

ESRD Staff Newsletter

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Establishing Effective Boundaries & Barriers to Implementation



"Good fences make good neighbors" - Robert Frost

The poem "Mending Wall" by Robert Frost implies that effective relationships are the result of setting the correct boundaries and expectations with the people with which we interact.

Nothing is more true than in the dialysis unit. There are relatively few other specialties in which we care for the same patients thrice weekly for upwards of 10, 15 or 20 years. The boundary between patient and caregiver can become blurred as caregivers allow the line of professionalism and expectations to become invisible, this is often due to an earnest desire to care for our population.

Unfortunately, we are experiencing a rise in violent and disruptive behaviors, whether it is a verbal assault or actual physical violence. In anticipation of continued growth in the dialysis population, this article is intended to assist both the direct care giver and facility administration in the consideration of boundary establishment and application of consequences for violations. This in turn would lead to a decrease in the incidence of violence or abuse within the dialysis clinics.

Although we understand that this information may not apply to every unit, as the population increases, the potential for eventual exposure to this type of situation may also magnify. Providing care to the renal population is an intensely dynamic relationship. We appreciate the care and dedication you provide to the renal population in Iowa, Missouri, Kansas, and Nebraska.

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ESRD Network #12

Staff Newsletter

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RECENT HISTORY

Thirty-eight calls regarding abusive and/or disruptive events have been made to Network #12 since March of this year. Eighteen of these calls occurred since July. Although this number is small in comparison to our population, as many of you are aware, when dealing with these situations, the amount of time spent to resolve the issues is considerable. While different facilities were involved, the context of the calls remained the same. Below are some considerations for dealing with abusive or violent behaviors, whether potentially threatening or real.

- Address the situation when it arises, rather than considering allowances or rationalizing observed behavior.
- Conduct a mandatory meeting with the patient and the renal treatment team. During the meeting provide information regarding rights, responsibilities, expectations and consequences. Request the patient bring a support person to the meeting.
- Explore underlying reasons for patients behavior; recent drug changes, family difficulties, financial difficulties, etc. An updated psychosocial assessment or psychological referral may be warranted to determine the cause for the behavior. The facility may also require this for continued provision of services, along with requiring the patient to obtain and attend counselling services.
- Present information regarding expectations and observed deviations concretely and without judgement to the patient.
- Present consequences for continued deviation. Examples of consequences include: treatment is immediately terminated for that shift, education is provided regarding fluid overload and cardiac dysrhythmias, and continuation of behavior could possibly lead to contact with the authorities, or ultimately dismissal from the dialysis unit.

SIDE NOTE

Noncompliance with the treatment prescription does not warrant a behavior contract. Instead provide education regarding potential outcomes and document the patient's response to the education provided. Refusal of treatment is a treatment option. Consider requesting intervention by the social worker in your unit. The social worker may uncover reasons for noncompliant behaviors.

Setting the Stage of Expectations

Present the patient with a contract of expectations and consequences of deviation, also known as a behavior contract. Outline specific deviations that are not acceptable at your facility.

Consequences may include, but are not limited to: termination of current treatment, change in seating assignment and/or time. Consider including the potential for termination from the facility, either immediately or with appropriate notice based upon the severity of the incident.

Request the patient sign the agreement. If the patient chooses to refuse, the members of the treatment would sign the agreement. Consider mailing one copy certified return receipt requested to the last address for the patient on file. Place an additional copy in the chart of the patient.

Educate staff on the expectations and request that everyone equally share responsibility to encourage adherence to the expectations.

If the behavior is unacceptable at the local grocery store, consider it unacceptable in the dialysis unit.



Imagine



Consider the following example: A unit is faced with the following challenging situation. Has your facility experienced this? How was it handled? Do you feel the manner it was addressed insured the safety of all patients, staff and visitors in your unit?

A patient becomes upset that the initiation of the dialysis treatment is delayed. The patient begins to demand that the staff stop what they are currently doing and immediately place the patient on dialysis.

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Considerations: The demanding behavior is unacceptable in a public environment such as dialysis. The managerial staff at the unit are responsible for the safety and security of all patients, visitors and staff. A demanding situation can potentially detract from the care that is rendered to another patient, thus placing that patient at risk.

Rationalizations: "The patient was having an off day", "We have previously discussed the situation with the patient", "We are short-staffed today", "There were water difficulties", "Some of the new staff are slower", "The machines weren't set up this morning", ... and so on.

Although any of the preceding rationalizations may very well be true, the behavior presented has the potential to jeopardize the safety of other patients and/or this behavior may escalate over time.

Present the patient with information regarding their behaviour, the inappropriateness of it and request the behavior cease. Thoroughly document the events objectively. Inform the director of nursing of the incident. In the event the behavior continues, the facility may be forced to deny treatment for the day or even contact the authorities.

The managerial staff at the facility are responsible for addressing inappropriate behaviors of staff and/or patients. By encouraging respect of professional boundaries, an atmosphere of mutual esteem is maintained in the unit. .

The managerial staff may conduct a meeting with the patient as outlined on the previous page. It is the responsibility of all employees to assure the expectations are followed and consequences applied.

Either before or after the renal team meeting with the patient, management may want to consider meeting with the staff. The direct patient care staff are a key element to the success or failure of a behavior contract. Consider educating the staff regarding adherence and utilization of contracts. Some behavior contracts fail and patient behaviors escalate as a direct result of inconsistent application of the consequences outlined in the agreement.

Prompt recognition of difficulties by the management staff is key, as the behavior may continue to escalate to a sentinel event.

The Staff's Role

The staff in the dialysis unit play an integral role in the success or failure of behavior contracts. Establishing and maintaining effective patient - professional boundaries is a necessity to the overall quality that is provided in the unit. In the event the disruptive or abusive behavior occurs again, the following may need to be utilized with the patient:

(If this approach is needed, please consider allowing a manager to make the statement and terminate the dialysis treatment.)

"Mr. / Ms. Patient, Your behavior in our unit is not acceptable at this time. You have violated (state specific violation). Unfortunately, I am terminating your treatment for this day, however you are welcome back your next scheduled day, providing your behavior meets the expectations we presented to you in our meeting on the (specify the date). In the event that you have breathing difficulty or chest pains/palpitations, please do not hesitate to go to the local emergency room (name of hospital) for evaluation. Any further (state what the patient has done to cause you to address the issue) will result in our contacting the local authorities and possibly pressing charges. We look forward to seeing you on (state next treatment day). Have a good day."

Consider documenting the events, noting amount of time missed from treatment, doctor notification, education provided, and patient response in the medical record.

Consistent application of consequences is key to deterring the behavior in the future.

Lastly, if you notice that your unit may do the following, you may want to consider boundary retraining:

- Staff share information about their personal life, children, spouse other family members in depth.
- Staff complain about duties, finances, job responsibilities, etc within ear-shot of the patients.
- Staff buy or sell things from patients, or solicit patients to purchase things from them.
- Staff participate in activities with patients outside the dialysis environment.
- Staff demonstrate preferential treatment to select patients.

Although any of these behaviors may have started innocently, the resultant relationship that ensues may not be therapeutic for the patient. Patients go to dialysis for dialysis and as soon as friendships are established, the professional relationship becomes emotionally based.

There is an unfortunate downside to emotional relationships with patients that may be visible in your unit. Emotional relationships blur the staff's ability to objectively address issues and can oftentimes exacerbate a difficult situation, cause hard feelings, and increase stress in the unit. What started out as light-hearted bantering between patient and staff could result in a disruptive situation a year in the future.

A portion of this information was contributed by Karen Crampton, ACSW and is available in its entirety on www.ikidney.com. The original text was published in *Dialysis & Transplantation*, September 2001.

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