to document pertinent information about each conflict that occurs

2. Graphs/Tables – to help identify trends and measure progress
   a. Number of Dialysis Patient/Provider Conflicts by Month
   b. Types of Dialysis Patient/Provider Conflicts by Month
   c. Causes of Dialysis/Patient Provider Conflict by Month

3. Documentation Form – to allow you to examine in more detail each conflict that occurs and how it was handled

The tool is included on the enclosed CD for your convenience. The graphs are also included on the CD in Excel format. You may choose to complete the graphs by hand or in Excel. If you have questions about the use of the tool, feel free to contact your ESRD Network office.

Decreasing Dialysis Patient-Provider Conflict Tracking Tool
Conflict Log

Date Conflict Occurred	Time of Day Conflict Occurred	Name(s) of Patient Involved in Conflict	Name(s) of Staff Involved in Conflict	Cause of Conflict*	Type of Conflict*

*definitions can be found on the following page

Decreasing Dialysis Patient-Provider Conflict Log
Categories and Definitions

Causes of Conflict	
Physical Environment	Examples: Unit cleanliness, unit temperature, noise level
Treatment Related	Examples: Infiltration, medication error, machine alarms
Staffing	Examples: Number and composition of staff, staff assignments
Staff Professionalism/Training	Examples: Staff talking about personal issues, staff competence
Financial	Examples: Nonpayment of fees, patient seeking financial assistance from facility
Nonadherence	Examples: Missed treatments, shortened treatments, not following medical advice, not following facility policies
Scheduling/Transportation	Examples: Wait time, appointment time, transportation
Disruptive Behavior	Examples: Yelling, cursing, making inappropriate sexual remarks, tampering with equipment
Other	

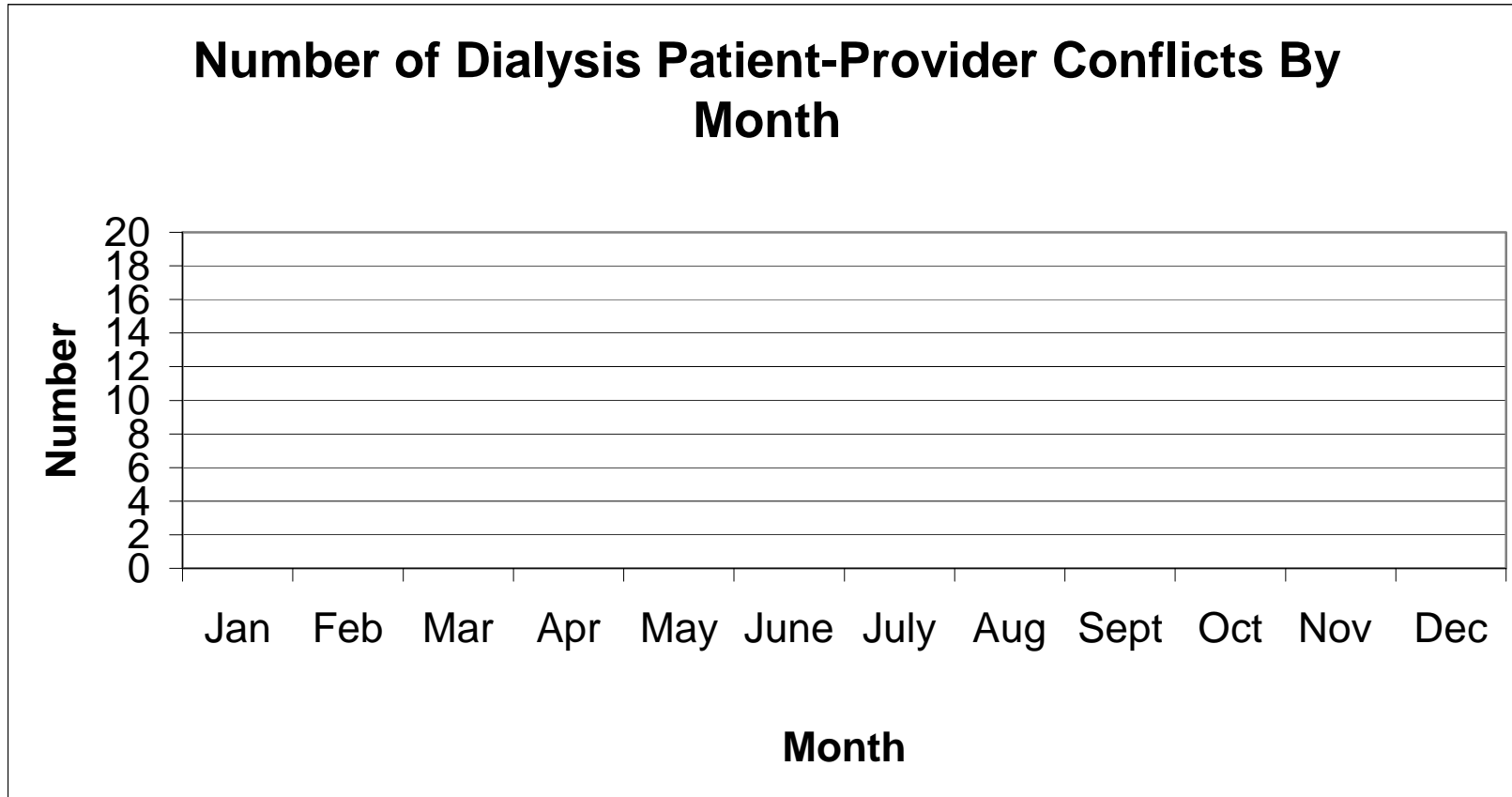| Types of Conflict	
1 – Nonadherence	Noncompliance with or nonconforming to medical advice, facility policies and procedures, professional standards of practice, laws and/or socially accepted behavior toward others (Golden Rule).
2 – Verbal/Written Abuse	Any words (written or spoken) with an intent to demean, insult, belittle or degrade facility or medical staff, their representatives, patients, families or others.
3 – Verbal/Written Threat	Any words (written or spoken) expressing an intent to harm, abuse or commit violence directed toward facility or medical staff, their representatives, patients, families or others.
4 – Physical Threat	Gestures or actions expressing intent to harm, abuse or commit violence toward facility or medical staff, their representatives, patients, families or others.
5 – Physical Harm	Any bodily harm or injury, or attack upon facility or medical staff, their representatives, patients, families or others.
6 – Property Damage/Theft	Theft or damage to property on premises of ESRD facility.
7 – Lack of Payment	Refusal to maintain or apply for coverage or misrepresentation of coverage.

Decreasing Dialysis Patient-Provider Conflict Tracking Tool
Graphs

Graph #1: Number of Dialysis Patient/Provider Conflicts By Month

At the end of each month, draw a circle for the month that corresponds with the number of dialysis patient/provider conflicts that occurred during the month. Connect the circles with a line to assess trends.

Facility Name: **Year:**

Number of Dialysis Patient-Provider Conflicts By Month

Number	
20	
18	
16	
14	
12	
10	
8	
6	
4	
2	
0	

Jan   Feb   Mar   Apr   May   June   July   Aug   Sept   Oct   Nov   Dec
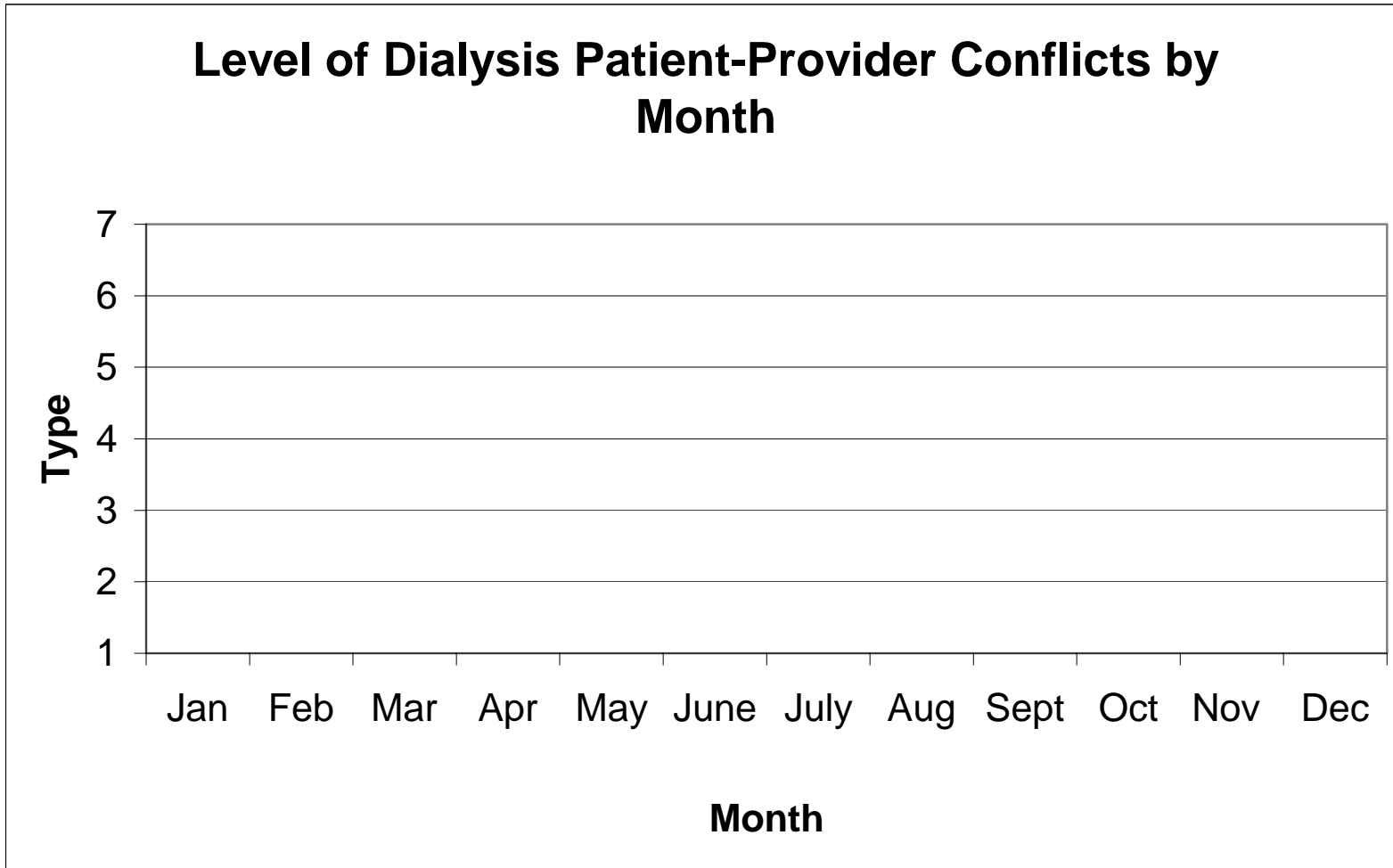
Month

<u>Graph #2: Level of Dialysis Patient/Provider Conflicts By Month</u>

At the end of each month, draw a bar for the number of conflicts that occurred at each level during the month. Look at patterns to assess trends.

Facility Name: **Year:**

Level of Dialysis Patient-Provider Conflicts by Month

Type

7

6

5

4

3

2

1

Jan   Feb   Mar   Apr   May   June   July   Aug   Sept   Oct   Nov   Dec

Month

Table #1: Causes of Dialysis-Patient Provider Conflict by Month.

At the end of each month, indicate the number of conflicts that occurred during the month by cause. Look at patterns to assess trends.

Facility Name: **Year:**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Physical Environment													
Treatment Related													
Staffing													
Staff Professionalism/ Training													
Financial													
Nonadherence													
Scheduling/Transportation													
Disruptive Behavior													
Other													
Total													

Decreasing Dialysis Patient-Provider Conflict Tracking Tool
Documentation Form

Date Conflict Occurred:	Time of Day Conflict Occurred:
Name(s) of Patients Involved in Conflict:	
Name(s) of Staff Involved in Conflict:	
Type of Conflict*:	
Cause of Conflict*:	
Description of Conflict:	
Intervention/Resolution of Conflict:	
Is the patient(s) satisfied with the outcome of the conflict?	
Is the staff member(s) satisfied with the outcome of the conflict?	
Could the conflict have been handled more effectively? If yes, how?	

*definitions can be found on the following page

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Decreasing Dialysis Patient-Provider Conflict
A QI Approach: Examples

1. Has the **number of conflicts increased or decreased** since the last review or in the past quarter?

- In the May QI meeting it was noted on the **Number of Conflicts Graph** that the number of conflicts had increased for both April & May.
- The QI Committee reviewed the **Level of Conflicts Graph** for those months and found that the reported conflicts were mainly Level 1 & 2.

2. Is there any **pattern in the conflicts**?

   The QI Committee looked to find commonalities by reviewing the **Conflict Log and Causes of Conflict Graph**. They found that:
   a. The same patient, who was an old patient who had returned from a lengthy hospitalization with a new AVF, had experienced several infiltrations when being put on by a fairly new staff member.
   b. The patient's daughter, who was not usually in town, became very upset when this occurred and complained to the staff member who became quite defensive. The regular charge nurse was on maternity leave and different nurses were covering the shift. Over a period of weeks, the conflict had escalated into shouting between the staff member and the daughter and the daughter had refused to let the staff member assigned put her father on.

3. **Discuss and choose interventions** that will address any patterns.

   a. The QI committee directed that more experienced staff stick new AVF's. The DON was assigned to implement this change.
   b. The staff member was recommended for training in conflict management using the interactive training module in the DPC Toolbox and to be assigned to a mentor and have his cannulation skills assessed. The DON was assigned responsibility for the training and the charge for the mentoring and cannulation assessment.
   c. A family conference was advised where the family would be informed of the actions and the daughter would be asked to voice any complaints to the charge nurse away from the treatment area. The SW was assigned the responsibility of setting up the conference.

4. **Upon review for improvement** the next month the number of conflicts had been successfully decreased.