



## TIP SHEET #1: ASSESSING FACILITY CULTURE\* AND POLICIES

The primary goal of the Decreasing Dialysis Patient/Provider Conflict Project (DPC) is to help facilities identify triggers for conflict in their facility and attend to them through the analysis of facility operations, on-going staff training, and quality improvement efforts. Before implementing the DPC and in order to maximize its benefits, it is important to make some critical assessments about your facility, identifying areas needing improvement and planning for appropriate changes that will lead to improved outcomes. Therefore, it is essential that facility leadership, including the quality improvement committee, take a critical look at how facility culture and policies may influence patient/provider conflict.

What does the assessment of facility culture and policies have to do with decreasing patient/provider conflict? All communication and conflict occur within a context. Facility culture and policies define staff roles, patient roles, formal and informal communication patterns and dialysis care processes, all of which create the context in which care is provided, interpersonal relationships are formed, and conflict can occur.

With a focus on **patient autonomy, patient centeredness, and conflict**, the following activities are recommended for the facility leadership and quality improvement committee:

- **Explore existing facility culture.** Culture is defined (Merriam-Webster) as *the set of shared attitudes, values, goals, and practices that characterizes an institution or organization*. When cultural expectations of staff and patients differ significantly, conflict is likely to occur. Sometimes, simply increasing awareness and sensitivity to these differences can reduce conflict. In the table below are facility attributes as well as questions to help you begin to analyze potential areas of conflict within your facility:

\*Racial and ethnic diversity is one important aspect of a facility's organizational culture, but doesn't completely define it.

<p><b>Facility environmental factors (noise, chaos vs. calm, room temperature, lack of privacy)</b></p>	<p><b>What do patients say? How would they describe your facility? Have these been sources of conflict in the past?</b></p>
<p><b>Customer service</b></p>	<p><b>Do staff members greet new patients by asking and using the name that the patient prefers to be called? In general with all patients, is your staff friendly, attentive, and responsive? (Would your patients agree with your answer?)</b></p>
<p><b>Staff professionalism</b></p>	<p><b>Do staff members maintain a professional demeanor, attitude, and communication with and around patients? Does conflict among staff members get played out in the unit in front of patients?</b></p>
<p><b>The patient role: active vs. passive</b></p>	<p><b>What does your facility do to encourage and support patients to actively participate in their care? Have you identified patient leaders to partner with you in this effort?</b></p>
<p><b>Patient treatment schedules</b></p>	<p><b>Can patients easily reschedule a treatment in order to go to a special event or accommodate family obligations or other life tasks? How are patients treated when they arrive late for treatment—is this a point of conflict between patients and staff at your facility?</b></p>
<p><b>Patient access to key staff</b></p>	<p><b>As the administrator, do you have an open door policy for patients to bring their concerns to you? Can patients or family members drop in to see the social worker, dietitian, or head nurse or must they have an appointment? Do patients have contact information for key staff (e.g., social worker) who work in multiple facilities? Are limits set for patients when they may use this contact information? Has this been a source of conflict?</b></p>
<p><b>Facility-patient communication</b></p>	<p><b>How do you communicate with your patients about facility issues that are important to them? (e.g., bulletin board, newsletters, memos, chair side conversations, use of patient leaders)</b></p>

- **Review facility policies and procedures** such as patient conduct, grievance, treatment rescheduling, visitor, and patient comfort (blankets, food, music, TV) policies.
  - Do all staff members and patients know and understand these policies? Are policies consistently and fairly enforced?
  - Were any policies and procedures identified that may be contributing to current patient/provider conflict or that may be a barrier to conflict resolution? If so, it would be important for the governing body to address and modify.
  
- **Review the past 6 months of incidents/reports related to patient/provider conflict.**
  - It is recommended that you use the QI Tools in the DPC Toolkit to chart causes and types of conflict and to identify any trends (*see pages 79-89 of the DPC Provider Manual*). This will help focus your staff training efforts and ongoing data collection to shape future QI efforts toward decreasing patient/provider conflict.
  
- **Review the staff training modules in the DPC Toolkit.**
  - What areas of training will be of most use to your facility based on your review of facility culture, policies and procedures, and identified trends of patient/provider conflict occurring in your facility? Can DPC training simply be incorporated or are there conflicts in existing staff training that require revision to bring them in line with the DPC? (For example, if your staff training for existing staff members does not include DPC concepts, you would need to modify your program to include it.)

After the completion of these activities, your facility leadership will have a good understanding of the roles that facility culture and policies may be playing in patient/provider conflict in the facility.

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DPC staff training modules will be the focus of our next Tip Sheet.