Assessing Patient and Provider Conflict: Breaking the Cycle

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Objectives

- Identify the Access to Care Cycle
- Review interventions and resources
- Identify the CMS Conditions for Coverage for involuntary discharges
- Discuss the utilization of behavior contracts.
Access to Care Cycle
Access to Care Cycle

1. Identified Behavior

2. At-Risk Access to Care

3. IVD/IVT/VT

4. Failure to Place

5. Readmission to an Alternate Facility

Access to Care Cycle

- Behaviors may resurface if not addressed appropriately and the cycle restarts
- Denied by multiple providers/doctor groups. Dialysis through the ER.
- Address behavior with the patient. Monitor and follow up if needed
- Care conferences behavior modification, behavior contracts
- Continuity of care; identifying a new provider or averting the IVD

Behaviors may resurface if not addressed appropriately and the cycle restarts.
Access to Care Cycle: A Closer Look

- **Identified Behavior:** Non-adherence, verbal abuse/threat, physical threat/harm, lack of payment
  - Meeting with patient and/or staff to discuss behavior

- **Are they at-risk? (Patient, facility, others)**
  - Review policy/procedures, initiate behavior contract if necessary, seek guidance from the ESRD Network, document and monitor

- **Involuntary discharge or transfer, voluntary transfer**
  - Follow facility’s policy/procedure, continuity of care, work to avert the discharge or transfer

- **Failure to place**
  - Multiple denials by dialysis providers, nephrologist groups; receives dialysis through the ER; “falls through the cracks”

- **Re-admission to an alternate facility**
  - Behaviors resurface if not resolved, cycle begins all over again
Network Provided Interventions and Resources

- **Preventing the Involuntary Discharge of Dialysis Patients Facility Guide and Checklist**
  - Developed by the Network to be utilized in conjunction with your facility’s policies and procedures.
  - *Suggests interventions and tools to incorporate into the plan of care surrounding the disruptive behaviors*

- **Patient Provider Conflict Pathway***
  - Suggested algorithm for resolving disruptive behavior in patients
Patient-Provider Conflict Pathway

Conflict Incident Occurs

Determine the type of Conflict

Assess type of risk

Risk to patient?
- Mild behavior or first incident
  - Team meeting to discuss RCA of behavior, severity, and intervention options
  - Notify the Network of incident and team recommendation, seek guidance
  - Act on determined intervention
  - Ongoing assessment and follow up

Risk to Facility?
- Team meeting to review policy/procedures, notify administration and discuss interventions options
- Notify the Network of incident and team recommendations, seek guidance
- Initiate care meeting with patient and staff to explain policy and intervention
- Ongoing assessment and follow up

Risk to Others?
- Immediate safety risk?
  - Team meeting to discuss risk to others/intervention options
  - Notify the Network of incident and team recommendations, seek guidance
  - Act on determined intervention
  - Ongoing assessment and follow up
- NO
  - Notify the Network of incident and team recommendations, seek guidance
  - Act on determined intervention
  - Ongoing assessment and follow up

Team member to counsel staff or patient on behavior; ongoing monitoring

Notify security/appropriate authorities. Take immediate action
Breaking Down the Involuntary Discharge Process
Conditions for Coverage: V766 and V767: Involuntary Discharge of Patients

**Valid**
- Facility ceases to operate
- Documentation of ongoing disruptive behavior by the patient
- Severe credible immediate threat (weapon and/or verbal)
- Non-payment of services
- The discharge is absolutely necessary to the patient’s welfare; medical needs cannot be met.

**Invalid**
- Failure to comply with facility policy
- Non-compliance with any aspect of treatment
  - Missing/shortening treatments
  - Medication non-compliance
- Failure to reach facility set goals for clinical outcomes
Involuntary Discharge: Facility Procedure and Responsibility

1. Documentation of reassessments, ongoing problems and efforts made to resolve the problem, and the patient’s response to the interventions
2. Patient is given a *30-day notice of discharge
3. Obtains a written order from both the medical director and patient’s attending nephrologist
4. Notify your ESRD Network and Department of Health

*30-day notice is not required for a severe immediate threat.
Behavior Contracts: The Good, The Bad, and The Useful
Initiating of a Behavior Contract

- A behavior contract/agreement should be one of the last steps when working with a problematic patient.

- Utilized to address ongoing disruptive behaviors observed in patients.

- A tool to assist in preserving the provider-patient relationship

- Used as a support mechanism if discharging a patient from a facility.
Ask Yourself This…

- Is the behavior ongoing or was this an isolated incident? (Has your facility followed all necessary steps and interventions?)

- Is behavior modification applicable to the patient?

- Do certain factors prohibit the patient from understanding his/her behaviors and the contract? (co-morbidities, limited mental capacity, language barriers, cultural and spiritual beliefs)

- Is there ongoing documentation of the persistent behavior being observed?
Developing the Behavior Contract

Basic Elements

- All parties involved (patient, provider, guarantor, care partners, family members, court appointed guardians)
- What is expected from both the patient and provider
- Consequences of violating the contract
- Signatures and dates of all parties present.

*The contract should be individualized to each patient and focus on only the most problematic behaviors. Avoid overwhelming the patient with several expectations.*
Presenting the Contract to the Patient

Be Prepared:

- Rehearse or role play what you are going to say to the patient.

- Emphasize the effectiveness of working as a team to provide the best patient care.

- Be firm and appropriately compassionate.

- Inform the patient of how their negative behaviors are affecting the facility’s ability to manage patient care.

- Know the policies/procedures for handling hostile patients and/or family members.
Patient Rejection of the Contract

A patient has the right not to sign a behavior contract. Make sure it is documented in the patient’s medical chart.

Depending on the behavior, a patient may be at risk for an involuntary discharge.
- Lack of payment/loss of insurance coverage
- Ongoing disruptive behaviors

A behavior contract should only be presented with the intention of all parties adhering to it.

Lack of follow through means the contract has no backbone
One Final Thought

Behavior contracts are used as solution enforcers to problematic behaviors. They can be very effective when utilized as a sincere effort to formulate an agreement beneficial to both parties or at least present written documentation of solutions attempted.

However, if the contract serves as just a precursor to an involuntary discharge or transfer, the value of the contract is diminished. In other words, CMS and the Network view the document as just an attempt to protect the facility from any legal or negative consequences.
Thank You

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