Annual Dialysis Conference

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Dealing with Challenges "Difficult" Patients Present: The Social Work Role

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Disclosures

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Objectives

- State how the ESRD regulations define the "qualified social worker"
- Describe how the social worker assesses patients' needs & strengths & identifies challenges that could impact success of the patient & his/her treatment plan
- List ways social workers can work collaboratively with patients, staff & doctors to achieve goals & assure patients' access to outpatient dialysis care

The Qualified Social Worker

§ 42 CFR 494.140 Condition: Personnel qualifications

"All dialysis facility staff must meet the applicable **scope of practice board and licensure requirements** in effect in the State in which they are employed..." (V681)

"(d) *Standard: Social worker.* The facility must have a social worker who—

(1) Holds a **master's degree in social work** with a specialization in clinical practice from a school of social work accredited by the Council on Social Work Education; or

(2) Has served at least 2 years as a social worker, 1 year of which was in a dialysis unit or transplantation program prior to September 1, 1976, and has established a consultative relationship with a social worker who qualifies under § 494.140(d)(1)" (V691)

"grandfather clause"

What the MSW Assesses

§ 42 CFR 494.80(a)(7) Listed in Interpretive Guidance V510

- Cognitive status and capacity to understand
- Ability to meet basic needs
- Ability to follow the treatment prescription
- Mental health history, capacities, & needs for counseling
- Substance abuse history, if any
- Current ability to cope with & adjust to dialysis
- Expectation for the future & living with kidney failure and treatment
- Educational & employment status, concerns, & goals
- Home environment including current living situation
- Legal issues (e.g., court appointed guardian, advance directive status, & health care proxy
- Need for advocacy with traditional (nursing home) & non-traditional housing (e.g., homeless shelters, group homes);
- Financial capabilities & resources;
- Access to available community resources;
- Eligibility for Federal, State, or local resources

MSW Addresses Psychosocial Needs
42 CFR 494.90 Condition: Patient plan of care

(a) *Standard: Development of patient plan of care.* The interdisciplinary team must develop a plan of care for each patient.

(6) *Psychosocial status.* The interdisciplinary team must provide the necessary monitoring and social work interventions. **These include counseling services and referrals for other social services to assist the patient in achieving and sustaining an appropriate psychosocial status** as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis." (V552)

MSW Staffing Can Limit Meeting That Mandate
42 CFR 494.180 Condition: Governance

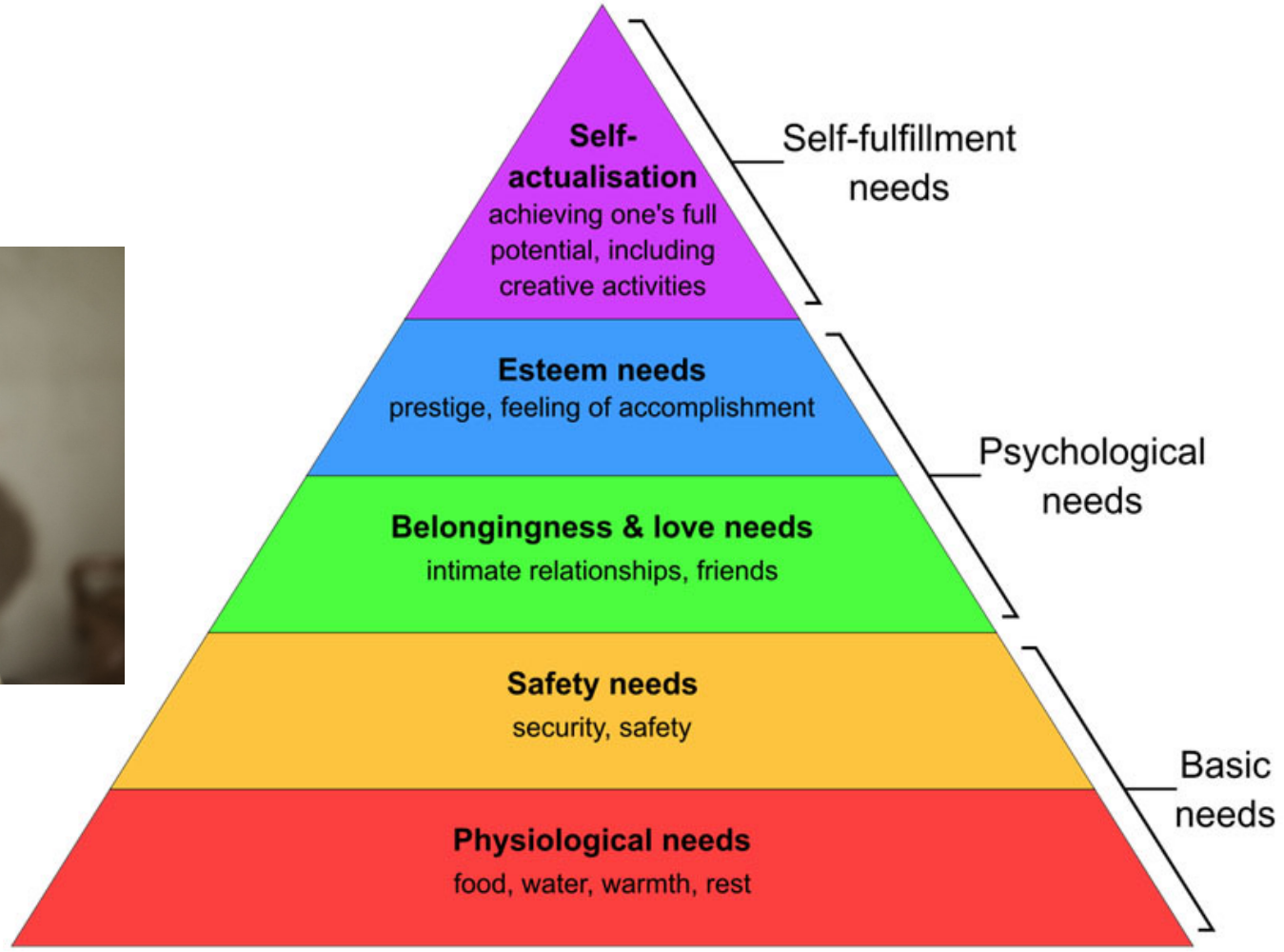
"(b) *Standard:* ***Adequate number of qualified and trained staff****.* The governing body or designated person responsible must ensure that-

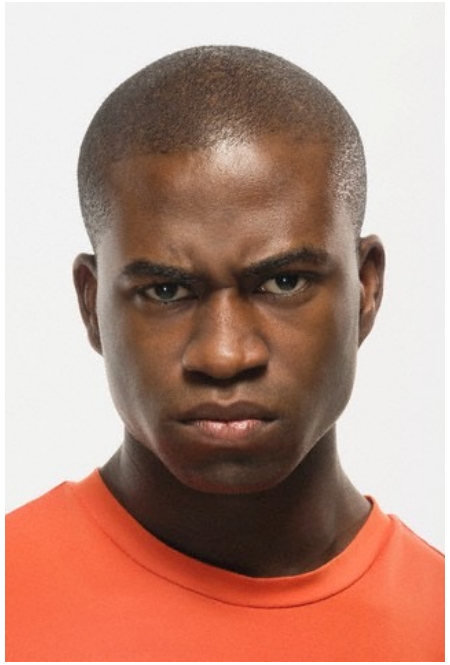
(1)…The registered nurse, **social worker** and dietitian members of the interdisciplinary team are **available to meet patient clinical needs**;"

The interpretive guidance states at V758:

"If the facility "shares" the social worker or dietitian with multiple clinics or requires professional staff to perform non-clinical tasks, it must not negatively impact the time available to provide the clinical interventions required to achieve the goals identified in the patient's plan of care."

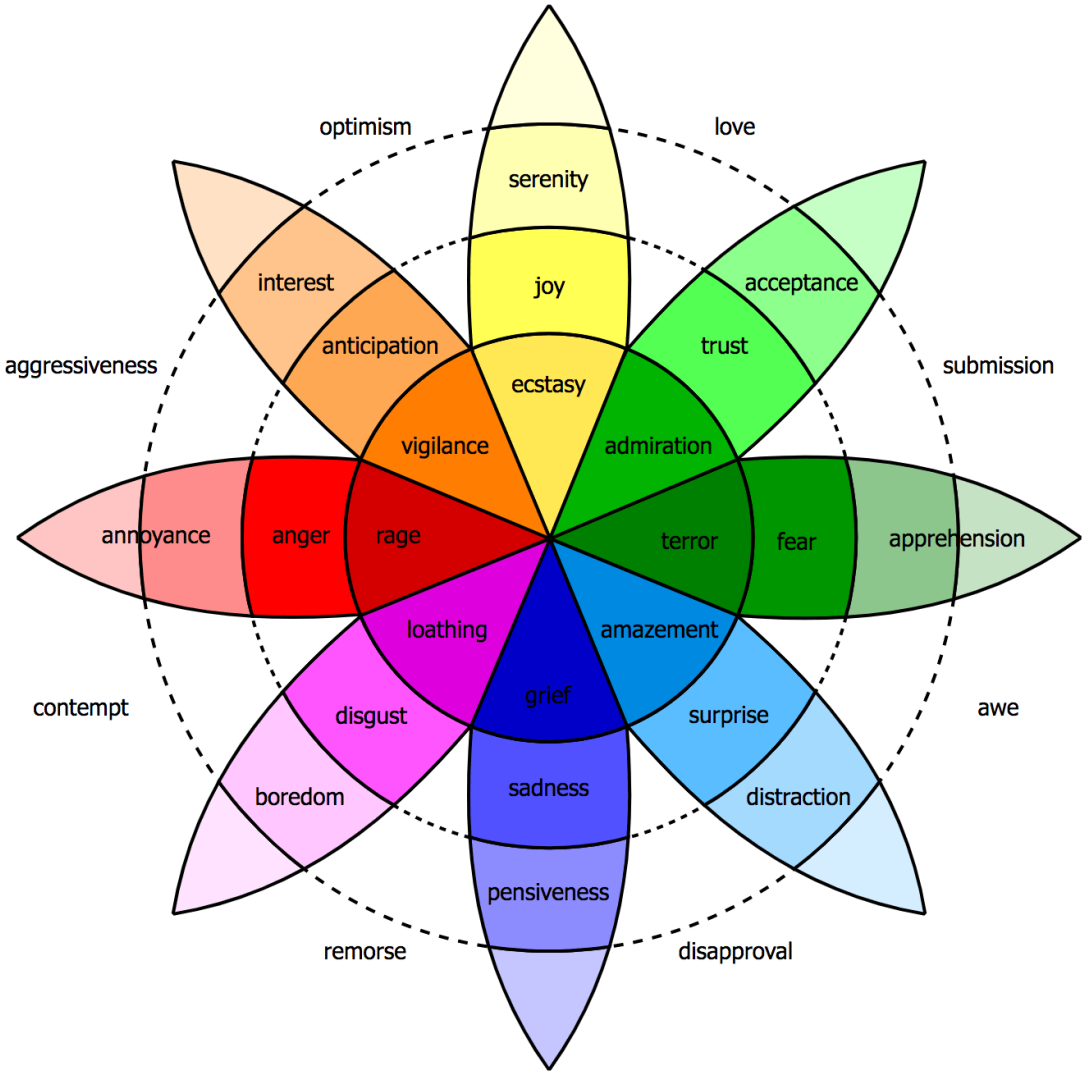
What Are Our Patients' Needs?





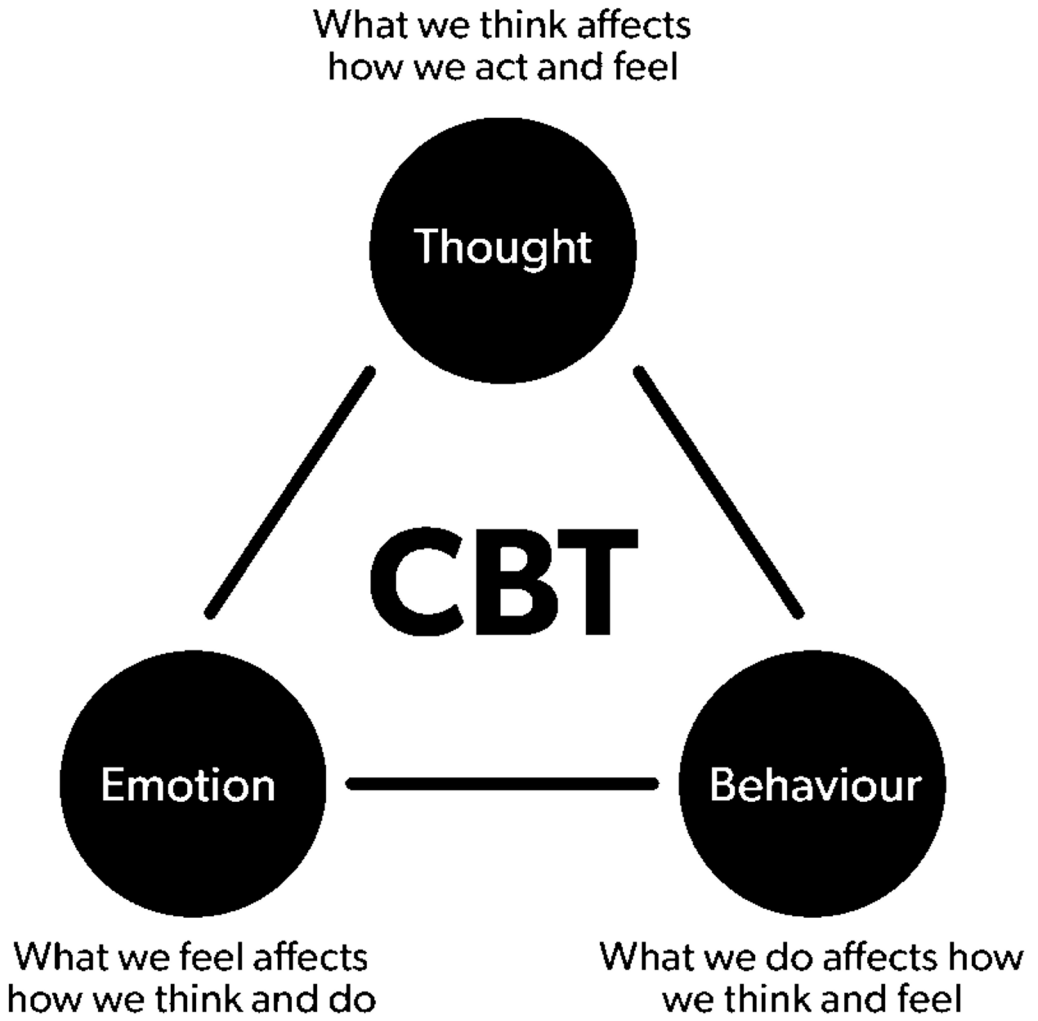
Maslow's Hierarchy of Needs

Identifying Feelings



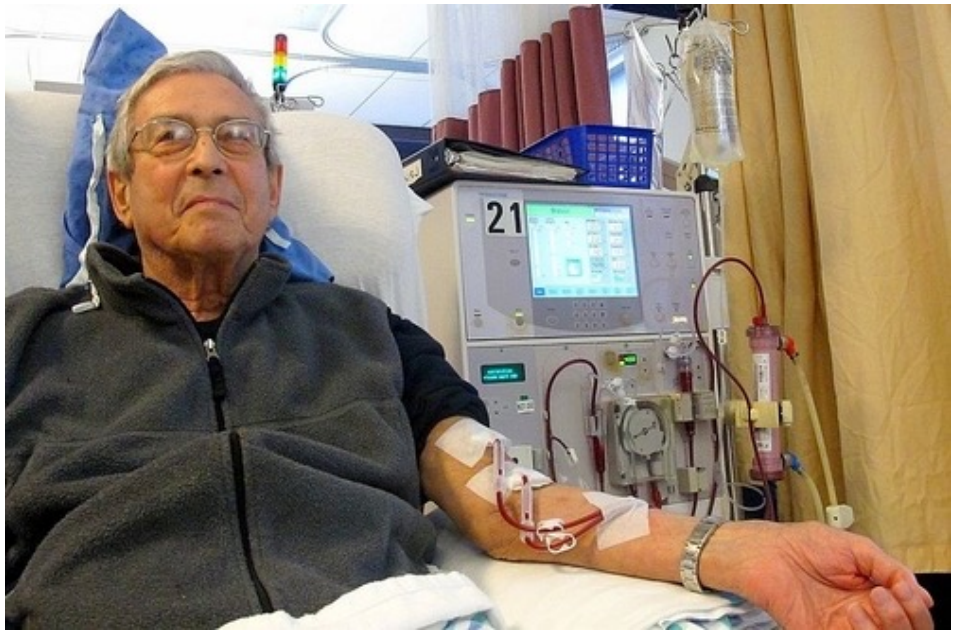
Pluchik's Wheel of Emotions

The Cognitive Triangle



Let’s Look at This Case in a Different Light

- He’s your father & is on in-center HD 3 nights a week.
- He needs to work FT, goes to dialysis from work, & his employer is watching his time & job performance.
- His DM & BS affect his mood, but clinic rules limit eating on dialysis (his treatment is at mealtime).
- A PCT has infiltrated his access in the past & he has been chastised for asking for a different PCT.
- He’s seen staff not wash hands, talk on phone, & not answer alarms promptly making him feel unsafe.
- He says he never misses or shortens treatments & has good labs—he gets no compliments for that.
- He complained to the Network, so staff don’t like him.
- Now the clinic wants him to come early or on Saturday due to their staffing and he’s upset.



Label Behaviors Not Patients as “Difficult”

Behaviors	Consider
Skips/ shortens dialysis session	Are KDQOL-36 scores low & do questions ID areas to address? Are there schedule conflicts? Is current treatment best one to achieve patient’s goals?
Expresses anger/lashes out	Is s/he fearful, depressed? Is there distrust, trauma history? Does staff have cultural awareness/ sensitivity? What’s the patient’s care experience?
Questions your actions	Does s/he have unanswered questions/need more explanation of actions? Need to know your experience? Need to know you care?

Finally…Regarding Involuntary Discharge (Interpretive Guidance at V766-767)

"Involuntary discharge or transfer should be rare and preceded by demonstrated effort on the part of the interdisciplinary team to address the problem in a mutually beneficial way"
The IG at V767 says patients should not be discharged (with some exceptions) for:

- Failure to follow facility policies
- Shortened or missed treatments
- Failure to meet facility-set goals for clinical outcomes*

*Most QIP reductions are for clinical care vs. patient behavior; 2021 data on QIP reductions:

- 0.0% – 4,179 clinics (61.3%)
- 0.5% – 1.609 clinics (21.1%)
- 1.0% – 929 clinics (12.2%)
- 1.5% – 297 clinics (3.9%)
- 2.0% – 111 clinics (1.5%)

Some Resources

- **Personnel**
  - Your dialysis social worker & your ESRD Network Patient Services staff
- **Documents**
  - ***A Change Package to Improve Patient Experience of Care (Grievances and Access to Care): Key Change Ideas for Dialysis Facilities to Drive Local Action*** (2022) https://esrdncc.org/contentassets/518c9e6b54ce418e9ec112fb87b524a8/esrd-ncc-change-package-patient-experience-of-care-2022-final.pdf
  - ***Decreasing Dialysis Patient-Provider Conflict*** (Addendum 12/2022) https://www.esrdncc.org/globalassets/dpc-addendum---december-2022-final.pdf
  - Allon M, Thornley-Brown D, Rizk DV, Carrasquillo AJ. **Second-Chance Placement of Hemodialysis Patients After Involuntary Discharge for Disruptive Behavior.** *Am J Kidney Dis*. 2019 Oct;74(4):544-548. https://www.ajkd.org/article/S0272-6386(19)30775-9/fulltext