

Appendix C

Sample Documents

AGREEMENT OF TREATMENT EXPECTATIONS

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

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*.

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 really no different than any other agreement for services.

We promise to treat your kidney failure to the best of our abilities, consistent with the standards of care in our community. You, in turn promise to be as understanding, cooperative, and responsible as possible.

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

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.

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.

Patient/Responsible Party: _____

If not Patient, Relationship to Patient: _____

Date Signed: _____

Dialysis Facility Witness/Title: _____

Date Signed: _____

Facility Responsibilities

We recognize that we have the responsibility to provide you with dialysis treatments that meet state and federal regulations and conform to the current dialysis-medical standards of care. Therefore, we will:

- Provide dialysis therapy in keeping with current dialysis guidelines and standards.
- Provide doctors, nurses, social workers, dietitians, and technicians who are trained, licensed, or certified in their professions to help in meeting your needs and monitor your quality of care.
- Assure that facility staff will respond to any problems that may occur during your treatments.
- Inspect, maintain and properly use the dialysis equipment to assure safe and efficient dialysis treatments.
- Practice universal precautions and other policies/procedures to prevent or control infections, and maintain a safe and sanitary environment.
- Participate in quality improvement activities and programs to ensure safe and quality care to all patients.

To educate you, your family members, or significant others about kidney disease and treatment options. Therefore, we will:

- Provide you with information about your kidney disease, its treatment and treatment options.
- Invite and encourage you to participate in all decisions involving both your short and long term plans of care.
- Provide you with information about infections and how to control or prevent them.
- Provide you with information about proposed procedures, treatment options, and their risks and benefits so that you may make an informed decision about these treatment options.
- Inform and educate you about the facility and our policies and procedures.

To encourage you to achieve the best quality of life possible considering your kidney disease.
We will:

- Provide social work and nutrition counseling services appropriate for your needs.
- Inform you of where you can obtain services that we are unable to provide and to assist you, when possible, in obtaining those services.
- Assist 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.
- Assist you with arrangements for treatments at another dialysis facility when you are planning 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 will:

- Respond to situation where visitors, family members, other patients, or staff members exhibit behavior deemed by the facility personnel to be hazardous to the safety and well being of everyone in the facility. This may include contacting the appropriate law enforcement authorities.
- Provide you with information about what to do in event of a disaster or emergency and you are unable to receive or continue your usual dialysis treatments
- Inform you about dialyzer reuse process, if applicable, how it's performed, potential complications, and benefits.

To treat you with respect, consideration, and dignity. We will:

- Introduce ourselves to you, and explain our responsibilities and duties.
- Attempt to get you on and off the dialysis machine within 15 minutes of your scheduled time. If we are unable to do so, we will provide an explanation.
- Assist you with trying to solve any problem(s) 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 staff member discriminate against you because of age, race, sex, medical disease or physical disability.
- Provide you with information about Medical Advance Directives and your right to make choices about continuing your dialysis treatments.
- Inform you about major changes in our facility management, policies and procedures as they relate to your treatment and care.
- Promptly transfer your records if and when you transfer to another dialysis facility.
- Make reasonable attempts to schedule your dialysis treatments and follow-up visits to meet your needs, as our scheduling demands allow.

Patient Responsibilities

I understand and agree that it is important that I participate in the decisions about my health, treatment and care options. Therefore, I will:

- Learn about my kidney disease and its treatment.
- Provide accurate information about my medical and social history.
- Participate in the development of my dialysis care plan and follow the plan.
- Learn and understand laboratory test results and their relationship to my treatments and health.
- Notify my doctor or nurse of any changes in my health condition and status.
- Follow infection control procedures, both for myself and my visitors in the unit and at home.
- Comply with all my physicians' requests for office visits and referrals.

- 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. I understand that neither the dialysis facility nor its staff members shall be responsible for providing transportation for me.
- Acknowledge and assume responsibility for any illness or injury that I sustain for failure to follow the recommendations of my doctor and staff members.
- Acknowledge that my failure to comply with my treatment times and schedule, medications diet and fluid restrictions, and other physician's orders may result in declining health, hospitalization and possibly in my death.

I agree to be knowledgeable regarding the facilities policies and procedures and follow them. Therefore, I will:

- Arrive on time for my scheduled treatment and remain on dialysis for the treatment time prescribed.
- 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. I also agree to refrain from having them in my possession or using them while I am on the premises of this facility.
- Refrain from operating my dialysis equipment, removing or manipulating my needles unless I have been trained and have permission to do so.
- Cooperate with the staff member assigned to provide care to me. I understand that I cannot require specific staff members to care for me. If I'm uncomfortable with a specific staff member assigned to my care, I will make the clinic manager aware of my concern(s).
- Apply for Medicare, Medi-cal 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.

I agree to respect the rights of other patients and staff members. Therefore, I will:

- Treat other patients and staff members with respect, dignity and consideration.
- Respect the rights of other patients to have a safe, clean, calm, adequate treatment and treatment environment.
- Assure that my activities or my visitor's activities do not interfere with facility operations.
- Use the facility's grievance procedure to voice concerns or complaints.
- Agree to observe the law and understand that the consequences for breaking the law apply to my conduct inside and outside the facility.
- Refrain from any form of verbal abuse, physical abuse, or sexual harassment of other patients, staff 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 required.
- Follow treatment plans.
- Carry out procedures within the rules established during training and not alter steps of procedures without first consulting with the physician or nurse.

Letter Terminating Physician-Patient Relationship

Date

Name

Address

City, State, Zip Code

Dear **(Patient Name)**:

We have now had several conversations regarding your failure to comply with recommended medical treatment, and/or **(list the negative behaviors and/or actions)**. Your refusal to comply with my and the **(dialysis facility)** requests prevents me from helping you to achieve the quality of life that I believe you and every other patient deserves.

Your continued refusal to follow the treatment prescription and recommendations has made it difficult for me to continue our professional relationship. I cannot continue to assume responsibility for your care under such circumstances. Therefore, I am advising you of my decision to withdraw as your physician, effective **(day patient was notified of decision)**. Our physician/patient relationship will end thirty (30) days from this date **(last day of relationship)**. I have enclosed a list of physicians in the area. It is your responsibility to contact them and ask them to be accepted as a patient. **(name of your facility)** will be available to assist you by providing copies of your records to your new physician and dialysis facility.

You should understand that when I withdraw as your physician **(name of dialysis facility)** may no longer be legally able to provide dialysis service to you. I cannot stress enough the importance of making energetic attempts to find another physician and facility.

If the dialysis facility or I can be of any further assistance, please do not hesitate to contact either one of us. We wish you well and hope that you will be happy with your new physician and facility.

Sincerely,

(Physician Signature)

Cc: Medical Director
Area Director (if corporate)
ESRD Network 18

Company or Facility Mission Statement

Letter Terminating Facility-Patient Relationship

Date

Address

City, State, Zip Code

RE:

Dear **(Patient Name)**:

The purpose of this letter is to inform you that you will no longer be able to receive **(hemodialysis or peritoneal dialysis)** services at **(name of your dialysis facility)**, effective thirty (30) days from the date of this letter. Your last treatment date will be **(date of last treatment)**.

This letter is the last step of a process that began on **(date when interventions were initiated)**. An agreement/contract was made at the time (copy attached) which required that you **(refrain or comply)** **(from/with)** the following **(list behaviors and/or actions)**. Over the past **(specify time period in question)** you have continued these unacceptable behaviors.

You have not complied with the requests given to you in the contract regarding your behavior/actions. The patient-health care provider relationship is one that must be based upon trust, understanding and mutual respect. If these elements are absent, it is very difficult to provide the type of care that you and every other patient deserve. Your continued behavior puts the safety and well being of the other patients at risk.

Therefore, **(name of facility)** has no choice but to end our relationship. Attached you will find a list of dialysis facilities where you might seek treatment. Your medical records will be transferred promptly at your request. If you are unable to transfer to another facility or become ill, please seek care at a local hospital emergency room.

The Southern California Renal disease Council, ESRD Network 18, has been informed of our decision and a copy of this letter has been faxed to them. You may contact them at any time at (800) 637-4767 or (323) 962-2020.

Sincerely,

(Facility Administrator/Center Director Signature)

Cc: Area Director (if corporate)
ESRD Network 18

Company or Facility Mission Statement

Contract Cover Letter Regarding the Disruptive/Abusive Patient

Date

Address

City, State, Zip Code

Dear (Ms. Doe):

As you know, there are a number of concerns regarding your continued care and outpatient treatment administered by the medical and nursing staff of (facility name).

In the past, you have been counseled regarding your behavior directed at staff members. There is a history of problems at (facility name). We are willing to continue to provide dialysis treatments if an agreement can be reached to insure that there will be no additional behavioral problems.

(Ms. Doe), it is our mission and desire to provide medical assistance to our patient in a professional manner. We understand that it is difficult to experience the types of problems you must face each day. We want to assist you, but we can only do as much for you as you will allow us to do. It is important to convey your complaints and concerns to us, but in an appropriate way.

The patient-physician-health care provider relationship is one that must be based upon trust, understanding and mutual respect. If these elements are absent, it is very difficult to provide the type of care that you and every other patient deserve. You can expect us to provide dialysis treatments delivered by qualified personnel in a safe environment.

We feel that if we are to continue providing services to you there must be an understanding of the terms and conditions for doing so. We have created a Patient Behavioral Contract so there will be a clear understanding of what we expect from you and what you may expect from us. You should also clearly understand that if the conditions of the agreement are not met, you will be given a 30 day notice of intent to terminate dialysis services with a list of other dialysis clinics and physicians (if necessary). Your administrator and nurse manager are presenting this letter to you. You have the opportunity to review both the letter and the contract, and to ask questions. We are looking forward to establishing a new relationship with you and we are confident that this can be done.

Please return the original with your signature. We will provide you with a copy for your records. Failure to agree to the provisions of this contract will result in a 30 day notice of intent to terminate dialysis services effective the date of this letter.

Sincerely,

MD, Medical Director

Contract for Continued Provision of Dialysis Services

When to use this document: Use this document as a contract for patients who have been counseled about their disruptive and non-compliant behavior, but continue their unacceptable behavior. The following terms are meant as examples only. They will not be applicable to all patients. Please add terms that are applicable and delete those which are not.

I have been advised that due to my continued disruptive and non-compliant behavior, it may become necessary for my physician and this dialysis facility to end their relationship with me. The purpose of this agreement is to outline what will be expected of me so that this action will not have to be taken.

I, _____, agree to the following terms and conditions of and for treatment by my doctor(s), _____ M.D., and _____ (facility name).

1. I agree to be compliant in terms of my dialysis treatments, including being on time for treatments, sitting in my assigned seat, coming on the scheduled days, taking medications as prescribed by my doctor(s), and following other prescribed treatments. This includes, but is not limited to, the following:

2. I agree to refrain from, pulling, or threatening to pull, my dialysis needles from my access. (if applicable)
3. I agree to wear gloves while holding my needle sites after the dialysis staff has removed my needles. (if applicable)
4. I understand that this dialysis facility will not tolerate violence or the threat of violence of any kind. Therefore, I will refrain from attempting or threatening to kick, hit, or otherwise harm any staff member, patient, or visitors to this facility.
5. I will refrain from yelling or using profanity when addressing any staff member, patient or visitor to this facility. (if applicable)
6. I agree to express any concerns, complaints, questions, or issues that I may have regarding my treatment or care only to the proper person(s), as follows:
_____ M.D., _____ M.D.,
_____ Nurse Manager or _____ Administrator.

7. I understand that expressing my concerns to other patients and/or criticizing staff members in front of other patients is counterproductive and disruptive to the facility. I therefore will direct my remarks to the above noted persons.
8. I can expect that my complaints or concerns expressed to the above noted parties will be heard and investigated. All proper steps, if needed, will be taken promptly to address the situation, I can expect to receive a response from these persons or their representatives regarding their findings and the steps taken (if any) to correct any problems.
9. I understand that the staff members are professionals and I agree to relate to them as professionals. I likewise can expect to be treated in a professional manner by these individuals. If I have an issue with a staff member, I understand that I have the right to express my concerns to that individual. However, I do agree to do so in an appropriate place. I can expect to receive the same courtesy.
10. I also understand that the provision of care by the doctors and this dialysis facility is based upon my meeting the above conditions. If I violate any of the conditions, my relationship with the doctors and this facility may be terminated. If this becomes necessary, I may be given 30 days written notice of termination of services and a list of other dialysis facilities and physicians. It will then be necessary for me to arrange for treatment by other physicians at another dialysis facility.
11. I have had the opportunity to read this contract, to make comments, and to ask questions. I understand fully the consequences of failing to abide by the terms and conditions of my continued relationship with doctors and this facility.

Patient/Patient Representative

Date

Physician

Date