



## August 22, 2018 Patient Experience of Care LAN Chat Questions

#	QUESTION	ANSWER
1	<b>Is there a support group for caregivers of dialysis patients?</b>	That would be individual to each geographical location, but the National Kidney Foundation could be a good resource for that.
2	<b>Is there a phase or stage of dialysis treatment when violence is most likely to occur?</b>	Nothing has been reported about this in the literature. It is likely more in a person's nature about whether he/she will become violent than associated with a time period on dialysis.
3	<b>We have a patient who is paranoid schizophrenic and when he takes his psycho-tropic medication, he is adorable but when he doesn't, he comes in cursing and yelling at staff and we have to call the family or police. Any suggestions? His family is not very responsible to providing him necessary supervision.</b>	I wonder if home health would be an option to ensure this patient takes his medications. Often, the patient's PCP or psychiatrist can make a good case to the insurance for this. An important tip to keep in mind with patients with thought disorders is not to try to talk them out of their delusions but to try to provide reassurance as much as is possible.
4	<b>As a staff member who may become a dialysis patient, would it be ok to be treated at the clinic I work at or would it be upsetting to the patients?</b>	It's up to you how you personally feel about it. It might be worth considering what it would be like to shift between the "staff" and "patient" role at your current center, and it may be more comfortable to keep work and personal time separate.
5	<b>What intervention is recommended for patients who do not have mental capacity?</b>	We require all transplant patients in this situation to have a legal guardian accompany the patient to all appointments



		so that if any medical decision needs to be made, the legal guardian makes it.
6	<b>I'm hoping you can give some insight on this. I've worked with a couple of men, both middle aged, who were tearful during contacts when they were initially adjusting to dialysis. Knowing more about this would help me to help future patients. In my experience this is not typical for patients to show any overt emotion in this beginning phase.</b>	I actually appreciate when patients are able to express their emotional distress overtly so you do not have to question how they are feeling. Tearfulness is just a sign they may need a little extra support or encouragement but is no reason to be overly concerned. Men tend to get more emotionally expressive as they age. If a patient tells you they are crying "all the time" and feel distressed by this, an antidepressant usually helps this stop.
7	<b>Regarding mentor programs, how is the Health Insurance Portability and Accountability Act (HIPAA) addressed?</b>	You would start by asking both parties involved if they would be interested in talking to one another. Often, we ask the mentee if it would be OK if we shared his/her contact information with the mentor and if he/she agrees, we pass it along to the mentor. Once they start talking with each other, they are free to share whatever they want about their medical condition.
8	<b>What do you think about depression screenings: Patient Health Questionnaires PHQ-2 and PHQ-9?</b>	These can be helpful tools to see what symptoms are bothering patients most. However, it is important to note that many symptoms of depression and anxiety overlap with physical symptoms of chronic illness. So, you often have to look at responses to items, not an overall score to



		determine whether a patient is depressed or anxious.
9	<b>What do you do in situations when a patient has a possible living donor but will not consider it?</b>	It can be helpful to have a patient use the “shoe on the other foot” technique where he/she thinks if their loved one needed a kidney, why would they want to help them? Also, I try to reframe the recipient from thinking of donation as putting stress on their loved to instead being positive for the donor. I’ll joke a little that “letting your _____ (daughter, friend, neighbor) donate to you is a self-serving to him/her, because they’re doing it to get to have more years with you!”
10	<b>Our clinic is attached to a nursing home and we have patients with advanced dementia. Any tips on working with them when they become aggressive or more delusional?</b>	It can be quite challenging to work with patients with dementia. Sometimes they have an object that they find soothing, like a pillow or stuff animal they can hold onto, so it should be explored if they have something like that they can have with them during dialysis. Sometimes it does take medication to instill calm. Since each patient is different, it may be most helpful to consult with patient’s caregiver to see what has worked in the past. Again, do not try to correct patients’ delusions as this usually agitates them more.
11	<b>What is an effective way to help patients whose main issue/concern is financial? Loss of job, income which is</b>	Finding any programs to help patients financially is a good start (gas/electric assistance, identifying local food banks). Help patients find recreational activities



	<p><b>impacting their life in a negative way and they blame it on kidney failure.</b></p>	<p>they can enjoy for free or cheap that they may not have considered in the past (DVDs from the library instead of going to the movies, local getaways or day trips vs big vacations). Encourage volunteering since it is a good way to continue to feel a sense of purpose despite not being able to work.</p>
<p>12</p>	<p><b>Would it be in the best interest of a dialysis facility to conduct a mental health evaluation on a patient who may be displaying unusual, aggressive behavior before involuntarily discharging them from the facility? This tends to be a common occurrence due to disruptive behavior.</b></p>	<p>Yes, I find that if I take a casual yet concerned approach with a patient, specifically identifying the concerning behavior, you may get to the root of the anger (e.g. “hey John, we’re noticing that you seem to be a lot angrier lately than when you first started here. Do you notice this too?). If patient says yes, ask if he/she has anything going on that has been making them feel more stressed (as home stress often spills into dialysis time). If patient says no, point out specific incidents where patient behaved unusually and how that is different than his/her past behavior or what “typical” behavior for a patient would be. When patients come to the transplant center angry or inappropriate, I’ll often point out that their behavior is not “typical” for what we’re used to seeing and will tell them “I’m wondering why that is.” Usually this leads to a productive conversation.</p>