June 1, 2017

ESRD Network 14 QI Project
Phase II: Communication and Professionalism

We have established a weekly Missed and Shortened Treatment Team meeting. We have all disciplines of the IDT represented, along with patient representatives. The staff part of the team meets weekly to discuss specific patients and processes related to clinic missed and shortened treatments. The patient representatives are included once monthly to discuss concepts, ideas, and interventions, as well as to get perspective and suggestion from patients for positively impacting our missed and shortened treatment rate. Patient information is not discussed in this meeting.

This team is designed to develop means of meaningful and professional communication between the team and the patients that encourages consistent and complete treatment adherence.

Social Work utilizes a report that shows unexcused absences or shortened treatments, for review with the team. Social Work also compiles the weekly totals on a tracking sheet, to allow the team to visually watch trends in these areas over time, as interventions are put into place. This allows the team to track effectiveness of the interventions over time. The patient specific reports allow the team to review detailed patient reasons for these behaviors, to look for trends/top reasons.

Physicians are provided the patient specific report with their rounding sheets, encouraged to discuss adherence with the patients and reinforce their treatment orders.

Lots of collaboration here!

Example A
1. It is my responsibility to stay my full treatment.  
   Es mi responsabilidad para quedarse mi tratamiento completo.  

2. Staff must explain your treatment in a way you understand.  
   Personal debe explicar su tratamiento de manera que entienda.  

3. The doctor makes rules for dialysis and gives you certain rights.  
   El médico hace las reglas para la diálisis y le da ciertos derechos.  

4. Staff does not have to treat you with respect.  
   Personal no tiene que tratarte con respeto.  

5. You do not have to treat the staff with respect.  
   No tienes que tratar al personal con respeto.  

6. I have to let staff know when I change my phone number/address.  
   Tengo que saber personal cuando cambio mi número de teléfono/dirección.
1) Staff will hand out reading material regarding patients rights and responsibilities and explain to patients the expectations and explain the expectations of the staff as well.
   - Quarterly meetings to be held with patients to ensure the understanding of both the staff and patients expectations

2) Staff and patients will be encouraged to fill out evaluation forms. Will turn in completed evaluations to Network 14 on or before June 1, 2017.

3) Lobby Days to be hosted by FA/SW, monthly, to explain patient’s rights and responsibilities and tie other topics in i.e. diet, missed treatments, psychosocial issues. This will be held monthly and patient participation will be encouraged by FA/Staff.

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- They (patients) wanted more food and prizes.
- Funny!

- had posters and handouts

Example C
Patient’s Standards of Conduct, Responsibilities and Facility Rules

I have the responsibility to provide DaVita with accurate identification, demographic information and insurance coverage information upon registration with DaVita and throughout the course of receiving treatment from DaVita.

I am responsible for coming to treatments as scheduled and arriving on time. If I need to change my scheduled treatment time, I must notify the Facility Administrator during normal business hours and no later than two hours prior to my scheduled treatment and the change must be approved by my attending physician.

I am responsible for treating other patients, visitors and facility teammates with consideration and respect. I will not engage in any behavior that endangers, threatens or harms others, or use profanity.

Patient Rights

To be fully informed of my rights (including privacy rights), responsibilities and all rules governing conduct related to patient care, services and financial policies/responsibilities.

The right to privacy and confidentiality in all aspects of treatment. The dialysis facility will make accommodations to provide for patient privacy when patients are examined or body exposure is required, for example privacy screens.

Patient Grievance Procedure

I may report a grievance to a DaVita teammate either verbally or in writing. The teammate should report the grievance to the charge nurse. If a solution to the grievance is not reached through this discussion, the charge nurse is to notify the
Communication and Professionalism Quiz

1) A patient is responsible for providing the clinic with accurate and up to date demographic and insurance information. T or F

2) A patient is responsible for coming to treatments as scheduled and on time. T or F

3) It is okay for a patient to use profanity at the clinic and be disrespectful to other patients and staff. T or F

4) Staff members and physicians are able to administer medication and change treatment protocols without informing the patient. T or F

5) When a patient has a concern or complaint the first thing that he/she should do is call the state. T or F

6) It is acceptable for staff members to discuss a patient's medical history with another patient. T or F

***Once a year staff will attempt to administer a communication and professionalism survey.
These are some of the many Rights and Responsibilities of the Patients at

- Patients have the **Right** to be treated with **Respect** and **Dignity**.
- Patients have the **Right** to be treated as **Individuals** with **Personal Needs**.
- Patients have the **Right** to receive **Information** in a way they can **Understand**.
- Patients have the **Right** to be **Informed** about his or her **Treatment**.
- Patient have the **Right** to **Refuse Treatment**.
- Patients have to **Right** to have **Privacy** and **Confidentially**.
- Patients have the **Right** to File an **Internal Grievance** for any **Issues or Concerns**.

**Responsibility**

Patients have the **Responsibility** to come to treatment the scheduled time.

- Patients have the **Responsibility** to follow the directions of the Charge Nurse.
- I have the **Responsibility** to adhere to all aspects of my dialysis treatment as prescribed by my physician. If I disagree with the prescription or desire that changes be made, I must discuss it with my attending physician. My physician is the only one who can order these changes.
- Patients are **Responsible** for Following Facility Infection Control and Safety Policies (e.g., hand washing) at all times, but particularly when entering the facility, prior to the initiation of treatment in the facility, and prior to exiting the facility.
- Patients have the **Responsibility** of treating other Patients and Team-mates with **Respect**.
- Patient are **Responsible** not to engage in any behavior that endangers, threatens or harm others, or use profanity.
Patient Care Technicians (PCTs) Rights

- PCTs have the Right to be treated with Respect by patients.
- PCTs have the Right to be in Non-Threatening Work Environment.

the bill of Responsibilities

- PCTs are Responsible for treating patient with Respect and Compassion.
- PCTs are Responsible for Patient Confidentiality.
- PCTs are Responsible for having Integrity.
- PCTs are Responsible for Accountability.
- PCTs are Responsible for Infection Control by using PPEs and Hand Washing.
- PCTs are Responsible for Assisting the Nurses with Patient Care.

Example E
Let's Communicate!

- Communication is important in healthcare!

- Patients expect us to communicate what we are doing and why we are doing it!

- We also expect our patients to communicate any issues they may be having with treatment or recent changes to their health!

- Provide them the space and opportunity to ask any questions or concerns.

- Be sure to communicate any grievances you may have with patients and/or staff with your FA!

- Team work makes the dream work!

Example F
Communication is important in patient care!

Be sure to tell your technician, nurse, MD any issues you may be having with your treatment or any changes to your health!

In addition, you have your RD to help with any issues with your diet and/or fluid management.

Communicate with your SW and FA for any issues that may come up at the clinic, issues with staff, or other patients.

If we don’t know, we can’t help fix it! We appreciate any and all feedback!

Be sure to use the suggestion box in the front lobby, by the AA window, to leave suggestions!

Our hope is to leave you with not just great care, but also to feel appreciated and supported!

Example F
Phase 2 Sustainability Piece:

- For Phase 2, patient and staff expectations, the FPR suggested one way to make sure staff and patient know what to expect from each other is by communicating. FPR and SW created "Let's Communicate" flyer, one staff version and one patient version. The patient version is in lobby for patients to take, and staff version in break room pinned up with other teammate communication pieces. To help sustain this intervention, we have a suggestion box in front lobby for patients to put their suggestions on what their ideas are. SW/FA will also educate patients and staff during home room meetings with staff (as needed) and with patients during weekly rounds to make sure they are communicating their needs, grievances, or suggestions.
Staff/Patient Agreement

This document is to serve as an agreement between the staff of ________________ and ________________ (patient) to improve the care of dialysis and/or to maintain a safe environment.

The (circle appropriate person/persons) staff patient(s) have voiced concern about ____________________________

______________________________

______________________________

______________________________

and its impact. This can affect your treatment or the treatment environment for others.

Behavior Concerns Include:

______________________________

______________________________

______________________________

The staff have carefully looked at the concerns surrounding the behavior(s) mentioned above and would like to work with you to improve the situation.

Together we can address the concerns by following the action steps below. These goals and action steps are specifically geared towards your care.

Patient's Action: Example G
Staff Action

The facility (identified staff member) will meet with you (circle which one) Weekly Every Other Week Monthly to review our progress towards our goals and adjust the contract as needed.

This agreement is in effect for _____ months (no more than six) at which time we will meet and review together the improvements and discuss ways to sustain them.

Consequential actions:

of staff failing to take appropriate actions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

of patient failing to take appropriate actions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Page 2

Example G
StaffPatientAgreement

Medical Doctor signature ___________ Date ___________
Attending MD signature ___________ Date ___________
Patient's signature ___________ Date ___________
Staff signature ___________ Date ___________
Sw signature ___________ Date ___________

Page 3

Example G
Boundaries
We all have them, but do you know what they are?

Professional ethics, simply put, are a set of values, principles and standards that guide your behavior while interacting with patients, families and/or co-workers. They govern your everyday conduct. This topic by history is somewhat controversial but I hope you take away from this a better understanding of your role in making the workplace a healthier environment. We are obligated to ourselves, the patients and even our co-workers to deliver services that are not harmful to the people we serve.

Ethical responsibility flows from our family, our profession and our personal relationships. Doing good is not an accident, it is deliberate and vice versa. So the question is, can virtue be taught. The assumption is that anyone can be taught what is right and wrong. Moral behavior is a product of training. Once you’re taught, you come to know and understand and this shapes your beliefs. As a result, simple answers to what is right and wrong may not always be cut and dry. Instances may arise when you must use sound judgment or maybe even rely on co-workers for advice when you’re faced with a dilemma that could potentially affect the way you treat patients. There are no set of rules that describe how we should act in all situations. Distinguishing right from wrong is not difficult. The hard part is doing what you know you should do on a daily basis.

Although each person is responsible for his/her own behavior, it is also clear that sometimes co-workers need a little help to eliminate inappropriate behavior or behavior that discredits the agency.

What is the purpose of all of this talk about ethics, boundaries and virtue:

To allow you an opportunity to think about behaviors that may be unbecoming or inappropriate in a work setting. To give you an opportunity to make decisions that are consistent with the principles of good conduct and sound reasoning while working in a public sector. To minimize your possibility of being named in a complaint alleging improper conduct. To allow you an opportunity to work toward a high standard of practice.

Discussion: Many day to day decisions made by staff involve ethical judgments or dilemmas. Most of the dilemmas don’t lend themselves to simple answers.

While working with patients, keep in mind, patients are vulnerable. They watch you on a daily basis perform tasks under stressful circumstances and by nature they want to reward you for your hard work. This is where the problem comes in because patient’s for the most part, have good intentions. They just want to find a way to give back or just show appreciation. In an effort to give back, patient’s sometimes put staff in an uncomfortable