

## **ESRD Network 15 Board of Directors Position Statement**

We recommend that each facility have formal written policies and procedures that cover aspects of patient relations such as expectations, noncompliance, inappropriate behavior and termination of treatment. Facilities should promote an expectation of professionalism among all staff. Inservices should be conducted to help with staff members' awareness of stress levels and the ramifications of treating patients with chronic illness. Staff should be trained to understand the difference between personal and professional relationships and their responsibility to treat all patients with respect, no matter what their personal feelings.

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The following information reviews ways that dialysis personnel can participate in developing positive patient-facility relationships, establishing patient expectations, and educating staff to understand the nature of non-compliance or inappropriate patient behaviors and how to respond in a professional, constructive manner.

## TREATMENT EXPECTATIONS GUIDE

### *Sample Cover Letter*

This is an agreement between two parties: the dialysis patient and this dialysis facility.

You may think it is unusual, and perhaps unnecessary to have such an agreement, but an agreement between a dialysis facility and a patient is no different from any other agreement for services. We cannot cure you, but we can treat your kidney failure to the best of our abilities, consistent with accepted professional and/or legislative standards of care. You, in turn, agree to be as understanding, cooperative, and responsible a patient or guardian as it is possible for you to be.

The purpose of this document is a positive one. It attempts to make clear the rights and responsibilities of both parties. It says who is to do what.

It can be used as a checklist for both of us to review from time to time, to see whether or not we are doing what we said we would do.

You can use it to make your family and friends more familiar with the kind of treatment you are receiving here and what they might do to support you.

Read this document carefully before you sign it. If there is something you do not agree with, talk it over with a member of the treatment team.

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*I have read or have had read to me the "Agreement of Treatment Expectations" and fully understand its contents. I have been given an opportunity to ask questions.*

#### **Signatures:**

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**Patient/responsible party**

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**If not patient, relationship to patient**

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**Date signed:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**Dialysis Facility Witness**

**Title**

**Date signed:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# TREATMENT EXPECTATIONS GUIDE

## *Sample Facility Responsibilities*

**To provide you with dialysis treatments and services that are within acceptable levels of medical community standards, and which conform to federal and state regulations, we, the facility will:**

**Provide dialysis therapy that is in keeping with current professional guidelines.**

**Provide nurses, doctors, social workers, dietitians, and technicians who are trained, licensed, or certified in their professions to help you with meeting your needs and monitor your quality of care.**

**Assure facility staff members will respond to your problems that may occur during treatment and maintain equipment to assure safe and efficient dialysis treatments.**

**Assure that you or your partner, if applicable, can safely and effectively perform self-care dialysis before allowing you to be cared for at home.**

**Practice universal precautions and other procedures to prevent or control infections, and maintain a safe and sanitary environment.**

**Participate in quality improvement activities and programs to ensure high quality and safe care.**

**Transfer your records promptly if you go to another dialysis facility.**

**Schedule dialysis treatments and follow-up office visits to meet your needs, as allowed by the scheduling demands in the facility.**

**To educate you, your family members, or significant others about kidney disease and treatment options, we, the facility will:**

**Provide you with information about your kidney disease, its treatment and treatment options.**

**Invite you to participate in all decisions involving both your long and short term care plan.**

**Review and update your dialysis care plans.**

**Teach infection control procedures; what you must do, and what your visitors must do to prevent spreading infections.**

**Inform you of all proposed procedures, as well as their risks and benefits.**

**Educate you about our dialysis facility and its relevant policies.**

**Teach you what to do in cases of an emergency during dialysis treatment or at home.**

**Teach you what to do if there is a disaster and you cannot get your usual treatments.**

**Provide you with your legal rights to your medical records.**

**Inform you about the reuse process, if applicable, how it's performed, potential complications, and benefits.**

# TREATMENT EXPECTATIONS GUIDE

## *Sample Facility Responsibilities*

### **To encourage you to achieve the best quality of life possible considering your kidney disease, we, the facility will:**

Provide social work and nutrition counseling services appropriate to your needs.

Schedule your treatment at the hours most convenient for you within our ability to do so.

Identify where services can be obtained that we do not offer, and assist, where possible, to obtain them.

Help you in developing a diet tailored to your medical and nutritional needs, lifestyle, culture, food preferences, and budget.

Assist you with adjusting psychologically and emotionally to dialysis, seeking rehabilitation options, and locating financial resources.

Help you with arrangements for treatment if you wish to travel.

Provide educational opportunities regarding treatment options, diet, exercise, and other life enhancing practices.

Inform you about outside interests or programs for kidney patients.

### **To provide a treatment environment that is safe for both patients and staff, we, the facility, will:**

Respond to situations where staff, patient, or family behavior is deemed by the facility personnel to be hazardous to the safety of other staff, patients, or visitors. The facility personnel will respond by contacting the appropriate authorities for immediate removal of the offending party, if necessary.

Promptly address any issues of staff/patient/visitor safety via the legal system, as deemed necessary.

### **To treat you and your family with respect, consideration, and dignity, we, the facility will:**

Introduce ourselves to you, and tell you what our responsibilities are.

Attempt to get you on and off the dialysis machine within fifteen minutes of your scheduled time, and if we cannot, provide you with an explanation.

Assist you with solving any problems related to your treatment that you or your family bring to our attention.

Maintain confidentiality of your communications and medical records.

Provide a mechanism for you and other patients to communicate with each other, staff, and management.

Explain and post the facility's grievance procedure and identify other agencies that you can contact about problems if you prefer to do so.

Ensure that no one will retaliate against you if you choose to file a grievance.

Ensure that no facility staff discriminates against you because of age, race, sex, medical disease, cultural/economic/education/religious background, sexual orientation, or physical disability.

Provide you with information and assist you with completing a medical advance directive.

Inform you about major changes in our facility management and practices.

# TREATMENT EXPECTATIONS GUIDE

## *Sample Patient Responsibilities*

### **I agree to be an active participant in decisions about my health, treatment, and care options; I will:**

Learn about my kidney disease and its treatment.

Participate in the development of my dialysis care plan and follow the plan.

Learn about my laboratory results and their relationship to my treatment and health.

Notify my doctor or nurse of any changes in health status.

Follow infection control procedures, both for myself and my visitors in the unit and at home.

Comply with all physician requests for office visits and referrals.

Provide accurate information about my medical and social history.

Participate in activities or efforts leading to rehabilitation.

Acknowledge that it is my responsibility to arrange for my own transportation and that assistance from the facility staff is available to help coordinate pick up and arrival times.

Learn about legal documents/requirements that may affect my treatment; for example, an Advance Directive for Health Care.

Acknowledge that failure to follow my care plan may result in diminished health, longer treatments, hospitalization, discharge from unit, or death.

### **I agree to be knowledgeable about my facility's operations and rules, and will conduct myself accordingly; I will:**

Arrive for my treatment on time to ensure starting treatment at scheduled time.

Inform the facility if I am going to be late, or need to be rescheduled, with the understanding that being late, I may not receive my full treatment.

Arrive free of the influence of illegal drugs, alcohol, and without a weapon.

Refrain from operating my dialysis equipment, or removing or manipulating my needles unless I have been trained and have permission to do so.

Understand that I cannot require my dialysis facility to provide me with specific staff members.

Understand and comply with facility security rules and regulations.

Provide information about my insurance coverage, and keep it current.

Apply for Medicare, Medicaid, or other insurance programs when appropriate, and to maintain coverage to the best of my ability.

Inform the facility about personal changes such as address, phone number, marital status.

Agree to bring my medications into the facility for review when requested to do so.

# TREATMENT EXPECTATIONS GUIDE

## *Sample Patient Responsibilities*

### **I agree to respect the rights of other patients and staff members; I will:**

Treat other patients and staff members with respect, consideration, and dignity.

Respect the rights of other patients to have a safe, clean, calm, adequate treatment.

Assure that my activities or my visitor's activities do not interfere with facility operations.

Use the facility's grievance procedure to voice concerns.

Agree to observe the law and understand that the consequences for breaking the law apply to my conduct inside the facility as well as outside the facility.

Refrain from any form of verbal abuse, physical abuse, or sexual harassment toward staff members, other patients, or visitors.

### **If applicable, as a self-care home patient, I will:**

Be responsible for ordering and having adequate supplies for my treatment needs.

Make and keep appointments with my treatment facility on a regular basis as requested.

Follow treatment plans.

At the request of my physician or nurse collect and bring in for testing urine samples or peritoneal fluids.

Carry out procedures within the rules established during training, and not alter steps of procedures without first consulting with the physician or nurse.

## TREATMENT EXPECTATIONS GUIDE

### *Sample Problem Resolution Form*

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**If either party feels the other has not honored this agreement, or has had unreasonable expectations of the other, here are some steps to consider:**

- ◆ Informal meeting and discussion between the parties.
- ◆ Review of the problem and guidelines contained in this agreement, and past performance.
- ◆ A grievance may be filed with the facility, or appropriate State Department of Health, Regional Office of the Health Care Finance Administration, or ESRD Network #15.

Your identity will be kept confidential throughout the process unless you specifically authorize a release.

The Network address is: Intermountain End-Stage Renal Disease Network, Inc.  
1301 Pennsylvania ST, Suite 750  
Denver, CO 80203-5012

The Network phone numbers: 303-831-8818 or 1-800-783-8818

NETWORK #15 FACILITY  
PATIENT GRIEVANCE PROCEDURE

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All patients, their families, or any representative of the patient's choice have the right to voice their concerns or complaints regarding facility policies or dialysis care without fear of discrimination or reprisal.

RECOMMENDED STEPS FOR RESOLVING GRIEVANCES:

**Step 1**

The first step is to talk about your concern or problem with \_\_\_\_\_ (e.g. *Social Worker or Nurse Manager*) as soon as possible. Most problems or concerns can be resolved at this step.

**Step 2**

If you are not satisfied you will need to obtain a Patient Grievance form and submit your concern or problem in writing to \_\_\_\_\_ (e.g. *Medical Director or Administrator*). You should receive acknowledgement of your grievance within \_\_\_\_\_ (e.g. 5) working days. Your grievances will be reviewed by the appropriate facility administrative staff and a written response will be sent to you. ***All grievances will be answered in writing within 14 days.***

**Step 3**

If the solution remains unresolved patients may, also, utilize the following resources:

Corporate Administration (provide address and phone number)

State Health Department (provide address and phone number)

Intermountain ESRD Network  
1301 Pennsylvania St.  
Suite 750  
Denver, CO 80203-5012  
303-831-8818





## DIALYSIS UNIT

I have received, read, and been given the opportunity to ask questions about the patients' rights and responsibilities procedure and the grievance procedure. I understand these procedures will be reviewed with me annually. I will sign and date this form each time they are reviewed.

PATIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## ACKNOWLEDGEMENTS

The *Treatment Expectation Guide*, was developed by an ESRD Network of Texas work group and subcommittee of its Medical Review Board. The sample agreements can be used to develop a facility specific document and could be incorporated into a guide for other areas such as transplantation. Network #15 would recommend that the facility's governing body, and if applicable, the facility's legal counsel, review the document for any legal implications before use.

Network #15 wishes to thank the ESRD Network of Texas for sharing its well-written document for our use. Also, we thank ESRD Networks #5 and #17 for their cornerstone work in this area.