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Overview: Decreasing Dialysis Patient-Provider Conflict (DPC)

The *DPC Toolkit* is designed for use by dialysis center leadership and staff responsible for conducting in-service training and quality improvement. It serves as a resource to help administrators, physicians, nurses, social workers, patient care technicians, dieticians, and all other staff involved in the daily operations of the dialysis clinic to better understand, respond to and decrease conflict. With funding from the Centers for Medicare & Medicare Services (CMS) and working with a Task Force of renal stakeholders and content experts, workgroups developed the tools and resources for staff training. The three steps including time estimates for completion are detailed below.

At the core of the DPC lies the staff training component. This component is designed for all levels of staff with an emphasis on dialysis staff that provide direct patient care and who may not have received training in professionalism or in conflict resolution. The training aims to decrease patient-provider conflict by building conflict resolution skills, improving communication and increasing understanding of how interactions with patients, their families and friends and other staff may trigger or escalate conflict in the dialysis setting.

The staff training component was built around the acronym CONFLICT. Each letter of the acronym represents a principle or action that can be used when trying to prevent, decrease, or understand patient-provider conflict. Training components include:

Create a Calm Environment
Open Yourself to Understanding Others
Need a Nonjudgmental Approach
Focus on the Issue
Look for Solutions
Implement Agreement
Continue to Communicate
Take Another Look

The DPC is multifaceted with instructions, exercises, training software and master handouts for patient care staff. For planning and implementation purposes, it is carried out in three consecutive steps.

Step I- Management Review and Preparation: Orientation and review activities for the facility leadership and quality improvement committee. Total estimated time for Step I: Meetings–2 hours; Clerical copying–30 minutes; Time for policy and procedure review and revisions–variable

Step II- Staff Training: Staff orientation and training utilizing classroom activities and an interactive software program. Total estimated time for Step II: Initial Staff Meeting–variable; Software training–1-1 1/2 hours; Eight group sessions–30-45 minutes each (4-6 hours total); Final staff meeting–variable

Step III- Ongoing Quality Improvement: Ongoing quality improvement activities and includes the training of all future staff