



How to Move Forward After a Patient/Staff Conflict

Dialysis staff work to create a safe and respectful environment, though incidents involving harm or threats may occasionally arise. Supporting a patient's return to treatment should focus on reducing tension and encouraging healing. Facility managers are key in guiding staff through recovery and trust-building after such events.



1. Do Not Hold the Incident Against the Patient. Recognize that the patient may be embarrassed about their behavior. The patient may believe they will not receive a high level of care. The staff should make the patient aware that this is a “clean slate,” and the incident will not be held against them.



2. Treat the Patient with Respect. The staff should continue to respect the patient. The Conditions for Coverage V Tag 452 states, “The patient has the right to-(1) Respect, dignity, and recognition of his or her individuality, and personal needs, and sensitivity to his or her psychological needs and ability to cope with ESRD.”



3. Do Not Speak Poorly About the Patient. Avoid speaking or gossiping about the patient or the incident while on the treatment floor or in front of other patients.



4. Be Aware of Microaggressions. Staff should be aware of microaggressions toward patients, whether intentional or unintentional. These include subtle put-downs, negative facial expressions, or glances. Microaggressions can create a hostile environment and increase the risk of future incidents.



5. Pay Attention to Your Feelings. The staff should manage their feelings about the patient and if necessary, seek professional help through the Employee Assistance Program (EAP).



6. Prepare for the Patient's Return. Before the patient returns to dialysis, the facility should review key resources on communication and conflict resolution. These include the [ESRD Rights and Responsibilities](#), verbal de-escalation videos, the DPC Addendum, and tips for handling abusive behavior. These tools offer education and techniques to help prevent future incidents.



7. Assign Other Staff Members to Assist Patient. If possible, have staff members who were uninvolved in the incident assist the patient for a brief period.



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