

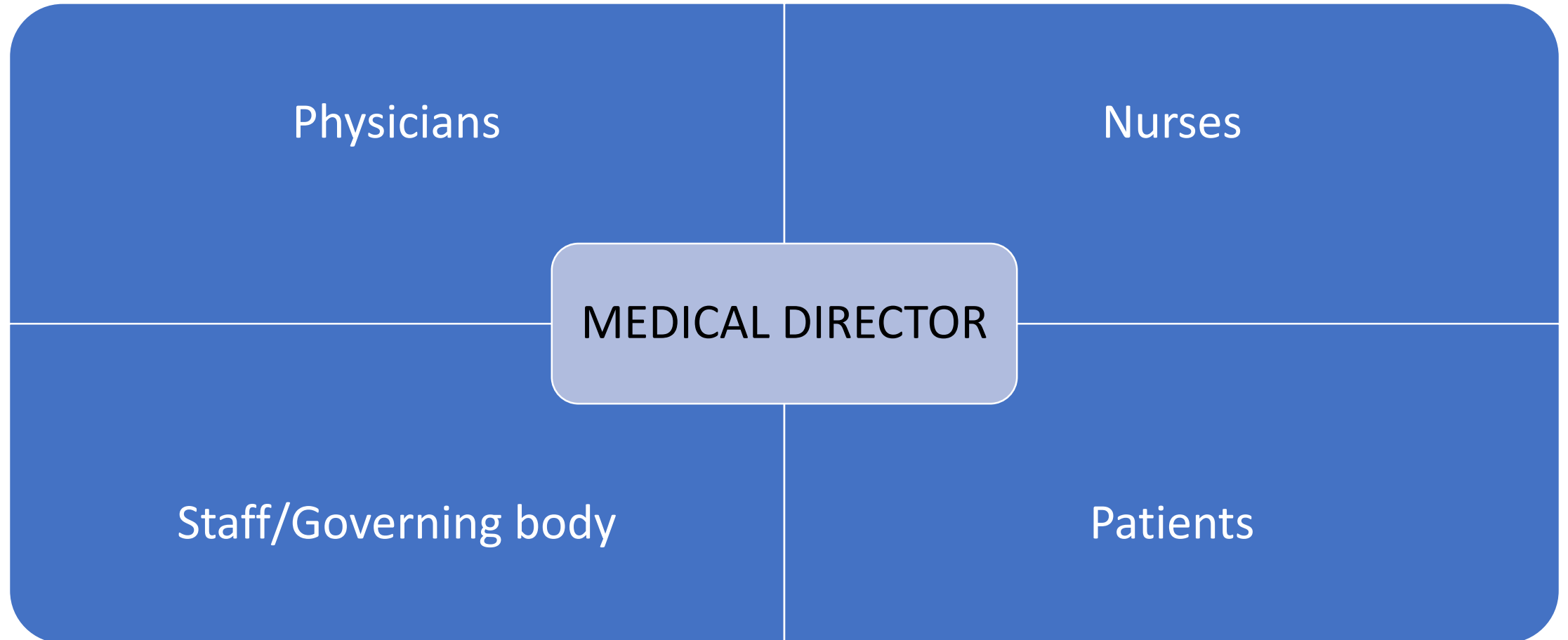


HUMAN RESOURCE MANAGEMENT

Ng Tsun Gun

Dialysis Centre Medical Director Course 2019

Managing people in the dialysis centre



Managing people in the dialysis centre

- Multi-disciplinary integrated care system is necessary with the aim of optimising patient outcomes
- The role of the medical director has evolved from that of managing traditional clinical responsibilities to include overseeing the team performance in its entirety as well
- Ideally, team members act in the best interests of the patients, performing tasks to the best of their abilities, derive satisfaction from their work, seek to upgrade themselves professionally and find ways to enhance collaboration within the team

Managing people in the dialysis centre

- A group of individuals, each performing clinical tasks, does not equate to an effective team
- This team may get various parts of the job done, but without a foundation set by strong leadership, communication, vision and collaboration, individuals simply exist within task-driven silos, creating gaps for potential errors, unfulfilled patients and staff and team dysfunction



- As a leader in the centre, medical directors are well positioned to build and lead a high performing team

Role of the medical director

How to build a high performance team



COMMUNICATION

- Effective communication is essential
- Ensure channels are open for communication

How to build a high performance team

CLEAR GOALS

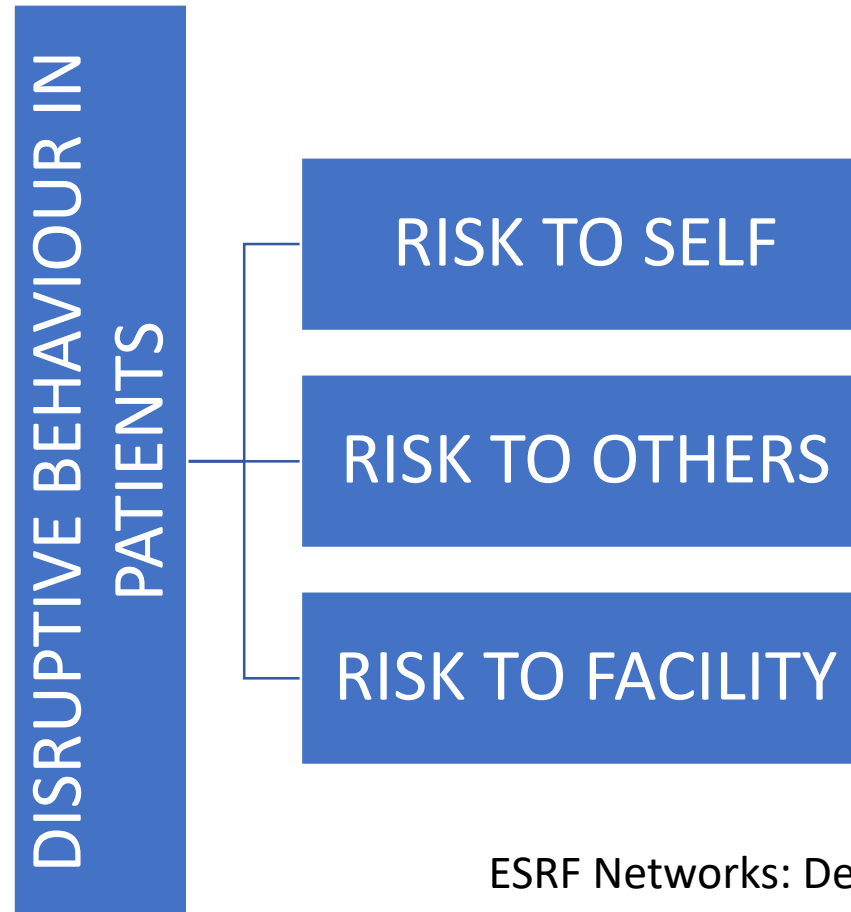
- Create and prioritise goals
- Focus on what is going well
- Ensure team-mates understand how they contribute to the common purpose
- Help team-mates smoothly handle urgent and emergent situations
- Guide team-mates in re-framing challenges
- Cultivate emotional intelligence
- Recognise when team-mates are stressed and activate stress-relief strategies

How to build a high performance team

SHARED LEADERSHIP

- Shared knowledge is far greater than that of any one individual
- Team-mates including medical directors should feel comfortable asking other people for advice and sharing leadership opportunities
- Medical directors must be aware that they have an authority that no one else has and this can create a power differential with other team-mates that needs to be overcome if the team is to be successful
- Need to recognize the unique knowledge and leadership capabilities of team members and empower leadership in their areas of expertise

Disruptive behaviour in patients



ESRF Networks: Decreasing Dialysis Patient-Provider Conflict. <http://www.esrdnetworks.org>

Disruptive behaviour in patients

- ✓ Threatening or abusive language or actions
- ✓ Making false allegations against staff or other patients
- ✓ Failing to keep to scheduled dialysis appointments
- ✓ Arriving late for dialysis and terminating dialysis prematurely
- ✓ Non-adherence to treatment prescription
- ✓ Refusing needle placement
- ✓ Visitors during dialysis

Managing disruptive behaviour in patients

- Medical directors and staff should be trained to recognise, analyse and diffuse disruptive behavior
- Document containing patient's rights and responsibilities including delineating behaviours for which the practice has a zero tolerance level should be posted in a visible place

**ZERO
TOLERANCE**

Managing disruptive behaviour in patients

- Necessary to exclude medical reasons for abnormal behaviour

- ✓ Alcohol/substance abuse
- ✓ Psychiatric disorders
- ✓ Inadequate dialysis
- ✓ Metabolic abnormalities
- ✓ Subdural hematomas
- ✓ Sepsis
- ✓ Medications etc

Resolving Behavioural Conflicts

- Resolving behavioural conflicts requires a systematic approach
- The process should be readily available, effective, easy to use and should respect confidentiality

Decreasing CONFLICT

- **C**reate a calm environment
- **O**pen yourself to understanding others
- **N**eed a non-judgmental approach
- **F**ocus on the issue
- **L**ook for solutions
- **I**mplement agreement
- **C**ontinue to communicate
- **T**ake another look

ESRF Networks: Decreasing Dialysis Patient-
Provider Conflict. <http://www.esrdnetworks.org>

Involuntary discharge/transfer

- Involuntary discharge/transfer is the least satisfactory resolution for patient-manifested disruptive behaviour as they compromise continuity of care and can increase morbidity and mortality

Minimising conflicts with patients

Effective feedback
channels

Patient
empowerment/
Participation in care

Managing Staff

- Tackling high rates of absenteeism



Managing Staff

- One of the most challenging responsibilities of the medical director is overseeing the activities of the medical staff, some members of whom may be part of the medical director's nephrology group
- All consider themselves equals with the medical director, which can create conflict
- The medical director needs to develop, foster and reinforce a true team mentality among the medical staff

Managing Staff

- This requires a shared vision and goal for the facility, as well as clarity about the distinctive roles of the medical director and attending nephrologist
- This includes frequent, robust, clear communication and creation of a culture of mutual trust, respect and adoption of evidence-based care pathways or protocols

Maddux et al. The Evolving Role of the Medical Director of a Dialysis Facility. Clin J Am Soc Nephrol 10: 326-330, 2015

Disruptive behaviour in physicians

Condescending and abusive language

Insulting, intimidating or demeaning patients, staff

Not returning/answering calls in a timely fashion

Reluctance or refusal to answer questions/Impatience with questions

Not turning up for rounds

Not fulfilling roles and responsibilities

Refusing to follow established protocols

Fraudulent billing

Placing financial gains ahead of patient needs

Bad-mouthing employees/facility

Anger management issues

Substance abuse

Consequences of professional disruptive behaviour

- Physicians who demean, ignore or intimidate staff/patients implicitly discourage repeat contact from these patients and staff, resulting in decreased safety surveillance, few notifications of acute or chronic changes in health status, few opportunities for collaborative problem-solving and increased non-adherence to medical advice

Consequences of professional disruptive behaviour

Errors in medical judgement/medications

Negative patient outcomes

Poor patient satisfaction

Increased staff turnover

Malpractice claims

Increased costs

Conflict Resolution

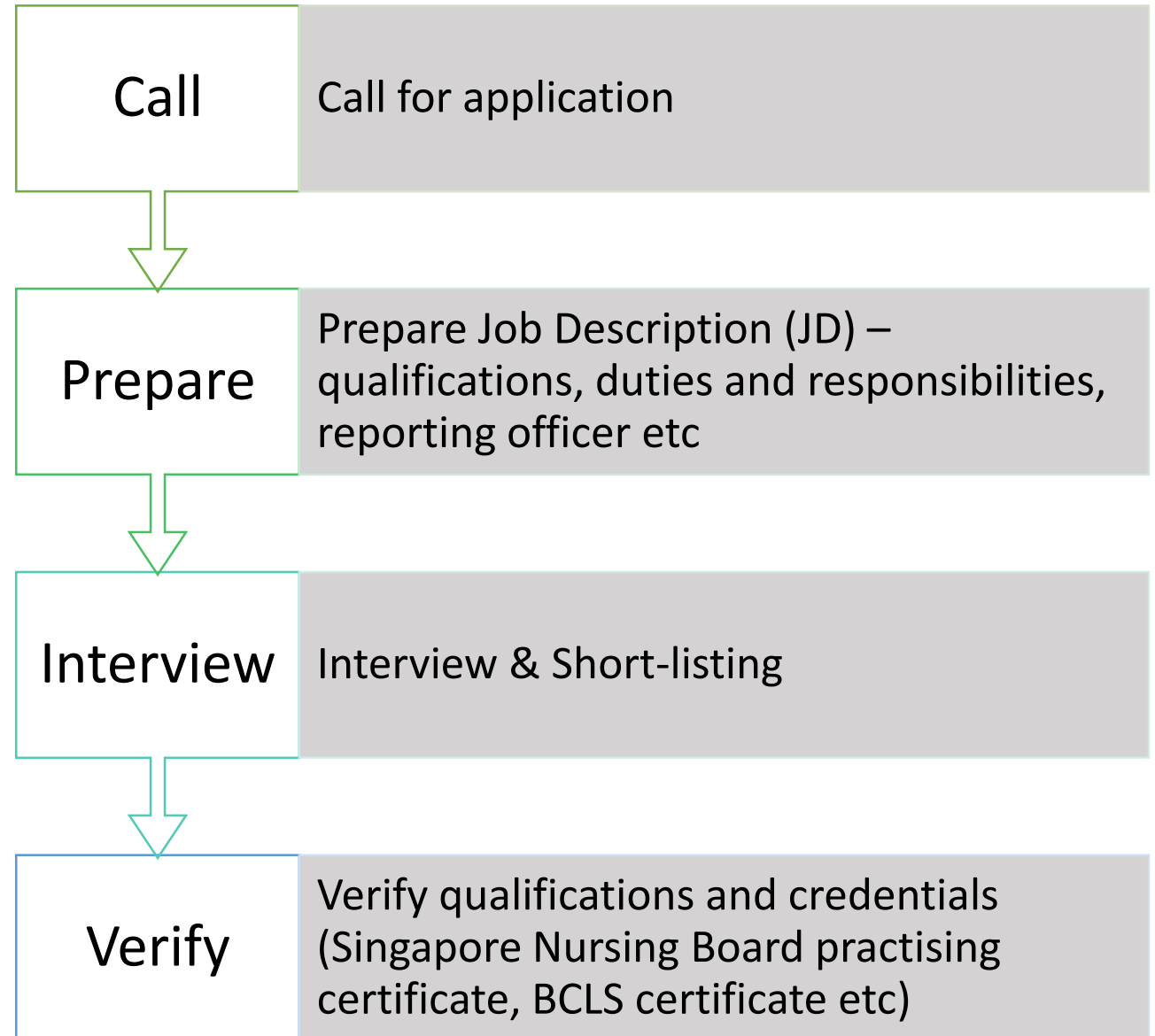
- The medical director is responsible for leading conflict resolution, particularly when it involves physician disruptive behaviour
- A facility's written policies, procedures and credentialing by-laws should provide explicit directions for dealing with physician disruptive behaviour by the medical director and the governing body
- If the medical director exhibits disruptive behaviour, the facility manager or nurse manager must engage supervisors and the governing body to resolve the issues

Jones et al. Managing Disruptive Behaviour by Patients and Physicians: A Responsibility of the Dialysis Facility Medical Director. Clin J Am Soc Nephrol 10: 1470-1475, 2015

Staff Retention

- Competitive remuneration package
 - Salary
 - Bonus & Increment
 - Benefits (medical, leave etc)
- Education & updates
- Opportunities for professional/career development
- Work environment
- Appraisal & feedback avenues
- Social/recreation/bonding

Staff Recruitment



Staff Recruitment

- Be aware of licensing and regulatory requirements (eg Ministry of Health)
 - Staff to patient ratio etc
- Be aware of local labour laws (eg Ministry of Manpower)
 - Work permit and S pass holders
 - Leave entitlements, medical benefits etc

Staff Recruitment

- Prepare contract for successful candidate
- From 1 April 2016, all employers in Singapore must issue key employment terms (KETs) in writing to employees covered by the Employment Act within 14 days from the start of employment
- Purchase work injury compensation insurance for employee

Sample of KET

Key Employment Terms

All fields are mandatory, unless they are not applicable

Issued on: DD/MM/YYYY

All information accurate as of issuance date

Section A | Details of Employment

Company Name	Job Title, Main Duties and Responsibilities
Employee Name	<input type="checkbox"/> Full-Time Employment <input type="checkbox"/> Part-Time Employment
Employee NRIC/FIN	Duration of Employment <small>(only for employees on fixed term contract)</small>
Employment Start Date	Place of Work <small>(if different from company's registered address)</small>

Section B | Working Hours and Rest Days

Details of Working Hours e.g.: - Start & End Time (Weekday & Weekend) - Break Hours - Total Working Hours (excluding break hours)	Number of Working Days Per Week Rest Day Per Week <small>(specify day)</small>
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Section C | Salary

Salary Period <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Date(s) of Salary Payment Date(s) of Overtime Payment																
Overtime Payment Period <small>(only if different from salary period)</small> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Basic Salary (Per Period) <small>(specify hourly rate if on part-time employment)</small> Overtime Rate of Pay <small>(only if working hours more than 8 hours a day or 44 hours a week)</small>																
Fixed Allowances Per Salary Period <table border="1"> <thead> <tr> <th>Item</th> <th>Allowance (\$)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Total Fixed Allowances</td> <td> </td> </tr> </tbody> </table>	Item	Allowance (\$)					Total Fixed Allowances		Fixed Deductions Per Salary Period <table border="1"> <thead> <tr> <th>Item</th> <th>Deduction (\$)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Total Fixed Deductions</td> <td> </td> </tr> </tbody> </table>	Item	Deduction (\$)					Total Fixed Deductions	
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Other Salary-Related Components	<input type="checkbox"/> CPF Contributions Payable <small>(subject to prevailing CPF contribution rates)</small>																

Sample of KET

Section D | Leave and Medical Benefits

Types of Leave

(applicable if service is at least 3 months)

Paid Annual Leave Per Year: _____ (days/hrs)
(for 1st year of service)

Paid Outpatient Sick Leave Per Year: _____ (days/hrs)

Paid Hospitalisation Leave Per Year: _____ (days/hrs)

(Note that paid hospitalisation per year is inclusive of paid outpatient sick leave.
Leave entitlement for part-time employees may be pro-rated based on hours.)

Other Types of Leave

(e.g Paid Maternity Leave)

Paid Medical Examination Fee

Other Medical Benefits (optional, to specify)

Section E | Others

Length of Probation: _____

Probation Start Date: _____

Probation End Date: _____

Notice Period for Termination of Employment
(initiated by either party whereby the length shall
be the same)

* Please refer to www.mom.gov.sg for more details on employment laws, leave benefits and soft copy of the KETs template.

Newly hired staff

- ✓ Orientation
- ✓ Training
- ✓ Initial competency testing
- ✓ Relevant health screening

Sample payslip

Payslip for _____ to _____

Name of Employer

Name of Employee

Item	Amount	
Basic Pay		(A)
Total Allowances <i>(Breakdown shown below)</i>		(B)
Total Deductions <i>(Breakdown shown below)</i>		(C)
Employee's CPF deduction:		

Date of Payment

Mode of Payment

Cash / Cheque / Bank Deposit

Overtime Details*

Overtime Payment Period(s)		
Overtime Hours Worked		
Total Overtime Pay		(D)

Item	Amount	
Other Additional Payments <i>(Breakdown shown below)</i>		(E)
Net Pay (A+B-C+D+E)		
Employer's CPF Contributions		

Payslips

- If you're getting IT service providers to adopt IT solutions for the management and issuance of payslips in Singapore, you can apply for the Productivity Solutions Grant (PSG)

Resignation/ Termination

Terms of contract

Termination with notice

Termination without notice

Termination due to employee
misconduct

Exit interview

References

- Maddux et al. The Evolving Role of the Medical Director of a Dialysis Facility. Clin J Am Soc Nephrol 10: 326-330, 2015
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- Bryan Becker. Nephrology News & Issues June 2018

18th Asian Colloquium in Nephrology



Best Practices in Kidney Care in Asia

19 – 21 July 2019

Incorporating: SOTANC - State-Of-The-Art Nephrology Course (Nursing)
Singapore Society of Nephrology Annual Scientific Meeting
Asian Renal Association - Asian Nephrology Conference

SINGAPORE